

# PUBLIC SUBMISSION

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Home Health Agency Medicare Cost Report (1728-19)

**Comment On:** CMS-2019-0065-0001  
Agency Information Collection Activities; Proposals, Submissions, and Approvals

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## General Comment

### Worksheet S-3

Worksheet S-3, Part I separately identifies Skilled Nursing Care visits provided by Registered Nurses and Licensed Practical Nurses in addition to the separate reporting of Physical Therapy and Occupational Therapy and related Assistants. These specific categories are not identified consistently throughout the cost report (for example this detail is not required on the Worksheet S-3, Part II or Part IV). These categories should be identified consistently throughout the cost report and the PS&R may need modification to accommodate the appropriate visits and payments for Title XVIII reporting.

Worksheet S-3, Part I also separately reports visit and Patient counts for Medicare, Medicaid and Other. How are out-of-State or Medicaid Managed care days to be reported? The 1728-19 does not accommodate settlement for Title XIX so does that need to be accommodated here?

Worksheet S-3, Part III continues to report the CBSA codes for all the service areas covered within the cost reporting period, but this split is not used anywhere else in the cost report. Is this still of benefit to CMS?

### Worksheet A

Similar to other form sets the 1728-19 provides for the Other cost center descriptions (General Service, Reimbursable Services and Non Reimbursable). We would suggest that CMS define minimal edit specifications to attempt to ensure that cost centers are accurately identified. For example, ensuring that standard descriptions are not modified however requiring some modification to Other descriptions.

### Worksheet A-8

Similar to Worksheet A, we would suggest that CMS define minimal edit specifications to attempt to ensure that the other lines 12 and 13 are accurately identified.

#### Worksheet B-1

While the pre-printed statistical bases for the allocation of Movable Equipment on Worksheet B-1 is Dollar Value, the instructions allow for a basis of square feet of area occupied or dollar value.

#### Worksheet C, Part III

Worksheet C, Part III is proposing to collect outpatient Physical Therapy Visits and appear to be for services covered under OPSS which will be identified under PS&R Report 34P (for OPSS). We do not feel that this report identifies visits by service type and thus would not be able to accurately report on the cost report. This will then require the use of provider records and leaving no automated way for the MAC to review the propriety of the visits. Does CMS still see a need to collect this data?

#### Worksheet D

The reporting of Primary Payer Amounts should be moved from the Part I to Part II since they relate to vaccine and HHA PPS services.

Is the example for the line 31 Other Adjustment (enter an adjustment resulting from changing the recording of vacation pay from cash basis to accrual basis.) still applicable?

#### Worksheet D-1

There is still a reference to Part B in the column heading.