

## **LHCSA Statistical Report – Frequently Asked Questions**

**Q:** Our Agency has multiple sites – do we need to do a statistical report for each site, or can we combine the information on one statistical report form?

**A:** A separate statistical report is required for each site with an operating certificate.

**Q:** Our Agency opened in the middle of the year, do we need to report for the half year that we were open?

**A:** Yes, please submit for the portion of the year that your agency was open.

**Q:** Our Agency closed, and we no longer have an account on HCS – do we need to report?

**A:** No, if you do not have access to HCS you cannot submit the statistical reports.

**Q:** I am unable to access the forms on HCS – why?

**A:** Only people in the Administrator, Director of Home Care Patient Services, Data Reporter, or HPN Coordinator roles can access the forms.

**Q:** I am able to enter data in the forms, but I am unable to submit – why?

**A:** Only the person in the Administrator Role on HCS is able to submit. If you do not know who is in the Administrator Role, please check with your HPN Coordinator.

**Q:** Our LHCSA exclusively serves patients in an Assisted Living Program (ALP). Do we have to submit the LHCSA Statistical report?

**A:** If your LHCSA exclusively serves ALP patients, you should submit the ALP LHCSA Statistical Report, which is a separate activity from the LHCSA Statistical Report. If your LHCSA serves both ALP patients and non-ALP patients, you should submit both.

**Q:** Last year there were nine forms to fill out, this year there are only eight forms. What is missing?

**A:** Immunization by County information is no longer being collected.

### **LSR2 – Patient Form**

**Q:** What is meant by census?

**A:** Census is the number of patients being served at a particular point in time.

**Q:** What is meant by cases?

**A:** A case is the provision of a course of services to an individual from a starting point to an ending point. A patient can have multiple courses of service and can consequently contribute more than once to the total number of cases.

**Q:** What is meant by unduplicated patient count?

**A:** The unduplicated patient count is the number of discrete individuals provided with home care services. A patient is counted only once regardless of the number of cases that they represent.

### **LSR3 – Contract Revenue Form, and LSR4 – Direct Revenue Form**

**Q:** What is meant by revenue?

**A:** Revenue is income, or monies coming into your agency.

**Q:** What is the difference between contract revenue and direct revenue?

**A:** Contract revenue is the income your agency received for services provided to patients because of a contract your agency has with another agency. Direct revenue is the income your agency received for services provided to the patients that are directly under the care of your agency.

**Q:** What is meant by net revenue?

**A:** Net revenue is income coming into your agency minus adjustments. For forms LSR3 and LSR4 you should report the net revenue derived from the services performed for patients of your agency.

### **LSR5 – Cost From**

**Q:** What is the difference between direct and indirect costs?

**A:** Direct costs are costs that are clearly associated with a certain activity. For the purposes of this survey, direct costs are costs that are directly associated with home care patient services. Indirect costs are costs not directly related to a certain activity. For the purposes of this survey, indirect costs are costs not directly related to home care patient services.

**Q:** If certain costs fall into two categories, should they be listed twice?

**A:** No. Do not double count costs. Choose one of the cost categories and enter the cost only once.

**Q:** Do costs related to the delivery of services include the wages paid to the employee giving the services?

**A:** No. Wages should be reported on form LSR6 – Staff and Wages form.

**Q:** What is included under fringe benefits?

**A:** Fringe benefits are an employment benefit granted by an employer that has monetary value but does not affect basic wage rates. Fringe benefits may include health insurance, vision and/or dental insurance, paid holidays, pension, or items such as uniforms, or a company car.

**Q:** What is meant by non-direct care staff?

**A:** Non-Direct care staff are any staff that work for the home care agency, but do not provide patient care.

**Q:** What is meant by Administrative and General Costs?

**A:** Administrative and General Costs are expenditures related to the day-to-day operations of a business. These costs pertain to the operation of the business, rather than the cost for services to patients. Examples include rent, utilities, and office supplies.

**Q:** What is meant by other operating costs?

**A:** Other operating costs are costs that are not included elsewhere.

**Q:** What is meant by Capital and Related costs?

**A:** Capital and related costs are fixed, one-time costs incurred for the purchase of land, buildings, or construction. Building improvement costs that add to the value of the property are included in capital costs. Maintenance of buildings and property are not included in capital costs.

## **LSR 6 – Staff and Wages Form**

**Q:** What is meant by full time employee and part time employee?

**A:** The IRS defines a full time employee as an employee employed on average at least 30 hours of service per week, or 130 hours of service per month. Employees that work less than this should be considered part time.

**Q:** What is meant by statutory fringe benefits?

**A:** Statutory fringe benefits are fringe benefits that are required by law. These benefits include FICA, Medicare, Workers Compensation, short term disability and unemployment.

**Q:** What is meant by non-statutory fringe benefits?

**A:** Non-statutory fringe benefits are fringe benefits that are not required by law. These benefits include life insurance, retirement, dental, vision, tuition benefits, uniform benefits etc.

## **LSR7 – Services by County**

**Q:** What is meant by unduplicated patient count?

**A:** The unduplicated patient count is the number of discrete individuals provided with home care services. A patient is counted only once regardless of the number of cases that they represent.

**Q:** What is meant by Disease and Disability Services?

**A:** Disease and Disability Services are those services that are intended to treat or assist individuals with a disease, disability or condition, with or without a diagnosis. They are not preventative in nature.

**Q:** What is meant by Wellcare Services?

**A:** Wellcare Services are preventative in nature and are not intended to treat or assist individuals with a disease, disability, or condition. An example of Wellcare Services is a maternal and child health visit.

**Q:** Which ICD9 or ICD 10 codes do I use to report the number of disease and disability cases?

**A:** For the purposes of this survey, DOH does not track the disease and disability information by its ICD coding. Please only enter the number of cases by service type, gender and age range.

## **LSR 8 – Contract Form**

**Q:** Our agency has many subcontracts, do we need to include them all?

**A:** Although DOH would like to have the data on all of your subcontracts, the form is limited to 50 entries. If you have more than 50 entries, please list your larger contracts first.