

Instructions for Completing the California

ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES

Using the HealthCare Assistant Series for Windows (HAS4Win)

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Table of Contents

Table of Contents.....	2
Introduction.....	3
SECTION 3 – HOME HEALTH AGENCY PATIENTS AND VISITS	4
Table 1: Lines 1 through 10 - Patients And Visits By Age	4
Screen Shot for Table 1 from HAS4Win.....	4
Description of Report.....	4
Possible Errors	4
Screen Shot of Patients And Visits By Age from ALIRTS Website.....	5
Table 5: Lines 21 through 34 – Admission by Source of Referral.....	6
Screen Shot for Table 5 from HAS4Win.....	6
Description of Report.....	6
Possible Errors	6
Screen Shot of Admission by Source of Referral from ALIRTS Website	7
Table 2: Lines 41 through 59 – Discharges By Reason.....	8
Screen Shot for Table 2 from HAS4Win.....	8
Description of Report.....	8
Possible Errors	8
Screen Shot of Discharges By Reason from ALIRTS Website.....	9
Table 4: Lines 71 through 84 – Visits By Type Of Staff.....	10
Screen Shot for Table 4 from HAS4Win.....	10
Description of Report.....	10
Possible Errors	10
Screen Shot of Visits By Type Of Staff from ALIRTS Website.....	11
Table 3: Lines 91 through 99 – Visits By Primary Source of Payment.....	12
Screen Shot for Table 3 from HAS4Win.....	12
Description of Report.....	12
Possible Errors	12
Screen Shot of Visits By Primary Source of Payment from ALIRTS Website.....	13
SECTION 4 –HEALTH CARE UTILIZATION.....	14
Table 6: Lines 1 through 34 - Patients And Visits By Principle Diagnosis For Which Care Was Given.....	14
Screen Shot for Table 6 from HAS4Win.....	14
Description of Report.....	14
Possible Errors	14
Screen Shot of Patients And Visits By Principal Diagnosis from ALIRTS Website	15
APPENDICES	17
Appendix 1 - Definitions	17
Appendix 2 - Common Misconceptions – Reporting Numbers do not match.....	18
The Patient count on Table 1 (Visits by Age) and Table 5 (Admissions by Source of Referral) do not match.	18
The Patient count on Table 1 (Visits by Age) and Table 2 (Discharges by Reason) do not match.....	18
The Patient count on Table 1 (Visits by Age) and Table 6 (Patients and Visits by Primary Diagnosis) do not match	19
Appendix 3 - Utilization Report Patch Fix List.....	20

Introduction

This document will explain how to complete sections 3 and 4 of the 2003 Annual Utilization of Home Health Agencies/Hospices Report for California using data from the HealthCare Assistant for Windows (HAS4Win) application and the web-based Automated Licensing Information and Report Tracking System ([ALIRTS](#))

The Utilization Report is due March 15, 2004. For more information please call the Office of Statewide Health Planning and Development (OSHPD) Technical Support at (916) 323-7685 or Hha-hospices-alirts@oshpd.ca.gov.

HAS4Win 5.1.09 and prior versions may experience trouble balancing the Utilization Report. Therefore the Utilization Report Patch is recommended for all California clients or other clients using the California Utilization Reports.

This document will be in the following format:

- 1) Utilization Report Section
 - a. Utilization Report Sub section
 - i. HAS4win Report Screenshot
 1. Description of Report
 2. Possible Errors
 3. Scenario's
 - ii. ALIRTS Screenshot

SECTION 3 – HOME HEALTH AGENCY PATIENTS AND VISITS

Table 1: Lines 1 through 10 - Patients And Visits By Age

Screen Shot for Table 1 from HAS4Win

ISDR] - [Visits By Age (Table 1)]
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1 of 1

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Page 1 of 1
 01/27/2004
 12:09:10PM

PATIENTS AND VISITS BY AGE (Table 1)
 Fiscal Period 01-01-2003 To 12-31-2003

PATIENTS AND VISITS BY AGE			
Line No.	Age	(Column 1) Patients	(Column 2) Visits
1	0 - 10 Years	0	0
2	11 - 20 Years	0	0
3	21 - 30 Years	0	0
4	31 - 40 Years	0	0
5	41 - 50 Years	3	75
6	51 - 60 Years	3	29
7	61 - 70 Years	9	125
8	71 - 80 Years	16	236
9	81 - 90 Years	15	351
10	91 Years and Older	2	44
15	TOTAL	48	919

Instructions
Lines 1 through 10: Patients And Visits By Age
Column 1: Patients
 Enter on lines 1 through 10 the number of unduplicated patients seen by your agency in each of the listed age categories. Count each patient only once, even if he/she is discharged and subsequently readmitted to the agency.
Column 2: Visits
 Enter on lines 1 through 10 the total number of visits to your agency in each of the listed age categories.

