CA State Report HHA

Prepared for

myUnity Essentials Financial



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Overview

The State of California requires home health agencies to submit an <u>Annual Utilization Report</u>. Follow the steps below to retrieve the necessary data from myUnity Essentials Financial. These reports can also be run from a central location under File > Report Groups for "System" Group Type. Review the <u>Report Groups User Guide</u> or contact Support for assistance if needed. If using the Reports Group, use the Override Dates selection to enter the reporting year, but confirm all other selection criteria (Unit, Modality, etc.) prior to previewing/printing the report.

Note: per the ALIRTS specifications some patient counts are duplicated while some are unduplicated. As such, your patient counts may vary for different sections of the report.

Section 2 – Persons Receiving Services (line 30)

Go to Patient > Admission Report or press the Alter button if running from Report Groups.

<u>General Options tab</u> **Report Sequence**: Unit. **Selection Type**: Unit. Select unit(s) on the Specific Includes tab. **Date Selection**: Reporting Year **Top Sequence**: Unit (if reporting for multiple agencies) **Report Type**: Active **Report Detail**: leave unchecked

More Options tab

Only Include if Visit Within Date Range: check this option Unduplicated Counts: check this option

Admission/Discharge Reports - Section 2 - L	ine 30 ×	♥ Admission/Discharge Reports - Section 2 - Line 30	×
General Options Specific Includes More Options		General Options Specific Includes More Options	
Report Sequence: C Insurance Race C Unit C Doctor Age C Team C Ref-Source Institution Ref-Type C County Diag-Group Program C Prim-Diag Priority Program C Sex Municipality Date Selection: From: 1/1/2017 Report Type: C Active Patients Report Detail: C Admitted Patients Patient Detail Monthly Summary C Discharged Patients Page Breaks Export Report C Referral Patients C Referrals Not Admitted Export Report	Selection Type: C All Records Patients Insurances Units Teams Fin-Classes Top Sequence: None Unit	Length of Stay (LOS) Reporting (In Days): Patient Sex Only Days Within Selected Date Range LOS Totals Evaluate Days Based on Insurance Start/Stop Dates • All 7 30 90 180 360 • Male Miscellaneous Options: Insurance Start/Stop Dates • Male • Male Miscellaneous Options: Insurance Names • First Active Insurance © Include Aree Counts • Include Race Counts • First Active Insurance Include Aree Counts • Include Age Categories • Unduplicated Counts 1 Include Age Categories • Unduplicated Counts • 11 2 6 11 21 30 41 51 61 71 81 91 150 •	
Preview Second Print	?	Review Print	?



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

5/12/2021 3:21:25 PM Unit Sequence LOS Totals are Average Days	Secti Units From:	Section 2 - Line 30 Units From:1/1/2017 To:12/31/2017			ice Care Se Unit	Page 1 Services	
		Admit Count	Disch Count	Un-Dup Count	Active Count	LOS	
	Home Health Unit:	36	22	34	14	457	
	Grand Totals:	36	22	34	14	457	

Section 3 – Patients & Visits by Age (lines 1-11)

Go to **Stats > Services Provided** or press the **Alter** button if running from **Report Groups** for a duplicated patient count by age.

General Options tab

Sequence: Unit. If submitting one report to the State for multiple units, add age category totals for each unit together.

Selection Type: Unit. Use Specific Includes tab specify the unit(s).

Care Type: leave all checked except for non-visit types (ex. supplies).

Billed/Not Billed: All-Chgs

Report Detail: check "Age" (Note: when Age is checked, the program defaults to "Patient" detail also)

Charge Date Selection: enter the reporting year

Date Type: Charge Date

'More Options' tab

Age Categories: set according to State reporting requirements.

Show Case Totals: check this option for a duplicated patient count

☆ Statistical Analysis - Section 3 - Lines 1-11	☆ Statistical Analysis - Section 3 - Lines 1-11
General Options Specific Includes More Options	General Options Specific Includes More Options
Report Sequence: Care Type: C Insurance Municipality C Doctor C Finance-Cls C Employee C Primary Dx G Unit C Program C Modality C Level of Care C County C Referrals Billed/Not-Billed: C Billed Amount C Billed Amount C Billed C Not-Billed Report Detail: C Anarge Modality-Detail V Patient C Modality-Summary D Diagnosis-Group Charge Date Selecton: Charge Date Charge Date Selecton: C Date Type: C From: 1/1/2017 To:	Bill Date Selection: From: 1/1/2017 ▼ To: 12/31/2017 ▼ Financial Class Type:
R Preview Print	Review Print

Press **Preview** and use the Patients and Visits counts from the last page of the report.



