

PART I - STATISTICAL DATA

	TITLE XVIII		OTHER VISITS	OTHER PATIENTS	TOTAL	
	VISITS	PATIENTS			VISITS	PATIENTS
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 (L1-7)	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			
17 PHYSICAL THERAPY SERVICE		1.00	1.00
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

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

MSA CODES CBSA CODES

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)

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					
3 00	0300 PLANT OPERATION AND MAINTENANCE					
4 00	0400 TRANSPORTATION					
5 00	0500 ADMINISTRATIVE & GENERAL HHA REIMBURSABLE SERVICES					
6 00	0600 SKILLED NURSING CARE	65,000	2,650			
7 00	0700 PHYSICAL THERAPY	45,000	2,650			
8 00	0800 OCCUPATIONAL THERAPY					
9 00	0900 SPEECH PATHOLOGY					
10 00	1000 MEDICAL SOCIAL SERVICES					
11 00	1100 HOME HEALTH AIDE	565,000	7,800			
12 00	1200 SUPPLIES					
13 00	1300 DRUGS					
13 20	1320 COST OF ADMINISTERING VACCINES					
14 00	1400 DME HHA NONREIMBURSABLE SVS					
15 00	1500 HOME DIALYSIS AIDE SERVICES					
16 00	1600 RESPIRATORY THERAPY					
17 00	1700 PRIVATE DUTY NURSING					
18 00	1800 CLINIC					
19 00	1900 HEALTH PROMOTION ACTIVITIES					
20 00	2000 DAY CARE PROGRAM					
21 00	2100 HOME DELIVERED MEALS PROGRAM					
22 00	2200 HOMEMAKER SERVICE					
23 00	2300 OTHER SPECIAL PURPOSE COST CNTR					
24 00	2400 CORF					
25 00	2500 HOSPICE					
26 00	2600 CMC					
27 00	2700 RHC					
28 00	2800 FQHC					
29 00	TOTAL	675,000	13,100			

COST CENTER		TOTAL	RECLASSI-	RECLASSIFIED	ADJUSTMENTS	EXP FOR COST
		6	FICATIONS	TRIAL BALANCE	9	ALLOCATION
			7	8		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					
6 00	0600 ADMINISTRATIVE & GENERAL					
7 00	0700 MHA REIMBURSABLE SERVICES					
8 00	0800 SKILLED NURSING CARE	67,650		67,650		67,650
9 00	0900 PHYSICAL THERAPY	47,650		47,650		47,650
10 00	1000 OCCUPATIONAL THERAPY					
11 00	1100 SPEECH PATHOLOGY					
12 00	1200 MEDICAL SOCIAL SERVICES					
13 00	1300 HOME HEALTH AIDE	572,800		572,800		572,800
14 00	1400 SUPPLIES					
15 00	1500 DRUGS					
16 00	1600 COST OF ADMINISTERING VACCINES					
17 00	1700 DME					
18 00	1800 MHA 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 CORF					
30 00	3000 HOSPICE					
31 00	3100 CHHC					
32 00	3200 RHC					
33 00	3300 FQHC					
34 00	3400 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	2	3	4
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)  
 MSA/CBSA CODE: [REDACTED] MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT	PART A VISITS	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE
	1	4	5	6	7
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 COST	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL
	8	9	10	11
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 VISITS	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE
	4	5	6	7
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 COST	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL
	8	9	10	11
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 MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.