Description of Report

- i. This report is a count of patients and visits grouped by age.
- ii. This report includes all [Active Patients](#)
 1. If the patient had more than one [Admission Period](#) overlapping the [Reporting Period](#), only count the patient once (unduplicated count)
- iii. This report only counts [Visits](#) in the [Reporting Period](#).

Possible Errors

- i. Non-Covered
- ii. Invalid/Missing Birth Date

Screen Shot of Patients And Visits By Age from ALIRTS Website

Default - Microsoft Internet Explorer
Address: https://158.96.22

Line No.	Age	(1) Patients	(2) Visits
1.	0 - 10 Years	0	0
2.	11 - 20 Years	0	0
3.	21 - 30 Years	0	0
4.	31 - 40 Years	0	0
5.	41 - 50 Years	3	75
6.	51 - 60 Years	3	29
7.	61 - 70 Years	9	125
8.	71 - 80 Years	16	295
9.	81 - 90 Years	15	351
10.	91 Years and Older	2	44
15.	Total (Click to Total)	48	919

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Table 5: Lines 21 through 34 – Admission by Source of Referral

Screen Shot for Table 5 from HAS4Win

RVISOR] - [Admissions By Source Of Referral (Table 5)]
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1 of 1

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Page 1 of 1
 01/27/2004
 12:14:20PM

ADMISSIONS BY SOURCE OF REFERRAL (Table 5)
 Fiscal Period 01-01-2003 To 12-31-2003

ADMISSIONS BY SOURCE OF REFERRAL		
Line No.	Source of Referral	(Column 1) Admissions
21	Another Home Health Agency	0
22	Clinic	4
23	Family/Friend	0
24	Hospice	0
25	Hospital (Discharge Planner, etc)	17
26	Long Health Department	0
27	Long Term Care Facility (SN/IC)	2
28	MSSP	0
29	Payor (insurer, HMO, etc)	0
30	Physician	24
31	Self	1
32	Social Service Agency	0
34	Other, Specify:	0
35	TOTAL	48

Instructions

Lines 21 through 34: Admission by Source of Referral
 Enter on lines 21 through 34 the number of patients referred by each of the listed sources. See glossary for definitions.

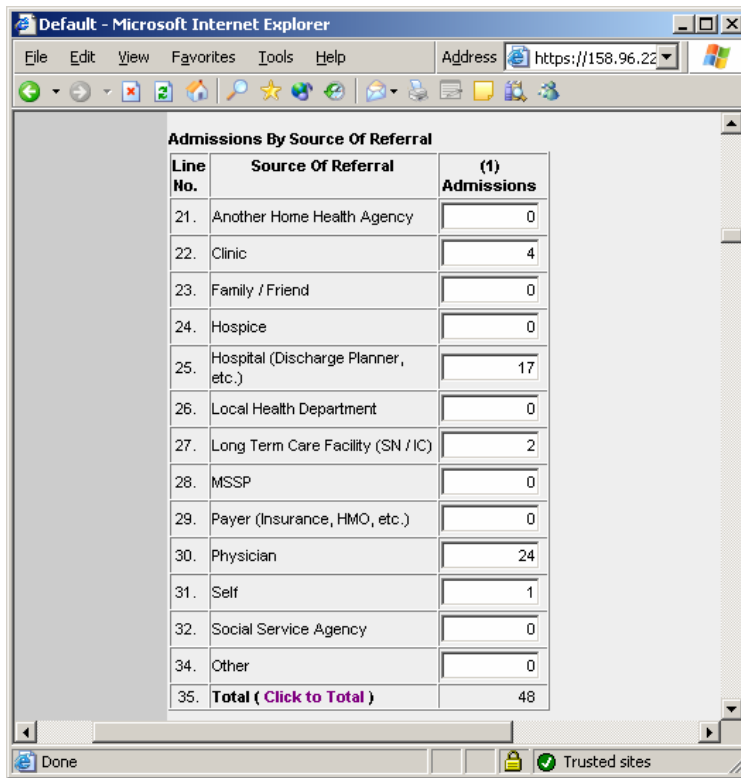
Description of Report

- i. This report is an unduplicated patient count per admitting referral source.
 - 1. If a patient is admitted more than once in the [Reporting Period](#) with different Referral Sources, that patient will be counted twice.
 - 2. If the patient is admitted more than once in the [Reporting Period](#) with the same Referral Source, the patient will be counted only once.
- ii. This report only includes patients that have an SOC date in the [Reporting Period](#) (does not include rollover patients from prior years)
- iii. The patient count may not equal the patient count in Table 1 and/or Table 2. See [Appendix 2](#).