5/12/2021 3:32:04 PM Unit Sequence Actual-Gross/Time Selected Charge D	ates	Un	Section its From: 1/	3 - Lines 1/2017 To: 12	1-11 /31/2017	All-Cl Hom Hom	ngs e & Hospice (e Health Unit	Page 2 Care Services
		Patients	Gross	Net	Allowance	Time	Billed-Qty	Actual-Qty
Home Health Unit								
-	Age	Patients	Visits		Age	Patients	Visits	_
	0 - 10:	0	0		61-70:	10	73	
	11-20:	2	34		71-80:	5	57	
	21-30:	0	0		81-90:	8	35	
	31-40:	1	20		91-120:	4	29	
	41-50:	1	5		Over 120:	0	0	
_	51-60:	3	8		Total:	34	261	_
Grand Totals:		34 5	52,134.17	33,042.50	3,289.67	694.54	338	261

Section 3 - Admissions by Source of Referral (lines 15-28)

Go to **Patient > Admission Report** or press the 'Alter' button if running from Report Groups. Clinical users should obtain this information from the clinical system.

General Options tab

Report Sequence: Ref-Source or Ref-Type (Type only works if Referral Sources have been assigned to a Referral Type in the Billing Module). Selection Type: Unit. Select unit(s) on the Specific Includes tab. Date Selection: Reporting Year Top Sequence: Unit (if reporting for multiple agencies) Report Type: Admitted Report Detail: leave unchecked

Admission/Discharge Reports - Section 3 - Lines15-28						
General Options Sp	ecific Includes Mor	e Options				
Report Sequence: C Insurance C Doctor C Ref-Source C County C Prim-Diag C Sex Date Selection: From: 1/1/2017	C Race Age Institution Diag-Group Priority Municipality	C Unit C Team ☞ Ref-Type C Program	Selection Type: C All Records C Patients C Insurances C Units C Teams C Fin-Classes Top Sequence: C None C Unit			
Report Type: C Active Patients Admitted Patie Discharged Pa Referral Patien Referrals Not A	o ents tients ts vdmitted	Report Detail: Patient Detail Monthly Summary Page Breaks Export Report				
🛕 Preview 🛛 🎯 Pri	nt			?		

Press **Preview** and use the "Admit Count" number.



5/12/2021 3:48:38 PM Ref-Type Sequence LOS Totals are Average Days	Section 3 Units From: 1/1/2	Section 3 - Lines15-28 Units From:1/1/2017 To:12/31/2017			Admitted Patients Pa Home & Hospice Care Servi Home Health Unit		
		Admit Count		Disch Count	Un-Dup Count	Active Count	LOS
Home Health Unit							
	Another HHA:	1		0	1	1	670
	Doctor:	4		2	4	2	460
	Hospital:	3		1	3	2	535
	Other:	1		0	1	1	1369
111	No referral Type:	50		28	48	22	477
	Unit Totals:	59		31	57	28	497
	Grand Totals:	59		31	57	28	497

Section 3 - Discharges by Reason (lines 30-45)

Go to **Patient > Admission Report** or press the 'Alter' button if running from Report Groups.

General Options tab

Report Type: Discharged Patients

Report Sequence: Reason

Selection Type: Unit. Select unit(s) on the Specific Includes tab.

Date Selection: Reporting Year

Top Sequence: Unit (if reporting for

multiple agencies)

Report Detail: leave unchecked

Report Sequence: C Insurance C Doctor C Ref-Source C County C Prim-Diag C Sex C Race	C Age Institution Diag-Group Priority Municipality Unit Team	C Ref-Type C Program C Reason C Disposition C Condition	Selection Type: C All Records C Patients C Insurances C Units C Teams C Fin-Classes
Date Selection: From: 1/1/2017	▼ To: 12/31/201	17 💌	Top Sequence: C None C Unit
Report Type: C Active Patients C Admitted Patient O Discharged Patient C Referral Patient C Referrals Not A	nts cients cs dmitted	Report Detail: Patient Detail Monthly Summary Page Breaks Export Report	

intion (Discharge Re

Press **Preview** and use the "Disch Count" number.



