

PART I - STATISTICAL DATA

	COUNTY [REDACTED]		OTHER		TOTAL	
	TITLE XVIII VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS
	1	2	3	4	5	6
1 00 SKILLED NURSING CARE	3,115	78			3,115	78
2 00 PHYSICAL THERAPY	38	38			38	38
3 00 OCCUPATIONAL THERAPY						
4 00 SPEECH PATHOLOGY						
5 00 MEDICAL SOCIAL SERVICES						
6 00 HOME HEALTH AIDE	3,753	1,821			3,753	10
7 ALL OTHER SERVICES						
8 TOTAL VISITS (11-7)	6,906				6,906	
9 HOME HEALTH AIDE HOURS	3,768				3,768	
10 UNDUPLICATED CENSUS COUNT						.05

PART II - EMPLOYMENT DATA (FULL TIME EQUIVALENT)
 ENTER THE NUMBER OF HOURS IN
 YOUR NORMAL WORK WEEK 40.00

	STAFF	CONTRACT	TOTAL
	1	2	3
11 ADMINISTRATOR & ASSISTANT			
12 ADMINISTRATOR(S)			
13 DIRECTOR & ASST. DIRECTOR(S)		1.00	1.00
14 OTHER ADMINISTRATIVE PERSONNEL		5.00	5.00
15 DIRECT NURSING SERVICE			
16 NURSING SUPERVISOR		1.00	1.00
17 PHYSICAL THERAPY SERVICE			
18 PHYSICAL THERAPY SUPERVISOR			
19 OCCUPATIONAL THERAPY SERVICE			
20 OCCUPATIONAL THERAPY SUPERVISOR			
21 SPEECH PATHOLOGY SERVICE			
22 SPEECH PATHOLOGY SUPERVISOR			
23 MEDICAL SOCIAL SERVICE			
24 MEDICAL SOCIAL SUPERVISOR			
25 HOME HEALTH AIDE	.50	.50	1.00
26 HOME HEALTH AIDE SUPERVISOR	.50		.50
27			

PART III - METROPOLITAN STATISTICAL AREA (MSA) AND CORE BASED STATISTICAL AREA (CBSA) CODES
 1 1.01

28 ENTER THE TOTAL NUMBER OF MSAS IN COLUMN 1
 AND/OR CBSAS IN COLUMN 1.01 WHERE MEDICARE
 COVERED SERVICES WERE PROVIDED DURING THE
 COST REPORTING PERIOD.

1

29 LIST ALL MSA AND CBSA CODES IN WHICH MEDICARE
 COVERED SERVICES WERE PROVIDED DURING THE
 COST REPORTING PERIOD (LINE 29 CONTAINS THE
 FIRST CODE)

MSA CODES

CBSA CODES

PART IV - PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	DESCRIPTION	FULL EPISODES W/O OUTLIERS	FULL EPISODES W OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES	SCIC WITHIN A PEP	SCIC ONLY EPISODES	TOTALS
		1	2	3	4	5	6	7
30	SKILLED NURSING VISITS		3,098	8	9			3,115
31	SKILLED NURSING VISIT CHARGES		245,400	1,200	1,350			247,950
32	PHYSICAL THERAPY VISITS		38					38
33	PHYSICAL THERAPY VISIT CHARGES		1,750					1,750
34	OCCUPATIONAL THERAPY VISITS							
35	OCCUPATIONAL THERAPY VISIT CHARGES							
36	SPEECH PATHOLOGY VISITS							
37	SPEECH PATHOLOGY VISIT CHARGES							
38	MEDICAL SOCIAL SERVICE VISITS							
39	MEDICAL SOCIAL SERVICE VISIT CHARGES							
40	HOME HEALTH AIDE VISITS		3,753					3,753
41	HOME HEALTH AIDE VISIT CHARGES		230,125					230,125
42	TOTAL VISITS (LNS 30,32,34,36,38,40)		6,889	8	9			6,906
43	OTHER CHARGES							
44	TOTAL CHARGES (31,33,35,37,39,41,43)		477,275	1,200	1,350			479,825
45	TOTAL NUMBER OF EPISODES			4	1			5
46	TOTAL NUMBER OF OUTLIER EPISODES		4,700		9			4,709
47	TOTAL NON-ROUTINE MED SUPPLY CHARGES							

