NEW YORK STATE OF OPPORTUNITY.

Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 9, 2022

DAL: DHCBS 22-05

Subject: 2020 CHHA/LTHHCP Statistical Report
2021 CHHA/LTHHCP Statistical Report
2020 Hospice Cost and Utilization Report
2021 Hospice Cost and Utilization Report

Dear Administrator:

The Division of Home and Community Based Services (DHCBS) will activate the 2020 and 2021 annual Statistical Reports for Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs) and the 2020 and 2021 Cost and Utilization Report for Hospices on March 14, 2022. The reports will be activated and available for completion from this date through June 10, 2022.

These reports are used to collect qualitative and quantitative information used to make policy decisions regarding the home care industry. With the rapid changes occurring in the health care delivery system and the increased emphasis and reliance on the availability of home and community-based services, the availability of complete and accurate data is increasingly important.

All CHHAs, LTHHCPs, and Hospices are required to complete and submit the 2020 and 2021 reports. Failure to submit all required information in the appropriate format will subject the agency to an enforcement action under Section 12 of the Public Health Law, resulting in the agency being liable for civil penalties of violations of Article 36 (for CHHAs and LTHHCPs) or Article 40 (for Hospices) of the Public Health Law and New York State Medical Facilities Code. Administrators should be aware that the New York State Department of Health's ability to make an affirmative statement to the Agency's character and competence will be negatively impacted if an enforcement action for failure to submit is pursued. Furthermore, any certificate of need applications currently in process for agencies determined to be delinquent for this submission will not be processed.

Agencies are strongly encouraged to enter and submit data as early as possible. Agencies that wait until the last week to enter data may encounter extended system delays and wait times for support due to limited system and personnel resources.

Attached to this letter are instructions for completing and submitting the statistical report.

Please send questions and requests for assistance to HCStatRpts@health.ny.gov.

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Thank you for your assistance with this essential data reporting.

Sincerely

Carol A Rodat

Carol Rodat

Attachment

cc: Mark Hennessey
    Val Deetz
    Carol Rodat
    Seon Davis

1. Navigating to the Survey Forms

- **Log on to Health Commerce System (HCS)**

Use your user name and password.

- **Go to the HERDS Application**

If you have the HERDS application in your My Applications list, choose it from this list.

To put the HERDS application into your My Applications list:

- **Go to My Content**
  - **Choose 'All Applications'**

- **Click on Letter H**
- **Click on HERDS for Hospitals (Health Emergency Response Data System) or Home and Community Based Care (HERDS).** (Either one of these will take you to the HERDS application.)
- **Click the plus sign in the green circle in the Add/Remove column.**

- **Activity Selection (*=Required Field)**

You will be told the name of the activity to select for your survey.

Your required Activity may appear on your To Do list.

To Do	General	Periodic				
			Showing Pages 1-1	Number Of Records Per Page: 5		
Activity	**Reporting Organization**	**Data Entity Organization**	**Form**		**Permission**	**Completion Status**
Test	Z Test Hospice	Z Test Hospice	HC		Save/Submit	Saved

If the activity is not on your to do list,

- **Click the data entry tab and select your**

activity. Select your activity from the drop down list.

Level Selector	Home	Data Entry	Reports
Data Entry			
Activity:*	Please Select Activity		▾

- **Form Selection (*=Required Field)**
    - **Choose your organization's name from the drop down box.**
    - **Choose a form to make entries into. (Many activities have multiple forms).**
- **Choose your Data Entity type:**

  Home Health Agency = Certified Home Health Care Agencies and Long Term Home Health Care

  Hospice = Hospice

  LHCSA = Licensed Home Care Service Agencies

- **Choose your Data Entity Name**
- **Choose a Time Period (if required).**

Some surveys have forms that are recurring forms. Recurring Forms will need to be filled out more than once on the days instructed (i.e. Daily for a 5 day period).

Data Entr-y

Activity: *	Test
Organiza ti'on: *	Z TEST CHHA (8888)
	±JShow Or ga niz a t io n Info
Form: *	HC
Data Entity Type: *	Home Health Agen.cv ⊤
Data Entity Name: *	Z TEST CHHA (8888) ⊤
	±JS how Fa cil it y Info
Time Period: *	Please Sele ct Time Period

2. Entering Data Into a Form

- **Form Information**

![Required Field icon] **Required Field** Questions with a red asterisk are required fields and cannot be left blank. If it is a required numeric field and you have no data to enter, please enter a zero (0).

![Data Saved to Work Area icon] **Data Saved to Work Area** Questions with a yellow check mark are fields that had data entered in them, and were saved when the user clicked the "**Save All**" button, but not yet submitted to DOH.

![Data Submitted to DOH icon] **Data Submitted to DOH** Questions with a check mark in a green dot are fields that had data entered in them, and were saved when the user clicked the "Save All" button, and were submitted to DOH when the user clicked the "**Review and Submit Button**" and clicked the **"Submit to DOH"** button.

