## Medicare HHA Cost Report (CMS-1728-20)

Prepared for

### myUnity Essentials Financial



#### www.ntst.com

11100 Nall Avenue Overland Park, KS 66211 800.842.1973 IMPORTANT: The new cost report form CMS-1728-20 requires separate statistics for LPN, PTA, and OTA services. To accommodate the new requirement for 2020 reporting, the following steps must be completed as was indicated in prior Client Advisories:

- Make sure existing LPN charge codes are linked to an LPN modality and not a Skilled Nursing modality (File>File Maintenance>Charge Codes). If they aren't linked to an LPN modality currently, contact Support.
- Make sure existing PTA and OTA charge codes are linked to PTA and OTA modalities (File>File Maintenance>Charge Codes). If they aren't linked to PTA or OTA modalities currently, contact Support.
- Configure all claim option sets used to bill these service types to pull the new modalities via the Billing Options Wizard (Locator 2390.15).
- In any Insurance records that use Billing Overrides and will be billed for these services, the new modalities should be configured to pull the appropriate units per that payer's billing requirements (e.g. "¼ Hrs" for Medicare and MA).



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### Overview

The reports specified in this document should be run to gather information for Medicare home health agency cost reporting periods beginning on or after January 1, 2020 (Form CMS-1728-20).

https://www.cms.gov/files/zip/chapter-47-t-1-home-health-agency-cost-report-form-cms-1728-20.zip

These reports can be run from Report Groups by accessing the **Reports** button, setting the Group Type to **System** and choosing the Medicare Cost Report Group. Review the <u>Report Groups User</u> <u>Guide</u> or contact Support for assistance if needed. If using the Reports Group, use the Override Dates selection to enter the current reporting year and confirm all other selection criteria (Unit, Modality, etc.) prior to previewing/printing the report by pressing the **Alter** button and reviewing the selections.

Note: Make sure your agency's Unit(s) and/or Insurance(s) are selected on the Specific Includes tab where needed to avoid 'No Records Found' messages when running the reports.

Report	s for Selected Group:		Press Previ	ew or F	Print to R	un the selected report	
Seq	Report-Name	Base-Report			+		
1	S-3 Part I Visits Column 1&2	Statistical A	nalysis		<u>-</u>		
2	S-3 Part 1 Column 3&4	Statistical A	nalysis		_		
3	S-3 Part 1 Column 5&6	Statistical A	nalysis				
4	S-3 Part 1 Unduplicated Census	Admission F	leports	s			
5	S-3 Part IV Full/No Outliers	PPS Revenu		verride Date Selection:-			
6	S-3 Part IV Outlier Only	PPS Revenue			1	Jse These Dates: 🔽	
7	S-3 Part IV LUPA Only	PPS Revenu	e			rom: 1/1/2020	
8	S-3 Part IV PEP Only	PPS Revenu	e				
9	S-4 Part I Undup Days Col 1	Hospice LOO	C Report	- -		To: 12/31/2020 💌	
Renort	Notes:						

# S-3 Part I Statistical Data (Visits & Patients by Discipline)

Go to **Stats> Services Provided** or press the **Alter** button if running from Report Groups and confirm/make the following selections. This report provides visits and unduplicated patient counts by discipline and insurance type for S-3 Part I Statistical Data, Columns 1-6. (See the next section for Column 8, line 13 agency Unduplicated Census Count.)

For Columns 1 & 2, select your agency's Medicare insurance on the **Specific Incudes** tab.

For Columns 3 & 4, select your agency's Medicaid insurance on the Specific Incudes tab.

For Columns 5 & 6, on the Specific Includes tab select both your Medicare and Medicaid insurances and check the box for '**Exclude selections instead of Include**' to get all other insurances.

