

Medicare HHA Cost Report (CMS-1728-20)

Prepared for

myUnity Essentials Financial



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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 [Report Groups User Guide](#) 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 Groups

Report Group: Medicare Cost Report

Group Type: Personal Agency System

Reports for Selected Group:

Seq	Report-Name	Base-Report
1	S-3 Part I Visits Column 1&2	Statistical Analysis
2	S-3 Part 1 Column 3&4	Statistical Analysis
3	S-3 Part 1 Column 5&6	Statistical Analysis
4	S-3 Part 1 Unduplicated Census	Admission Reports
5	S-3 Part IV Full/No Outliers	PPS Revenue
6	S-3 Part IV Outlier Only	PPS Revenue
7	S-3 Part IV LUPA Only	PPS Revenue
8	S-3 Part IV PEP Only	PPS Revenue
9	S-4 Part I Undup Days Col 1	Hospice LOC Report

Override Date Selection:
 Use These Dates:
 From: 1/1/2020
 To: 12/31/2020

Report Notes:
 This report provides visits and unduplicated patient counts by discipline for S-3 Part 1 Statistical Data Columns 1 thru 6. For Columns 1 & 2 select your agency's Medicare insurances only on the Specific

Preview Print Alter Save Cancel ?

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 Includes** tab.

For Columns 3 & 4, select your agency’s Medicaid insurance on the **Specific Includes** 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

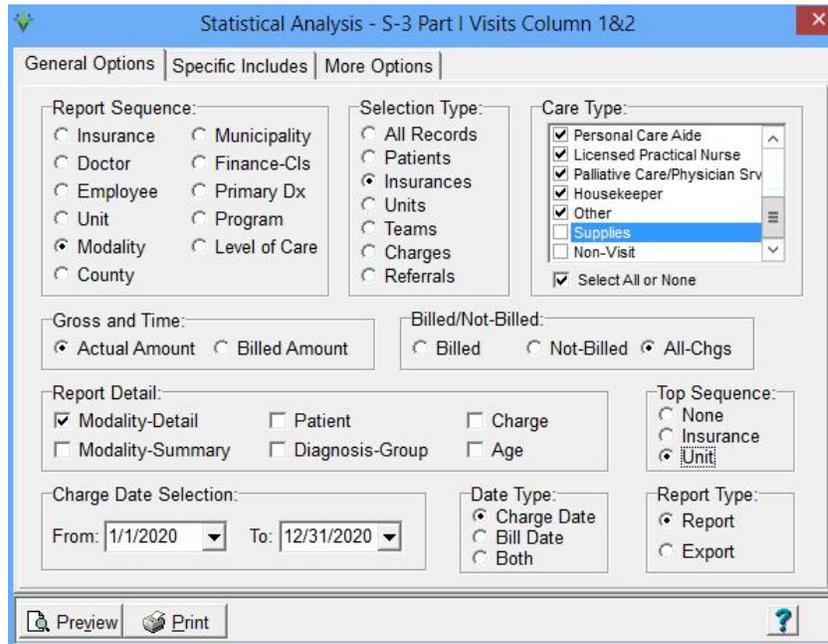
Report Detail: check Modality-Detail

Top Sequence: Unit

Charge Date Selection: enter the reporting year

Date Type: Charge Date

Report Type: Report



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

All-Chgs Page 1
 Home Health Care Services
 Medicare

	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

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 Unduplicated Census
 Units From: 1/1/2020 To: 12/31/2020

Active Patients Page 1
 Home Health Care Services
 Home Health Unit

	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.

