**2018 LHCSA Statistical Report**

**Changes from last year**

Instructions have been edited for clarity.

Dates on forms were updated to reflect the new report year.

ALP LHCSAs will have a separate report on UDCS. ALP LHCSAs that exclusively serve ALP patients will **not** need to enter any information on the 2018 LHCSA Statistical Report. ALP LHCSAs that also serve the community must submit the LHCSA Statistical Report regarding the patients in the community and the ALP LHCSA Statistical report regarding their patients in the Assisted Living Program.

Agencies will be able to pick the counties they serve from a list, and they will receive the forms for only those counties, instead of all counties.

Physician Services were removed from all forms.

LSR1 – addition of a field requesting the agency’s FEIN number.

LSR2 – addition of a text box for agencies to describe “other” referrals and discharges.

LSR6 – the calculated field for the average hourly compensation will exclude fringe benefits from the calculation – and the column title was changed to “average hourly rate”.

LSR7 – The unduplicated patient count must be broken down by the age and gender cohorts. These amounts will be summed and entered in the unduplicated patient count field on form LSR7.

LSR7 – Age group category was corrected to 65+.

LSR7 – Calculated column totals were removed.

LSR9WFA – second question changed to “How many cases did your agency have during the report year where you were unable to fill the total hours approved for a case?”

LSR9WFC – “Other” was removed as an option under the Non-Wage Supports section.

**List of all Validation Edits**

**New** - LSR1/LSR10 – The answer to the question “Did this Agency Serve patients during the report year?” on LSR1, must match the answer to the question “Did this LHCSA provide patient care services during the report year 1/1/2018 – 12/31/2018?” on LSR 10.

LSR2 – The Total of Discharges in the Length of Stay section must match the total of Discharges in the Discharge to Column in the Referrals and Discharge Section

LSR 2 – The unduplicated patient count on LSR2 must match the total of unduplicated patients reported on LSR7. This total is displayed on LSR2

**New** - LSR2 – The number of total Cases listed on LSR2 must match the total number of cases referred on the Referred From column in the Referrals and Discharge Section

**New** – LSR3 & LSR4 – If hours or visits are entered on LSR3/4 Revenue Form, then there must be an amount in the Gross Revenue Column. Conversely, if an amount is entered in the Gross Revenue Column, then there must be an amount entered in hours or visits.

**New** – LSR6 – An edit to limit the number of staff and W2s to a certain amount or lower – to avoid errors of large entries. The upper limits are 17,000 for the number of HHAs, 17,000 for number of PCAs, and 25,000 for the number of W2s.

LSR 7 – If there is an amount listed under “Cases” then there must be an amount listed under “Hours” or “Visits” to correspond. Conversely, if there is an amount listed under “Hours” or “Visits”, then there must be an amount listed under “Cases”.

**New** – LSR7 – If anything is entered under Cases (it is totaled at the bottom of the form) – there must be an amount in the unduplicated patient count field.

**New** – LSR7 – The amount entered in “New Admissions” field must be less than or equal to the amount entered in the “Unduplicated Patient Count” field.

**List of all Required Fields**

LSR1 – Rows 1-10 Contact Information

LSR10 – Rows 12-14 Registration Attestation