Possible Errors

- i. Invalid/Missing Referral Source

Screen Shot of Admission by Source of Referral from ALIRTS Website



The screenshot shows a web browser window with the title 'Default - Microsoft Internet Explorer'. The address bar displays 'https://158.96.22'. The main content area contains a table titled 'Admissions By Source Of Referral'. The table has three columns: 'Line No.', 'Source Of Referral', and '(1) Admissions'. The data rows are as follows:

Line No.	Source Of Referral	(1) Admissions
21.	Another Home Health Agency	0
22.	Clinic	4
23.	Family / Friend	0
24.	Hospice	0
25.	Hospital (Discharge Planner, etc.)	17
26.	Local Health Department	0
27.	Long Term Care Facility (SN / IC)	2
28.	MSSP	0
29.	Payer (Insurance, HMO, etc.)	0
30.	Physician	24
31.	Self	1
32.	Social Service Agency	0
34.	Other	0
35.	Total (Click to Total)	48

Table 2: Lines 41 through 59 – Discharges By Reason

Screen Shot for Table 2 from HAS4Win

OR] - [Discharges By Discharge Reason (Table 2)]

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1 of 1

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Page 1 of 1
01/27/2004
12:12:10PM

DISCHARGES BY REASON (Table 2)
Fiscal Period 01-01-2003 To 12-31-2003

Line No.	Reason for Discharge	(Column 1) Discharges
41	Admitted to Hospital	2
42	Admitted to SN/IC Facility	1
43	Death	0
44	Family/Friends Assumed Responsibility	0
45	Lack of Funds	0
46	Lack of Progress	0
47	No Further Home Health Care Needed	30
48	Patient Moved out of Area	1
49	Patient Refused Service	7
50	Physician Request	1
51	Transferred to Another HHA	1
52	Transferred to Home Care (Personal Care)	0
53	Transferred to Hospice	2
54	Transferred to Outpatient Rehabilitation	0
59	Other, Specify:	3
60	TOTAL	48

Instructions

Lines 41 through 59: Discharges By Reason
Enter on lines 41 through 59 the total number of discharges associated with each of the listed reasons for discharge.

Description of Report

- i. This report is an unduplicated patient discharge count per discharge reason.
 1. If a patient was discharged more than once during the [Reporting Period](#) for the same discharge reason, then the patient is only counted once on this report.
 2. If a patient was discharged more than once during the [Reporting Period](#) for different discharge reasons, then the patient should be counted twice.
- ii. This report includes all discharges with discharge date in the [Reporting Period](#).
- iii. The patient count may not equal the patient count in Table 1 and/or Table 5. See [Appendix 2](#).

Possible Errors

- i. Invalid/Missing DC Reason

ii. Invalid/Missing DC Date

Screen Shot of Discharges By Reason from ALIRTS Website

The screenshot shows a web browser window with the title 'Default - Microsoft Internet Explorer'. The address bar displays 'https://158.96.22'. The main content area contains a table titled 'Discharges By Reasons'.

Line No.	Reason for Discharge	(1) Discharges
41.	Admitted to Hospital	2
42.	Admitted to SN / IC Facility	1
43.	Death	0
44.	Family / Friends Assumed Responsibility	0
45.	Lack of Funds	0
46.	Lack of Progress	0
47.	No Further Home Health Care Needed	30
48.	Patient Moved out of Area	1
49.	Patient Refused Service	7
50.	Physician Request	1
51.	Transferred to Another HHA	1
52.	Transferred to Home Care (Personal Care)	0
53.	Transferred to Hospice	2
54.	Transferred to Outpatient Rehabilitation	0
59.	Other	3
60.	Total (Click to Total)	48

Table 4: Lines 71 through 84 – Visits By Type Of Staff

Screen Shot for Table 4 from HAS4Win

RVISOR] - [Visits By Type Of Staff (Table 4)]
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1 of 1

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Page 1 of 1
 01/27/2004
 12:13:48PM

VISITS BY TYPE OF STAFF (Table 4)
 Fiscal Period 01-01-2003 To 12-31-2003

VISITS BY TYPE OF STAFF		
Line No.	TYPE OF STAFF	(Column 1) Visits
71	Home Health Aide	66
72	Nutritionist (Diet Counseling)	0
73	Occupational Therapist	8
74	Physical Therapist	257
75	Physician	0
76	Skilled Nursing	536
77	Social Worker	20
78	Speech Pathologist/Audiologist	23
79	Spiritual and Pastoral Care	0
84	Other, Specify:	0
85	TOTAL	919

Instructions

Lines 71 through 84: Visits By Type of Staff
 Enter on lines 71 through 84 the total number of visits by each type of staff.