Start	End	First-Visit	RAP	Final	EEP	Days	Rate	AFP	Net	Exceptions
Medicare - 60016										
Insurance Totals:		Episodes: 7			RAPs: 4			Finals: 2		
Exceptions Summary:		Lupas: 1	Scics: 0		Peps: 0			Outliers: 0		
		Lupa\$: -1,187.36	Scic\$: 0.00		Pep\$: 0.00			Outlier\$: 0.00		
		TherapyUp: 0	TherapyDn: 0		Early-Epis: 2			Disch-Epis: 2		
		TherapyUp\$: 0.00	TherapyDn\$: 0.00		Late-Epis: 5			Period-EEP: 6,336.18		
		Lupa-Addon: 0								
Visit Summary:		RN Visits: 13	MSS Visits: 0		RN Chgs: 1,280.00			MSS Chgs: 0.00		
		PT Visits: 1	HHA Visits: 4		PT Chgs: 235.00			HHA Chgs: 374.00		
		SP Visits: 0	Total Visits: 18		SP Chgs: 0.00			SUP Chgs: 0.00		
		OT Visits: 0	Total Paid: 1,308.33		OT Chgs: 0.00			Total Chgs: 1,889.00		
		Avg-Vis/Epis: 3	Total Adjs: 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:

Report Sequence:

Insurance

Selection Type:

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

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

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.

5/30/2019 10:37:51 AM

S-3 Part IV Outlier only

Closed Episodes Page 1

Insurance Sequence

Insurances From:1/1/2018 To:12/31/2018

Home Health Care Services

Period Statistics

Home Health Unit

Medicare

Start	End	First-Visit	Initial	Final	EEP	Days	Rate	AFP	Net	Exceptions
Medicare - 60016										
Insurance Totals:				Episodes: 3		RAPs: 3		Finals: 3		
Exceptions Summary:		Lupas: 0	Scics: 0		Peps: 0		Outliers: 3			
		Lupa\$: 0.00	Scic\$: 0.00		Pep\$: 0.00		Outlier\$: 19,957.17			
		TherapyUp: 0	TherapyDn: 0		Early-Epis: 3		Disch-Epis: 1			
		TherapyUp\$: 0.00	TherapyDn\$: 0.00		Late-Epis: 0		Period-EEP: 7,088.49			
		Lupa-Addon: 0								
Visit Summary:		RN Visits: 14	MSS Visits: 0		RN Chgs: 2,482.00		MSS Chgs: 0.00			
		PT Visits: 11	HHA Visits: 103		PT Chgs: 2,585.00		HHA Chgs: 9,630.50			
		SP Visits: 0	Total Visits: 128		SP Chgs: 0.00		SUP Chgs: 0.00			
		OT Visits: 0	Total Paid: 0.00		OT Chgs: 0.00		Total Chgs: 14,697.50			
		Avg-Vis/Epis: 43	Total Adjs: 0.00							

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

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
Period Statistics

S-3 Part IV LUPA Only
Insurances From:1/1/2018 To:12/31/2018
Home Health Unit

Closed Episodes Page 1
Home Health Care Services
Medicare

Start	End	First-Visit	Initial	Final	EEP	Days	Rate	AFP	Net	Exceptions
Medicare - 60016										
Insurance Totals:				Episodes: 19			RAPs: 15		Finals: 14	
Exceptions Summary:		Lupas: 19	Scics: 0		Peps: 0		Outliers: 0			
		Lupa\$: -25,586.42	Scic\$: 0.00		Pep\$: 0.00		Outlier\$: 0.00			
		TherapyUp: 0	TherapyDn: 0		Early-Epis: 16		Disch-Epis: 2			
		TherapyUp\$: 0.00	TherapyDn\$: 0.00		Late-Epis: 3		Period-EEP: 31,083.74			
					Lupa-Addon: 10					
Visit Summary:		RN Visits: 26	MSS Visits: 0		RN Chgs: 4,839.00		MSS Chgs: 0.00			
		PT Visits: 6	HHA Visits: 2		PT Chgs: 1,410.00		HHA Chgs: 0.00			
		SP Visits: 0	Total Visits: 34		SP Chgs: 0.00		SUP Chgs: 0.00			
		OT Visits: 0	Total Paid: 2,489.50		OT Chgs: 0.00		Total Chgs: 6,249.00			
		Avg-Vis/Epis: 2	Total Adjs: 0.00							

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)