![Current Field/Selection icon] **Current Field/Selection** The red arrow highlights a selected field. For example, if the user has clicked the "**Review and Submit**" Button and goes to the Review Screen, and they click on any of the questions on the review screen they will go back to the survey and that question will have the red arrow next to it.

![Field Information icon] **Field Information** The question mark in a circle indicates there is additional information available. If the survey has additional instructions or information attached to a field, this information can be seen by clicking on the Field Information icon.

![Field with Rules icon] **Field with Rules** The R in a circle indicates that there is a rule attached to this field. An example of a rule would be *"the amount indicated in question 4 must be equal to the sum of the amounts in questions 1, 2, and 3"*. Click on the Field with Rules icon to identify the rule for the field.

![Warning icon] **Warning** The exclamation point in a yellow triangle is a warning of an action that must be taken. An example of a warning is:

⚠ Once finalized, please remember to submit your data by clicking the Review & Submit button and then the Submit Data to DOH button.

![Error icon] **Error** An exclamation point in a red circle indicates that there is an error in the data entered. An example of an error is:

❗ You have 1 error below. Review and make changes.

- **Data Entry**

Answer all questions that are applicable to your organization. Some boxes may require text, and some may require numbers. Required Fields (*) must have an entry. You can click Save All at any time to save work that has been entered. If you click the **Reset Button,** the survey data will go back to the last saved version of the form.

- **Repeating Sections**

Repeating sections give the user the ability to answer the same set of questions more than once. To open the Repeating Section:

- **Click Save and Add Button**

When you have entered your first set of data, click the **Save and Add** button again to save your entry and to receive a new set of blank fields.

- **Click Save and Add Button**

When you have entered your final set of data into the fields of the repeating section, click the **Save All** button on the bottom blue tool bar, or the top blue tool bar.


- **Click Save All**

The data will be saved, and you will not receive a new set of fields in the repeating section. If you accidentally add too many sections, or simply want to get rid of a particular section, open that section and click Delete.
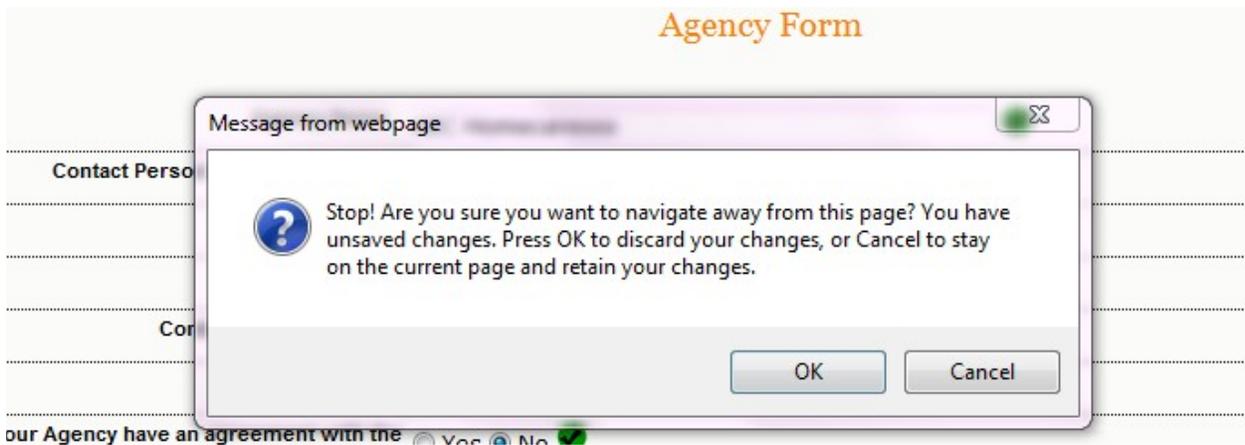
3. Submitting the Forms

Once all of your data has been entered for the entire form, be sure to save the information

- **Click Save All**

IMPORTANT!!! Do not click "**Review and Submit**" unless you have clicked "**Save All**" First.
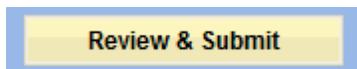

THEN
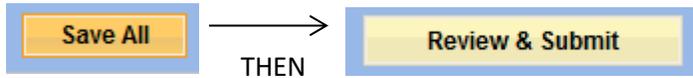
If you click "Review and Submit" before saving, you will get the following error message:

If you click OK – you will go to the Review screen, but any unsaved data will be lost.

Once the information is saved:

- **Click Review & Submit**

This will take you to the Data Review Screen.

The Data Review Screen will show all questions on the form and the values entered to answer the questions. The Data Review Screen will also show the data status (either saved or submitted), the user that made the latest entry, and the date and time of the latest entry.

If you click on a field in the Data Review Screen you will be taken back to the survey at that particular question.

On the Data Review Screen you can choose to either modify the data or submit the data to Department of Health.

If you need to change any data entered:

- **Click Modify**

This will take you back to the survey to make changes. Be sure to save any data that you modify by clicking "**Save All".**

If you are satisfied with the data entered:

- **Click Submit Data**

Note: If your data has been submitted to DOH – it can still be modified and re-submitted.