Description of Report

- i. This report is a count of all [visits](#) grouped by the classification of the caregiver performing the visit.
- ii. Note: Prior to the Utilization Report Patch, LVN/LPN, RN, and Public Health Nurse are separate categories in Synergy but do not exist on the new OSPHD report. If your Table 4 includes these categories just add them to your Skilled Nurse/Registered Nurse group and enter the total in the Skilled Nurse box on the [ALIRTS](#) website. If you have already applied the patch, your Table 4 report will display the correct categories.

Possible Errors

- i. Non-Covered
- ii. Invalid/Missing Birth Date

Screen Shot of Visits By Type Of Staff from ALIRTS Website

The screenshot shows a Microsoft Internet Explorer browser window displaying a table titled "Visits By Type Of Staff". The browser's address bar shows "https://158.96.22". The table has three columns: "Line No.", "Type of Staff", and "(1) Visits". The data is as follows:

Line No.	Type of Staff	(1) Visits
71.	Home Health Aide	66
72.	Nutritionist (Diet Counseling)	0
73.	Occupational Therapist	8
74.	Physical Therapist	267
75.	Physician	0
76.	Skilled Nursing	535
77.	Social Worker	20
78.	Speech Pathologist / Audiologist	23
79.	Spiritual and Pastoral Care	0
84.	Other	0
85.	Total (Click to Total)	919

Table 3: Lines 91 through 99 – Visits By Primary Source of Payment

Screen Shot for Table 3 from HAS4Win

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Page 1 of 1
01/27/2004
12:12:47PM

VISITS BY PRIMARY SOURCE OF PAYMENT (Table 3)
Fiscal Period 01-01-2003 To 12-31-2003

VISITS BY PRIMARY SOURCE OF PAYMENT		
Line No.	Reimbursement Source	(Column 1) Visits
91	Medicare	778
92	Medi-Cal	125
93	TRICARE (CHAMPUS)	0
94	Other Third Party (Insurance., etc)	0
95	Private (Self Pay)	0
96	HMO/PPD (Includes Medicare and Medi-Cal HMOs)	0
97	No Reimbursement	0
99	Other (Incl., MSSP)	16
100	TOTAL	919

Instructions

Lines 91 through 99: Visits By Primary Source of Payment
Enter on lines 91 through 99 the total number of visits for each source of payment listed. See glossary for definitions of sources of payment.

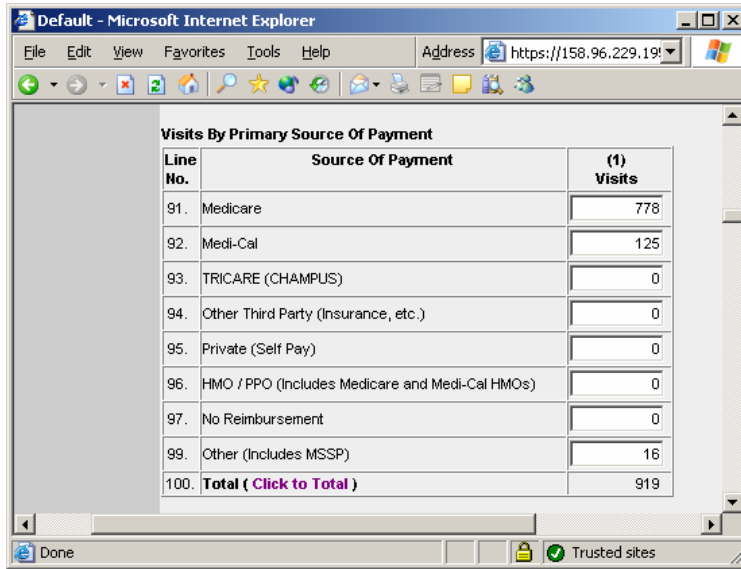
Description of Report

- i. This report is a count of all [visits](#) grouped by the Source of Payment
 - 1. The Source of payment is the primary insurance on the claim the visit is associated with.
 - 2. If there is no claim, the patient’s primary insurance is used to obtain the Source of payment (assuming that you will bill that payor).

