

Responses to 30 day Comments Received for Form CMS 1728-20

1	<p>Commenters disagreed with the original effective date of this new iteration of HHA cost report. While they appreciated CMS moving the effective date from the original date of January 1, 2019 until July 1, 2019, the commenters continue to claim that the home health agencies are not tracking costs for RNs, LPNs, therapists and therapy assistants as required for reporting in the new cost report.</p>	<p>CMS acknowledges the providers concerns regarding the capturing of costs by clinician. We expect that these costs are easily identified in your payroll records. Effective January 1, 2017 HHA providers were required to bill for services with the respective G codes that identified the clinician (RN, LPN, therapist or therapy assistant) performing the service. However, due to the delay in publishing this new iteration CMS agrees to a further delay in implementation and will require this new data form set effective with cost reporting periods beginning on or after January 1, 2020 and ending on or after December 31, 2020. Any cost report beginning on or after January 1, 2020 but ending before December 31, 2020 may continue to file on the 1728-94 HHA.</p>
2	<p>A few commenters were concerned with the changed language on Worksheet S-2, Part II, line 1 and believe the question should be further clarified.</p>	<p>CMS appreciates the commenters concerns and agrees with their recommendation to clarify. We've modified the language on Worksheet S-2, Part II, line 1 to ask "Did the HHA change ownership prior to the beginning of this cost reporting period?"</p>
3	<p>Commenters indicated that Worksheet S-3, Part I, line 11, columns 5 and 6 are for reporting of non-like services and that those costs are reported in a non-reimbursable cost center.</p>	<p>CMS does not believe the commenter's understanding is correct. Visits reported on Worksheet S-3, Part I, lines 1 through 10 should be Medicare type visits that generally fall under the definition of Medicare visits as described in 42 CFR 409.48. In counting Medicare type visits, it is critical that non-Medicare visits are of the same type as those that would be covered by Medicare. Line 11, column 5, is the total of lines 1 through 10. Column 5 captures visits covered by a third party payor other than Medicare or Medicaid.</p>
4	<p>Commenters indicated they had concerns with the data collected on Worksheet S-3, Part II, line 21, FTEs for certified nursing assistant and line 33, FTEs for home health aide. In addition, the commenters expressed concern over the lack of edits.</p>	<p>CMS agrees with the commenters concerns and removed the certified nursing assistant from Worksheet S-3, Part II, line 21, and renumbered the lines. Line 32, is now FTEs for home health aide, including CNAs. The instructions were also modified on Worksheet A, lines 17 and 24 accordingly. In addition, CMS will add electronic specifications including edits one the form and instructions are final to ensure more accurate reporting and automated detection of errors. CMS welcomes suggestions for incorporation</p>

		into the electronic specification file.
5	Commenters asked if the cost reported on Worksheet S-3, Part V, was limited to skilled services or did it include non-like services. The commenter also identified that there were no lines on this worksheet to identify medical social services or home health aides.	CMS clarified in the instructions for Worksheet S-3, Part V that HHAs are to report only the costs associated with Medicare and Medicare like visits and reported in reimbursable cost centers. The cost centers on Worksheet S-3, Part V are for billable direct patient care services and lines 13 and 26, formerly lines 14 and 28, are included to collect direct patient care services provided by clinicians not identified on lines 1 through 12 and 14 through 25.
6	Commenters requested CMS provide clear guidance on the reporting of FTEs on Worksheet S-3, Part II, paid hours on Worksheet S-3, Part V and costs on Worksheet A.	CMS appreciates the commenter's concern. Edits in the specification file can check to ensure FTEs reported on Worksheet S-3, Part II, coincide with paid hours reported on Worksheet S-3, Part V, and that costs are reported on Worksheet A, where amounts on Worksheets S-3, Part II and V are greater than zero.
7	Commenters requested clarification on the treatment of Nursing Supervisor costs on Worksheet A and Worksheet S-3, Part V.	CMS clarified in the instructions for Worksheet A, line 7 that Nursing administration does not include Nursing Supervisor time that is direct patient care related. This cost center should only include the administrative costs for nursing. In addition, Worksheet S-3, Part V, lines 1 and 14 should only reflect Nursing Supervisor salaries and hours for direct patient care services and not administrative services.
8	Commenters requested clarification for Worksheet A, line 8, Medical Records and indicated that a separate cost center may not exist for an HHA.	CMS thanks the commenter and agrees that an HHA may not maintain a Medical Records department, especially with electronic health records. This department is established to record costs of maintaining and/or providing records to patients and other medical professionals when requested. This cost center is considered an administrative department.
9	Commenters requested the line description for Worksheet A, line 25, be changed to Medical Supplies Charged to Patients to clearly indicate this line is for billable medical supplies.	CMS agrees with the commenter's suggestion and relabeled Worksheet A, line 25, from Medical Supplies to Medical Supplies Charged to Patients.
10	Commenters asked for clarification on the use of the cost centers Advertising and Fundraising, Worksheet A, lines 48 and 49.	CMS thanks the commenter for this question. The standard cost centers Advertising and Fundraising, Worksheet A, lines 48 and 49, were added due to feedback during the 60 day comment period. While we do not feel that an HHA would have substantial costs in accordance with PRM 15-1, chapter 23, section 2302.8, to require a cost center, commenters asked in case