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

S-3 Part IV PEP Only

Closed Episodes Page 1

Insurance Sequence

Insurances From:1/1/2018 To:12/31/2018

Home Health Care Services

Period Statistics

Medicare

Start	End	First-Visit	Initial	Final	EEP	Days	Rate	AFP	Net	Exceptions
Medicare - 60016										
Insurance Totals:			Episodes:1		RAPs:0			Finals:0		
Exceptions Summary:		Lupas: 1	Scics:0		Peps: 1			Outliers: 0		
		Lupa\$: 0.00	Scic\$: 0.00		Pep\$: 0.00			Outlier\$: 0.00		
		TherapyUp: 0	TherapyDn:0		Early-Epis:1			Disch-Epis: 0		
		TherapyUp\$: 0.00	TherapyDn\$: 0.00		Late-Epis:0			Period-EEP: 0.00		
					Lupa-Addon:0					
Visit Summary:		RN Visits: 1	MSS Visits:0		RN Chgs: 220.00			MSS Chgs: 0.00		
		PT Visits: 0	HHA Visits:0		PT Chgs: 0.00			HHA Chgs: 0.00		
		SP Visits: 0	Total Visits:1		SP Chgs: 0.00			SUP Chgs: 0.00		
		OT Visits: 0	Total Paid: 0.00		OT Chgs: 0.00			Total Chgs: 220.00		
		Avg-Vis/Epis: 1	Total Adjs: 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:

Report Sequence: LOC

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

Report Detail: un-check all

Billing Period: Custom

Custom Date Selection:

Reporting Year

Hospice Insurance Type:

check All

Level of Care: check All

Unit Selection: uncheck All and select the Hospice Unit

Report Type: All Records

More Options Tab:

Leave all items unchecked except for **Only Evaluate Primary Insurance:**

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

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

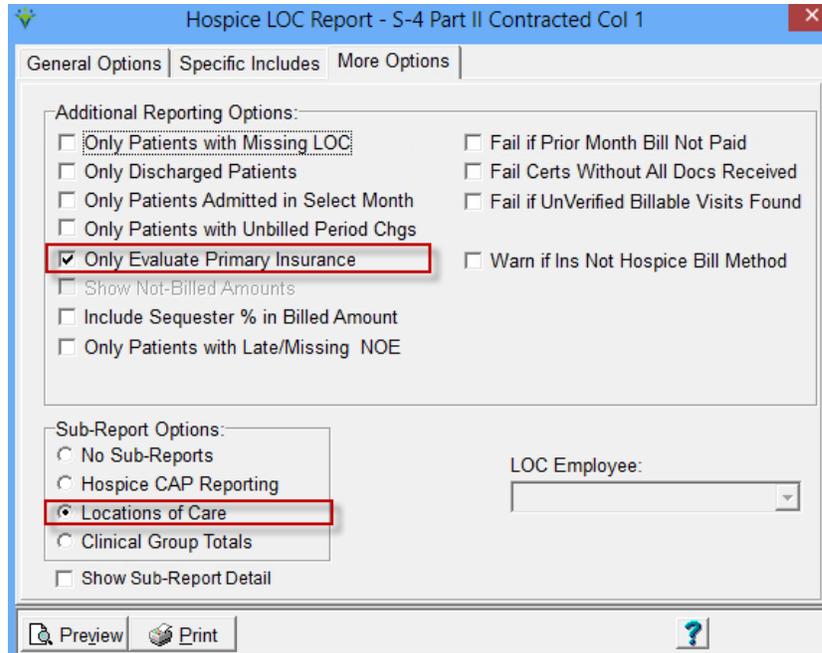
More Options Tab

Only Evaluate Primary

Insurance: check

Show Location of Care Totals:

check



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

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-Days: 52
			Tot-SIA-Amt: 0.00	
			Tot-MD-Amt: 0.00	
			Tot-Late-Amt: 0.00	
			Tot-Late-Days: 46	

Locations of Care:

Location	Q-Code	Days	Patients
Neptune Valley Hospital(5)	Q5005	10	2
Ocean Regional Hospital	Q5005	1	1
Orange County Hospital	Q5005	2	1
Total: Q5005		13	4
Inpatient Facility(6)	Q5006	1	1
Lehigh Valley Inp Hospice(6)	Q5006	33	1
Suncrest Hospice Ctr(6)	Q5006	5	1
Total: Q5006		39	3
Grand Totals:		52	7