Possible Errors

- i. Invalid/Missing reimbursement source

Screen Shot of Visits By Primary Source of Payment from ALIRTS Website



The screenshot shows a web browser window with the title 'Default - Microsoft Internet Explorer'. The address bar displays 'https://158.96.229.19...'. The main content area contains a table with the following data:

Line No.	Source Of Payment	(1) Visits
91.	Medicare	778
92.	Medi-Cal	125
93.	TRICARE (CHAMPUS)	0
94.	Other Third Party (Insurance, etc.)	0
95.	Private (Self Pay)	0
96.	HMO / PPO (Includes Medicare and Medi-Cal HMOs)	0
97.	No Reimbursement	0
99.	Other (Includes MSSP)	16
100.	Total (Click to Total)	919

SECTION 4 –HEALTH CARE UTILIZATION

Table 6: Lines 1 through 34 - Patients And Visits By Principle Diagnosis For Which Care Was Given

Screen Shot for Table 6 from HAS4Win

RVISOR] - [Visits By Diagnosis (Table 6)]
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1 of 2

Line No.	Principal Diagnosis	Column 1 Patients	Column 2 Visits
1	Infectious and Parasitic diseases (exclude HIV)	1	13
2	HIV infections (includes AIDS, ARC, HR)	0	0
3	Malignant neoplasms: Lung	0	0
4	Malignant neoplasms: Breast	0	0
5	Malignant neoplasms: Intestine	0	0
6	Malignant neoplasms: All other sites, excluding those in #3, 4, 5	2	14
7	Non-malignant neoplasms: All sites	1	22
8	Diabetes mellitus	7	100
9	Endocrine, metabolic, nutritional disorders, immunity disorders	0	0
10	Diseases of blood and blood-forming organs	2	47
11	Mental disorder	0	0
12	Alzheimer's disease	0	0
13	Diseases of nervous system and sense organs	0	0
14	Diseases of cardiovascular system	12	205
15	Diseases of cerebrovascular system	7	169
16	Diseases of all other circulatory system	5	59
17	Diseases of respiratory system	2	45
18	Diseases of digestive system	1	1
19	Diseases of genitourinary system	2	13
20	Diseases of breast	0	0
21	Complications of pregnancy, childbirth, and the puerperium	0	0
22	Diseases of skin and subcutaneous tissue	2	21
23	Diseases of musculoskeletal system and connective tissue	8	110
24	Congenital anomalies and perinatal conditions	0	0
25	Symptoms, signs, and ill defined conditions	1	12
26	Injuries	1	36
27	All other injuries	1	16
28	Poisonings and adverse effects of medicinal causes	0	0
29	Complications of surgical and medical care	0	0
30	Health services related to reproduction and development	0	0
31	Health care outside hospital	0	0
32	Health hazards related to communicable diseases	0	0
33	Other health services for specific procedures and ambulatory	4	36
34	Visits for Evaluation & Assessment	0	0
45	TOTAL	59	919

Description of Report

- i. This is an unduplicated count of [active patients](#) per admitting Diagnosis.
 1. If a patient was admitted more than once during the reporting period then the patient is counted only once per admitting diagnosis code.

Possible Errors

- i. If a patient has a visit that falls outside an [admission period](#), all visits for that patient are classified as 'Non-Covered' until corrected.
- ii. If there is no admitting diagnosis code for a visit then all visits for that admission are classified as 'No Primary Diagnosis'
- iii. If the admitting primary diagnosis code does not fall within the Utilization Report diagnosis categories, then all the visits for that admission are classified as 'Non categorized primary Diagnoses'