#### General Options tab:

Report Sequence: Modality

**Selection Type**: Insurance. Use the 'Specific Includes' tab to specify your Medicare insurance.

**Care Type:** leave all checked except for non-visit types (ex. Supplies, Non-Visits).

Billed/Not Billed: All-Chgs

Report Detail: check Modality-Detail

Top Sequence: Unit

Charge Date Selection: enter the reporting year

Date Type: Charge Date

Report Type: Report

Report Sequence:	Selection Type:	Care Type:	5	_
Insurance	<ul> <li>C All Records</li> <li>C Patients</li> <li>Insurances</li> </ul>	Personal Care Aide     Licensed Practical Nurse     Palliative Care/Physician Srv     Housekeeper		
C Unit C Program	C Units C Teams	Other Supplie Non-Vis	S ait	= >
C County	C Referrals	Select.	All or None	
<ul> <li>Actual Amount C Billed Amount</li> <li>Report Detail:</li> <li>✓ Modality-Detail □ Patie</li> <li>□ Modality-Summary □ Diagr</li> </ul>	nt C Billed	C Not-Billec	Top Sequenc C None C Insurance C Unit	e:
Charge Date Selection: From: 1/1/2020 ▼ To: 12/31/2	2020 ▼ Ch C Bill	lype: arge Date Date	Report Type: Report C Export	

Press **Preview** and use the Patients and Actual-Qty (visits) counts. Use the numbers for the home health units when previewing the reports.

Run the report a second time choosing the Medicaid Insurance(s) in the **Specific Includes** tab.

Run the report a third time to get the numbers for the Other payers. This time choose both the Medicaid and Medicare payers in the **Specific Includes** tab, but with '**Exclude selections instead of Include**' checked.

5/30/2019 10:27:20 AM Modality Sequence Actual Gross/Time Selected Charge Dates	S-3 Part I Visit Totals Insurances From: 1/1/2018 To: 12/31/2018					gs Health Care are	Page 1 Services	
	Patients	Gross	Net	Allowance	Time	Billed-Qty	Actual-Qty	
Home Health Aide Modality Totals:	5	10,285.00	0.00	0.00	457.25	130	130	
Non-Billable Modality Totals:	1	0.00	0.00	0.00	0.00	1	1	
Occupational Therapy Modality Totals:	1	192.00	0.00	0.00	1.00	1	1	
Physical Therapy Modality Totals:	9	6,580.00	0.00	0.00	29.25	28	28	
Routine Modality Totals:	1	7,500.00	0.00	0.00	0.00	30	30	
Skilled Nursing Modality Totals:	23	22,202.00	0.00	0.00	127.43	120	120	
Grand Totals:	40	46,759.00	0.00	0.00	614.93	310	310	

### S-3 Part 1 Statistical Data (Column 8 Line 13)

Press the Alter Button (or run from Patient > Admission Report) and confirm/make the following selections. This report provides an unduplicated patient count for S-3 Part 1 Statistical Data for Column 8 Patient Census, Line 13 Unduplicated Census Count.

#### General Options tab:

Report Sequence: Unit

**Selection Type:** Units (use the Specific Includes tab to choose the unit)

Date Selection: Reporting Year

Top Sequence: None

Report Type: Active Patients

Report Detail: leave unchecked

Report Sequence	12		Selection Type:
C Insurance	C Race	Onit	C All Records
C Doctor	C Age	C Team	C Patients
C Ref-Source	C Institution	C Ref-Type	C Insurances
C County	C Diag-Group	C Program	Output Units
C Prim-Diag	C Priority		C Teams
C Sex	C Municipality		C Fin-Classes
Date Selection: From: 1/1/2020	▼ To: 12/31/202	20 💌	Top Sequence:
Date Selection: From: 1/1/2020 Report Type: Active Patient	▼ To: 12/31/202	Report Detail:	Top Sequence:
Date Selection: From: 1/1/2020 Report Type: • Active Patient C Admitted Patient	▼ To: 12/31/202 s ants	Report Detail:	Top Sequence:
Date Selection: From: 1/1/2020 Report Type: • Active Patient • Admitted Patient • Discharged Pa	▼ To: 12/31/202 s ents atients	Report Detail:	Top Sequence:
Date Selection: From: 1/1/2020 Report Type: Active Patient Admitted Patient C Discharged Patient C Referral Patient	To: 12/31/202 s ents atients nts	20 ▼ Report Detail: □ Patient Detail □ Monthly Summa □ Page Breaks	Top Sequence:

Press Preview and use the 'Un-Dup Count' number.