5/12/2021 3:51:49 PM Reason Sequence LOS Totals are Average Days	Section 3 - Lines 30-45 Units From:1/1/2017 To:12/31/2017		C 	Discharged Patients Page 1 Home & Hospice Care Services Home Health Unit			
		Admit Count	Disch Count	Un-Dup Count	Active Count	LOS	
Home Health Unit							
Adn	nitted to SN Facility:	9	9	9	0	159	
Alterr	ate Care Program:	3	3	3	0	77	
Dis	charged for cause:	1	1	1	0	369	
	Expired:	3	3	3	0	52	
	Goals Met:	21	21	20	0	162	
	HOSPITAL:	1	1	1	0	76	
Moved	out of Service Area:	1	1	1	0	120	
	Not Eligible:	3	3	3	0	1	
Transferred	to another agency:	1	1	1	0	60	
	Unit Totals:	43	43	42	0	136	
	Grand Totals:	43	43	42	0	136	

Section 3 - Visits by type of Staff (lines 50-60)

Go to **Stats > Services Provided** or press the 'Alter' button if running from Report Groups.

<u>General Options tab</u> Sequence: Modality Selection Type: Unit. Use Specific Includes tab specify the unit(s). Care Type: leave all checked except for non-visit types (ex. supplies). Billed/Not Billed: All-Chgs Report Detail: leave all unchecked Charge Date Selection: enter the reporting year Date Type: Charge Date

<u>'More Options' tab</u> Show Case Totals: unchecked



😌 Statistical Analysis - Section 3 - Lines 50-60 🔀	V Statistical Analysis - Section 3 - Lines 50-60
General Options Specific Includes More Options	General Options Specific Includes More Options
Report Sequence: Selection Type: Care Type: C Insurance Municipality Patients Regular Nursing C Doctor C Finance-Cls Insurances Speech Therapy Image: Selection Type: C Unit C Program Insurances Units Speech Therapy Image: Selection Type: C Unit C Program C Charges Units Selection Therapy Image: Selection Therapy	Bill Date Selection: Financial Class Type:
C Preyjew Print	Review Print

Press **Preview** and use the "Actual-Qty" number.

5/12/2021 3:56:02 PM Modality Sequence Actual-Gross/Time Selected Charge Dates		Section 3 Units From: 1/	3 - Lines 5 1/2016 To: 12/3	0-60 31/2016	<mark>All-Ch</mark> Home Home	igs & Hospice (e Health Unit	Page 1 Care Services
	Patients	Gross	Net	Allowance	Time	Billed-Qty	Actual-Qty
Co-Pay/Co-Insurance	1	350.00	350.00	0.00	0.00	1	1
Home Health Aide	4	16,462.50	14,129.00	0.00	244.33	179	176
Homemaker	1	374.00	374.00	0.00	3.75	4	4
LPN	1	160.00	0.00	0.00	0.25	1	1
Physical Therapy	4	21,195.00	1,330.00	2,393.00	65.66	121	102
PTA	2	384.00	192.00	0.00	2.58	2	2
Skilled Nursing	10	7,800.00	1,141.00	411.00	33.98	49	40
Grand Totals:	23	46,725.50	17,516.00	2,804.00	350.55	357	326

Note: This report provides duplicated patient counts and as such may be higher than the census from the Admission Report. The Patient Grand Total figure may also change when running this report with different sequencing options for the same reason.

Section 3 - Visits by Primary Source of Payment (lines 65-73)

Go to Stats > Services Provided or press the Alter button if running from Report Groups.

