

NEW YORK
state department of
HEALTH

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sue Kelly
Executive Deputy Commissioner

July 7, 2014

DAL: *DHCBS 14-10*
Subject: *2011, 2012, 2013 Statistical Reports*

Dear Administrator:

The Division of Home and Community Based Services (DHCBS) will activate the 2011, 2012 and 2013 annual Statistical Reports for Certified Home Health Agencies (CHHAs) and Long Term Home Health Care Programs (LTHHCPs), Licensed Home Care Services Agencies (LHCSAs) and Hospices on the Health Commerce System (HCS) on the following schedule:

2011	Start Date	Due By
CHHA/LTHHCP Statistical Report	07/14/2014	08/29/2014
Hospice Cost and Utilization Report	07/14/2014	08/29/2014
LHCSA Statistical Report	08/04/2014	09/19/2014
2012		
CHHA/LTHHCP Statistical Report	09/15/2014	10/31/2014
Hospice Cost and Utilization Report	09/15/2014	10/31/2014
LHCSA Statistical Report	10/06/1014	11/21/2014
2013		
CHHA/LTHHCP Statistical Report	11/17/2014	01/09/2015
Hospice Cost and Utilization Report	11/17/2014	01/09/2015
LHCSA Statistical Report	12/08/2014	01/30/2015

Attached to this letter are instructions for finding the surveys on HCS and submitting data to DHCBS.

With the ongoing changes in the home care industry, it is critical that current data be available. This compressed data collection schedule will help to achieve this goal.

The Statistical Reports are used to collect information such as the number of visits and revenue by payor, the number of staff employed and the number of cases and visits/hours by the county in which the service was provided. They are collected under the following authorities:

Provider Type	Authority
CHHAs/LTHHCPs	NYCRR 763.14
Hospices	NYCRR 783.7
LHCSAs	NYCRR 766.12

The data collected for years 2011 through 2013 will be the same as the data collected for 2010 with one major exception. A separate Statistical Report will be used to collect data from LHCSAs exclusively providing services to Assisted Living Program (ALP) residents. This change will make the data collected for such LHCSAs congruent with the business model of care provided in an ALP.

Individuals assigned to the Administrator, Director of Patient Services, HCS Coordinator and Data Reporter roles in the HCS Communications Directory may enter data into a Statistical Report. **Only an Administrator may submit data.**

Historically, a significant number of agencies have waited until the week prior to the report due date to enter and submit their Statistical Reports. Be aware that agencies doing so may encounter extended system delays and wait times for support due to limited system and personnel resources. Agencies are strongly encouraged to enter and submit data as early as possible.

It is important that you submit accurate and complete information. The data collected is used to make policy decisions concerning the home care industry. **Agencies not submitting all appropriate forms for these required surveys will be cited and enforced.** In addition, CON and licensure applications of delinquent agencies will not be processed.

Please send questions and requests for assistance to HCStatRpts@health.state.ny.us. Thank you for your assistance with this essential data reporting.

Sincerely,



Rebecca Fuller Gray, Director
Home and Community Based Services

Attachment

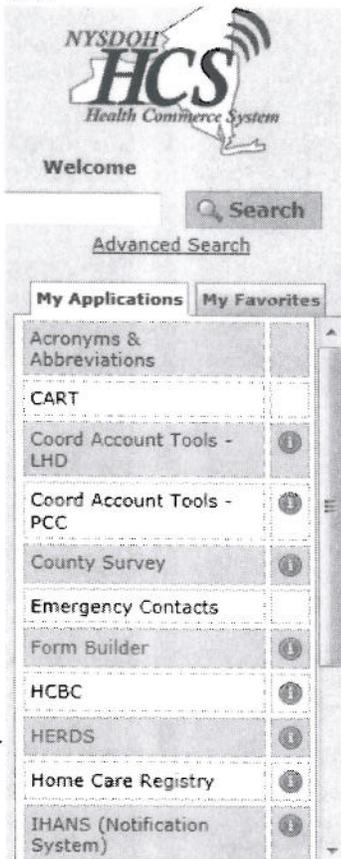
1. Navigating to the Survey Forms

- **Log on to HCS**

Use your user name and password.

- **Go to the HERDS Application**

If you have the HERDS application in your applications, choose it from your my applications list.



To put the HERDS application into your my applications list:

- **Go to the Applications Tab**
 - **Note: If you are using HCS version 4 go to 'Applications' on the top tool bar – and choose 'All Applications'**



- Once you are in 'Applications':
- Click on Letter H
- Click on HERDS for Hospitals (Health Electronic Response Data System) or Home and Community Based Care (HERDS). (Either one of these will take you to the HERDS application.)
- Click the plus sign in the green circle in the Add/Remove column.

