

Medicare Cost Reporting

IMPORTANT: A new cost report form CMS-1728-19 has been proposed for reporting year 2020. This form will require separate statistics for LPN, PTA, and OTA services. Although not required for this year's form CMS-1728-94, the data for the new form is for services currently being rendered.

To accommodate the new requirement for 2020 reporting, the following steps should be completed as soon as possible:

- 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.
- New charge codes need to be setup if performing PTA or OTA Maintenance visits. Review the [CR11721 G-Code Setup](#) FAQ.
- 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 detailed in this document should be run to gather information for Medicare home health agency cost reporting (Form CMS-1728-94). These reports can be run from a central location under **File > Report Groups** for “**System**” Group Type by choosing the **Medicare Cost Report** from the drop-down.

Review the [Report Groups User Guide](#) under Help > Help, Frequently Asked Questions or contact HAS 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 Group: Medicare Cost Report

Group Type: Personal Agency System

Reports for Selected Group: Press Preview or Print to Run the selected report..

| Seq | Report-Name | Base-Report |
|-----|-------------------------------|----------------------|
| 1 | S-3 Part I unduplicated count | Admission Reports |
| 2 | S-3 Part I Visit Totals | Statistical Analysis |
| 3 | S-3 Part II/Worksheet C | PPS Revenue |
| 4 | S-3 Part IV Lupa only | PPS Revenue |
| 5 | S-3 Part IV PEP only | PPS Revenue |
| 6 | S-3 Part IV Outlier only | PPS Revenue |
| 7 | Worksheet D-1 Financials | A/R Reporting |
| 8 | Worksheet D-1 Payment info | Payment Reports |
| 9 | Worksheet S-5 (HHA-Hospice) | Hospice LOC Report |

Override Date Selection:

Use These Dates:

From: 1/1/2018

To: 12/31/2018

Report Notes:

S-3 Part 1 unduplicated Patients Total figures

Preview Print Alter Save Cancel

S-3 PART I STATISTICAL DATA (COLUMN 6 LINE 10)

Press the **Alter** button and confirm/make the following selections (or run from **Patient > Admission Report**). This report provides an unduplicated patient count for S-3 Part 1 Statistical Data for Column 6, Line 10 Unduplicated Census Count - Full Cost Reporting Period. This provides the agency unduplicated census. The next section addresses unduplicated census by payer.

General Options tab

Report Sequence: Unit.

Selection Type: Units. Select the unit on the Specific Includes tab.

Date Selection: Reporting Year

Top Sequence: None

Report Type: Active

Report Detail: leave unchecked

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

5/30/2019 10:24:42 AM
Unit Sequence
LOS Totals are Average Days

S-3 Part I Unduplicated Count
Units From:1/1/2018 To:12/31/2018

Active Patients Page 1
Home Health Care Services
Home Health Care Svcs

| | Admit Count | Disch Count | Un-Dup Count | Active Count | LOS |
|-------------------------------|--------------------|--------------------|---------------------|---------------------|------------|
| Home Health Care Svcs: | 100 | 11 | 100 | 89 | 1169 |
| Grand Totals: | 100 | 11 | 100 | 89 | 1169 |

S-3 PART I STATISTICAL DATA (VISITS & PATIENTS BY DISCIPLINE)

Press the **Alter** button and confirm/make the following selections (or run from **Stats > Services Provided**). This report provides visits and unduplicated patient counts by discipline and insurance type for S-3 Part 1 Statistical Data, Columns 1 thru 4.

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

For Columns 3 & 4, on the **Specific Includes** tab, check the box for “**Exclude selections instead of Include**” to get all other insurances.

General Options tab

Sequence: Modality

Selection Type: Insurances. Use 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. Run the report a second time with “**Exclude selections instead of Include**” for Non-Medicare numbers. Use the numbers for the Home Health (units) when previewing the report.

| | 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 IV PPS ACTIVITY (FULL EPISODES NO OUTLIERS)

Press the **Alter** button and confirm/make the following selections (or run from **Stats > PPS Revenue**). 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 un-checked 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.

5/30/2019 10:32:42 AM

S-3 Part IV Full no Outliers

Closed Episodes Page 1
Home Health Care Services
Medicare

Insurance Sequence
Period Statistics

Insurances From:1/1/2018 To:12/31/2018
Home Health Care Svcs

| Start | End | First-Visit | Initial | Final | EEP | Days | Rate | AFP | Net | Exceptions |
|--------------------------|-----|-------------------|----------------------|--------------------|-------------------|---------|----------------------|-----------|-----|------------|
| Medicare - 60016 | | | | | | | | | | |
| Insurance Totals: | | | | Episodes: 2 | | RAPs: 2 | | Finals: 2 | | |
| Exceptions Summary: | | Lupas: 0 | Scics: 0 | | Peps: 0 | | Outliers: 0 | | | |
| | | Lupa\$: 0.00 | Scic\$: 0.00 | | Pep\$: 0.00 | | Outlier\$: 0.00 | | | |
| | | TherapyUp: 0 | TherapyDn: 1 | | Early-Epis: 2 | | Disch-Epis: 2 | | | |
| | | TherapyUp\$: 0.00 | TherapyDn\$: -432.88 | | Late-Epis: 0 | | Period-EEP: 5,549.20 | | | |
| | | | | | Lupa-Addon: 0 | | | | | |
| Visit Summary: | | RN Visits: 8 | MSS Visits: 0 | | RN Chgs: 1,702.00 | | MSS Chgs: 0.00 | | | |
| | | PT Visits: 9 | HHA Visits: 0 | | PT Chgs: 2,115.00 | | HHA Chgs: 0.00 | | | |
| | | SP Visits: 0 | Total Visits: 18 | | SP Chgs: 0.00 | | SUP Chgs: 0.00 | | | |
| | | OT Visits: 1 | Total Paid: 0.00 | | OT Chgs: 192.00 | | Total Chgs: 4,009.00 | | | |
| | | Avg-Vis/Epis: 9 | Total Adjs: 0.00 | | | | | | | |