2/4/2021 9:48:01 AM Unit Sequence LOS Totals are Average Days	S-3 Part 1 Units From	Unduplicated Ce 1/1/2020 To:12/31/202	ensus <sup>10</sup>	Active Patient Home Health Home Health	Page 1 es	
		Admit Count	Disch Count	Un-Dup Count	Active Count	LOS
	Home Health Unit:	37	5	35	32	1364
	Grand Totals:	37	5	35	32	1364

## S-3 Part IV PPS Activity (Full Episodes No Outliers)

Press the 'Alter' button if running from Report Groups (or run from Stats> PPS Revenue) and confirm/make the following selections. This report provides Visit and Charge amounts by discipline for Full Episodes without Outliers for S-3 Part IV, Column 1.

General Options tab:

Report Sequence: Insurance

**Selection Type**: Insurances. Use 'Specific Includes' tab to specify the insurances)

**Exception Types**: leave all unchecked except 'Full Episodes No Outliers'

**Date Selection:** Reporting Year

Revenue Calculation: Period Stats Only (No Rev)

Unit Selection: check Active and select the Unit to run separately for each unit

Episode Type: Closed

Therapy: All

Report Detail: check Payments and Visit Summary

Press **Preview** and use the Visit Summary section for number of episodes and Visits and Charges by discipline.

PPS Rev	enue Reporting - S-3 Pa	rt IV Full/No Outliers	×		
General Options Specific	Includes				
Report Sequence: C Patient C Insurance C County C HIPPS	Selection Type: C All Records C Patients C Units C Counties C Insurances	Exception Types: Lupa O Scic O Pep O Full Episodes N	Dutlier Scic + Pep Therapy Io/Outliers		
Date Selection: From: 1/1/2020	To: 12/31/2020 -	Revenue Calculation: C Daily Rate (1/Days) of EEP Period Stats Only (No Rev)			
Active: 🔽 Home Healt	h Unit 👻	Episode Type:	Therapy:		
Report Detail:	✓ Visit Summary	C Open	C Only C None		
<ul> <li>Period Detail</li> <li>Charges</li> <li>Payments</li> <li>No Pat-Summary</li> </ul>	<ul> <li>☐ Revenue Summary</li> <li>☐ GL Post Summary</li> <li>☐ Report Legend</li> <li>☐ Export Report</li> </ul>	Earned Days Start: C Period-Start RAP-Date	Medicare 💌		
🛕 Pre <u>v</u> iew 🥥 <u>P</u> rint			?		

2/4/2021 9 Insurar <mark>Period</mark>	9:53:48 / nce Sequ Statistic	AM Medicare Jence C <mark>S</mark>	S-3 Part IV Full/No Outliers Insurances From:1/1/2020 To:12/31/2020 Home Health Unit					Closed Episodes Pag Home Health Care Services Medicare			
Start	End	First-Visit	RAP	Final	EEP	Days	Rate	AFP	Net	Exceptions	
Medicare - (	60016										
Insurance Totals:			Episodes: 7			RAPs: 4			Finals: 2		
Executions Summary	mmany:	Lupas: 1		Scics: 0			Peps: 0		Outliers: 0		
Exceptions ou	minary.	Lupa\$: -1,1	87.36	Scic\$: 0.00		Pep\$: 0.00		Outlier\$: 0.00			
	-	TherapyUp: 0		Therapy	Dn: 0		Early-Epis	: 2		Disch-Epis: 2	
	T	herapyUp\$: 0.0	0	TherapyD	)n\$: 0.00	Late-Epis: 5			F	Period-EEP: 6,33	6.18
						L	upa-Addon	: 0			
Visit Summary	:	RN Visits: 13		MSS Vis	sits: 0		RN Chqs	: 1,280.00		MSS Chgs: 0.00	
		PT Visits: 1		HHA Vis	sits: 4		PT Chgs	: 235.00		HHA Chgs: 374.0	00
		SP Visits: 0		Total Vis	its: 18		SP Chgs	: 0.00		SUP Chgs: 0.00	
		OT Visits: 0		Total Pa	aid: 1,308.3	3	3 OT Chqs: 0.00			Total Chgs: 1,88	9.00
Avg-Vis/Epis: 3				Total A	djs: 0.00		-				

### S-3 Part IV PPS Activity (Outlier Episodes)

Press the 'Alter' button if running from Report Groups (or run from Stats> PPS Revenue) and confirm/make the following selections. This report provides Visit and Charge amounts by discipline for Full Episodes with Outliers for S-3 Part IV, Column 2.