Home Documents **Applications** My Account Help Contact Us Logout

Health Commerce System Applications +View Help

Browse by A B C D E F G **H** I J K L M N O P Q R S T U V W X Y Z View All

Application Name	Acronym	Profile	Restricted	Add/Remove
Health Facilities Information System	HFIS			
Health Home CHART File Upload				
Healthy Neighborhoods - No Access Form				
Hepatitis C Rapid Testing			Yes	
→ HERDS for Hospitals (Health Electronic Response Data System)	HERDS			
HIV/AIDS Information for Regional Training Centers			Yes	
HIV/AIDS Surveillance Case Report				
HIV Test Kits			Yes	
→ Home and Community Based Care (HERDS)	HERDS			

- In HERDS, Go to the Level Selector Tab (if available)

Click the appropriate Level, if asked,

Level Selector Home Data Entry Reports

Level Selector

User Access Level: * State

Facility

- Click Submit

Activity Selection (*=Required Field)

You will be told the name of the activity to select for your survey.
Your required Activity may appear on your To Do list.

To Do General Periodic

Showing Pages 1-1 Number Of Records Per Page: 5

Activity	Reporting Organization	Data Entry Organization	Form	Permission	Completion Status
Test	Z Test Hospice	Z Test Hospice	HC	Save/Submit	Saved

If the activity is not on your to do list,

- Click the data entry tab and select your activity.

Select your activity from the drop down list.



Level Selector Home **Data Entry** Reports

Data Entry

Activity: * Please Select Activity

Form Selection (*=Required Field)

- Choose your organization's name from the drop down box.
- Choose a form to make entries into. (Many activities have multiple forms).
- Choose your Data Entity type:

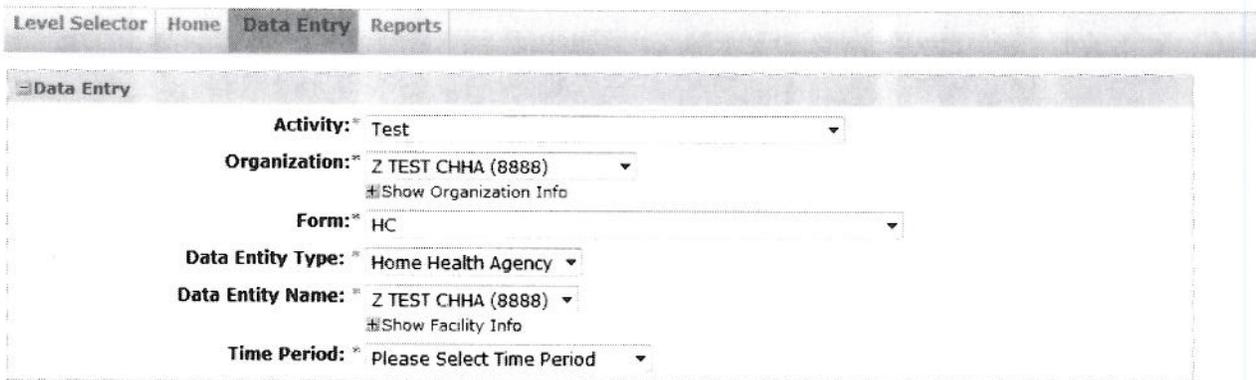
Home Health Agency = Certified Home Health Care Agencies and Long Term Home Health Care

Hospice = Hospice

LHCSA = Licensed Home Care Service Agencies

- Choose your Data Entity Name
- Choose a Time Period (if required).

Some surveys have forms that are recurring forms. Recurring Forms will need to be filled out more than once on the days instructed (i.e. Daily for a 5 day period).



Level Selector Home **Data Entry** Reports

Data Entry

Activity: * Test

Organization: * Z TEST CHHA (8888)
Show Organization Info

Form: * HC

Data Entity Type: * Home Health Agency

Data Entity Name: * Z TEST CHHA (8888)
Show Facility Info

Time Period: * Please Select Time Period

2. Entering Data Into a Form

- **Form Information**



 **Required Field** Questions with a red asterisk are required fields and cannot be left blank. If it is a required numeric field and you have no data to enter, please enter a zero (0).

 **Data Saved to Work Area** Questions with a yellow check mark are fields that had data entered in them, and were saved when the user clicked the “**Save All**” button, but not yet submitted to DOH.

 **Data Submitted to DOH** Questions with a check mark in a green dot are fields that had data entered in them, and were saved when the user clicked the “**Save All**” button, and were submitted to DOH when the user clicked the “**Review and Submit Button**” and clicked the “**Submit to DOH**” button.

 **Current Field/Selection** The red arrow highlights a selected field. For example, if the user has clicked the “**Review and Submit**” Button and goes to the Review Screen, and they click on any of the questions on the review screen they will go back to the survey and that question will have the red arrow next to it.