COST CENTER		SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION 3	CONTRACTED PURCHASED SVS 4	OTHER COSTS 5
1 00	0100 GENERAL SERVICE COST CTRS					
2 00	0200 CAP REL COSTS-BLDG & FIXT					
3 00	0300 CAP REL COSTS-MVBLE EQUIP					
4 00	0400 PLANT OPERATION AND MAINTENANCE					
5 00	0500 TRANSPORTATION					
6 00	0600 ADMINISTRATIVE & GENERAL					
7 00	0700 HHA REIMBURSABLE SERVICES					
8 00	0800 SKILLED NURSING CARE	65,000	2,650			
9 00	0900 PHYSICAL THERAPY	45,000	2,650			
10 00	1000 OCCUPATIONAL THERAPY					
11 00	1100 SPEECH PATHOLOGY					
12 00	1200 MEDICAL SOCIAL SERVICES					
13 00	1300 HOME HEALTH AIDE	565,000	7,800			
14 00	1400 SUPPLIES					
15 00	1500 DRUGS					
16 00	1600 COST OF ADMINISTERING VACCINES					
17 00	1700 DME					
18 00	1800 HHA NONREIMBURSABLE SVS					
19 00	1900 HOME DIALYSIS AIDE SERVICES					
20 00	2000 RESPIRATORY THERAPY					
21 00	2100 PRIVATE DUTY NURSING					
22 00	2200 CLINIC					
23 00	2300 HEALTH PROMOTION ACTIVITIES					
24 00	2400 DAY CARE PROGRAM					
25 00	2500 HOME DELIVERED MEALS PROGRAM					
26 00	2600 HOMEMAKER SERVICE					
27 00	2700 OTHER					
28 00	2800 SPECIAL PURPOSE COST CNTR					
29 00	2900 CORP					
30 00	3000 HOSPICE					
31 00	3100 CMHC					
32 00	3200 RHC					
33 00	3300 FQHC					
34 00	3400 TOTAL	675,000	13,100			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR ██████████ IN LIEU OF FORM CMS-1728-94-A (05-2007) CONTD
 RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES I PROVIDER NO: I PERIOD: I PREPARED 8/28/2008
 I I FROM 1/ 1/2007 I WORKSHEET A
 I TO 12/31/2007 I

COST CENTER		TOTAL 6	RECLASSI- FICATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	EXP FOR COST ALLOCATION 10
1 00	0100 GENERAL SERVICE COST CTRS					
2 00	0200 CAP REL COSTS-BLDG & FIXT					
3 00	0300 CAP REL COSTS-MVBLE EQUIP					
4 00	0400 PLANT OPERATION AND MAINTENANCE					
5 00	0500 TRANSPORTATION					
	ADMINISTRATIVE & GENERAL					
6 00	0600 MHA REIMBURSABLE SERVICES					
7 00	0700 SKILLED NURSING CARE	67,650		67,650		67,650
8 00	0800 PHYSICAL THERAPY	47,650		47,650		47,650
9 00	0900 OCCUPATIONAL THERAPY					
10 00	1000 SPEECH PATHOLOGY					
11 00	1100 MEDICAL SOCIAL SERVICES					
12 00	1200 HOME HEALTH AIDE	572,800		572,800		572,800
13 00	1300 SUPPLIES					
14 00	1400 DRUGS					
15 00	1500 COST OF ADMINISTERING VACCINES					
16 00	1600 DME					
17 00	1700 MHA NONREIMBURSABLE SVS					
18 00	1800 HOME DIALYSIS AIDE SERVICES					
19 00	1900 RESPIRATORY THERAPY					
20 00	2000 PRIVATE DUTY NURSING					
21 00	2100 CLINIC					
22 00	2200 HEALTH PROMOTION ACTIVITIES					
23 00	2300 DAY CARE PROGRAM					
24 00	2400 HOME DELIVERED MEALS PROGRAM					
25 00	2500 HOMEMAKER SERVICE					
26 00	2600 OTHER					
27 00	2700 SPECIAL PURPOSE COST CNTR					
28 00	2800 CORF					
29 00	2900 HOSPICE					
30 00	3000 CHHC					
31 00	3100 RHC					
32 00	3200 FQHC					
33 00	3300 TOTAL	688,100	-0-	688,100		688,100

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST 8, COL. 6 LINE	COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
1 00 SKILLED NURSING CARE	6.00	67,650	3,115	21.72
2 00 PHYSICAL THERAPY	7.00	47,650	38	1,253.95
3 00 OCCUPATIONAL THERAPY	8.00			
4 00 SPEECH PATHOLOGY	9.00			
5 00 MEDICAL SOCIAL SERVICES	10.00			
6 00 HOME HEALTH AIDE	11.00	572,800	3,753	152.62
7 00 TOTAL		688,100	6,906	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)
 NSA/CBSA CODE: [REDACTED]

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE
1 00 SKILLED NURSING CARE	1.00	21.72	3,115		
2 00 PHYSICAL THERAPY	2.00	1,253.95	38		
3 00 OCCUPATIONAL THERAPY	3.00				
4 00 SPEECH PATHOLOGY	4.00				
5 00 MEDICAL SOCIAL SERVICES	5.00				
6 00 HOME HEALTH AIDE	6.00	152.62	3,753		
7 00 TOTAL			6,906		

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL
1 00 SKILLED NURSING CARE	67,658			67,658
2 00 PHYSICAL THERAPY	47,650			47,650
3 00 OCCUPATIONAL THERAPY				
4 00 SPEECH PATHOLOGY				
5 00 MEDICAL SOCIAL SERVICES				
6 00 HOME HEALTH AIDE	572,783			572,783
7 00 TOTAL	688,091			688,091

MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PROGRAM COST LIMITS	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.
 (2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH NSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.