General Options tab:	👻 PPS Re	evenue Reporting - S-3	Part IV Outlier Only	×			
Report Sequence:	General Options Specific Includes						
Insurance	Report Sequence:	Selection Type:	Exception Types:				
<b>Selection Type</b> : Insurances. Use 'Specific Includes' tab to specify the	C Patient Insurance C County C HIPPS	C All Records C Patients C Units C Counties	□ Lupa				
insurances)	Date Selection:	· insurances	Revenue Calculation				
<b>Exception Types</b> : leave all un-checked except 'Outlier'	From: 1/1/2020 VIII	To: 12/31/2020 -	C Daily Rate (1/Days) of EEP     Period Stats Only (No Rev)     Episode Type: Therapy:				
Date Selection: Reporting	Active: 🔽 Home Healt	h Unit 🗾	C All	• All			
Year	Report Detail:	Visit Summary	C Open Closed	C Only C None			
Revenue Calculation: Period Stats Only (No Rev)	☐ Period Detail ☐ Charges ☑ Payments	☐ Revenue Summary ☐ GL Post Summary ☐ Report Legend	Earned Days Start:-				
Unit Selection: check	No Pat-Summary	Export Report	RAP-Date	Medicare -			
Active and select the Unit to run separately for each	Rreview SPrint			?			
unit							

Episode Type: Closed

Therapy: All

Report Detail: check Payments and Visit Summary

Press **Preview** and use the Visit Summary section for number of episodes and Visits and Charges by discipline.

5/30/2019 10:37:51 AM Insurance Sequence Period Statistics				S-3 Part IV Outlier only Insurances From:1/1/2018 To:12/31/2018 Home Health Unit			8	Closed Home H Medicar	Page 1 ces		
Start	End	First-Visit	Inital	Final	EEP	Days	Rate	AFP	Net	Exceptions	
Medicare - 60	0016										
Insurance Totals:				Episod	es:3		RAPs:	3		Finals: 3	
Exceptions Sum	mary: Tř	Lupas: 0 Lupa\$: 0.00 FherapyUp: 0 herapyUp\$: 0.00		Sci Sci Therapyl TherapyD	ics:0 ic\$:0.00 Dn:0 n\$:0.00	L	Peps: Pep\$: Early-Epis: Late-Epis: upa-Addon:	0 0.00 3 0 0	I	Outliers: 3 Outlier\$: 19,9 Disch-Epis: 1 Period-EEP: 7,08	57.17 8.49
Visit Summary:	Av	RN Visits: 14 PT Visits: 11 SP Visits: 0 OT Visits: 0 g-Vis/Epis: 43		MSS Vis HHA Vis Total Visi Total Pa Total Ad	its:0 its:103 its:128 itd:0.00 ljs:0.00		RN Chgs: PT Chgs: SP Chgs: OT Chgs:	2,482.00 2,585.00 0.00 0.00		MSS Chgs: 0.00 HHA Chgs: 9,63 SUP Chgs: 0.00 Total Chgs: 14,6	0.50 97.50

### S-3 Part IV PPS Activity (LUPA Episodes)

Press the 'Alter' button if running from Report Groups (or run from Stats> PPS Revenue) and confirm/make the following selections. This report provides Visit and Charge amounts by discipline for LUPA Episodes for S-3 Part IV, Column 3.