		there were shared costs in an HHA complex. If an HHA does not share advertising or fundraising costs with an HHA based hospice and the costs do not meet the requirements in PRM 15-1, chapter 23, section 2302.8, the HHA should record the costs on line 48 or line 49 but offset the costs on Worksheet A-8 to eliminate unnecessary stepdown of overhead costs.
11	Commenters suggested an alternative statistical basis for allocating Remote Patient Monitoring and Medical Records on Worksheet B-1, column	CMS appreciates the commenter's request and agrees that a more equitable and less burdensome way to allocate Remote Patient Monitoring as well as Medical Records is to change the recommended statistical basis to accumulated costs. We are updating the forms to rename "Remote Patient Monitoring" to "Telecommunications Technology" but leaving it defined as remote patient monitoring for the time being, and we've updated the forms and instructions to reflect this change. An HHA may request an alternative statistical basis in accordance with PRM 15-1, chapter 23, section 2313, if a provider can establish that the new statistical basis is more accurate than the accumulated cost statistic.
12	Commenters requested clarification on the ability to use a statistical basis that was approved prior to the release of this new iteration or form CMS 1728-19. Specifically the commenter stated that for capital related movable equipment the recommended basis is "dollar value"; however, the commenter has been using an alternative approved basis of "square feet".	CMS acknowledges this commenter's concern. An approved alternative statistical basis remains approved with the new iteration of the form CMS 1728-19. Provider's that have obtained approval for an alternative statistical basis from the recommended basis WILL NOT have to obtain approval and may continue to use the alternative basis.
13	Commenters indicated that there was a disconnect with data collected on Worksheet S-3, Part IV and data reported on Worksheet C, Part I.	CMS reviewed the commenters concerns. The cost report instructions are updated to transfer the data from Worksheet S-3, Part I, to Worksheet C, Part I. The data reported on Worksheet S-3, Part IV will not transfer to Worksheet C, but through an edit will agree to totals on Worksheet S-3, Part I.
14	Commenters indicated that Worksheet C, Part II does not contain a line to capture the costs and charges for administration of vaccines.	CMS agrees that while the administration of vaccines is paid under OPPS, in order to be consistent the forms and instructions have been updated to include a line on Worksheet C, Part II accordingly.
15	Commenters requested that the instructions for Worksheet A, line 57, Hospice be clarified	CMS modified the instructions for Worksheet A, line 57 to clarify that shared service costs are not reported on this line. Likewise, if there are

	to identify specific expenses that should be included in this cost center.	general service costs unique to the hospice and not related to the HHA, report those direct costs on this line and separately identify them on Worksheet O.
16	One commenter identified an error in the instructions on Worksheet S-2, Part I, line 17. The instructions to line 17 state "If Line 16 is "Y", you received an allocation of cost from more than one home office, subscript lines 18 through 20 and report the information for each home office". Actually lines 17 through 20 would need to be subscripted for multiple home offices.	CMS agrees and modified the instructions for lines 17 and 18. Lines 18 through 20 are collapsed into line 18 so that there is only one line to subscript for each home office identified.
17	One commenter requested that Worksheet A-8 and A-8-1 identify "other" cost and "salary" cost similar to reclassifications on Worksheet A-6.	CMS appreciates the commenter's suggestion to add a field for salary costs and other costs on Worksheets A-8 and A-8-1. This addition will not be considered at this time.
18	One commenter requested that the proposed Worksheet A-8-1 identify Related Organization and Home Office Allocations. In order to clarify required supporting documentation requirements can CMS add a column to designate Home Office (identified on Worksheet S-2, Part I, line 17 or subscript) vs Related Party (Identified on Worksheet A-8-1, Part II, lines 8-10 and subscripts) adjustments?	CMS appreciates the commenter's suggestion and incorporated a column to identify both the related party costs from Worksheet S-2, Part I, line 18, and Worksheet A-8-1, Part II.