 **Field Information** The question mark in a circle indicates there is additional information available. If the survey has additional instructions or information attached to a field, this information can be seen by clicking on the Field Information icon.

 **Field with Rules** The R in a circle indicates that there is a rule attached to this field. An example of a rule would be “*the amount indicated in question 4 must be equal to the sum of the amounts in questions 1, 2, and 3*”. Click on the Field with Rules icon to identify the rule for the field.

 **Warning** The exclamation point in a yellow triangle is a warning of an action that must be taken. An example of a warning is:

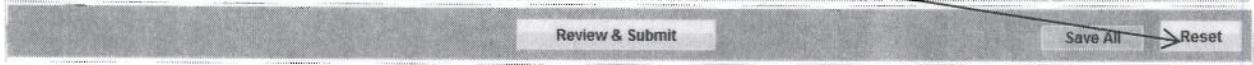
 Once finalized, please remember to submit your data by clicking the Review & Submit button and then the Submit Data to DOH button.

 **Error** An exclamation point in a red circle indicates that there is an error in the data entered. An example of an error is:

 You have 1 error below. Review and make changes.

- **Data Entry**

Answer all questions that are applicable to your organization. Some boxes may require text, and some may require numbers. Required Fields (*) must have an entry. You can click Save All at any time to save work that has been entered. If you click the **Reset Button**, the survey data will go back to the last saved version of the form.



- **Repeating Sections**

Repeating sections give the user the ability to answer the same set of questions more than once. To open the Repeating Section:

- **Click Save and Add Button**

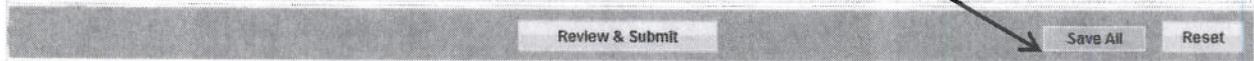


When you have entered your first set of data, click the **Save and Add** button again to save your entry and to receive a new set of blank fields.

- **Click Save and Add Button**



When you have entered your final set of data into the fields of the repeating section, click the **Save All** button on the bottom blue tool bar, or the top blue tool bar.



- **Click Save All**

The data will be saved, and you will not receive a new set of fields in the repeating section. If you accidentally add too many sections, or simply want to get rid of a particular section, open that section and click Delete.

3. Submitting the Forms

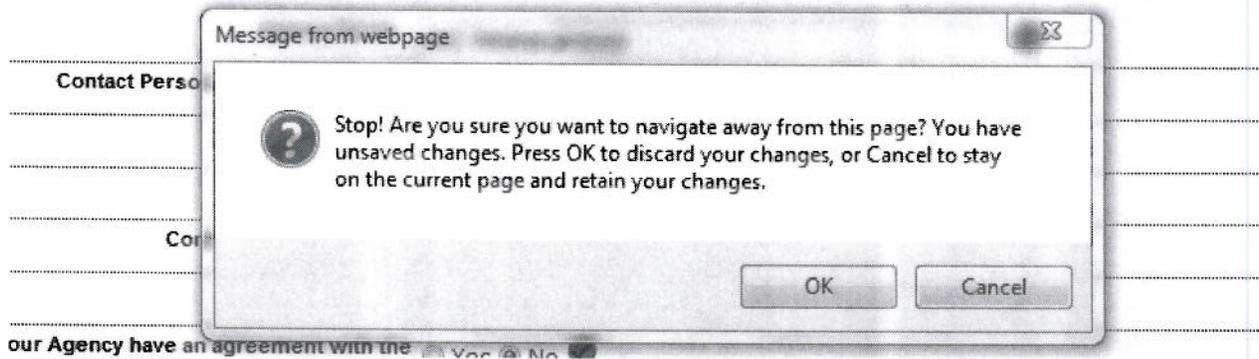
Once all of your data has been entered for the entire form, be sure to save the information

- **Click Save All**

IMPORTANT!!! Do not click “**Review and Submit**” unless you have clicked “**Save All**” First.



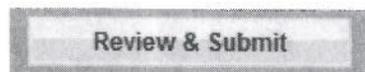
If you click “Review and Submit” before saving, you will get the following error message:
Agency Form



If you click OK – you will go to the Review screen, but any unsaved data will be lost.

Once the information is saved:

- **Click Review & Submit**



This will take you to the Review Screen, which will show all questions on the form and the values entered to answer the questions. The Review Screen will also show the data status (either saved or submitted), the user that made the latest entry, and the date and time of the latest entry. If you click on a field in the Review Screen you will be taken back to the survey at that particular question. On the Review Screen you can choose to either modify the data or submit the data to the Department of Health.



If you need to change any data entered:

- **Click Modify**

This will take you back to the survey to make changes. Be sure to save any data that you modify by clicking “**Save All**”.

If you are satisfied with the data entered:

- **Click Submit Data to DOH**