#### General Options tab:

#### Report Sequence: Insurance

#### Selection Type:

Insurances. Use 'Specific Includes' tab to specify the insurances)

Exception Types: leave all un-checked except 'Lupa'

Date Selection: Reporting Year

#### Revenue Calculation: Period Stats Only (No Rev)

#### Unit Selection: check

Active and select the Unit to run separately for each unit

eneral Options   Specific	c Includes		
Report Sequence: C Patient Insurance C County C HIPPS	Selection Type: C All Records C Patients C Units C Counties (C Insurances	Exception Types: Lupa Scic Pep Full Episodes	Outlier Scic + Pep Therapy No/Outliers
Date Selection: From: 1/1/2020 Unit Selection: Active: □	To: 12/31/2020 -	Revenue Calculati	on: lays) of EEP nly (No Rev) Therapy:
Report Detail:		C Open C Closed	C Only C None
Period Detail     Charges     Payments     No Pat-Summary	Revenue Summary     GL Post Summary     Report Legend     Export Report	Earned Days Star	t. Medicare 🗸

#### Episode Type: Closed

#### Therapy: All

#### Report Detail: check Payments and Visit Summary

Press **Preview** and use the Visit Summary section for number of episodes and Visits and Charges by discipline.

5/30/2019 10:44:10 AM Insurance Sequence <mark>Period Statistics</mark>				S-3 Part IV LUPA Only Insurances From:1/1/2018 To:12/31/2018 Home Health Unit			Closed Home H Medicar	Page 1 ces			
Start	End	First-Visit	Inital	Final	EEP	Days	Rate	AFP	Net	Exceptions	
Medicare -	60016										
Insurance Totals:				Episodes:19			RAPs:15		Finals:14		
Exceptions S	ummary:	Lupas:19	500.40	Scics:0			Peps: 0		Outliers: 0		
		Lupaֆ:-25 TherapyUp:0	,586.42	Scic\$:0.00 TherapyDn:0			Pep\$:0.00 Early-Epis:16			Outlier\$:0.00 Disch-Epis:2	
	Т	herapyUp\$:0.0	D	TherapyD	)n\$:0.00	L	Late-Epis: upa-Addon:	3 10	F	Period-EEP: 31,0	83.74
Visit Summary:		RN Visits: 26 PT Visits: 6		MSS Visits:0 HHA Visits:2			RN Chgs: 4,839.00 PT Chgs: 1,410.00			MSS Chgs: 0.00 HHA Chgs: 0.00	
SP Visits: 0 OT Visits: 0			Total Visits: 34 Total Paid: 2,489.50			SP Chgs: 0.00 OT Chgs: 0.00			SUP Chgs: 0.00 Total Chgs: 6,24	9.00	
	8	vy-vis/⊂pis.z		TULALAI	JJS. U.UU						

### S-3 Part IV PPS Activity (PEP Episodes)

Press the 'Alter' button if running from Report Groups (or run from Stats> PPS Revenue) and confirm/make the following selections. This report provides Visit and Charge amounts by discipline for PEP Episodes for S-3 Part IV,

Column 4.

General Options tab:

Report Sequence: Insurance

**Selection Type**: Insurances. Use 'Specific Includes' tab to specify the insurances)

Exception Types: leave all unchecked except 'Pep'

Date Selection: Reporting Year

Revenue Calculation: Period Stats Only (No Rev)

neral Options   Specific	c Includes		
Report Sequence: C Patient Insurance County C HIPPS Date Selection:	Selection Type: C All Records C Patients C Units C Counties C Insurances	Exception Types: Lupa Scic Pep Full Episodes Revenue Calculati C Daily Rate (1/D	Outlier Scic + Pep Therapy No/Outliers on: Days) of EEP
From: 1/1/2020	To: 12/31/2020 - th Unit -	Period Stats O     Episode Type:	nly (No Rev)
Report Detail:		C Open C Closed	C Only C None
Charges	☐ Revenue Summary ☐ GL Post Summary	C Period-Start	t

Unit Selection: check Active and select the Unit to run separately for each unit

Episode Type: Closed

Therapy: All

Report Detail: check Payments and Visit Summary

Press **Preview** and use the Visit Summary section for number of episodes and Visits and Charges by discipline.

Note: Only Certs marked as 'PEP' in the Patient Certify tab will be included on this report.