Screen Shot of Patients And Visits By Principal Diagnosis from ALIRTS Website

Section 4 - Health Care Utilization

Instructions
Glossary

Patients And Visits By Principal Diagnosis For Which Care Was Given*

Line No.	Principal Diagnosis	ICD-9-CM Code	(1) Patients	(2) Visits
1.	Infectious and Parasitic diseases (exclude HIV)	001.0-041.9, 045.0-139.8	0	0
2.	HIV infections (include AIDS, ARC, HIV)	042	0	0
3.	Malignant neoplasms: Lung	162.0-162.9, 197.0, 231.2	0	0
4.	Malignant neoplasms: Breast	174.1-174.9, 175.0-175.9, 198.2, 198.81, 233.0	0	0
5.	Malignant neoplasms: Intestines	152.0-154.8, 159.0, 197.4, 197.5, 197.8, 198.89, 230.3, 230.4, 230.7	0	0
6.	Malignant neoplasms: All other sites, excluding those in #3, 4, 5	140.0-208.91, 230.0-234.9	2	14
7.	Non-malignant neoplasms: All sites	210.0-229.9, 235.0-238.9, 239.0-239.9	1	22
8.	Diabetes mellitus	250.00-250.93	7	100
9.	Endocrine, metabolic, and nutritional diseases; immunity disorders	240.0-246.9, 251.0-279.9	0	0
10.	Diseases of blood and blood forming organs	280.0-289.9	2	47
11.	Mental disorder	290.0-319	0	0
12.	Alzheimer's disease	331.0	0	0
13.	Disease of nervous system and sense organs	320.0-330.9, 331.1-389.9	0	0
14.	Diseases of cardiovascular system	391.0-392.0, 393.0-402.91, 404.00-429.9	12	205
15.	Diseases of cerebrovascular system	430-438.9	7	169
16.	Diseases of all other circulatory system	390, 392.9, 403.00-403.91, 440.0-459.9	5	59
17.	Diseases of respiratory system	460-519.9	2	45
18.	Diseases of digestive system	520.0-579.9	1	1
19.	Diseases of genitourinary system	580.0-608.9, 614.0-629.9	2	13
20.	Diseases of breast	610.0-611.9	0	0
14.	Diseases of cardiovascular system	429.9	12	205
15.	Diseases of cerebrovascular system	430-438.9	7	169
16.	Diseases of all other circulatory system	390, 392.9, 403.00-403.91, 440.0-459.9	5	59
17.	Diseases of respiratory system	460-519.9	2	45
18.	Diseases of digestive system	520.0-579.9	1	1
19.	Diseases of genitourinary system	580.0-608.9, 614.0-629.9	2	13
20.	Diseases of breast	610.0-611.9	0	0
21.	Complications of pregnancy, childbirth, and the puerperium	630-677	0	0
22.	Diseases of skin and subcutaneous tissue	680.0-709.9	2	21
23.	Diseases of musculoskeletal system and connective tissue (include pathological fx, malunion fx, and nonunion fx)	710.00-739.9	8	110
24.	Congenital anomalies and perinatal conditions (include birth traumas)	740.0-779.9	0	0
25.	Symptoms, signs, and ill-defined conditions (exclude HIV positive test)	780.01-795.6, 795.77, 796.0-799.9	1	12
26.	Fractures (exclude birth fx, pathological fx, malunion fx, nonunion fx)	800.00-829.1	1	36
27.	All other injuries	830.0-959.9	1	16
28.	Poisonings and adverse effects of external causes	960.0-995.94	0	0
29.	Complications of surgical and medical care	996.00-999.9	0	0
30.	Health services related to reproduction and development	V20.0-V26.9, V28.0-V29.9	0	0
31.	Infants born outside hospital (infant care)	V30.1, V30.2, V31.1, V31.2, V32.1, V32.2, V33.1, V33.2, V34.1, V34.2, V35.1, V35.2, V36.1, V36.2, V37.1, V37.2, V39.1, V39.2	0	0
32.	Health hazards related to communicable diseases	V01.0-V19.8, V40.0-V49.9	0	0
33.	Other health services for specific procedures and aftercare	V50.0-V58.9	4	36
34.	Visits for Evaluation and Assessment	V60.0-V83.89	0	0
34.	Total (Click to Total)		58	906

* The list of ICD-9-CM codes excluded: 795.71, V08, V27.0-V27.9

Default - Microsoft Internet Explorer
 Address: https://158.96.229.195/crudUIReport.aspx?Mode=1&pSID=3861&pFID=40

23.	Unhealed tissue (include pathological fx, malunion fx, and nonunion fx)	710.00-739.9	0	110
24.	Congenital anomalies and perinatal conditions (include birth fractures)	740.0-779.9	0	0
25.	Symptoms, signs, and ill-defined conditions (exclude HIV positive test)	780.01-795.6, 795.77, 796.0-799.9	1	12
26.	Fractures (exclude birth fx, pathological fx, malunion fx, nonunion fx)	800.00-829.1	1	36
27.	All other injuries	830.0-859.9	1	16
28.	Poisonings and adverse effects of external causes	960.0-995.94	0	0
29.	Complications of surgical and medical care	996.00-999.9	0	0
30.	Health services related to reproduction and development	V20.0-V26.9, V28.0-V29.9	0	0
31.	Infants born outside hospital (infant care)	V30.1, V30.2, V31.1, V31.2, V32.1, V32.2, V33.1, V33.2, V34.1, V34.2, V35.1, V35.2, V36.1, V36.2, V37.1, V37.2, V38.1, V38.2	0	0
32.	Health hazards related to communicable diseases	V01.0-V19.8, V40.0-V49.9	0	0
33.	Other health services for specific procedures and aftercare	V50.0-V58.9	4	36
34.	Visits for Evaluation and Assessment	V60.0-V83.89	0	0
45.	Total (Click to Total)		58	906

* The list of ICD-9-CM codes excluded: 795.71, V08, V27.0-V27.9

How many of the patients you reported in Section 3 "Patients and Visits by Age" Table had a **primary** or **secondary** diagnosis of HIV or Alzheimer's Disease and how many health care visits were made to them? The primary condition for which an HIV or Alzheimer's patient was visited may have been a fracture, a skin infection, cancer, or any number of primary conditions. What we are asking relates to the number of HIV or Alzheimer's patients among your total patient load, regardless of the nature of the treatment received or the primary condition of the patient.