S-3 PART IV PPS ACTIVITY (OUTLIER EPISODES)

Press the **Alter** button and confirm/make the following selections (or run from **Stats > PPS Revenue**). This report provides Visit and Charge amounts by discipline for 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 unchecked except "Outliers"

Full Episodes No/Outliers: unchecked

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
Insurance Sequence
Period Statistics

S-3 Part IV Outlier 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:3 | | | RAPs:3 | | Finals:3 | |
| Exceptions Summary: | | Lupas:0 | Scics:0 | | Peps:0 | | Outliers:3 | | Outlier\$:19,957.17 | |
| | | Lupa\$:0.00 | Scic\$:0.00 | | Pep\$:0.00 | | Disch-Epis:1 | | Period-EEP:7,088.49 | |
| | | TherapyUp:0 | TherapyDn:0 | | Early-Epis:3 | | Late-Epis:0 | | Lupa-Addon:0 | |
| | | TherapyUp\$:0.00 | TherapyDn\$:0.00 | | 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 and confirm/make the following selections (or run from **Stats > PPS Revenue**).

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: check LUPA, leave all other boxes un-checked

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

S-3 Part IV LUPA Only

Closed Episodes Page 1
Home Health Care Services
Medicare

Insurance Sequence
Period Statistics

Insurances From:1/1/2018 To:12/31/2018
Home Health Unit

| 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 and confirm/make the following selections (or run from **Stats > PPS Revenue**). This report provides Visit and Charge amounts by discipline for PEP episodes for S-3 Part IV, Column 4. **Note:** PEP episodes are not automatically accounted for in HAS. Episodes will only show as such if the PEP checkbox is manually checked in the Patient file Certify tab.

General Options tab

Report Sequence: Insurance

Selection Type: Insurances. Use Specific Includes tab to specify the Insurances

Exception Types: check PEP, leave all other boxes un-checked

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

PPS Revenue Reporting - S-3 Part IV PEP Only

General Options | Specific Includes

Report Sequence:
 Patient
 Insurance
 County
 HHRG
 HIPPS

Selection Type:
 All Records
 Patients
 Units
 Counties
 Insurances

Exception Types:
 Lupa
 Scic
 Pep
 Full Episodes No/Outliers
 Outlier
 Scic + Pep
 Therapy

Date Selection:
 From: 1/1/2018 To: 12/31/2018

Unit Selection:
 Active: Home Health Unit

Report Detail:
 Patients
 Assessments
 Charges
 Payments
 Visit Summary
 Revenue Summary
 GL Post Summary
 Report Legend
 Export Report

Revenue Calculation:
 Daily Rate (1/60 of EEP)
 Period Stats Only (No Rev)

Episode Type:
 All
 Open
 Closed

Therapy:
 All
 Only
 None

Earned Days Start:
 Cert-Start
 RAP-Date
 Medicare

Preview Print

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

5/30/2019 10:56:51 AM
 Insurance Sequence
Period Statistics

S-3 Part IV PEP Only
 Insurances From:1/1/2018 To:12/31/2018

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: 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-5 PART III ENROLLMENT DAYS (HHA-BASED HOSPICE)

Press the **Alter** button and confirm/make the following selections (or run from **Charge > Hospice LOC Report**). This report is only needed if you are an HHA-based Hospice for Worksheet S-5 Part III. Run the report once with your agency's Medicare Hospice insurance selected for Column 1. 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 all other payers.

General Options tab

Report Sequence: LOC

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

Report Detail: uncheck all

Billing Period: Custom

Custom Date Selection: Reporting Year

Hospice Insurance Type: check All

Level of Care: check All

Unit: uncheck All and select your Hospice Unit

Report Type: All Patients

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

5/30/2019 9:14:15 AM
 LOC Sequence
 Custom date selection

Worksheet S-5 (HHA-Hospice)
 Insurance:1/1/2018 To:12/31/2018

Page 1

Home Health Care Services
 Medicare Hospice
 Hospice Unit

| Level of Care | Patients | Avg-Days | Tot-Bill-Amt | Tot-Days |
|-----------------------------|----------|----------|-----------------------------------|----------|
| Continuous Home Care | 4 | 3 | 4,036.33 | 11 |
| Inpatient Home Care | 5 | 2 | 9,983.59 | 12 |
| Respite Home Care | 3 | 3 | 1,394.12 | 8 |
| Routine Home Care | 55 | 179 | 1,470,124.31 | 9854 |
| Grand Totals: | | | 1,485,538.39 Tot PIA Amt: 0.00 | 9885 |

Press the **Alter** button and confirm/make the following selections (or run from **Charge > Hospice LOC Report**). This report is only needed if you are an HHA-based Hospice for Worksheet S-5 Part IV. Run the report first with your agency’s Medicare Hospice insurance and Respite Level of Care selected for Column 1. 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 all other payers.

General Options tab

Report Sequence: LOC

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

Report Detail: uncheck all

Billing Period: Custom

Custom Date Selection: Reporting Year

Hospice Insurance Type: check All

Level of Care: check All

Unit: uncheck All and select your Hospice Unit

Report Type: All Patients