5/30/2019 10:56:51 AM Insurance Sequence <mark>Period Statistics</mark>			S-3 Part IV PEP Only Insurances From:1/1/2018 To:12/31/2018			8	Closed Episodes Page 1 Home Health Care Services Medicare		Page 1 :es		
Start	End	First-Visit	Inital	Final	EEP	Days	Rate	AFP	Net	Exceptions	
Medicare -	60016										
Insurance	Totals:			Episod	es:1		RAPs	:0		Finals: 0	
Exceptions Summary: Lupas: 1 Lupa\$: 0.00 TherapyUp: 0 TherapyUp\$: 0.00		Lupas:1		Scies:0		Peps: 1		Outliers: 0			
		Lupa\$:0.00		Scic\$:0.00		Pep\$:0.00		Outlier\$:0.00			
		TherapyDn:0		Early-Epis:1		Disch-Epis: 0					
		TherapyDn\$:0.00		Late-Epis:0		Period-EEP: 0.00					
				L	upa-Addon	:0					
Visit Summary:		RN Visits: 1		MSS Visits:0			RN Chqs: 220.00		MSS Chas: 0.00		
·		PT Visits: 0		HHA Visits:0		PT Chqs: 0.00			HHA Chas: 0.00		
		SP Visits: 0		Total Visits: 1		SP Chqs: 0.00			SUP Chqs: 0.00		
		OT Visits: 0		Total Paid: 0.00		OT Chgs: 0.00			Total Chgs: 220.0	00	
	A	vg-Vis/Epis:1		Total Ac	ljs: 0.00						

### S-4 Part I Enrollment Days (HHA-Based Hospice)

Press the 'Alter' button if running from Report Groups (or run from Charge> Hospice LOC Report) and confirm/make the following selections. This report is only needed if you are an HHA-based Hospice for Worksheet S-4 Part I.

Run the report once with your agency's Medicare Hospice insurance selected for Column 1 totals. Run again, this time your agency's Medicaid Hospice insurance selected for Column 2. For Column 3, run with your Medicare and Medicaid hospice insurances selected on the Specific Includes tab and check the box for 'Exclude Selections Instead of Include' to get the other payer information.

General Options tab:	₩ Hospice LOC Report - S-4	Part I Undup Days Col 1
Report Sequence: LOC	General Options Specific Includes More Opti	ons
<b>Selection Type</b> : Insurance. Use 'Specific Includes' tab to specify the insurances)	Report Sequence:     Selection Type:       C Patient     C All       C Patient     C Patient       C LOC     C Unit	nsurance
Report Detail: un-check all	Billing Period:	stom Date Selection:
Billing Period: Custom	Custom  2014  Fro	om: 1/1/2020 🔻 To: 12/31/2020 💌
Custom Date Selection: Reporting Year	Hospice Insurance Type: All: 🔽	Report Type:
Hospice Insurance Type: check All	Level of Care:	C Exceptions Found C Ready To Bill
Level of Care: check All	All: Hospice Unit	Create/Fix LOC Charges
<b>Unit Selection</b> : uncheck All and select the Hospice Unit	Rreview SPrint	?
Report Type: All Records		

More Options Tab:

Leave all items unchecked except for Only Evaluate Primary Insurance:

☆ Hospice LOC Report - S-4 F	Part I Undup Days Col 1 🛛 🛛 📉
General Options Specific Includes More Option	15
Additional Reporting Options: Only Patients with Missing LOC Only Discharged Patients Only Patients Admitted in Select Month Only Patients with Unbilled Period Chgs Only Evaluate Primary Insurance Show Not-Billed Amounts Include Sequester % in Billed Amount Only Patients with Late/Missing NOE	<ul> <li>Fail if Prior Month Bill Not Paid</li> <li>Fail Certs Without All Docs Received</li> <li>Fail if UnVerified Billable Visits Found</li> <li>Warn if Ins Not Hospice Bill Method</li> </ul>
Sub-Report Options: No Sub-Reports Hospice CAP Reporting Locations of Care Clinical Group Totals Show Sub-Report Detail	LOC Employee:
🛕 Pre <u>v</u> iew 🚳 <u>P</u> rint	?

Press Preview and use the Tot-Days number for days by Level of Care.