Line No.	ICD-9-CM Code	(1) Patients	(2) Visits
51.	HIV 042	0	0
52.	Alzheimer's Disease 331.0	1	80

NOTE: Do NOT complete Sections 5 through 10 unless you have a hospice. Scroll down to Validate Report and Submit if you are finished.

Done [Back to Top of Page](#) Trusted sites

APPENDICES

Appendix 1 - Definitions

Term	Definition
<i>Active Patient</i>	A patient who has an Admission Period which overlaps the Reporting Period . It is possible for the SOC date to be before the Reporting Period.
<i>Admission Period</i>	The period from the SOC Date to the Discharge Date
<i>ALIRTS</i>	Automated Licensing Information and Report Tracking System
<i>Reporting Period</i>	The period for which the Utilization Report covers. This period usually covers 1 year from January 1 st to December 31 st .
<i>Visits</i>	Are considered only 'procedure/revenues' not 'other charges' nor 'medical supplies'

Appendix 2 - Common Misconceptions – Reporting Numbers do not match

Below are several misconceptions and explanations of why counts from different reports do not match. Examples are also given to better illustrate the explanation. For all examples the Reporting Period will be: Jan. 1, 2003 to Dec. 31, 2003. We will also assume we have two patients named John Doe and Jane Buck.

The Patient count on Table 1 (Visits by Age) and Table 5 (Admissions by Source of Referral) do not match.

Table 1 and Table 5 patient counts most likely will not match because Table 1 is an unduplicated patient count (includes rollover from prior reporting period) and Table 5 is only unduplicated per referral admitted within the [Reporting Period](#).

Examples:

1) *Table 5 Admission count is greater than the Table 1 patient count.*

Scenario: John Doe was admitted on 1/5/2003 with a ‘Physician’ referral, and is discharged 1/31/2003. John Doe was then readmitted 6/30/2003 with a ‘Hospital’ referral source, and was discharged on 12/5/2003.

Reports: Table 1 will only count the patient once because it is an unduplicated count. Table 5 will count the patient twice, once for each referral source.

2) *Table 1 patient count is greater than Table 5 admission count..*

Scenario: John Doe was admitted in the prior year on 12/1/2002 with a ‘Physician’ referral, and was discharged on 1/31/2003. Jane Buck was admitted 2/15/2003 with a ‘Hospital’ referral, and was discharged on 5/10/2003.

Reports: Table 1 would have a total patient count of 2 because it includes admissions rolled over from the previous year. Table 5 would only have an admission count of 1 for Jane Buck’s admission because Table 5 only counts admissions with SOC’s in the [Reporting Period](#).

The Patient count on Table 1 (Visits by Age) and Table 2 (Discharges by Reason) do not match

Table 1 and Table 2 patient counts most likely will not match because Table 1 is an unduplicated patient count and Table 2 is only unduplicated discharge count per discharge reason within the [Reporting Period](#).

Examples:

1) *Table 2 Discharge count is greater than the Table 1 patient count.*

Scenario: John Doe was admitted in the prior year on 12/1/2002 and was discharged on 2/10/2003 with a DC reason of 'No further HH Care Needed'. John Doe was then readmitted on 6/30/2003 and then discharged on 12/5/2003 with a DC reason of 'Admitted to Hospital'. Jane Buck was admitted 2/15/2003 and discharged on 5/10/03 with a DC reason of 'Death'

Reports: Table 1 would have a patient count of 2: John Doe would only get counted once even though he had 2 admissions, and Jane Buck would get counted once. Table 2 would have a Discharge count of 3 because 3 different discharges occurred within the [Reporting Period](#), each with a different DC reason.

2) *Table 1 patient count is greater than the Table 2 Discharge count.*

Scenario: John Doe was admitted in the prior year on 12/1/2002 and is still on service (not discharged). Jane Buck was also admitted in the prior year on 8/30/2002 and discharged on 1/15/03 with a DC reason of 'Admitted to Hospital'.