<u>General Options tab</u> Sequence: Financial Class Selection Type: Unit. Use Specific Includes tab specify the unit(s). Care Type: leave all checked except for non-visit types (ex. supplies). Billed/Not Billed: All-Chgs Report Detail: leave all unchecked Charge Date Selection: enter the reporting year Date Type: Charge Date



'More Options' tab

Show Case Totals: unchecked

Statistical Analysis - Section 3 -	Lines 65-73	😵 Statistical Analysis - Section 3 - L	Lines 65-73 📃 🎽
General Options Specific Includes More Options		General Options Specific Includes More Options	
Report Sequence: Municipality C Insurance C Municipality All Records C Doctor Finance-Cls C Employee Primary Dx C Unit Program C Modality Level of Care C County Charges Gross and Time: C Billed Amount C Actual Amount Billed Amount Report Detail: C Billed Modality-Detail Patient Modality-Summary Diagnosis-Group Charge Date Selection: From: From: 1/1/2016 To:	Care Type: ✓ Regular Nursing ✓ Physical Therapy ✓ Speech Therapy ✓ Medical Social Service ✓ Medical Social Service ✓ Medication Administration ✓ Select All or None Silled: ○ Not-Billed ○ Not-Billed ○ Not-Billed ○ None ○ Insurance ○ Unit Prope: ○ Report Type: C Report ○ Report	Bill Date Selection: Emp From: 1/1/2016 ▼ To: 12/31/2016 ▼ Financial Class Type: All: IF All: IF Image: Comparison of the second s	All Contract Patient Status: All All All Diagnosis Reporting: Hospice Dx Groups Evaluate 1st + 2nd Diag Show Case Totals
Preview	ioth CAPOR	Review Preview	?

Press 'Preview' and use the "Actual-Qty" number.

5/13/2021 2:37:37 PM Finance-CIs Sequence Actual-Gross/Time Selected Charge Dates	Section 3 - Lines 65-73 Units From: 1/1/2016 To: 12/31/2016				All-Chgs Page Home & Hospice Care Service Home Health Unit			:1 IS
	Patients	Gross	Net	Allowance	Time	Billed-Qty	Actual-Qty	
Commercial Class	3	18,147.50	16,607.50	1,514.00	210.53	180	175	
Med Advantage PPS Class	1	200.00	0.00	0.00	3.00	1	1	
Medicare Class	7	24,099.50	0.00	1,290.00	121.74	141	129	
Self Pay Class	3	878.50	908.50	0.00	2.37	18	4	
VA Class	2	3,400.00	0.00	0.00	12.91	17	17	
Grand Totals:	16	46,725.50	17,516.00	2,804.00	350.55	357	326	

Section 4 – Patients and Visits by Principal Diagnosis (lines 1-35)

Go to Stats > Services Provided or press the Alter button if running from Report Groups.



General Options tab	V Statistical Analysis - Section 4 - Lines 1-35						
Sequence: Primary Dx.	General Options Specific Includes More Options						
Selection Type: Unit. Use Specific Includes tab specify the unit(s). Care Type: leave all checked except for non-visit types (ex. supplies). Billed/Not Billed: All-Chgs Report Detail: check Patient	Report Sequence: Selection Type: C Insurance Municipality C Doctor C Finance-Cls C Employee P Primary Dx C Unit C Program C Modality C Level of Care C County C Referrals						
Charge Date Selection: enter the reporting year Date Type: Charge Date	• Actual Amount ○ Billed Amount ○ Billed ○ Not-Billed • All-Chgs Report Detail: □ Modality-Detail □ Patient □ Charge ○ None Modality-Detail □ Diagnosis-Group □ Age ○ None						
	Charge Date Selection: From: 1/1/2017 ▼ To: 12/31/2017 ▼ Charge Date Charge Da						

Press **Preview** and jump to the last page of the report for "Admits" in Diagnosis Group totals.

Important: For error in ALIRTS that the totals patients on the Principal Diagnosis table cannot be less than the unduplicated persons total in Section 2, Line 30, refer to the 'No Group' diagnosis code information listed after the totals. This list of diagnosis codes did not belong to the code groupings provided in the CA OSHPD form. On the first page of this report, use the binoculars (upper left of preview window) to enter and search for a No Group diagnosis code (use first 4 digits of diagnosis code only). The number of patients listed for that specific code should be added to your ALIRTS report for the appropriate group.