1/18/2021 11:04:05 AM LOC Sequence Custom date selection	S-4 Part I Undup Days Col 1 Insurance:1/1/2020 To:12/31/2020	Page 1 Home & Hospice Care Services Medicare Hospice Hospice Unit	
Continuous Home Care			
Patients:3	Avg-Days: 2	Tot-Bill-Amt: 2,255.35	Tot-Days: 5
Inpatient Home Care			
Patients:11	Avg-Days: 5	Tot-Bill-Amt: 54,339.83	Tot-Days: 52
Respite Home Care			
Patients:10	Avg-Days: 3	Tot-Bill-Amt: 12,359.68	Tot-Days: 26
Routine Home Care			
Patients:40	Avg-Days: 87	Tot-Bill-Amt: 522,550.95	Tot-Days: 3466
Grand Totals:		Tot-Bill-Amt: 591,505.82	Tot-Days: 3549

### S-4 Part II Contracted Data (HHA-Based Hospice)

Press the 'Alter' button if running from Report Groups (or run from Charge> Hospice LOC Report) and confirm/make the following selections. This report is only needed if you are an HHA-based Hospice for Worksheet S-4 Part II with patients that had inpatient services at a contracted facility.

Run the report first with your agency's Medicare Hospice insurance for Column 1 totals. Run again, this time your agency's Medicaid Hospice insurance selected for Column 2. For Column 3, run with your Medicare and Medicaid hospice insurances selected on the Specific Includes tab and check the box for 'Exclude Selections Instead of Include' to get the other payer information.

General Options tab:

Report Sequence: LOC

**Selection Type**: Insurance. Use 'Specific Includes' tab to specify the insurances) as detailed above.

Report Detail: un-check all

Billing Period: Custom

Custom Date Selection: Reporting Year

Hospice Insurance Type: check All

Patient     LOC	Selection Typ C All C Patient C Unit	e: Insurance C Fin-Class	Report Detail: ☐ Patient Detail ☑ Diag/Cert Detail ☑ Location Detail ☐ Charge Detail
Billing Period: Custom  20 Hospice Insurance Typ	21 <b>•</b>	Custom Date S From: 1/1/2020	Selection: To: 12/31/2020 Report Type:
All: P Level of Care: All: T Inpatient Hom	e Care		<ul> <li>All Records</li> <li>Exceptions Found</li> <li>Ready To Bill</li> </ul>
Unit:			Export Report

?

Level of Care: Un-check All and run separately for Inpatient and Respite.

Unit Selection: uncheck All and select the Hospice Unit

**Report Type:** All Records

More Options Tab	☆ Hospice LOC Report - S-4 Part II Contracted Col 1
Only Evaluate Primary Insurance: check	General Options   Specific Includes   More Options   Additional Reporting Options:
Show Location of Care Totals: check	<ul> <li>Only Patients with Unsign Cou</li> <li>Only Discharged Patients</li> <li>Only Patients Admitted in Select Month</li> <li>Only Patients with Unbilled Period Chgs</li> <li>Only Evaluate Primary Insurance</li> <li>Show Not-Billed Amounts</li> <li>Include Sequester % in Billed Amount</li> <li>Only Patients with Late/Missing NOE</li> </ul>
	Sub-Report Options: No Sub-Reports Hospice CAP Reporting Locations of Care Clinical Group Totals Show Sub-Report Detail

Press Preview and the Location of Care information will be shown after the Grand Totals.

🛕 Preview 🛛 🎯 Print

If the list for the Locations of Care include both contracted and non-contracted facilities, the days for each contracted facility must be added manually.

					Tot-Bill-Amt: 1,161.72	Tot-Days: 1
Grand Totals:	Patients: 7	Avg-Days: 7 Tot-Bill-Amt: 54,722.56 Tot-SIA-Amt: 0.00 Tot-MD-Amt: 0.00 Tot-Late-Amt: 0.00 Tot-Late-Days: 46		Tot-Days: 52		
Locatio	ons of Care:					
Loc	cation	Q-Code	Days	Patients		
Neptune	Valley Hospital(5)	Q5005	10	2		
Ocean Re	egional Hospital	Q5005	1	1		
Orange C	county Hospital	Q5005	2	1		
	Total: Q5005		13	4		
Inpatient I	Facility(6)	Q5006	1	1		
Lehigh Va	alley Inp Hospice(6)	Q5006	33	1		
Suncrest	Hospice Ctr(6)	Q5006	5	1		
	Total: Q5006		39	3		
	Grand Totals:		52	7		