Reports: Table 1 would have a patient count of 2 because both John Doe and Jane Buck were active patients during the [Reporting Period](#). Table 2 would have a Discharge count of 1 because only one discharge occurred: Jane Buck on 1/15/03. John Doe was never discharged and would not be counted in Table 2.

The Patient count on Table 1 (Visits by Age) and Table 6 (Patients and Visits by Primary Diagnosis) do not match

Table 1 and Table 6 patient counts most likely will not match because Table 1 is an unduplicated patient count and Table 6 is only unduplicated discharge count per primary diagnosis category within the [Reporting Period](#).

Examples:

1) *Table 6 Patient count is greater than the Table 1 patient count.*

Scenario: John Doe was admitted on 1/5/2003 with a primary diagnosis of 250.00 and then discharged on 1/31/03. John Doe was then readmitted on 6/30/03 with a primary diagnosis of 391.0 and discharged on 12/5/03. Jane Black was admitted on 2/15/03 with a primary diagnosis of 520.0 and then was discharged on 5/10/03.

Reports: Table 1 would have a patient count of 2 because only 2 distinct patients were active during the [Reporting Period](#). Table 6 would have a patient count of 3 because there were 3 separate admissions during the [Reporting Period](#) with primary diagnosis codes falling into 3 separate categories on Table 6.

Appendix 3 - Utilization Report Patch Fix List

- 1) Database Stored Procedure fix for Table 6: Patients and Visits by Primary Diagnosis

Problem: The categorization for diagnosis codes has changed from prior years utilization reports

Solution: Modified the database stored procedure to correctly categorize the diagnosis codes.

Who Needs it: Clients experiencing any of the following:

- a. Diagnosis Codes that are not categorized.
- b. Diagnosis Codes categorized incorrectly.

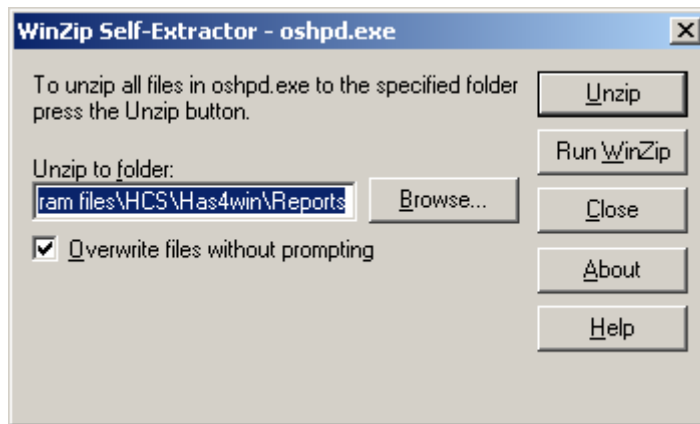
How do I get it? HealthCare Synergy Technical Support will have to connect to update your database with the correct fix. This fix will take approximately 2 minutes once the technical support staff is connected.

- 2) For Tables 2 – Discharges by Reason and Table 5 – Admissions by Source of Referral
- Problem: Table 2 and Table 5 were printing duplicated patient counts when, according to the current rules, they should be printing unduplicated patient counts per discharge reason and source of referral respectively.

Solution: Modified both reports so that they correctly display the unduplicated admission counts. The reports were also modified so that they display the data in the exact order that the [ALIRTS](#) website does.

Note: Table 2 and Table 5 patient counts may still not match those of Table 1. See instructions in this document of why they may still not match

How do I get it? You can download this patch from our website or get it from our technical support staff. You must then run the self extracting zip file and extract the files to your synergy report folder on all computers you intend to run the statistical reports on. When running the self extracting zip file it will default to the c:\program files\hcs\has4win\reports folder. If you have installed Has4win to another location, you will have to browse to that location. Below is a screen shot of the self extracting zip file:



3) Table 4 – Visits by Type of Staff visit counts do not match those on Table 1 - Visits by Age

Problem: There are certain cases when the visit counts from Table 4 do not match those on Table 1. The following is a list of these cases.

- i. Admission Periods overlap. This can happen if a patient is discharged and then admitted on the same day. In this case the visit would get counted twice (once for each admission)
- ii. Non-covered visits exist. These are visits that are not covered by a certification. Often times an incorrect discharge date is entered.

Solution: The incorrect data must be identified and corrected. We have developed a stored procedure that will help the agency identify this incorrect data.

Who needs it? Any client experiencing Table 4 and Table 1 visits not matching.

How do I get it? Contact the HealthCare Synergy Support Staff on instructions on how to identify this data. Support Staff will have to connect to your computer to run a special query on the database which will identify the records that need attention.