5/13/2021 2:45:08 PM Primary Dx Sequence Actual-Gross/Time Selected Charge Dates		Section 4 - Lines 1-35 Units From: 1/1/2017 To: 12/31/2017			<mark>All-Chgs</mark> Home & H Home He	Hospice Ca alth Unit	Page 4 re Services	
	Patients	Gross	Net	Allowance	Time Bil	led-Qty A	ctual-Qty	
Grand Totals:	35	52,134.17	33,042.50	3,289.67	694.54	338	261	

Patients and Visits by Principal Diagnosis

Group	Diagnosis-Group-Description	Patients	Admits	Visits	Dischs	Deaths	LOS
1	Infectious and parasitic diseases (exclude H	2	2	9	1		1380
4	Malignant neoplasms: Breast	1	1	1	1		369
6	Malignant neoplasms: All other sites	1	1	8	1		60
8	Diabetes mellitus	3	3	17	3		218
10	Diseases of blood and organs	0	1	15	1		76
11	Mental disorder	2	2	3	1		1714
12	Alzheimers disease	2	2	13	1	1	1410
13	Diseases of nervous system/sense organs	1	1	32	1		59
14	Diseases of cardiovascular system	4	4	44	2		3254
17	Diseases of respiratory system	1	1	23			1577
18	Diseases of digestive system	1	1	1			1237
23	Diseases of musculoskeletal and tissue	3	3	14	1		3024
24	Congenital anomalies/erinatal conditions	1	1	20	1	1	120
25	Symptoms signs ill-defined conditions	4	4	30	2		4592
26	Fractures exclude birth/path/mal-nonunion	1	1	1			1504
27	All other injuries	2	2	8	2	1	124
28	Poisonings and adverse external causes	1	1	6	1		61
32	Health hazards related to diseases	4	4	15	3		1877
99	Diagnosis in groups not listed above	1	1	1			1504
		35	36	261	22	3	24160
	No group: Z809000;						

Note: per the Annual Utilization report guidelines, patients are counted only once if readmitted with the same primary diagnosis code in the reporting year but twice if readmitted with a different primary diagnosis. As such, the patient count here may differ from the duplicated and/or unduplicated patient counts on other sections of the report.



Section 4 - Patients and Visits by Principal diagnosis (lines 40–41)

Go to **Stats > Services Provided** or press the 'Alter' button if running from Report Groups.

General Options tab

Same as step above (no changes)

'More Options' tab

Evaluate 1st + 2nd Diag: check this box to get count of HIV and Alzheimer's Disease based on primary or secondary diagnosis.

Statistical Analysis - Section	4 - Line 40-41
General Options Specific Includes More Options	
Bill Date Selection: E From: 1/1/2016 To: 12/31/2016 C	Employee Type: All C Direct C Contract
Financial Class Type:	Patient Sex: Patient Status: All C All Female C Active Male C Discharged
Age Categories:	Diagnosis Reporting: ☐ Hospice Dx Groups ☑ Evaluate 1st + 2nd Diag ☐ Show Case Totals
Enter 999 to disable/reduce the number of categories Show Case Totals:	s. ☐ Include Unverified Visits ☐ Create Date Selection
Review Print	?



Press '**Preview**' and jump to the last page of the report for HIV and Alzheimer's totals.

5/13/2021 2:54:00 PM Primary Dx Sequence Actual-Gross/Time Selected Charge Dates			Section 4 - Line 40-41 Units From: 1/1/2016 To: 12/31/2016				All-Ch Home Home	Page 2 Care Services	
			Patients	Gross	Net	Allowance	Time	Billed-Qty	Actual-Qty
Grand Totals:		19	57,599.00	18,491.00	4,157.00	436.46	448	393	
Pati	ents a	nd Visits by Princ	ipal Diagno	sis					
Group Diagnosis-Group			p-Description	ı	Patients	Visits			
	1	Infectious and parasitic diseases (exclude H HIV infections			1	11			
	2				1	1			
	4	Malignant neoplasms: Breast			2	91			
	6	Malignant neoplasms: All other sites			1	12			
	10	Diseases of blood and organs			1	19			
	12	Alzheimers disease			1	2			
	14	Diseases of cardiovascular system			2	22			
	23	Diseases of musculoskeletal and tissue			1	1			
	25	Symptoms signs ill-defined conditions			4	192			
	27	All other injuries			2	22			
	32 Health hazards related to diseases			ses	3	20			
			19	393					

No group:

