| THIS PAYM | | FORM APPROVE OMB NO: 0938-04 EXPIRES: 07/31/20 | | | | | | |
|-----------|---|--|---|--|---|--------------------------------|----|--|
| | ED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTHCARE LEX COST REPORT STATUS, CERTIFICATION, AND SETTLEMENT SUMMARY | PROVIDER CCN: PERIOD: FROM: TO: | | | | WORKSHEET S PARTS I, II, & III | | |
| | | | | | | | | |
| PART | I - COST REPORT STATUS | | 1 | | 2 | 3 | | |
| 1 | ELECTRONICALLY PREPARED | | | | | | 1 | |
| 2 | MANUALLY PREPARED | | | | | | 2 | |
| 3 | IF AMENDED, NUMBER OF TIMES AMENDED | | | | | | 3 | |
| 4 | MEDICARE UTILIZATION | | | | | | 4 | |
| 5 | CONTRACTOR: HCRIS STATUS CODE | | | | | | 5 | |
| 6 | CONTRACTOR: COST REPORT RECEIVED DATE | | | | | | 6 | |
| 7 | CONTRACTOR: CONTRACTOR NUMBER | | | | | | 7 | |
| 8 | CONTRACTOR: INITIAL COST REPORT FOR THIS CCN | | | | | | 8 | |
| 9 | CONTRACTOR: FINAL COST REPORT FOR THIS CCN | | | | | | 9 | |
| 10 | CONTRACTOR: NPR DATE | | | | | | 10 | |
| 11 | CONTRACTOR: ADR SOFTWARE VENDOR CODE | | | | | | 11 | |
| 12 | CONTRACTOR: REOPENING NUMBER | | | | | | 12 | |

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

| | SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR | CHECKBOX | | |
|---|---|----------|---|---|
| 1 | 1 | 2 | SIGNATURE STATEMENT I HAVE READ AND AGREE WITH THE ABOVE | 1 |
| | | | CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE. | |
| 2 | Signatory Printed Name | | | 2 |
| 3 | Signatory Title | | | 3 |
| 4 | Signature Date | | | 4 |

PART III - SETTLEMENT SUMMARY

| | | | TITLE | XVIII | | |
|-----|---------------|---------|--------|--------|-----------|-----|
| | | TITLE V | PART A | PART B | TITLE XIX | |
| | COMPONENT | 1 | 2 | 3 | 4 | |
| 1 | SNF | | | | | 1 |
| 2 | NF | | | | | 2 |
| 3 | ICF/IID | | | | | 3 |
| 4 | SNF-BASED HHA | | | | | 4 |
| | | | | | | |
| | | | | | | |
| 100 | TOTAL | | | | | 100 |

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0463. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 202 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENSE NOT PERTAINING TO THE INFORMATION COLLECTION BURDEN APPROVED UNDER THE ASSOCIATED OMB CONTROL NUMBER LISTED ON THIS FORM WILL NOT BE REVIEWED, FORWARDED, OR RETAINED. IF YOU HAVE QUESTIONS OR CONCERNS REGARDING WHERE TO SUBMIT YOUR DOCUMENTS, CONTACT 1-800-MEDICARE.

COUNTY

ZIP CODE

STATE

| | | | err r | 51 | | EH CODE | | 0001111 | | | |
|---|----------------------------|-----------------------------------|---------|----------|----------|---------|-------|-----------|-----------|----------|---|
| | | | 1 | | 2 | 3 | | 4 | | | |
| 2 | ADDRESS LINE 2 | | | | | | | | | | 2 |
| | | | | | | | | | | | |
| | | | | | | | RURAL | DATE | DATE | | |
| | | | | | | | OR | CERTIFIED | CERTIFIED | | |
| | COMPONENT TYPE | COMPONENT NAME CCN CBSA URBAN MEI | | MEDICARE | MEDICAID | | | | | | |
| | 1 | | 2 | | 3 | 4 | 5 | 6 | 7 | | |
| 3 | SNF | | | | | | | | | | 3 |
| 4 | NF | | | | | | | | | | 4 |
| 5 | ICF / IID | | | | | | | | | | 5 |
| 6 | SNF-BASED HHA | | | | | | | | | | 6 |
| 7 | SNF-BASED HOSPICE | | | | | | | | | | 7 |
| 8 | OUTPATIENT REHAB (SPECIFY) | | | | | | | | | | 8 |
| | | | | | | | | | | | |
| | | FROM | TO | | | | | | | | |
| | | 1 | 2 | | | | | | | | |
| 9 | COST REPORTING PERIOD | | | | | | | | | | 9 |
| | | | | | | | | | | | |
| | | | CDECIEV | · · | | • | · · | · · | · · | <u> </u> | |

| 9 COST REPORTING PERIOD | | | 9 |
|-------------------------|----------|---------|----|
| | | | |
| | | SPECIFY | |
| | TOC CODE | OTHER | |
| | 1 | 2 | |
| 10 TYPE OF CONTROL | | | 10 |
| | | | |

| SNF ORGANIZATION AND OPERATION | 1 | |
|--|---|----|
| 11 Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5? | | 11 |
| 12 Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5? | | 12 |
| | | |

| 1 2 3 4 | 5 | 6 | |
|---------------------------------------|---|---|---|
| | | U | |
| 13 Non-contiguous component locations | | | 1 |

| | Y/N | DATE | V OR I | |
|---|-----|------|--------|----|
| | 1 | 2 | 3 | |
| 14 COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination. | | | | 14 |
| 15 COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date. | | | | 15 |

| | | | | | | | | PERIOD: FROM: TO: | | WORKSHEET S-2 | |
|---|---|--------------------------------------|--------------------|-----------------------------|------------------|----------------|----------------|-------------------------|------------|---------------|-----|
| | | | | | | | 1 | | 2 | | |
| 16 COLUMN 1: Is the SNF part of a HO/CO COLUMN 2: Enter the number of HO/CO | | ter 21, §2150? | | | | | | | | | 16 |
| | HO/CO NAME | STREET ADDRESS | Р О ВОХ | CITY | STATE | ZIP CODE | E HO/O | CO CCN | L HO/CO CO | ONTRACTOR # | # 1 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 110/0 | 7 | no/co co | 8 | 7 |
| 17 HO/CO ALLOCATING TO SNF | | | | | | | | | | | 17 |
| | | | | | | | | | 1 1 | T | |
| 18 Did the total number of available beds per | manently maintained for lodging inpa | tients change from the prior cost r | reporting period? | | | | | | 1 | | 18 |
| 19 Did this SNF operate a ventilator care unit | ? | | | | | | | | | | 19 |
| CATE ON A IED CERVICES | | | | | | | | | 1 1 | 1 2 | |
| SNF OWNED SERVICES 20 COLUMN 1: Did the SNF and/or SNF-ba | ased HHA operate a Medicare approx | ved laboratory with its own CLIA | number or a CI | IA certificate of waiver | that meets the r | equirements is | n 42 CFR 49 | 3? | 1 | 2 | 20 |
| COLUMN 2: Enter the CLIA ID number. | | ved laboratory with its own CEIT | number of a CL | and certificate of warver | mat meets the r | equirements ii | 11 +2 CI K +). | J. | | | 20 |
| 21 Did the SNF operate a radiological departs | | | | | 26 or the standa | rds to provide | portable x-ra | ay services? | | | 21 |
| 22 COLUMN 1: Did this SNF operate an ins | stitutional based ambulance service? | COLUMN 2: Enter the ambulance | e provider numb | er. | | | | | | | 22 |
| | | | | | | | | | <u> </u> | 1 | _ |
| 23 Is this SNF involved in business transaction | ons, including management contracts, | with individuals or entities that ar | e related to the p | provider or its officers, m | edical staff, ma | nagement per | sonnel, | | | 1 | 23 |
| or members of the board of directors throu | igh ownership, control, or family and | other similar relationships? | • | • | | | | | | | |
| | MILE ON THE | | | | | | | | | _ | |
| PROFESSIONAL SERVICES PURCHASED BY 29 COLUMN 1: Did the SNF and/or its subp | | faccional comicos o a local con | aunting toy nean | aration hookkaaning ne | arall and/or m | anagamant/aa | naultina | I | 2 | | 29 |
| services, from an unrelated organization? | | | | | | | | | | | 29 |
| unrelated organizations located outside of | , | (, 8 | r | | | r | | | | | |
| | | | | | | | | | · | | |
| SNF-BASED HHA THERAPY COSTS 31 Did the SNF-based HHA contract with ou | taida ayumliana fan uhyvaiaal thanany a | | | | | | | 1 | | | 31 |
| 32 Did the SNF-based HHA contract with ou | | | | | | | | | | | 32 |
| 33 Did the SNF-based HHA contract with ou | | | | | | | | | | | 33 |
| | | | | | | | | | | | |
| MEDICAL MALPRACTICE COST | | | | | | | | 1 | 2 | 3 | |
| 34 Is the SNF legally required to carry malpra 35 If line 34 is Y, is the malpractice policy a | | Enter 1 for claims made or enter 2 | for occurrence l | pased policy | | | - | | | | 34 |
| 36 If line 34 is Y, enter the total amount of m | | | | | nsurance paid i | n column 3. | | | | | 36 |
| 37 Are malpractice premiums and paid losses | | | | | 1 | | | | | | 37 |
| | | | | | | | | | | | |
| LOWER OF COST OR CHARGE EXEMPTION | | | | | | |]. | PART A | PART B | 4 | |
| 40 Did the-SNF qualify for an exemption from | n the application of the lower of costs | s or charges? | | | | | | I | 2 | | 40 |
| 41 Did the SNF-based HHA qualify for an ex | | | | | | | | | | | 41 |
| | . 11 | | | | | | | | | | |

Rev. 1 49-505

| IDENTIF | ICATION DATA | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEE' | | -2 | | |
|---------|---|---|---|-----------|--------|--------|----------|----|
| | | | | | • | | | |
| FINANCI | IAL STATEMENTS | | | | 1 | 2 | 3 | |
| 50 C | COLUMN 1: Were the financial statements prepared by a | CPA? COLUMN 2: If column 1 is Y, enter "A" for audite | ed, "C" for complied, | | | | | 50 |
| О | or "R" for reviewed in column 2. COLUMN 3: If complet | e copy of the financial statements not submitted with cost re | eport, enter data available. | | | | | |
| 51 E | Oo total expenses and total revenues reported on the cost re | eport differ from those on the filed financial statements? If | "Y", submit a reconciliation. | | | | | 51 |
| | | | | | | | | |
| BAD DEI | | | | | 1 | | | |
| 52 Is | s the SNF seeking reimbursement for Medicare bad debts? | | | | | | | 52 |
| 53 I | f line 52 is Y, did the SNF change its bad debt collection p | olicy during this cost reporting period? | | | | | | 53 |
| | f line 52 is Y, did the SNF waive patient deductibles and/o | | | | 54 | | | |
| | | | | | | | | |
| PS&R RE | EPORT DATA | | | PART A | PART A | PART I | B PART B | |
| | | | | Y/N | DATE | Y/N | DATE | |
| | | | | 1 | 2 | 3 | 4 | 1 |
| 55 Is | s this cost report prepared using only the PS&R? If either | col. 1 or 3 is Y, enter the paid-through date of the PS&R us | sed to prepare this cost report in cols. 2 and 4. | | | | | 55 |
| 56 Is | s this cost report prepared using the PS&R for totals and the | he provider's records to prepare this cost report in cols. 2 an | nd 4? | | | | | 56 |
| 57 I: | f line 55 or 56 is Y, were adjustments made to PS&R data | for additional claims that have been billed, but are not inclu | uded on the PS&R used to file this cost report? | | | | | 57 |
| 58 I: | f line 55 or 56 is Y, were adjustments made to PS&R data | for corrections of other PS&R Report information? | • | | | | | 58 |
| 59 I: | f line 55 or 56 is Y, were adjustments made to PS&R data | for other reasons? If Y, describe the other adjustment: | | | | | | 59 |
| 60 Is | s this cost report prepared using only the provider's record | s? | | | | | | 60 |
| | | | | , | | | | |
| COST RE | EPORT PREPARER CONTACT INFORMATION | FIRST NAME | LAST NAME | | TI | TLE | | |
| | | 1 | 2 | | | 3 | | 1 |
| 70 P | PREPARER | | | | | | | 70 |
| | | NAME | | | | | | |
| | | 1 | | | | | | |
| 71 E | EMPLOYER | | | | | | | 71 |
| | | TELEPHONE NUMBER | EMAIL ADDRESS | | | | | |
| | | 1 | 2 | | | | | |
| 72 (| CONTACT INFORMATION | | | | | | | 72 |

| | NUMBER | BED DAYS | | IN | PATIENT DAY | YS | | | | DISCHARGES | S | |
|---|---------|-------------|-------------|-------------|-------------|---------|-------------|-----------|-------------|------------|----------|----------|
| | OF BEDS | AVAILABLE | TITLE V | TITLE XVIII | TITLE XIX | OTHER | TOTAL | TITLE V | TITLE XVIII | TITLE XIX | OTHER | TOTAL |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| SNF - FFS | | | | | | | | | | | | |
| SNF - HMO | | | | | | | | | | | | |
| NF - FFS | | | | | | | | | | | | |
| NF - HMO | | | | | | | | | | | | |
| ICF/IID | | | | | | | | | | | | |
| HOSPICE | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | AVERAG | GE LENGTH (| OF STAY | | | ADMISSIONS | | | | FTE | |
| | TITLE V | TITLE XVIII | TITLE XIX | OTHER | TOTAL | TITLE V | TITLE XVIII | TITLE XIX | OTHER | TOTAL | EMPLOYEE | NON-PAID |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | | | | | | | |
| SNF - FFS | | | | | | | | | | | | |
| SNF - FFS SNF - HMO | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SNF - HMO | | | | | | | | | | | | |
| SNF - HMO NF - FFS | | | | | | | | | | | | |
| 2 SNF - HMO 3 NF - FFS 4 NF - HMO | | | | | | | | | | | | |

| STAT | STICAL DATA | | PROVID | | ERIOD: ROM: | WORKSHEET S- PART II | 3 | |
|------|---|----------|------------|-------------|----------------|-------------------------|---------|----|
| | | | | | | TO: | | |
| PART | II - SNF WAGE INDEX - DIRECT SALARIES | | | | | | | |
| | | | | | | | | |
| | | | | | | | AVERAGE | |
| | | AMOUNT | RECLASS- | | | D. ID II. | HOURLY | |
| | | REPORTED | IFICATIONS | ADJUSTMENTS | TOTAL | PAID HOURS | WAGE | 4 |
| | SALARIES | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | TOTAL SALARY (SEE INSTRUCTIONS) | | | | | | | 1 |
| 2 | PHYSICIAN SALARIES-PART A | | | | | | | 2 |
| | PHYSICIAN SALARIES-PART B | | | | | | | 3 |
| | HOME OFFICE PERSONNEL | | | | | | | 4 |
| | SUM OF LINES 2 THROUGH 4 | | | | | | | 5 |
| 6 | REVISED WAGES (LINE 1 MINUS LINE 5) | | | | | | | 6 |
| 7 | HOME HEALTH AGENCY | | | | | | | 7 |
| 8 | HOSPICE | | | | | | | 8 |
| 9 | OTHER EXCLUDED AREAS | | | | | | | 9 |
| 10 | SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9) | | | | | | | 10 |
| 11 | TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10) | | | | | | | 11 |
| | OTHER WAGES AND RELATED COST | | | | | | | |
| | CONTRACT LABOR: PATIENT RELATED & MGMT | | | | | | | 12 |
| | CONTRACT LABOR: PHYSICIAN SERVICES-PART A | | | | | | | 13 |
| 14 | HOME OFFICE SALARIES AND WAGE RELATED COSTS | | | | | | | 14 |
| | WAGE RELATED COSTS | | | | | | | |
| | WAGE RELATED COSTS CORE (SEE PT. IV) | | | | | | | 15 |
| | WAGE RELATED COSTS (EXCLUDED UNITS) | | | | | | | 16 |
| | PHYSICIANS PART A - WRC | | | | | | | 17 |
| | PHYSICIANS PART B - WRC | | | | | | | 18 |
| 19 | TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUCTIONS) | | | | | | | 19 |

| STAT | ISTICAL DATA | | PROVIDER CCN: | | | ERIOD: ROM: TO: | WORKSHEET S- PART III | -3 | | |
|---|--------------------------------------|--------------------|------------------------|----------------------|-------|-----------------------|---------------------------|----|--|--|
| | | | | | | 10. | | | | |
| PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES | | | | | | | | | | |
| | | AMOUNT REPORTED | RECLASS OF SALARIES | ADJUSTED SALARIES | TOTAL | PAID HOURS | AVERAGE HOURLY WAGE | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| 1 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | 1 | | |
| 2 | ADMINISTRATIVE AND GENERAL | | | | | | | 2 | | |
| | PLANT OP, MAINT & REPAIRS | | | | | | | 3 | | |
| | LAUNDRY AND LINEN SERVICE | | | | | | | 4 | | |
| - 5 | HOUSEKEEPING | | | | | | | 5 | | |
| 6 | DIETARY | | | | | | | 6 | | |
| 7 | NURSING ADMINISTRATION | | | | | | | 7 | | |
| - 8 | CENTRAL SERVICES AND SUPPLY | | | | | | | 8 | | |
| 9 | PHARMACY | | | | | | | 9 | | |
| 10 | MEDICAL RECORDS | | | | | | | 10 | | |
| 11 | MEDICAL SOCIAL SERVICES | | | | | | | 11 | | |
| 12 | ACTIVITIES PROGRAM | | | | | | | 12 | | |
| 13 | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | 13 | | |
| 14 | TRAINING AND IN-SERVICE EDUCATION | | | | | | | 14 | | |
| 15 | DATIENT TO ANSPORTATION DADY A | | | | | | 1 | 15 | | |

Rev. 1

| STATIS | TICAL DATA | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET PART IV | T S-3 |
|--------|---|---------------|-------------------------|----------------------|---------------|
| | | | 101 | | |
| PART I | V - SNF WAGE - RELATED COSTS | | | AMOUNT | $\overline{}$ |
| | RETIREMENT COSTS | | | | |
| 1 | 401k EMPLOYER CONTRIBUTIONS | | | | 1 |
| 2 | TAX SHELTERED ANNUITY EMPLOYER CONTRIBUTION | | | | 2 |
| 3 | QUALIFIED AND NON-QUALIFIED PENSION PLAN COST | | | | 3 |
| 4 | PRIOR YEAR PENSION SERVICE COST | | | | 4 |
| - | PLAN ADMINISTRATIVE COSTS | | | | • |
| 5 | 401K/TSA PLAN ADMINISTRATION FEES | | | | 5 |
| 6 | LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN | | | | 6 |
| 7 | EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES | | | | 7 |
| | HEALTH AND INSURANCE COSTS | | | | |
| 8 | HEALTH INSURANCE | | | | 8 |
| 9 | PRESCRIPTION DRUG PLAN | | | | 9 |
| 10 | DENTAL, HEARING AND VISION PLANS | | | | 10 |
| 11 | LIFE INSURANCE | | | | 11 |
| 12 . | ACCIDENTAL INSURANCE | | | | 12 |
| 13 | DISABILITY INSURANCE | | | | 13 |
| 14 | LONG-TERM CARE INSURANCE | | | | 14 |
| 15 | WORKERS' COMPENSATION INSURANCE | | | | 15 |
| 16 | RETIREMENT HEALTH CARE COST | | | | 16 |
| | TAXES | | | - | |
| | FICA - EMPLOYER'S PORTION ONLY | | | | 17 |
| 18 | MEDICARE TAXES - EMPLOYER'S PORTION ONLY | | | | 18 |
| 19 | UNEMPLOYMENT INSURANCE | | | | 19 |
| 20 | STATE OR FEDERAL UNEMPLOYMENT TAXES | | | | 20 |
| | OTHER | · | · | | |
| | EXECUTIVE DEFERRED COMPENSATION | | | | 21 |
| | DAY CARE COST AND ALLOWANCES | · | • | | 22 |
| | TUITION REIMBURSEMENT | | • | | 23 |
| 24 | TOTAL WAGE RELATED COST | | | | 24 |

| STATI | ISTICAL DATA | PROVII | PROVIDER CCN: PERIOD: FROM: TO: | | WORKSHEET S-3 PART V | | |
|-------|--|------------|---------------------------------|----------------------|-----------------------|------------------------|----------|
| | | | , | · | | | |
| PART | V - SNF REPORTING OF DIRECT CARE EXPENDITURES | | L EL MI OVEE | A D H IOTED | I name incline | L AMERA CE | |
| | | | EMPLOYEE WAGE- | ADJUSTED SALARIES | PAID HOURS RELATED | AVERAGE HOURLY WAGE | |
| | | AMOUNT | RELATED | (COL.1 + | TO SALARY | (COL. 3 ÷ | Ï |
| | | REPORTED | COSTS | COL. 2) | IN COL. 3 | COL. 4) | Ï |
| DIREC | CT SALARIES | REFORTED 1 | 2 | 3 | 4 | 5 | ł |
| DIKE | NURSING EMPLOYEES | 1 | - | , | T | 3 | _ |
| | | | | | | | 1 |
| 2 | | | | | | | 2 |
| | CERTIFIED NURSING ASSISTANT | | | | | | 3 |
| | TOTAL NURSING EXPENDITURES | | | | | | 4 |
| | TECHNICAL / PROFESSIONAL EMPLOYEES | | | | | | |
| - 5 | PHYSICAL THERAPIST | | | | | | 5 |
| 6 | PHYSICAL THERAPY ASSISTANT | | | | | | 6 |
| 7 | OCCUPATIONAL THERAPIST | | | | | | 7 |
| - 8 | OCCUPATIONAL THERAPY ASSISTANT | | | | | | 8 |
| 9 | SPEECH-LANGUAGE PATHOLOGIST | | | | | | 9 |
| 10 | THERAPY AIDES AND STUDENTS | | | | | | 10 |
| 11 | RESPIRATORY THERAPIST | | | | | | 11 |
| 12 | OTHER MEDICAL STAFF | | | | | | 12 |
| | | | | | | | |
| CON | TRACT LABOR | | | | | | |
| | NURSING EMPLOYEES | | | | | | |
| | REGISTERED NURSE | | | | | | 15 |
| | LICENSED PRACTICAL NURSE | | | | | | 16 |
| | CERTIFIED NURSING ASSISTANT | | | | | | 17 |
| 18 | TOTAL NURSING EXPENDITURES | | | | | | 18 |
| | TECHNICAL / PROFESSIONAL EMPLOYEES | | | | | | <u> </u> |
| | PHYSICAL THERAPIST | | | | | | 19 |
| | PHYSICAL THERAPY ASSISTANT | | | | ļ | | 20 |
| | OCCUPATIONAL THERAPIST | | | | | | 21 |
| | OCCUPATIONAL THERAPY ASSISTANT SPEECH-LANGUAGE PATHOLOGIST | | | | | | 22 |
| 24 | | | | | | | 23 |
| | RESPIRATORY THERAPIST | | | | | | 25 |
| | OTHER MEDICAL STAFF | | | | | | 26 |
| 20 | OTHER MEDICAL STATE | | | <u> </u> | <u> </u> | <u> </u> | |
| HOM | E OFFICE/CHAIN ORGANIZATION | | | | | | |
| | NURSING EMPLOYEES | | | | | | |
| 29 | REGISTERED NURSE | | | | | | 29 |
| | LICENSED PRACTICAL NURSE | | | | | | 30 |
| | CERTIFIED NURSING ASSISTANT | | | | | | 31 |
| 32 | TOTAL NURSING EXPENDITURES | | | | | | 32 |
| | TECHNICAL / PROFESSIONAL EMPLOYEES | | | | | | |
| 33 | PHYSICAL THERAPIST | | | | | | 33 |
| 34 | PHYSICAL THERAPY ASSISTANT | | | | | | 34 |
| | OCCUPATIONAL THERAPIST | | | | | | 35 |
| 36 | OCCUPATIONAL THERAPY ASSISTANT | | | | | | 36 |
| 37 | | | | | | | 37 |
| 38 | | | | | | | 38 |
| | RESPIRATORY THERAPIST | | | | | | 39 |
| 40 | OTHER MEDICAL STAFF | 1 | I | I | 1 | I | 40 |

| SINT-D | ASED HOME HEALTH AGENCT STATISTICAL DATA | | | | | HHA CO | | FROM: TO: | PARTS I & II | -4 |
|--------|--|------------|---------------------|-------------|---------------------|-------------|-------------|--------------|--------------|-----|
| | | | | | | | | | | |
| PART | I - VISITS AND CENSUS DATA | | | | | | | | | |
| | | TITLE | EXVIII | TITLI | E XIX | OT | HER | | TOTAL | |
| | | MEDICARE | MEDICARE PATIENT | MEDICAID | MEDICAID PATIENT | OTHER | PATIENT | TOTAL | PATIENT | 1 |
| | | VISITS | CENSUS 2 | VISITS 3 | CENSUS 4 | VISITS 5 | CENSUS 6 | VISITS 7 | CENSUS 8 | 4 |
| 1 | SKILLED NURSING CARE - RN | 1 | | | | | | | | + - |
| | SKILLED NURSING CARE - LPN | | | | | | | | | |
| | PHYSICAL THERAPY | | | | | | | | | 1 3 |
| 4 | PHYSICAL THERAPY ASSISTANT | | | | | | | | | |
| 5 | OCCUPATIONAL THERAPY | | | | | | | | | |
| 6 | CERTIFIED OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | | - |
| 7 | SPEECH-LANGUAGE PATHOLOGY | | | | | | | | | |
| 8 | MEDICAL SOCIAL SERVICE | | | | | | | | | 1 |
| 9 | HOME HEALTH AIDE | | | | | | | | | 9 |
| 10 | ALL OTHER SERVICES | | | | | | | | | 10 |
| 11 | TOTAL VISITS | | | | | | | | | 1.1 |
| 12 | HOME HEALTH AIDE HOURS | | | | | | | | | 12 |
| 13 | UNDUPLICATED CENSUS COUNT | | | | | | | | | 13 |
| | | | | | | | | | | |
| | II - EMPLOYMENT DATA FTES | | | | | | | | | |
| 1 | NUMBER OF HOURS IN YOUR NORMAL WORK WEEK | | | | | | | | | |
| | | STAFF 1 | CONTRACT 2 | TOTAL 3 | | | | | | |
| 2 | ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) | 1 | | <u> </u> | | | | | | |
| | DIRECTOR AND ASSISTANT DIRECTOR(S) | | | | | | | _ | | |
| | OTHER ADMINISTRATIVE PERSONNEL | | | | | | | | | - |
| | NURSING SUPERVISOR | | | | | | | | | 4 |
| | REGISTERED NURSES | | | | | | | | | 1 |
| | LICENSED PRACTICAL NURSES | | | | | | | | | |
| | PHYSICAL THERAPY SUPERVISOR | | | | | | | | | 1 8 |
| 9 | PHYSICAL THERAPISTS | | | | | | | | | 9 |
| 10 | PHYSICAL THERAPY ASSISTANTS | | | | | | | | | 10 |
| 11 | OCCUPATIONAL THERAPY SUPERVISOR | | | | | | | | | 11 |
| 12 | OCCUPATIONAL THERAPISTS | | | | | | | | | 12 |
| 13 | OCCUPATIONAL THERAPY ASSISTANTS | | | | | | | | | 13 |
| 14 | SPEECH-LANGUAGE PATHOLOGY SUPERVISOR | | | | | | | | | 14 |
| 15 | SPEECH-LANGUAGE PATHOLOGISTS | | | | | | | | | 1.5 |
| 16 | MEDICAL SOCIAL SERVICES SUPERVISOR | | | | | | | | | 10 |
| 17 | MEDICAL SOCIAL SERVICES | | | | | | | | | 17 |
| 18 | HOME HEALTH AIDE SUPERVISOR | | | | | | | | | 18 |
| 19 | HOME HEALTH AIDES | | | | | | | | | 19 |
| 20 | | | | | | | | | | 20 |

| | ASED HOME HEALTH AGENCY STICAL DATA | | | PROVI | DER CCN: | PERIOD: FROM: TO: | WORKSHEET S-4 PARTS III & IV | _ | | |
|------|---|-------------------------------|------------------------------|----------------------|---------------------|-------------------------|------------------------------|---|----|---|
| DADT | HI CDC A DATA | | | | | | | | | |
| PART | III - CBSA DATA | | | 1 | 1 | | | | | _ |
| | Enter the number of CBSAs where Medicare covered HHA services were pro | | | 1 | | | | | | _ |
| 1 | List all CBSA codes where Medicare covered HHA services were provided d | | | | | | | | | 2 |
| | List all CBSA codes where Medicare covered HHA services were provided d | uring the cost reporti | ig period | | | | | | | _ |
| DADT | IV - PPS ACTIVITY DATA | | | | | | | | | _ |
| | | FULL PERIODS WITHOUT OUTLIERS | FULL PERIODS WITH OUTLIERS 2 | LUPA PERIODS 3 | PEP PERIODS 4 | TOTAL 5 | | | | _ |
| 1 | SKILLED NURSING CARE VISITS | | | | | | | | | 1 |
| 2 | SKILLED NURSING CARE CHARGES | | | | | | | | | 2 |
| 3 | PHYSICAL THERAPY VISITS | | | | | | | | | 3 |
| 4 | PHYSICAL THERAPY VISIT CHARGES | | | | | | | | | 4 |
| 5 | OCCUPATIONAL THERAPY VISITS | | | | | | | | | 5 |
| 6 | OCCUPATIONAL THERAPY VISIT CHARGES | | | | | | | | | 6 |
| 7 | SPEECH-LANGUAGE PATHOLOGY VISITS | | | | | | | | | - |
| 8 | SPEECH-LANGUAGE PATHOLOGY VISIT CHARGES | | | | | | | | | 8 |
| 9 | MEDICAL SOCIAL SERVICE VISITS | | | | | | | | | 9 |
| 10 | MEDICAL SOCIAL SERVICE VISIT CHARGES | | | | | | | | 1 | 0 |
| 11 | HOME HEALTH AIDE VISITS | | | | | | | | 1 | 1 |
| 12 | HOME HEALTH AIDE VISIT CHARGES | | | | | | | | 1: | |
| 13 | TOTAL VISITS | | | | | | | | 1. | 3 |
| 14 | OTHER CHARGES | | | | | | | | 1 | 4 |
| | TOTAL CHARGES | | | | | | | | 1 | 5 |
| 16 | TOTAL NUMBER OF PERIODS | | | | | | | | 1 | 6 |
| 17 | TOTAL NUMBER OF OUTLIER PERIODS | | | | | | | | 1 | 7 |
| 18 | TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | | | | | | | | 1 | 8 |

| SNF - BASED HOSPICE STATISTICAL DATA | | PROVIDER CCN: | PERIOD: | WORKSHEET | S-5 |
|--------------------------------------|-------------|---------------|---------|-----------|-----|
| | | | FROM: | | |
| | | HOSPICE CCN: | TO: | | |
| | | | _ | | |
| | | | | | |
| PART I - ENROLLMENT DAYS | | | | | |
| | TITLE XVIII | TITLE XIX | | | |
| | MEDICARE | MEDICAID | OTHER | TOTAL | |
| | 1 | 2 | 3 | 4 | 7 |
| 1 HOSPICE CONTINUOUS HOME CARE | | | | | 1 |
| 2 HOSPICE ROUTINE HOME CARE | | | | | 2 |
| 3 HOSPICE INPATIENT RESPITE CARE | | | | | 3 |
| 4 HOSPICE GENERAL INPATIENT CARE | | | | | 4 |
| 5 TOTAL HOSPICE DAYS | | | | | 5 |
| | | | | • | |
| PART II - CONTRACTED SERVICES | | | | | |
| | TITLE XVIII | TITLE XIX | | | |
| | MEDICARE | MEDICAID | OTHER | TOTAL | |
| | 1 | 2 | 3 | 4 | |
| 1 HOSPICE INPATIENT RESPITE CARE | | | | | 1 |
| 2 HOSPICE GENERAL INPATIENT CARE | | | | | 2 |
| 3 TOTAL CONTRACTED HOSPICE DAYS | | | | | 3 |

| 10-24 FORM | CMS-2540-24 | | | | 4995 (CC | ONT.) |
|--|-------------|-------------------|---------------|-------------------|-------------|-------|
| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET A | |
| | ı | | | | | T |
| | SALARIES | CONTRACT LABOR | LABOR | OTHER | | |

| | | | SALARIES | CONTRACT LABOR | LABOR | OTHER | CLIDTOTAL | |
|------|--------|---|----------|-------------------|---------------|------------|---------------|-----------------|
| | | | & WAGES | COSTS 2 | SUBTOTAL 3 | COSTS 4 | SUBTOTAL 5 | 4 |
| | GEN | VERAL SERVICE COST CENTERS | 1 | 2 | 3 | 4 | 3 | _ |
| 1 | 0100 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | 1 |
| 2 | 0200 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | 2 |
| 3 | 0300 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 3 |
| 4 | 0400 | ADMINISTRATIVE AND GENERAL | | | | | | 4 |
| 5 | 0500 | PLANT OP, MAINT & REPAIRS | | | | | | 5 |
| 6 | 0600 | LAUNDRY AND LINEN SERVICE | | | | | | 6 |
| 7 | 0700 | HOUSEKEEPING | | | | | | 7 |
| - 8 | 0800 | DIETARY | | | | | | 8 |
| 9 | 0900 | NURSING ADMINISTRATION | | | | | | 9 |
| 10 | 1000 | CENTRAL SERVICES AND SUPPLY | | | | | | 10 |
| 11 | 1100 | PHARMACY | | | | | | 11 |
| 12 | 1200 | MEDICAL RECORDS | | | | | | 12 |
| 13 | 1300 | MEDICAL SOCIAL SERVICES | | | | | | 13 |
| 14 | 1400 | ACTIVITIES PROGRAM | | | | | | 14 |
| 15 | 1500 | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | 15 |
| 16 | 1600 | TRAINING AND IN-SERVICE EDUCATION | | | | | | 16 |
| 17 | 1700 | PATIENT TRANSPORTATION PART A | | | | | | 17 |
| 18 | 1800 | THIERT HAROLORIMION THAT A | | | | | | 18 |
| - 10 | | ATIENT ROUTINE NURSING COST CENTERS | | | | | | 10 |
| 25 | | SKILLED NURSING FACILITY | | | | | | 25 |
| 26 | | NURSING FACILITY | | | | | | 26 |
| 27 | 2700 | ICF/IID | | | | | | 27 |
| | | CILLARY SERVICE COST CENTERS | | | | | | |
| 30 | 3000 | RADIOLOGY - DIAGNOSTIC | | | | | | 30 |
| 31 | 3100 | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | 31 |
| 32 | 3200 | LABORATORY | | | | | | 32 |
| 33 | 3300 | INTRAVENOUS THERAPY | | | | | | 33 |
| 34 | 3400 | RESPIRATORY THERAPY | | | | | | 34 |
| 35 | 3500 | PHYSICAL THERAPY | | | | | | 35 |
| 36 | 3600 | OCCUPATIONAL THERAPY | | | | | | 36 |
| 37 | 3700 | SPEECH LANGUAGE PATHOLOGIST | | | | | | 37 |
| 38 | 3800 | AUDIOLOGY | | | | | | 38 |
| 39 | 3900 | ELECTROCARDIOLOGY | | | | | | 39 |
| 40 | 4000 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | 40 |
| 41 | 4100 | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | 41 |
| 42 | 4200 | DRUGS: IV SOLUTIONS | | | | | | 42 |
| 43 | 4300 | DENTAL CARE | | | | | | 43 |
| 44 | 4400 | APPLIANCES AND EQUIPMENT | | | | | | 44 |
| 45 | 4500 | BLOOD AND BLOOD PRODUCTS | | | | | | 45 |
| 46 | 4600 | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | 46 |
| 47 | 4700 | *************************************** | | | | | | 47 |
| ., | .,,,,, | | | | · | ! | | |

| T) C(T | CONT | 1 OKW CW3-23-0-2- | • | | | | 10-24 |
|--------|---------|--|------------|---------------|-------------------------|-------------|-------------|
| RECLAS | SIFICAT | ON AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET A | |
| | | | | | | | |
| | | | | T T | | EXPENSES | _ |
| | | | | RECLASSIFIED | | FOR | |
| | | | RECLASS- | TRIAL | ADJUST- | COST | |
| | | | IFICATIONS | BALANCE | MENTS | ALLOCATION | |
| | | | 6 | 7 | 8 | 9 | † |
| | GEN | VERAL SERVICE COST CENTERS | | | - | | |
| 1 | 0100 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | 1 |
| 2 | 0200 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | 2 |
| 3 | 0300 | EMPLOYEE BENEFITS DEPARTMENT | | | | | 3 |
| 4 | 0400 | ADMINISTRATIVE AND GENERAL | | | | | 4 |
| 5 | 0500 | PLANT OP, MAINT & REPAIRS | | | | | 5 |
| 6 | 0600 | LAUNDRY AND LINEN SERVICE | | | | | 6 |
| 7 | 0700 | HOUSEKEEPING | | | | | 7 |
| 8 | | DIETARY | | | | | 8 |
| 9 | 0900 | NURSING ADMINISTRATION | | | | | 9 |
| 10 | | CENTRAL SERVICES AND SUPPLY | | | | | 10 |
| 11 | | PHARMACY | | | | | 11 |
| 12 | | MEDICAL RECORDS | | | | | 12 |
| 13 | | MEDICAL SOCIAL SERVICES | | | | | 13 |
| 14 | | ACTIVITIES PROGRAM | | | | | 14 |
| 15 | | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | 15 |
| 16 | | TRAINING AND IN-SERVICE EDUCATION | | | | | 16 |
| 17 | | PATIENT TRANSPORTATION PART A | | | | | 17 |
| 18 | 1800 | | | | | | 18 |
| | | ATIENT ROUTINE NURSING COST CENTERS | | | | | 4 |
| 25 | | SKILLED NURSING FACILITY | | | | | 25 |
| 26 | | NURSING FACILITY | | | | | 26 |
| 27 | | ICF/IID | | | | | 27 |
| | | CILLARY SERVICE COST CENTERS | | | | | |
| 30 | | RADIOLOGY - DIAGNOSTIC | | | | | 30 |
| 31 | | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | 31 |
| 32 | | LABORATORY | | | | | 32 |
| 33 | | INTRAVENOUS THERAPY | | | | | 33 |
| 34 | | RESPIRATORY THERAPY | | | | | 34 |
| 35 | | PHYSICAL THERAPY | | | | | 35 |
| 36 | | OCCUPATIONAL THERAPY | | | | | 36 |
| 37 | 3700 | SPEECH LANGUAGE PATHOLOGIST | l | 1 | | 1 | 3/ |

38 3800

AUDIOLOGY

DENTAL CARE

ELECTROCARDIOLOGY

DRUGS: IV SOLUTIONS

APPLIANCES AND EQUIPMENT

BLOOD AND BLOOD PRODUCTS

MEDICAL SUPPLIES CHARGED TO PATIENTS
DRUGS: DRUGS CHARGED TO PATIENTS

BLOOD TRANSFUSION/PROCESSING/STORAGE

| RECLAS | SIFICAT | ION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET A | |
|--------|---------|---|---------------------|----------------------------|-------------------|---------------------|---------------------------------------|-----|
| | | | SALARIES & WAGES | CONTRACT LABOR COSTS | LABOR SUBTOTAL | OTHER COSTS 4 | SUBTOTAL 5 | |
| | OU' | TPATIENT SERVICE COST CENTERS | | | | | | |
| 60 | 6000 | SCREENING & PREVENTIVE SERVICES | | | | | | 60 |
| 61 | 6100 | OUTPATIENT LABORATORY | | | | | | 61 |
| 62 | 6200 | PORTABLE X-RAY SERVICES | | | | | | 62 |
| 63 | 6300 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | 63 |
| 64 | 6400 | | | | | | | 64 |
| | OU' | TPATIENT REIMBURSABLE COST CENTERS | | | | | | |
| 70 | 7000 | HOME HEALTH AGENCY | | | | | | 70 |
| 71 | 7100 | AMBULANCE | | | | | | 71 |
| 72 | 7200 | HOSPICE | | | | | | 72 |
| 73 | 7300 | CORF | | | | | | 73 |
| 74 | 7400 | OPT | | | | | | 74 |
| 75 | 7500 | OOT | | | | | | 75 |
| 76 | 7600 | OSP | | | | | | 76 |
| 77 | 7700 | | | | | | | 77 |
| | | ST REIMBURSED SERVICES COST CENTERS | | | | | | |
| 80 | 8000 | PREVENTIVE VACCINES | | | | | | 80 |
| 81 | 8100 | | | | | | | 81 |
| 89 | | SUBTOTAL | | | | | | 89 |
| | NO1 | NREIMBURSABLE COST CENTERS | | | | | | |
| 90 | | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | · · · · · · · · · · · · · · · · · · · | 90 |
| 91 | 9100 | NONPAID WORKERS | | | | | | 91 |
| 92 | 9200 | PHYSICIAN PRIVATE OFFICES | | | | | | 92 |
| 93 | 9300 | | | | | | | 93 |
| 100 | | TOTAL | | | | | | 100 |

100

| RECLAS | SIFICAT | ION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET A | |
|--------|---------|---|-----------------------------|----------------------------------|-------------------------|--------------------------------|-----|
| | | | RECLASS- IFICATIONS 6 | RECLASSIFIED TRIAL BALANCE | ADJUST- MENTS 8 | EXPENSES FOR COST ALLOCATION 9 | |
| | OU' | FPATIENT SERVICE COST CENTERS | | | | | |
| 60 | 6000 | SCREENING & PREVENTIVE SERVICES | | | | | 60 |
| 61 | 6100 | OUTPATIENT LABORATORY | | | | | 61 |
| 62 | 6200 | PORTABLE X-RAY SERVICES | | | | | 62 |
| 63 | 6300 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | 63 |
| 64 | 6400 | | | | | | 64 |
| | OU' | TPATIENT REIMBURSABLE COST CENTERS | | | | | |
| 70 | 7000 | HOME HEALTH AGENCY | | | | | 70 |
| 71 | 7100 | AMBULANCE | | | | | 71 |
| 72 | 7200 | HOSPICE | | | | | 72 |
| 73 | 7300 | CORF | | | | | 73 |
| 74 | 7400 | OPT | | | | | 74 |
| 75 | 7500 | OOT | | | | | 75 |
| 76 | 7600 | OSP | | | | | 76 |
| 77 | 7700 | | | | | | 77 |
| | COS | ST REIMBURSED SERVICES COST CENTERS | | | | | |
| 80 | | PREVENTIVE VACCINES | | | | | 80 |
| 81 | 8100 | | | | | | 81 |
| 89 | | SUBTOTAL | | | | | 89 |
| | | NREIMBURSABLE COST CENTERS | | | | | |
| 90 | | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | 90 |
| 91 | 9100 | NONPAID WORKERS | | | | | 91 |
| 92 | 9200 | PHYSICIAN PRIVATE OFFICES | | | | | 92 |
| 93 | 9300 | | | | | | 93 |
| 100 | | TOTAL | | | | | 100 |

| 10-24 | 1 Oldvi Civi5-2540-24 | | | 4773 (CONT |
|-------------------|-----------------------|---------------|---------|---------------|
| RECLASSIFICATIONS | | PROVIDER CCN: | PERIOD: | WORKSHEET A-6 |
| | | | FROM: | |
| | | | TO: | |
| | | | | |

| | | Т | INCREASES | | | DECREASES | | | | | |
|----|---------------------------------|------|-----------|--------|--------|-----------|--------|---------------|--------|-------|----------|
| | | | COST | | | | COST | | | | 1 |
| | EXPLANATION OF RECLASSIFICATION | CODE | CENTER | LINE # | SALARY | OTHER | CENTER | LINE # | SALARY | OTHER | _ |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1 | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| 9 | | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | 12 |
| 13 | | | | | | | | | | | 13 |
| 14 | | | | | | | | | | | 14 |
| 15 | | | | | | | | | | | 15 |
| 16 | | | | | | | | | | | 16 |
| 17 | | | | | | | | | | | 17 |
| 18 | | | | | | | | | | | 18 |
| 19 | | | | | | | | | | | 19 |
| 20 | | | | | | | | | | | 20 |
| 21 | | | | | | | | | | | 21 |
| 22 | | | | | | | | | | | 22 |
| 23 | | | | | | | | | | | 23 |
| 24 | | | | | | | | | | | 24 |
| 25 | | | | | | | | | | | 24 25 |
| 26 | | | | | | | | | | | 26 |
| 27 | | | | | | 1 | | 1 | | | 27 |
| 28 | | | | | | 1 | | | | | 28 |
| 29 | | | | | | 1 | | | | | 29 |
| 30 | | | | | | | | | | | 30 |
| 31 | | | | | | | | | | | 31 |
| 32 | | | | | | | | | | | 32 |
| 33 | | | | | | | | | | | 33 |
| 34 | | | | | | | | $\overline{}$ | | | 34 |
| 35 | | | | | | | | 1 | | | 34 35 |
| | AL RECLASSIFICATIONS | | | | | | | | | | 500 |

| RECO | NCILIATION OF CAPITAL COST CENTERS | | | | | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET A- | -7 |
|------|---|------------------|-----------|--------------|-----------|------------------|--------------------------|----------------------|----|
| DADE | A ANALYSIS OF CHANGES BY CARRELL ASSET BAL | ANGEG | | | | | | | |
| PART | I - ANALYSIS OF CHANGES IN CAPITAL ASSET BAL | BEGINNING | | ACQUISITIONS | | DISPOSALS AND | l l | FULLY DEPRECIATED | |
| | | BALANCE | PURCHASES | DONATIONS | TOTAL | RETIREMENTS | BALANCE | ASSETS | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | LAND | | | | | | | | 1 |
| | LAND IMPROVEMENTS | | | | | | | | 2 |
| | BUILDINGS AND FIXTURES | | | | | | | | 3 |
| 4 | BUILDING IMPROVEMENTS | | | | | | | | 4 |
| 5 | FIXED EQUIPMENT | | | | | | | | 5 |
| 6 | MOVABLE EQUIPMENT | | | | | | | | 6 |
| 7 | SUBTOTAL | | | | | | | | 7 |
| 8 | RECONCILING ITEMS | | | | | | | , | 8 |
| 9 | TOTAL | | | | | | | | 9 |
| | | | | | | | | | |
| PART | II - RECONCILIATION OF CAPTIAL COST CENTERS (| SUMMARY OF CAPIT | AL) | | | | | | |
| | | | | | | | OTHER CAPITAL RELATED | | |
| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | COSTS | TOTAL |] |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1 | CAPITAL RELATED COSTS - BUILDINGS & FIXTURES | | | | | | | | 1 |
| 2 | CAPITAL RELATED COSTS - MOVABLE EQUIPMENT | | | | | | | | 2 |
| 3 | TOTAL | | | | | | | | 3 |

| 10-24 | 1 Oldvi Civi3-2540-24 | | 4773 (CONT.) |
|-------------------------|-----------------------|-----------|---------------|
| ADJUSTMENTS TO EXPENSES | PROVIDER CCN | : PERIOD: | WORKSHEET A-8 |
| | | FROM: | |
| | | TO: | |
| | | | |

| | | | | WORKSHEET A | | $\overline{}$ |
|-----|---|------------|--------|-------------|------|---------------|
| | | | | | LINE | 1 |
| | DESCRIPTION OF ADJUSTMENT | BASIS | AMOUNT | COST CENTER | NO. | |
| | 1 | 2 | 3 | 4 | 5 | 1 |
| 1 | INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2) | | | | | 1 |
| 2 | TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTER 8) | | | | | 2 |
| 3 | REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8) | | | | | 3 |
| 4 | RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8) | | | | | 4 |
| 5 | TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21) | | | | | 5 |
| 6 | TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21) | | | | | 6 |
| 7 | PARKING LOT (CMS PUB. 15-1, CHAPTER 21) | | | | | 7 |
| 8 | REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | | | | 8 |
| 9 | SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23) | | | | | 9 |
| 10 | RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPTER 10) | WKST A-8-1 | | | | 10 |
| 11 | LAUNDRY AND LINEN SERVICE | | | | | 11 |
| 12 | REVENUE - EMPLOYEE MEALS | | | | | 12 |
| 13 | COST OF MEALS - GUESTS | | | | | 13 |
| 14 | SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 14 |
| 15 | SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | 15 |
| 16 | REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS | | | | | 16 |
| 17 | VENDING MACHINES | | | | | 17 |
| 18 | INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21) | | | | | 18 |
| 19 | INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS | | | | | 19 |
| 20 | DEPRECIATIONBUILDINGS AND FIXTUES | | | CRC-B&F | 1 | 20 |
| 21 | DEPRECIATIONMOVABLE EQUIPMENT | | | CRC-ME | 2 | 21 |
| 22 | SHORT TERM INPATIENT HOSPICE CARE | | | | | 22 |
| 23 | HOSPICE NON-CORE CONTRACTED SERVICES | | | | | 23 |
| 24 | | | | | | 24 |
| 25 | | | | | | 25 |
| 26 | | | | | | 26 |
| 27 | | | | | | 27 |
| 28 | | | | | | 28 |
| 29 | | | | | | 29 |
| 30 | | | | | | 30 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 100 | TOTAL | | | | | 100 |

| 4993 (CON1.) | FORM CMS-2340-24 | | | 10-22 |
|---|------------------|---------------|---------|-----------------|
| RELATED ORGANIZATIONS AND HOME OFFICE COSTS | | PROVIDER CCN: | PERIOD: | WORKSHEET A-8-1 |
| | | | FROM: | PARTS I & II |
| | | | TO: | |
| | | | | |

| PART | I - COSTS IN | CURRED AND ADJUSTMEN | TS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZAT | IONS OR CLAIM | ED HOME OFFICE C | OSTS | | |
|------|--------------|----------------------|--|---------------|---------------------|-----------------------|------------|-------------|
| | WORKS | SHEET A COST CENTER | | LINE # ON | AMOUNT ALLOWABLE | AMOUNT INCLUDED IN | NET | |
| | LINE # | DESCRIPTION | EXPENSE ITEM | PART II | IN COST | WKST. A, COL. 9 | ADJUSTMENT | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <u> </u> |
| 1 | | | | | | | | 1 |
| 2 | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | | | | | | | | 7 |
| - 8 | | | | | | | | 8 |
| 9 | | | | | | | | 9 |
| 10 | | | | | | | | 10 |
| | | | | | | | | ├ |
| - | | | | | | | | ├ ── |
| | | | | | | | | |
| | | | | | | | | ├ |
| 100 | TOTAL | | | | | | | 100 |
| 100 | TOTAL | | | | | | | 100 |

| | INTERRELA- | INTERRELATIONSHIP | | | RELATED ORGANIZATIONS | | | | | | |
|----|------------|----------------------|------|--------------|-----------------------|-----------------|--------------|------------------|----|--|--|
| | TIONSHIP | DESCRIPTION | | PERCENTAGE | | MEDICARE CCN OR | PERCENTAGE | | | | |
| | INDICATOR | (IF COLUMN $1 = G$) | NAME | OF OWNERSHIP | NAME | HOME OFFICE # | OF OWNERSHIP | TYPE OF BUSINESS | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | |
| 1 | | | | | | | | | 1 | | |
| 2 | | | | | | | | | 2 | | |
| 3 | | | | | | | | | 3 | | |
| 4 | | | | | | | | | 4 | | |
| 5 | | | | | | | | | 5 | | |
| 6 | | | | | | | | | 6 | | |
| 7 | | | | | | | | | 7 | | |
| 8 | | | | | | | | | 8 | | |
| 9 | | | | | | | | | 9 | | |
| 10 | | | | | | | | | 10 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | _ | | | | | | | | | |
| | | | | | | | | | | | |
| 50 | | | | | | | | | 50 | | |

| PROVI | DER - BA | ASED PHYSICIAN ADJUSTMENTS | | | | | PROVII | | ERIOD: FROM: TO: | WORKSHEET A- | -8-2 |
|-------|--------------------------|------------------------------------|----------------------|--------------------------------|----------------------------|-----------------------|--|-----------------------------|------------------------------|--|--|
| | WKST A LINE NO. | SPECIALTY / PHYSICIAN IDENTIFIER 2 | TOTAL REMUNERATION 3 | PROFESSIONAL COMPONENT 4 | PROVIDER COMPONENT 5 | RCE AMOUNT 6 | ACTUA PROFESSIONAL SERVICES 7 | L HOURS PROVIDER SERVICES 8 | UNADJUSTED RCE LIMIT 9 | FIVE PERCENT OF UNADJUSTED RCE LIMIT 10 | |
| 1 | | | | | | | | | | | <u> </u> |
| 3 | | | | | | | | | | | - 4 |
| 4 | | | | | | | | | | + | 1 |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | _ (|
| 7 | | | | | | | | | | <u> </u> | |
| 8 | | | | | | | | | | <u> </u> | 1 3 |
| 10 | | | + | | | | | | + | | 10 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 100 | | TOTAL V | | | | | | | | <u> </u> | 100 |
| 100 | | TOTAL | | | | | | | | | 100 |
| | WKST A | | | RSHIPS & IUING ED | | ACTICE RANCE | | RCE | | | |
| | LINE NO. | SPECIALTY / PHYSICIAN IDENTIFIER | COST | PROVIDER COMPONENT | COST | PROVIDER COMPONENT | ADJUSTED RCE LIMIT | DISALLOW- ANCE | ADJUSTMENT | | |
| | 1 | 2 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 1 | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 5 | | | | | | | | | | | - |
| 6 | | | | | | | | | | | - |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | 10 |
| | | | | | | | | | | | - |
| | | | + | | | | 1 | | | | - |
| | | | | | | | | | | | |
| 100 | | TOTAL | | | | 1 | | 1 | | | 100 |

| ALLOCATION OF GENERAL SERVICES COSTS | PROVIDER CCN: | PERIOD: | WORKSHEET B |
|--------------------------------------|---------------|---------|-------------|
| | | FROM: | PART I |
| | | TO: | |
| | | | |

| | | NET | | I | T | I | I | | I | $\overline{}$ |
|----|--|------------|------|------|------------|--------------|-----|-----------|---------|---------------|
| | | EXPENSES | | | EMPLOYEE | | | PLANT OP, | LAUNDRY | |
| | | FOR COST | CRC- | CRC- | BENEFITS | | | MAINT & | & LINEN | |
| | | ALLOCATION | B&F | ME | DEPARTMENT | SUBTOTAL | A&G | REPAIRS | SERVICE | |
| | | 0 | 1 | 2 | 3 | 3A | 4 | 5 | 6 | 4 |
| | GENERAL SERVICE COST CENTERS | U | 1 | 2 | 3 | JA | 4 | 3 | 0 | _ |
| | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4 |
| | PLANT OP, MAINT & REPAIRS | | | | | | | | | 5 |
| | LAUNDRY AND LINEN SERVICE | | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | | 7 |
| | DIETARY | | | | - | | | + | | 8 |
| | NURSING ADMINISTRATION | 1 | | | | | - | + | - | 9 |
| | CENTRAL SERVICES AND SUPPLY | + | | - | | | - | + | - | 10 |
| | | | | | | | | - | | 11 |
| | PHARMACY MEDICAL RECORDS | | | | + | | | + | | 12 |
| | | | | | | | | | | |
| | MEDICAL SOCIAL SERVICES | | | | | | | | | 13 |
| | ACTIVITIES PROGRAM | | | | | | | | | 14 |
| | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | | | 15 |
| | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | | 16 |
| | PATIENT TRANSPORTATION PART A | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | | | | |
| | SKILLED NURSING FACILITY | | | | | | | | | 25 |
| | NURSING FACILITY | | | | | | | | | 26 |
| 27 | ICF/IID | | | | | | | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | 4 |
| | RADIOLOGY - DIAGNOSTIC | | | | | | | | | 30 |
| | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | | 31 |
| | LABORATORY | | | | | | | | | 32 |
| | INTRAVENOUS THERAPY | | | | | | | | | 33 |
| | RESPIRATORY THERAPY | | | | | | | | | 34 |
| | PHYSICAL THERAPY | | | | | | | | | 35 |
| | OCCUPATIONAL THERAPY | | | | | | | | | 36 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | 37 |
| | AUDIOLOGY | | | | | | | | | 38 |
| | ELECTROCARDIOLOGY | | | | | | | | | 39 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | 40 |
| 41 | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | | 41 |
| 42 | DRUGS: IV SOLUTIONS | | | | | | | | | 42 |
| 43 | DENTAL CARE | | | | | | | | | 43 |
| 44 | APPLIANCES AND EQUIPMENT | | | | | | | | | 44 |
| 45 | BLOOD AND BLOOD PRODUCTS | | | | | | | | | 45 |
| 46 | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | | | | 46 |
| 47 | | | | | | | | | | 47 |

| 10-24 | 1 OKW CW3-2340-24 | | | 4993 (CONT. |
|--------------------------------------|-------------------|-------|---------|-------------|
| ALLOCATION OF GENERAL SERVICES COSTS | PROVIDER C | CN: F | PERIOD: | WORKSHEET B |
| | | | FROM: | PART I |
| | | | TO: | |
| | | | | |

| | | NET EXPENSES FOR COST ALLOCATION | CRC- B&F | CRC- ME | EMPLOYEE BENEFITS DEPARTMENT | SUBTOTAL | A&G | PLANT OP, MAINT & REPAIRS | LAUNDRY & LINEN SERVICE | |
|------|---|----------------------------------|-------------|------------|------------------------------------|----------|-----|---------------------------------|-------------------------------|------------------|
| | OUTPATIENT SERVICE COST CENTERS | 0 | 1 | 2 | 3 | 3A | 4 | 5 | 6 | — |
| | SCREENING & PREVENTIVE SERVICES | | | | | | | | | |
| | | | | | | | | | | 60 |
| 61 | OUTPATIENT LABORATORY PORTABLE X-RAY SERVICES | | | | | | | | | 61 |
| | | | | | | | | | | |
| 63 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | | 63 |
| 64 | OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | | 64 |
| 70 | HOME HEALTH AGENCY | | | | | | | | | 70 |
| | AMBULANCE | | | | | | | | | 70 |
| | HOSPICE | | | | | | | | | 72 |
| 73 | CORF | | | | | | | | | 73 |
| 74 | OPT | | | | | | | | | 74 |
| 75 | OOT | | | | | | | | | 75 |
| 76 | OSP | | | | | | | | | 76 |
| 77 | OSF | | | | | | | | | 77 |
| | COST REIMBURSED SERVICES COST CENTERS | | | | | | | | | - ''- |
| 80 | PREVENTIVE VACCINES | | | | | | | | | 80 |
| 81 | TREVENTIVE VACCINES | | | | | | | | | 81 |
| | SUBTOTAL | | | | | | | | | 89 |
| - 07 | NONREIMBURSABLE COST CENTERS | | | | | | | | | - 0, |
| 90 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | | 90 |
| 91 | NONPAID WORKERS | | | | | | | | | 91 |
| 92 | PHYSICIAN PRIVATE OFFICES | | | | | | | | | 92 |
| 93 | | | | | | | | | | 93 |
| 98 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98 |
| 99 | NEGATIVE COST CENTER | | | | | | | | | 99 |
| | TOTAL | | | | | | | | | 100 |

| 12.20 () | | | |
|--------------------------------------|---------------|---------|-------------|
| ALLOCATION OF GENERAL SERVICES COSTS | PROVIDER CCN: | PERIOD: | WORKSHEET B |
| | | FROM: | PART I |
| | | TO: | |
| | | | |

| | | HOUSE- KEEPING | DIETARY | NURSING ADMIN | CENTRAL SERVICE & SUPPLY | PHARMACY | MEDICAL RECORDS | MEDICAL SOCIAL SERVICE | ACTIVITIES PROGRAM | |
|----|--|-------------------|---------|------------------|--------------------------------|----------|--------------------|------------------------------|-----------------------|----------|
| | CENTER AT GERNAGE GOOT CENTERS | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | <u> </u> |
| | GENERAL SERVICE COST CENTERS | | | | | | | | | <u> </u> |
| | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4 |
| | PLANT OP, MAINT & REPAIRS | | | | | | | | | 5 |
| | LAUNDRY AND LINEN SERVICE | | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | | 7 |
| | DIETARY | | | | | | | | | 8 |
| | NURSING ADMINISTRATION | | | | | | | | | 9 |
| | CENTRAL SERVICES AND SUPPLY | | | | | | | | | 10 |
| | PHARMACY | | | | | | | | | 11 |
| | MEDICAL RECORDS | | | | | | | | | 12 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | | 13 |
| | ACTIVITIES PROGRAM | | | | | | | | | 14 |
| | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | | | 15 |
| | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | | 16 |
| 17 | PATIENT TRANSPORTATION PART A | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | | | | |
| | SKILLED NURSING FACILITY | | | | | | | | | 25 |
| 26 | NURSING FACILITY | | | | | | | | | 26 |
| 27 | ICF/IID | | | | | | | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 30 | RADIOLOGY - DIAGNOSTIC | | | | | | | | | 30 |
| 31 | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | | 31 |
| 32 | LABORATORY | | | | | | | | | 32 |
| 33 | INTRAVENOUS THERAPY | | | | | | | | | 33 |
| 34 | RESPIRATORY THERAPY | | | | | | | | | 34 |
| | PHYSICAL THERAPY | | | | | | | | | 35 |
| 36 | OCCUPATIONAL THERAPY | | | | | | | | | 36 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | 37 |
| 38 | AUDIOLOGY | | | | | | | | | 38 |
| 39 | ELECTROCARDIOLOGY | | | | | | | | | 39 |
| 40 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | 40 |
| 41 | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | | 41 |
| 42 | DRUGS: IV SOLUTIONS | | | | | | | | | 42 |
| 43 | DENTAL CARE | | | | | | | | | 43 |
| 44 | APPLIANCES AND EQUIPMENT | | | | | | | | | 44 |
| 45 | BLOOD AND BLOOD PRODUCTS | | | | | | | | | 45 |
| 46 | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | | | | 46 |
| 47 | | | | | | | | | | 47 |

| 10-24 | 1 OKW CW3-2340-24 | | 4333 (CON 1. |
|--------------------------------------|-------------------|------------|--------------|
| ALLOCATION OF GENERAL SERVICES COSTS | PROVIDER CC | N: PERIOD: | WORKSHEET B |
| | | FROM: | PART I |
| | | TO: | |
| | | | |

| | | HOUSE- KEEPING | DIETARY | NURSING ADMIN | CENTRAL SERVICE & SUPPLY | PHARMACY | MEDICAL RECORDS | MEDICAL SOCIAL SERVICE | ACTIVITIES PROGRAM | |
|------|---------------------------------------|-------------------|---------|------------------|--------------------------------|----------|--------------------|------------------------------|-----------------------|-----------------|
| | OUTPATIENT SERVICE COST CENTERS | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | _ |
| | SCREENING & PREVENTIVE SERVICES | | | | | | | | | 60 |
| 61 | OUTPATIENT LABORATORY | | | | | | | | | 61 |
| 62 | PORTABLE X-RAY SERVICES | | | | | | | | | 62 |
| 63 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | | 63 |
| 64 | OUT ATTENT DURABLE MEDICAL EQUITMENT | | | | | | | | | 64 |
| - 04 | OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | | - 04 |
| 70 | HOME HEALTH AGENCY | | | | | | | | | 70 |
| 71 | | | | | | | | | | 71 |
| | HOSPICE | | | | | | | | | 72 |
| | CORF | | | | | | | | | 73 |
| | OPT | | | | | | | | | 74 |
| 75 | OOT | | | | | | | | | 75 |
| 76 | OSP | | | | | | | | | 76 |
| 77 | | | | | | | | | | 77 |
| | COST REIMBURSED SERVICES COST CENTERS | | | | | | | | | |
| 80 | PREVENTIVE VACCINES | | | | | | | | | 80 |
| 81 | | | | | | | | | | 81 |
| 89 | SUBTOTAL | | | | | | | | | 89 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 90 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | | 90 |
| 91 | NONPAID WORKERS | | | | | | | | | 91 |
| 92 | PHYSICIAN PRIVATE OFFICES | | | | | | | | | 92 |
| 93 | | | | | | | | | | 93 |
| 98 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98 |
| 99 | NEGATIVE COST CENTER | | | | | | | | | 99 |
| 100 | TOTAL | | | | | | | | | 100 |

| .,,,, | 1 014/1 01/12 20 10 2 1 | | 10 = |
|--------------------------------------|-------------------------|---------|-------------|
| ALLOCATION OF GENERAL SERVICES COSTS | PROVIDER CCN: | PERIOD: | WORKSHEET B |
| | | FROM: | PART I |
| | | TO: | |
| | | | |

| | | QUALITY & PERFORM IMPROV PGM | TRAINING & IN-SERVICE EDUCATION 16 | PATIENT TRANSPORT PART A | OTHER GENERAL SERVICE 18 | SUBTOTAL | POST STEPDOWN ADJ 20 | TOTAL 21 | |
|----|--|------------------------------|------------------------------------|--------------------------------|-----------------------------------|----------|-------------------------------|-------------|----|
| | GENERAL SERVICE COST CENTERS | 13 | 10 | 17 | 16 | 19 | 20 | 21 | |
| | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | 1 |
| | CAPITAL RELATED - BUILDINGS & FIX TURES CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | 2 |
| | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | 3 |
| | ADMINISTRATIVE AND GENERAL | | | | | | | | 4 |
| | PLANT OP, MAINT & REPAIRS | | | | | | | | 5 |
| | LAUNDRY AND LINEN SERVICE | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | 7 |
| | | | | | | | | | 8 |
| | DIETARY NURSING ADMINISTRATION | | | | | | | | 9 |
| | | | | | | | | | 10 |
| | CENTRAL SERVICES AND SUPPLY | | | | | | | | |
| | PHARMACY MEDICAL RECORDS | | | | | | | | 11 |
| | MEDICAL RECORDS | | | | | | | | 12 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | 13 |
| | ACTIVITIES PROGRAM | | | | | | | | 14 |
| | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | | |
| | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | 16 |
| | PATIENT TRANSPORTATION PART A | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | | | |
| | SKILLED NURSING FACILITY | | | | | | | | 25 |
| | NURSING FACILITY | | | | | | | | 26 |
| 27 | ICF/IID | | | | | | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| | RADIOLOGY - DIAGNOSTIC | | | | | | | | 30 |
| | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | 31 |
| | LABORATORY | | | | | | | | 32 |
| | INTRAVENOUS THERAPY | | | | | | | | 33 |
| | RESPIRATORY THERAPY | | | | | ļ | | | 34 |
| | PHYSICAL THERAPY | - | | | | | - | | 35 |
| | OCCUPATIONAL THERAPY | | | | | | | | 36 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | 37 |
| | AUDIOLOGY | | | | | | | | 38 |
| | ELECTROCARDIOLOGY | | | | | | | | 39 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | 40 |
| | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | 41 |
| | DRUGS: IV SOLUTIONS | | | | | | | | 42 |
| | DENTAL CARE | - | | | | | ļ | | 43 |
| | APPLIANCES AND EQUIPMENT | | | | | | | | 44 |
| | BLOOD AND BLOOD PRODUCTS | | | | | | | | 45 |
| 46 | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | | | 46 |
| 47 | | | | | | | | | 47 |

| 10-24 | FORM CM3-2340-24 | | | 4993 (CONT. |
|--------------------------------------|------------------|------|---------|-------------|
| ALLOCATION OF GENERAL SERVICES COSTS | PROVIDER | CCN: | PERIOD: | WORKSHEET B |
| | | | FROM: | PART I |
| | | | TO: | |
| | | | | |

| | | QUALITY & PERFORM IMPROV PGM | TRAINING & IN-SERVICE EDUCATION | PATIENT TRANSPORT PART A | OTHER GENERAL SERVICE | SUBTOTAL | POST STEPDOWN ADJ | TOTAL | | |
|-----|---------------------------------------|------------------------------|---------------------------------------|--------------------------------|-----------------------------|----------|-------------------------|-------|---|-----|
| | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | ĺ | |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 | SCREENING & PREVENTIVE SERVICES | | | | | | | | | 60 |
| 61 | OUTPATIENT LABORATORY | | | | | | | | | 61 |
| 62 | PORTABLE X-RAY SERVICES | | | | | | | | | 62 |
| 63 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | | 63 |
| 64 | | | | | | | | | | 64 |
| | OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | | |
| | HOME HEALTH AGENCY | | | | | | | | | 70 |
| | AMBULANCE | | | | | | | | | 71 |
| | HOSPICE | | | | | | | | | 72 |
| 73 | CORF | | | | | | | | | 73 |
| 74 | OPT | | | | | | | | | 74 |
| 75 | OOT | | | | | | | | | 75 |
| 76 | OSP | | | | | | | | | 76 |
| 74 | | | | | | | | | | 77 |
| | COST REIMBURSED SERVICES COST CENTERS | | | | | | | | | |
| | PREVENTIVE VACCINES | | | | | | | | | 80 |
| 81 | | | | | | | | | | 81 |
| 89 | SUBTOTAL | | | | | | | | | 89 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | | 90 |
| | NONPAID WORKERS | | | | | | | | | 91 |
| | PHYSICIAN PRIVATE OFFICES | | | | | | | | | 92 |
| 93 | | | | | | | | | | 93 |
| | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98 |
| | NEGATIVE COST CENTER | | | | | | | | | 99 |
| 100 | TOTAL | | | | | | | | | 100 |

| 4993 (CON1.) | 1 OKW CW15-2540-24 | | | 10-2- |
|-------------------------------------|--------------------|---------------|---------|-------------|
| ALLOCATION OF CAPITAL RELATED COSTS | | PROVIDER CCN: | PERIOD: | WORKSHEET B |
| | | | FROM: | PART II |
| | | | TO: | i |

| | | DIRECTLY | | I | I | I | | T | I | $\overline{}$ |
|----|--|--------------|------|------|----------|------------|-----|-----------|---------|---------------|
| | | ASSIGNED | | | | EMPLOYEE | | PLANT OP, | LAUNDRY | |
| | | CAPITAL | CRC- | CRC- | | BENEFITS | | MAINT & | & LINEN | |
| | | RELATED COST | B&F | ME | SUBTOTAL | DEPARTMENT | A&G | REPAIRS | SERVICE | |
| | | 0 | 1 | 2 | 2A | 3 | 4 | 5 | 6 | 1 |
| | GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| 3 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| 4 | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4 |
| 5 | PLANT OP, MAINT & REPAIRS | | | | | | | | | 5 |
| 6 | LAUNDRY AND LINEN SERVICE | | | | | | | | | 6 |
| 7 | HOUSEKEEPING | | | | | | | | | 7 |
| 8 | DIETARY | | | | | | | | | 8 |
| 9 | NURSING ADMINISTRATION | | | | | | | | | 9 |
| 10 | CENTRAL SERVICES AND SUPPLY | | | | | | | | | 10 |
| 11 | PHARMACY | | | | | | | | | 11 |
| 12 | MEDICAL RECORDS | | | | | | | | | 12 |
| 13 | MEDICAL SOCIAL SERVICES | | | | | | | | | 13 |
| 14 | ACTIVITIES PROGRAM | | | | | | | | | 14 |
| 15 | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | | | 15 |
| 16 | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | | 16 |
| 17 | PATIENT TRANSPORTATION PART A | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | | | | |
| 25 | SKILLED NURSING FACILITY | | | | | | | | | 25 |
| 26 | NURSING FACILITY | | | | | | | | | 26 |
| 27 | ICF/IID | | | | | | | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 30 | RADIOLOGY - DIAGNOSTIC | | | | | | | | | 30 |
| 31 | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | | 31 |
| 32 | LABORATORY | | | | | | | | | 32 |
| | INTRAVENOUS THERAPY | | | | | | | | | 33 |
| 34 | RESPIRATORY THERAPY | | | | | | | | | 34 |
| 35 | PHYSICAL THERAPY | | | | | | | | | 35 |
| | OCCUPATIONAL THERAPY | | | | | | | | | 36 |
| 37 | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | 37 |
| 38 | AUDIOLOGY | | | | | | | | | 38 |
| | ELECTROCARDIOLOGY | | | | | | | | | 39 |
| 40 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | 40 |
| 41 | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | | 41 |
| 42 | DRUGS: IV SOLUTIONS | | | | | | | | | 42 |
| 43 | DENTAL CARE | | | | | | | | | 43 |
| 44 | APPLIANCES AND EQUIPMENT | | | | | | | | | 44 |
| 45 | BLOOD AND BLOOD PRODUCTS | | | | | | | | | 45 |
| 46 | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | | | | 46 |
| 47 | | | | | | | | | | 47 |

| 10.21 | 1 Old 1 CMS 23 10 2 1 | | | 1775 (COTT) |
|-------------------------------------|-----------------------|---------------|---------|-------------|
| ALLOCATION OF CAPITAL RELATED COSTS | | PROVIDER CCN: | PERIOD: | WORKSHEET B |
| | | | FROM: | PART II |
| | | | TO: | |
| | | | | |

| | | DIRECTLY ASSIGNED CAPITAL RELATED COST | CRC- B&F | CRC- ME | SUBTOTAL | EMPLOYEE BENEFITS DEPARTMENT | A&G | PLANT OP, MAINT & REPAIRS | LAUNDRY & LINEN SERVICE | |
|-----|---------------------------------------|--|-------------|------------|----------|------------------------------------|-----|---------------------------------|-------------------------------|-----|
| | | 0 | 1 | 2 | 2A | 3 | 4 | 5 | 6 | 1 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 | SCREENING & PREVENTIVE SERVICES | | | | | | | | | 60 |
| 61 | | | | | | | | | | 61 |
| 62 | PORTABLE X-RAY SERVICES | | | | | | | | | 62 |
| 63 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | | 63 |
| 64 | | | | | | | | | | 64 |
| | OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | | |
| 70 | HOME HEALTH AGENCY | | | | | | | | | 70 |
| 71 | | | | | | | | | | 71 |
| 72 | HOSPICE | | | | | | | | | 72 |
| 73 | CORF | | | | | | | | | 73 |
| 74 | OPT | | | | | | | | | 74 |
| 75 | OOT | | | | | | | | | 75 |
| 76 | OSP | | | | | | | | | 76 |
| 77 | | | | | | | | | | 77 |
| | COST REIMBURSED SERVICES COST CENTERS | | | | | | | | | |
| 80 | PREVENTIVE VACCINES | | | | | | | | | 80 |
| 81 | | | | | | | | | | 81 |
| 89 | | | | | | | | | | 89 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | | 90 |
| 91 | | | | | | | | | | 91 |
| 92 | PHYSICIAN PRIVATE OFFICES | | | | | | | | | 92 |
| 93 | | | | | | | | | | 93 |
| 98 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98 |
| 99 | | | | | | | | | | 99 |
| 100 | TOTAL | | | | | | | | | 100 |

| 1555 (COTVI.) | 1 01011 01015 25 10 2 1 | | 1021 |
|-------------------------------------|-------------------------|---------|-------------|
| ALLOCATION OF CAPITAL RELATED COSTS | PROVIDER CCN: | PERIOD: | WORKSHEET B |
| | | FROM: | PART II |
| | | TO: | |

| | | HOUSE- KEEPING | DIETARY 8 | NURSING ADMIN 9 | CENTRAL SERVICE & SUPPLY | PHARMACY | MEDICAL RECORDS 12 | MEDICAL SOCIAL SERVICE | ACTIVITIES PROGRAM 14 | Γ |
|----|---|-------------------|--------------|-----------------------|--------------------------------|----------|--------------------------|------------------------------|--|----|
| | GENERAL SERVICE COST CENTERS | / | 0 | , | 10 | 11 | 12 | 13 | 14 | _ |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4 |
| | PLANT OP, MAINT & REPAIRS | | | | | | | | | 5 |
| | LAUNDRY AND LINEN SERVICE | | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | | 7 |
| | DIETARY | | | | | | | | | 8 |
| | NURSING ADMINISTRATION | | | | | | | | | 9 |
| | CENTRAL SERVICES AND SUPPLY | | | | | | | | | 10 |
| | PHARMACY | | | | | | | | | 11 |
| | MEDICAL RECORDS | | | | | | | | | 12 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | | 13 |
| 14 | ACTIVITIES PROGRAM | | | | | | | | | 14 |
| 15 | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | | | 15 |
| 16 | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | | 16 |
| 17 | PATIENT TRANSPORTATION PART A | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | | | | |
| 25 | SKILLED NURSING FACILITY | | | | | | | | | 25 |
| 26 | NURSING FACILITY | | | | | | | | | 26 |
| 27 | ICF/IID | | | | | | | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| | RADIOLOGY - DIAGNOSTIC | | | | | | | | | 30 |
| | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | | 31 |
| | LABORATORY | | | | | | | | | 32 |
| | INTRAVENOUS THERAPY | | | | | | | | | 33 |
| | RESPIRATORY THERAPY | | | | | | | | | 34 |
| | PHYSICAL THERAPY | | | | | | | | | 35 |
| | OCCUPATIONAL THERAPY | | | | | | | | | 36 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | ļ | | ļ | ļ | 37 |
| | AUDIOLOGY | | | | | | | | | 38 |
| | ELECTROCARDIOLOGY | | | | | | | | | 39 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | 40 |
| | DRUGS: DRUGS CHARGED TO PATIENTS | 1 | | | | ļ | | ļ | | 41 |
| | DRUGS: IV SOLUTIONS | | | | | | | | | 42 |
| | DENTAL CARE | | | | | | | | | 43 |
| | APPLIANCES AND EQUIPMENT BLOOD AND BLOOD PRODUCTS | + | | | | | | | | 44 |
| | BLOOD TRANSFUSION/PROCESSING/STORAGE | + | | | | | | | | 45 |
| 46 | BLOOD INAINSPUSION/PROCESSING/STORAGE | + | | | | - | | - | - | 46 |
| 4/ | | ļ | <u> </u> | | <u> </u> | <u> </u> | | ļ | Į | 4/ |

| 10-24 | TORIVI CIVIS-2340-24 | | | 4993 (CONT.) |
|-------------------------------------|----------------------|---------------|---------|--------------|
| ALLOCATION OF CAPITAL RELATED COSTS | | PROVIDER CCN: | PERIOD: | WORKSHEET B |
| | | | FROM: | PART II |
| | | | TO: | |

| | | | | • | | | | • | |
|---|-------------------|---------|------------------|--------------------------------|----------|--------------------|------------------------------|-----------------------|-----|
| | HOUSE- KEEPING | DIETARY | NURSING ADMIN | CENTRAL SERVICE & SUPPLY | PHARMACY | MEDICAL RECORDS | MEDICAL SOCIAL SERVICE | ACTIVITIES PROGRAM | |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 SCREENING & PREVENTIVE SERVICES | | | | | | | | | 60 |
| 61 OUTPATIENT LABORATORY | | | | | | | | | 61 |
| 62 PORTABLE X-RAY SERVICES | | | | | | | | | 62 |
| 63 OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | | 63 |
| 64 | | | | | | | | | 64 |
| OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | | |
| 70 HOME HEALTH AGENCY | | | | | | | | | 70 |
| 71 AMBULANCE | | | | | | | | | 71 |
| 72 HOSPICE | | | | | | | | | 72 |
| 73 CORF | | | | | | | | | 73 |
| 74 OPT | | | | | | | | | 74 |
| 75 OOT | | | | | | | | | 75 |
| 76 OSP | | | | | | | | | 76 |
| 77 | | | | | | | | | 77 |
| COST REIMBURSED SERVICES COST CENTERS | | | | | | | | | |
| 80 PREVENTIVE VACCINES | | | | | | | | | 80 |
| 81 | | | | | | | | | 81 |
| 89 SUBTOTAL | | | | | | | | | 89 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | | 90 |
| 91 NONPAID WORKERS | | | | | | | | | 91 |
| 92 PHYSICIAN PRIVATE OFFICES | | | | | | | | | 92 |
| 93 | | | | | | | | | 93 |
| 98 CROSS FOOT ADJUSTMENTS | | | | | | | | | 98 |
| 99 NEGATIVE COST CENTER | | | | | | | | | 99 |
| 100 TOTAL | | | | | | | | | 100 |

| 4993 (CONT.) | I OIXIVI CIVID-2340-24 | | | 10-2- |
|-------------------------------------|------------------------|---------------|---------|-------------|
| ALLOCATION OF CAPITAL RELATED COSTS | | PROVIDER CCN: | PERIOD: | WORKSHEET B |
| | | | | PART II |
| | | 1 | TO. | 4 |

| | | QUALITY & PERFORM IMPROV PGM | TRAINING & IN-SERVICE EDUCATION 16 | PATIENT TRANSPORT PART A | OTHER GENERAL SERVICE 18 | SUBTOTAL 19 | POST STEPDOWN ADJ 20 | TOTAL 21 | |
|----|---|------------------------------|------------------------------------|--------------------------------|-----------------------------------|----------------|-------------------------------|-------------|-------------|
| | GENERAL SERVICE COST CENTERS | 13 | 10 | 17 | 18 | 19 | 20 | 21 | _ |
| | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | 1 |
| | CAPITAL RELATED - BUILDINGS & FIXTURES CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | 2 |
| | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | 3 |
| | ADMINISTRATIVE AND GENERAL | | | | | | | | 4 |
| | PLANT OP, MAINT & REPAIRS | | | | | | | | 5 |
| | LAUNDRY AND LINEN SERVICE | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | 7 |
| | | | | | | | | | 8 |
| | DIETARY NURSING ADMINISTRATION | | | | | | | | 9 |
| | | | | | | | | | |
| | CENTRAL SERVICES AND SUPPLY | | | | | | | | 10 |
| | PHARMACY AMERICAN RECORDS | | | | | | | | 11 |
| | MEDICAL RECORDS | | | | | | | | 12 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | 13 |
| | ACTIVITIES PROGRAM | | | | | | | | 14 |
| | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | | 15 |
| | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | 16 |
| | PATIENT TRANSPORTATION PART A | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | | | |
| | SKILLED NURSING FACILITY | | | | | | | | 25 |
| | NURSING FACILITY | | | | | | | | 26 |
| 27 | ICF/IID | | | | | | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | <u> </u> |
| | RADIOLOGY - DIAGNOSTIC | | | | | | | | 30 |
| | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | 31 |
| | LABORATORY | | | | | | | | 32 |
| | INTRAVENOUS THERAPY | | | | | | | | 33 |
| | RESPIRATORY THERAPY | | | | | | | | 34 |
| | PHYSICAL THERAPY | | | | | | | | 35 |
| | OCCUPATIONAL THERAPY | | | | ļ | | ļ | | 36 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | 37 |
| | AUDIOLOGY | | | | | | | | 38 |
| | ELECTROCARDIOLOGY | | | | ļ | | ļ | | 39 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | 40 |
| | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | 41 |
| | DRUGS: IV SOLUTIONS | | | | ļ | | ļ | | 42 |
| | DENTAL CARE | | | | | | | | 43 |
| | APPLIANCES AND EQUIPMENT | | | | | | | | 44 |
| | BLOOD AND BLOOD PRODUCTS | | | | | | | | 45 |
| 46 | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | ļ | | ļ | | 46 |
| 47 | | l | | | l | L | l | | 47 |

| 1993 (CONT. |
|-------------|
| KSHEET B |
| II |
| |
| II |

| | QUALITY & PERFORM IMPROV PGM | TRAINING & IN-SERVICE EDUCATION | PATIENT TRANSPORT PART A | OTHER GENERAL SERVICE | SUBTOTAL | POST STEPDOWN ADJ | TOTAL | | |
|---|------------------------------|---------------------------------|--------------------------------|-----------------------------|----------|-------------------------|-------|---|-----|
| | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 1 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 SCREENING & PREVENTIVE SERVICES | | | | | | | | | 60 |
| 61 OUTPATIENT LABORATORY | | | | | | | | | 61 |
| 62 PORTABLE X-RAY SERVICES | | | | | | | | | 62 |
| 63 OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | | 63 |
| 64 | | | | | | | | | 64 |
| OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | | |
| 70 HOME HEALTH AGENCY | | | | | | | | | 70 |
| 71 AMBULANCE | | | | | | | | | 71 |
| 72 HOSPICE | | | | | | | | | 72 |
| 73 CORF | | | | | | | | | 73 |
| 74 OPT | | | | | | | | | 74 |
| 75 OOT | | | | | | | | | 75 |
| 76 OSP | | | | | | | | | 76 |
| 77 | | | | | | | | | 77 |
| COST REIMBURSED SERVICES COST CENTERS | | | | | | | | | |
| 80 PREVENTIVE VACCINES | | | | | | | | | 80 |
| 81 | | | | | | | | | 81 |
| 89 SUBTOTAL | | | | | | | | | 89 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | | 90 |
| 91 NONPAID WORKERS | | | | | | | | | 91 |
| 92 PHYSICIAN PRIVATE OFFICES | | | | | | | | | 92 |
| 93 | | | | | | | | | 93 |
| 98 CROSS FOOT ADJUSTMENTS | | | | | | | | | 98 |
| 99 NEGATIVE COST CENTER | | | | | | | | | 99 |
| 100 TOTAL | | | | | | | | | 100 |

| 335 () | | | |
|--------------------------------------|---------------|---------|---------------|
| COST ALLOCATIONS - STATISTICAL BASES | PROVIDER CCN: | PERIOD: | WORKSHEET B-1 |
| | | FROM: | |
| | | TO: | |
| | | | |

| | | I | T T | EMPLOYEE | T T | I | PLANT OP, | LAUNDRY | $\overline{}$ |
|----|---|---------|---------|------------|-----------|--------|--------------|--------------|---------------|
| | | CRC- | CRC- | BENEFITS | RECONCIL- | | MAINT & | & LINEN | |
| | | | | | l . | | | | |
| | | B&F | ME | DEPARTMENT | IATION | A&G | REPAIRS | SERVICE | |
| | | (SQUARE | (DOLLAR | (GROSS | | (ACCUM | (SQUARE | (POUNDS OF | |
| | | FEET) | VALUE) | SALARIES) | | COST) | FEET) | LAUNDRY) | 4 |
| | GENERAL SERVICE COST CENTERS | 1 | 2 | 3 | 4A | 4 | 5 | 6 | \vdash |
| 1 | | | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | 2 |
| 3 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | 3 |
| 4 | ADMINISTRATIVE AND GENERAL | | | | | | | | 4 |
| | PLANT OP, MAINT & REPAIRS | | | | | | | | 5 |
| | LAUNDRY AND LINEN SERVICE | | | | | | | | 6 |
| 7 | HOUSEKEEPING | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | NURSING ADMINISTRATION | | | | | | | | 9 |
| 10 | CENTRAL SERVICES AND SUPPLY | | | | | | | | 10 |
| 11 | | | | | | | | | 11 |
| | MEDICAL RECORDS | | | | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | | | | | | | | 14 |
| 15 | | | | | | | | | 15 |
| 16 | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | 16 |
| 17 | PATIENT TRANSPORTATION PART A | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | | | |
| | SKILLED NURSING FACILITY | | | | | | | | 25 |
| | NURSING FACILITY | | | | | | | | 26 |
| 27 | ICF/IID | | | | | | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 30 | RADIOLOGY - DIAGNOSTIC | | | | | | | | 30 |
| 31 | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | 31 |
| 32 | LABORATORY | | | | | | | | 32 |
| 33 | INTRAVENOUS THERAPY | | | | | | | | 33 |
| 34 | RESPIRATORY THERAPY | | | | | | | | 34 |
| 35 | PHYSICAL THERAPY | | | | | | | | 35 |
| 36 | OCCUPATIONAL THERAPY | | | | | | | | 36 |
| | SPEECH LANGUAGE PATHOLOGIST | | | 1 | | | | 1 | 37 |
| | AUDIOLOGY | | | 1 | | | | 1 | 38 |
| | ELECTROCARDIOLOGY | | | | | | | | 39 |
| 40 | | | | 1 | | | | | 40 |
| _ | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | 41 |
| | DRUGS: IV SOLUTIONS | | | 1 | | | | 1 | 42 |
| | DENTAL CARE | | | 1 | | | | | 43 |
| | APPLIANCES AND EQUIPMENT | | | 1 | 1 | | <u> </u> | | 44 |
| | BLOOD AND BLOOD PRODUCTS | | | † | | | | 1 | 45 |
| 46 | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | 1 | | | | | 46 |
| | I DECOD TREE OF COLORA ROCEDOHAGO FOR TOTAL | I | I | 1 | 1 | i . | 1 | 1 | -10 |

| 10.21 | 1 01011 01115 25 10 2 1 | | 1773 (COTTI.) |
|--------------------------------------|-------------------------|---------|---------------|
| COST ALLOCATIONS - STATISTICAL BASES | PROVIDER CCN: | PERIOD: | WORKSHEET B-1 |
| | | FROM: | |
| | | TO: | |
| | | | |

| | | | EMPLOYEE | | | PLANT OP, | LAUNDRY | |
|--|---------|---------|------------|-----------|--------|-----------|------------|-----|
| | CRC- | CRC- | BENEFITS | RECONCIL- | | MAINT & | & LINEN | |
| | B&F | ME | DEPARTMENT | IATION | A&G | REPAIRS | SERVICE | |
| | (SQUARE | (DOLLAR | (GROSS | | (ACCUM | (SQUARE | (POUNDS OF | |
| | FEET) | VALUE) | SALARIES) | | COST) | FEET) | LAUNDRY) | |
| | 1 | 2 | 3 | 4A | 4 | 5 | 6 | 1 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 SCREENING & PREVENTIVE SERVICES | | | | | | | | 60 |
| 61 OUTPATIENT LABORATORY | | | | | | | | 61 |
| 62 PORTABLE X-RAY SERVICES | | | | | | | | 62 |
| 63 OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | 63 |
| 64 | | | | | | | | 64 |
| OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | |
| 70 HOME HEALTH AGENCY | | | | | | | | 70 |
| 71 AMBULANCE | | | | | | | | 71 |
| 72 HOSPICE | | | | | | | | 72 |
| 73 CORF | | | | | | | | 73 |
| 74 OPT | | | | | | | | 74 |
| 75 OOT | | | | | | | | 75 |
| 76 OSP | | | | | | | | 76 |
| 77 | | | | | | | | 77 |
| COST REIMBURSED SERVICES COST CENTERS | | | | | | | | |
| 80 PREVENTIVE VACCINES | | | | | | | | 80 |
| 81 | | | | | | | | 81 |
| 89 SUBTOTAL | | | | | | | | 89 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | 90 |
| 91 NONPAID WORKERS | | | | | | | | 91 |
| 92 PHYSICIAN PRIVATE OFFICES | | | | | | | | 92 |
| 93 | | | | | | | | 93 |
| 98 CROSS FOOT ADJUSTMENT | | | | | | | | 98 |
| 99 NEGATIVE COST CENTER | | | | | | | | 99 |
| 102 COST TO BE ALLOCATED - WKST B, PART I | | | | | | | | 102 |
| 103 UNIT COST MULTIPLIER - WKST B, PART I | | | | | | | | 103 |
| 104 COST TO BE ALLOCATED - WKST B, PART II | | | | | | | | 104 |
| 105 UNIT COST MULTIPLIER - WKST B, PART II | | | | | | | | 105 |

| COST ALLOCATIONS - STATISTICAL BASES | PROVIDER CCN: | PERIOD: | WORKSHEET B-1 |
|--------------------------------------|---------------|---------|---------------|
| | | FROM: | |
| | | TO: | |
| | | | |

| | | HOUSE- KEEPING | DIETARY | NURSING ADMIN | CENTRAL SERVICE & SUPPLY | PHARMACY | MEDICAL RECORDS | MEDICAL SOCIAL SERVICE | ACTIVITIES PROGRAM | |
|---------------|--|-----------------------|------------------------|------------------------------|--------------------------------|--------------------|-----------------------|------------------------------|-----------------------|--|
| | | (HOURS OF SERVICE) | (MEALS SERVED) 8 | (DIRECT NURSING HRS) 9 | (COSTED REQUIS) 10 | (COSTED REQUIS) | (TIME SPENT) 12 | (TIME SPENT) 13 | (TIME SPENT) 14 | - |
| | GENERAL SERVICE COST CENTERS | , | 9 | | 10 | 11 | 12. | 13 | 17 | \vdash |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| $\overline{}$ | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4 |
| | PLANT OP, MAINT & REPAIRS | | | | | | | | | 5 |
| $\overline{}$ | LAUNDRY AND LINEN SERVICE | | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | | 7 |
| | DIETARY | | | | | | | | | 8 |
| | NURSING ADMINISTRATION | | | | | | | | | 9 |
| | CENTRAL SERVICES AND SUPPLY | | | | | | | | | 10 |
| | PHARMACY | | | | | | | | | 11 |
| | MEDICAL RECORDS | | | | | | | | | 12 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | | 13 |
| | ACTIVITIES PROGRAM | | | | | | | | | 14 |
| $\overline{}$ | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | | | 15 |
| | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | | 16 |
| | PATIENT TRANSPORTATION PART A | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | | | | |
| 25 | SKILLED NURSING FACILITY | | | | | | | | | 25 |
| | NURSING FACILITY | | | | | | | | | 26 |
| | ICF/IID | | | | | | | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 30 | RADIOLOGY - DIAGNOSTIC | | | | | | | | | 30 |
| 31 | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | | 31 |
| $\overline{}$ | LABORATORY | | | | | | | | | 32 |
| 33 | INTRAVENOUS THERAPY | | | | | | | | | 33 |
| 34 | RESPIRATORY THERAPY | | | | | | | | | 34 |
| 35 | PHYSICAL THERAPY | | | | | | | | | 35 |
| 36 | OCCUPATIONAL THERAPY | | | | | | | | | 36 |
| 37 | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | 37 |
| 38 | AUDIOLOGY | | | | | | | | | 38 |
| 39 | ELECTROCARDIOLOGY | | | | | | | | | 39 |
| $\overline{}$ | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | 40 |
| 41 | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | | 41 |
| 42 | DRUGS: IV SOLUTIONS | | | | | | | | | 42 |
| 43 | DENTAL CARE | | | | | | | | | 43 |
| | APPLIANCES AND EQUIPMENT | | | | | | | | | 44 |
| | BLOOD AND BLOOD PRODUCTS | | | | | | | | | 45 |
| | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | | | | 46 |
| 47 | | | | | | | | | | 47 |

| 1 Oldvi Civis 2540 24 | | | 4773 (COIVI.) |
|-----------------------|------------|---------------|-----------------------------|
| PROV | VIDER CCN: | PERIOD: | WORKSHEET B-1 |
| | | FROM: | |
| | | TO: | |
| | PRO | PROVIDER CCN: | PROVIDER CCN: PERIOD: FROM: |

| HOUSE SEPING DIETARY (AUGUST OF SERVICE) DIETARY (AUGUST OF SERVICE) SERVICE SERVICE COSTED COS | | | | | | | | | | |
|--|--|-----------|---------|--------------|----------|----------|---------|---------|------------|-----|
| REPPING OHERALT OHER | | | | | CENTRAL | | | MEDICAL | | |
| COSTED C | | HOUSE- | | NURSING | | | MEDICAL | | ACTIVITIES | |
| SERVICE SERVED NURSING HRS REQUIS SPENT SPENT SPENT | | KEEPING | DIETARY | ADMIN | & SUPPLY | PHARMACY | RECORDS | SERVICE | PROGRAM | |
| OUTPATIENT SERVICE COST CENTERS | | (HOURS OF | (MEALS | (DIRECT | (COSTED | (COSTED | (TIME | (TIME | (TIME | |
| OUTPATIENT SERVICE COST CENTERS 61 OUTPATIENT LABORATORY 62 PORTABLE X-RAY SERVICES 63 OUTPATIENT LABORATORY 64 OUTPATIENT DEFINED MEDICAL EQUIPMENT 65 OUTPATIENT REIMBURSABLE COST CENTERS 70 INOME HEALTH AGENCY 71 AMBULANCE 72 INOSPICE 73 CORF 74 OPT 75 OOT 76 OSP 77 OSP 77 OSP 78 OFT 79 OSP 79 OFT 70 OSP 70 OSP 71 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 INONREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONREIMBURSABLE COST CENTERS 92 PREVENTIVE VACCINES 93 SUBTOTAL NONREIMBURSABLE COST CENTERS 94 OGIFT, FLOWER, COFFEE SHOPS & CANTEEN 95 OFT 96 OFT 97 ONE OFT 97 ONE OFT 98 OFT 99 OFT | | SERVICE) | SERVED) | NURSING HRS) | REQUIS) | REQUIS) | SPENT) | SPENT) | SPENT) | |
| 60 SCREENING & PREVENTIVE SERVICES | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 61 OUTPATIENT LABORATORY 62 PORTABLE X-RAY SERVICES 63 OUTPATIENT DURABLE MEDICAL EQUIPMENT 64 OUTPATIENT DURABLE MEDICAL EQUIPMENT 65 OUTPATIENT REIMBURSABLE COST CENTERS 70 HOME HEALTH AGENCY 71 AMBULANCE 72 HOSPICE 73 CORF 74 OPT 75 OOT 76 OSP 77 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 ONDREIMBURSABLE COST CENTERS 80 PREVENTIVE VACCINES 81 ONDREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONPRAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 REGSS FOOT ADJUSTMENT 94 NORST HOME OF THE PART I | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| Contable Stray Services Contable Stray S | 60 SCREENING & PREVENTIVE SERVICES | | | | | | | | | 60 |
| 63 OUTPATIENT DURABLE MEDICAL EQUIPMENT 64 OUTPATIENT REIMBURSABLE COST CENTERS 70 HOME HEALTH AGENCY 71 AMBULANCE 72 HOSPICE 73 CORF 74 OPT 75 OOT 76 OSP 77 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 88 SUBTOTAL NONREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONPAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 COSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 101 COST TO BE ALLOCATED - WKST B, PART I 101 UNIT COST MULTIPLIER - WKST B, PART I | 61 OUTPATIENT LABORATORY | | | | | | | | | 61 |
| OUTPATIENT REIMBURSABLE COST CENTERS | 62 PORTABLE X-RAY SERVICES | | | | | | | | | 62 |
| OUTPATIENT REIMBURSABLE COST CENTERS 70 HOME HEALTH AGENCY 71 AMBULANCE 80 POPT 75 CORF 76 OSP 77 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 I 89 SUBTOTAL NONREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONREIMBURSABLE COST CENTERS 92 PHYSICIAN PRIVATE OFFICES 93 SE COSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 91 NONEIMBURSABLE OST CENTER 99 NEGATIVE COST CENTER 99 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 91 NEGATIVE COST CENTER 91 NEGATIVE COST CENTER 91 NICOST MULTIPLIER - WKST B, PART I | 63 OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | | 63 |
| 70 HOME HEALTH AGENCY 71 AMBULANCE 72 HOSPICE 73 CORF 74 OPT 75 OOT 76 OSP 77 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 SUBTOTAL NONREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONPAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 SCROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 99 REGATIVE COST CENTER 99 REGATIVE COST CENTER 99 REGATIVE COST CENTER 99 REGATIVE COST CENTER 99 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 91 NEGATIVE COST CENTER 92 NEGATIVE COST CENTER 93 NEGATIVE COST CENTER 94 NEGATIVE COST CENTER 95 NEGATIVE COST CENTER 96 NEGATIVE COST CENTER 97 NEGATIVE COST CENTER 98 NEGATIVE COST CENTER 99 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 91 NEGATIVE COST CENTER 92 NEGATIVE COST CENTER 93 NEGATIVE COST CENTER 94 NEGATIVE COST CENTER 95 NEGATIVE COST CENTER 96 NEGATIVE COST CENTER 97 NEGATIVE COST CENTER 98 NEGATIVE COST CENTER 99 NEGATIVE COST CENTER 99 NEGATIVE COST CENTER 90 NEGATIVE COST CENTER 91 NEGATIVE CENTER 91 NEGATIVE CENTER 91 NEGATIV | 64 | | | | | | | | | 64 |
| 71 AMBULANCE 72 HOSPICE 73 COFF 74 OPT 75 OOT 76 OSP 77 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 81 81 89 SUBTOTAL NONREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONPAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 CROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 90 LUIT COST MULTIPLIER - WKST B, PART I | OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | | |
| 72 HOSPICE 73 CORF 74 OPT 75 OOT 75 OOT 76 OSP 77 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 81 89 SUBTOTAL NONREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONPAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 CROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 99 NEGATIVE COST CENTER 99 NEGATIVE COST CENTER 101 UNIT COST MULTIPLIER - WKST B, PART I 102 UNIT COST TO BE ALLOCATED - WKST B, PART I 103 UNIT COST MULTIPLIER - WKST B, PART I | 70 HOME HEALTH AGENCY | | | | | | | | | 70 |
| 73 CORF 74 OPT 75 OOT 76 OSP 77 OSP 78 OSP 79 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 NONREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONPAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 CROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 90 COST TO BE ALLOCATED - WKST B, PART I | 71 AMBULANCE | | | | | | | | | 71 |
| 74 OPT 75 OOT 76 OSP 77 COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 SUBTOTAL NONREIMBURSABLE COST CENTERS 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONPAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 GROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 102 COST TO BE ALLOCATED - WKST B, PART I 103 UNIT COST MULTIPLIER - WKST B, PART I 104 OND 105 OND 106 OND 107 OND 107 OND 108 OND 109 | 72 HOSPICE | | | | | | | | | 72 |
| 75 OOT | 73 CORF | | | | | | | | | 73 |
| 76 OSP | 74 OPT | | | | | | | | | 74 |
| COST REIMBURSED SERVICES COST CENTERS | 75 OOT | | | | | | | | | 75 |
| COST REIMBURSED SERVICES COST CENTERS 80 PREVENTIVE VACCINES 81 | 76 OSP | | | | | | | | | 76 |
| 80 PREVENTIVE VACCINES | 77 | | | | | | | | | 77 |
| 81 | COST REIMBURSED SERVICES COST CENTERS | | | | | | | | | |
| 89 SUBTOTAL | 80 PREVENTIVE VACCINES | | | | | | | | | 80 |
| NONREIMBURSABLE COST CENTERS | 81 | | | | | | | | | 81 |
| 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91 NONPAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 98 CROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 102 COST TO BE ALLOCATED - WKST B, PART I 103 UNIT COST MULTIPLIER - WKST B, PART I | 89 SUBTOTAL | | | | | | | | | 89 |
| 91 NONPAID WORKERS 92 PHYSICIAN PRIVATE OFFICES 93 STATE OF THE PRIVATE OFFICES 98 CROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 102 COST TO BE ALLOCATED - WKST B, PART I 103 UNIT COST MULTIPLIER - WKST B, PART I | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 92 PHYSICIAN PRIVATE OFFICES 93 | 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | | 90 |
| 93 98 CROSS FOOT ADJUSTMENT 98 CROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 99 NEGATIVE COST TO BE ALLOCATED - WKST B, PART I 99 NEGATIVE COST TO BE ALLOCATED - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST TO BE ALLOCATED - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I 99 NEGATIVE COST MULTIPLIER - WKST B, PART I | 91 NONPAID WORKERS | | | | | | | | | 91 |
| 98 CROSS FOOT ADJUSTMENT 99 NEGATIVE COST CENTER 102 COST TO BE ALLOCATED - WKST B, PART I 103 UNIT COST MULTIPLIER - WKST B, PART I | 92 PHYSICIAN PRIVATE OFFICES | | | | | | | | | 92 |
| 99 NEGATIVE COST CENTER 102 COST TO BE ALLOCATED - WKST B, PART I 103 UNIT COST MULTIPLIER - WKST B, PART I | 93 | | | | | | | | | 93 |
| 102 COST TO BE ALLOCATED - WKST B, PART I 103 UNIT COST MULTIPLIER - WKST B, PART I | 98 CROSS FOOT ADJUSTMENT | | | | | | | | | 98 |
| 103 UNIT COST MULTIPLIER - WKST B, PART I | 99 NEGATIVE COST CENTER | | | | | | | | | 99 |
| 103 UNIT COST MULTIPLIER - WKST B, PART I | 102 COST TO BE ALLOCATED - WKST B, PART I | | | | | | | | | 102 |
| | 103 UNIT COST MULTIPLIER - WKST B, PART I | | | | | | | | | 103 |
| 104 COST TO BE ALLOCATED - WKST B, PART II | 104 COST TO BE ALLOCATED - WKST B, PART II | | | | | | | | | 104 |
| | | | | | | | | | | 105 |

| COST | ALLOCATIONS - STATISTICAL BASES | | | | | | IDER CCN: | FROM: TO: | WORKSHEET B | -1 |
|------|--|----------------------|-----------------------|----------------------|-----------|---|-----------|--------------|-------------|----------|
| | | OHALITY 0 | TD ADVING 0 | I DATIENT | OTHER | T | | <u> </u> | | |
| | | QUALITY & PERFORM | TRAINING & IN-SERVICE | PATIENT TRANSPORT | GENERAL | | | | | |
| | | IMPROV PGM | EDUCATION | PART A | SERVICE | | | | | |
| | | (TIME | (TIME | (NUMBER OF | BERVICE | | | | | |
| | | SPENT) | SPENT) | TRANSPRTS) | (SPECIFY) | | | | | |
| | | 15 | 16 | 17 | 18 | | | | | |
| | GENERAL SERVICE COST CENTERS | | - | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| 3 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4 |
| | PLANT OP, MAINT & REPAIRS | | | | | | | | | 5 |
| | LAUNDRY AND LINEN SERVICE | | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | | 7 |
| | DIETARY | | | | | | | | | 8 |
| | NURSING ADMINISTRATION | | | | | | | | | 9 |
| | CENTRAL SERVICES AND SUPPLY | | | | | | | | | 10 |
| | PHARMACY | | | | | | | | | 11 |
| | MEDICAL RECORDS | | | | | | | | | 12 |
| | MEDICAL SOCIAL SERVICES | | | | | | _ | | | 13 |
| | ACTIVITIES PROGRAM | | | | | | | | | 14 |
| | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | | | | | | | 15 |
| | TRAINING AND IN-SERVICE EDUCATION | | | | | | | | | 16 17 |
| 17 | PATIENT TRANSPORTATION PART A | | | | | | _ | | | 17 |
| 18 | INPATIENT ROUTINE NURSING COST CENTERS | | | | | | _ | | | 18 |
| 25 | SKILLED NURSING FACILITY | | | | | | | | | 25 |
| | NURSING FACILITY | | | | | | | | | 26 |
| | ICF/IID | | | + | | | + | | | 27 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | + | | | |
| 30 | RADIOLOGY - DIAGNOSTIC | | | | | | | | | 30 |
| | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | | 31 |
| | LABORATORY | | | | | | | | | 32 |
| | INTRAVENOUS THERAPY | | | | | | | | | 33 |
| 34 | RESPIRATORY THERAPY | | | | | | | | | 34 |
| 35 | PHYSICAL THERAPY | | | | | | | | | 35 |
| 36 | OCCUPATIONAL THERAPY | | | | | | | | | 36 |
| 37 | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | 37 |
| 38 | AUDIOLOGY | | | | | | | | | 38 |
| | ELECTROCARDIOLOGY | | | | | | | | | 39 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | 40 |
| | DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | | 41 |
| | DRUGS: IV SOLUTIONS | | | | | | | | | 42 |
| | DENTAL CARE | | | | | | | | | 43 |
| | APPLIANCES AND EQUIPMENT | | | | | | | | | 44 |
| | BLOOD AND BLOOD PRODUCTS | | ļ | | ļ | | | | | 45 |
| | BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | | | | 46 |
| 47 | | 1 | 1 | 1 | I | | | | | 47 |

| COST ALLOCATIONS - STATISTICAL BASES | | | | | PROVI | DER CCN: | PERIOD: FROM: TO: | WORKSHEET | B-1 |
|--|------------|------------|------------|-----------|-------|--|-------------------|-----------|----------|
| | | | | | | | | | |
| | | | | | | | | | |
| | QUALITY & | TRAINING & | PATIENT | OTHER | | | | | |
| | PERFORM | IN-SERVICE | TRANSPORT | GENERAL | | | | | |
| | IMPROV PGM | EDUCATION | PART A | SERVICE | | | | | |
| | (TIME | (TIME | (NUMBER OF | | | | | | |
| | SPENT) | SPENT) | TRANSPRTS) | (SPECIFY) | | | | | _ |
| | 15 | 16 | 17 | 18 | | | | | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 SCREENING & PREVENTIVE SERVICES | | | | | | | | | 60 |
| 61 OUTPATIENT LABORATORY | | | | | | | | | 61 |
| 62 PORTABLE X-RAY SERVICES | | | | | | | | | 62 |
| 63 OUTPATIENT DURABLE MEDICAL EQUIPMENT | | | | | | | | | 63 |
| 64 | | | | | | | | | 64 |
| OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | | 70 |
| 70 HOME HEALTH AGENCY 71 AMBULANCE | | | | | | | | | 70 |
| 71 AMBULANCE 72 HOSPICE | | | | | | | | | 71 |
| | | | | | | | | | 72 |
| 73 CORF 74 OPT | | | | | | | | | 73 74 |
| 75 OOT | | | | | | | | | 75 |
| 76 OSP | | | | | | | | | 76 |
| 77 | | | | | | | | | 77 |
| COST REIMBURSED SERVICES COST CENTERS | | | | | | | | | - '' |
| 80 PREVENTIVE VACCINES | | | | | | | | | 80 |
| 81 | | | | | | | | | 81 |
| 89 SUBTOTAL | | | | | | | | | 89 |
| NONREIMBURSABLE COST CENTERS | | | | | | 1 | | | - 67 |
| 90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | | | | | | | | _ | 90 |
| 91 NONPAID WORKERS | | | | | | | | | 91 |
| 92 PHYSICIAN PRIVATE OFFICES | | | | | | | | | 92 |
| 93 | | | | | | | | | 93 |
| 98 CROSS FOOT ADJUSTMENT | | | | | | | | | 98 |
| 99 NEGATIVE COST CENTER | | | | | | | | | 99 |
| 102 COST TO BE ALLOCATED - WKST B, PART I | | | | | | | | | 102 |
| 103 UNIT COST MULTIPLIER - WKST B, PART I | | | | | | | | | 103 |
| 104 COST TO BE ALLOCATED - WKST B, PART II | | | | | | | | | 104 |
| 105 UNIT COST MULTIPLIER - WKST B, PART II | | | | | | | | | 105 |

| 4,7,5 (CONT.) | I ORIVI CIVID 2540 24 | | | 10 27 |
|------------------------------|-----------------------|---------------|---------|---------------|
| POST STEP - DOWN ADJUSTMENTS | | PROVIDER CCN: | PERIOD: | WORKSHEET B-2 |
| | | | FROM: | |
| | | | TO: | |
| | | | | |

| | | WORKSHEET B | WORKSHEET B | | |
|----------|-------------|-------------|-------------|--------|--|
| | DESCRIPTION | PART NUMBER | LINE NUMBER | AMOUNT | |
| | 1 | 2 | 3 | 4 | + |
| 1 | • | | | ' | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 2 3 4 5 6 7 8 |
| 10 | | | | | 10 |
| 11 | | | | | 11 12 13 |
| 12 | | | | | 12 |
| 13 | | | | | 13 |
| 14 | | | | | 14 |
| 15 | | | | | 15 |
| 16 | | | | | 16 |
| 17 | | | | | 17 |
| 18 | | | | | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | | | | | 21 |
| 22 | | | | | 22 |
| 23 | | | | | 23 |
| 24 | | | | | 24 |
| 25 | | | | | 25 |
| 26 | | | | | 26 |
| 27 | | | | | 27 |
| 28 | | | | | 28 |
| 29 30 | | | | | 29 |
| 31 | | | | | 30 |
| 32 | | | | | 31 |
| 33 | | | | | 32 |
| 34 | | | | | 33 |
| 35 | | | | | 35 |
| 36 | | | | | 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 |
| 37 | | | | | 37 |
| 38 | | | | | 38 |
| 39 | | | | | 38 39 40 41 |
| 40 | | | | | 40 |
| 41 | | | | | 41 |
| 42 | | | | | 42 |
| 43 | | | | | 42 43 44 45 46 |
| 44 | | | | | 44 |
| 45 | | | | | 45 |
| 46 | | | | | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 47 48 |
| 49 | | | | | 49 |
| 50 | | | | | 50 |
| | | | • | • | |

| | | | | | | (|
|----------------------------|------------------|-----------------|---------|---------------|---------|-------------|
| RATIO OF COST TO CHARGES F | OR ANCILLARY AND | OUTPATIENT COST | CENTERS | PROVIDER CCN: | PERIOD: | WORKSHEET C |
| | | | | | FROM: | |
| | | | | | TO: | |
| | | | | | | |

| | | • | | | | |
|---|-------|---------|------------|--------------|---------|---------------|
| | | I | CHARGES | | COST TO | $\overline{}$ |
| | TOTAL | TOTAL | RECLASS- | RECLASSIFIED | CHARGE | |
| | COST | CHARGES | IFICATIONS | CHARGES | RATIO | |
| | 1 | 2 | 3 | 4 | 5 | 1 |
| INPATIENT ROUTINE NURSING COST CENTERS | | | | | | |
| 25 SKILLED NURSING FACILITY | | | | | | 25 |
| 26 NURSING FACILITY | | | | | | 26 |
| 27 ICF/IID | | | | | | 27 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 30 RADIOLOGY - DIAGNOSTIC | | | | | | 30 |
| 31 RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | 31 |
| 32 LABORATORY | | | | | | 32 |
| 33 INTRAVENOUS THERAPY | | | | | | 33 |
| 34 RESPIRATORY THERAPY | | | | | | 34 |
| 35 PHYSICAL THERAPY | | | | | | 35 |
| 36 OCCUPATIONAL THERAPY | | | | | | 36 |
| 37 SPEECH LANGUAGE PATHOLOGIST | | | | | | 37 |
| 38 AUDIOLOGY | | | | | | 38 |
| 39 ELECTROCARDIOLOGY | | | | | | 39 |
| 40 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | 40 |
| 41 DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | 41 |
| 42 DRUGS: IV SOLUTIONS | | | | | | 42 |
| 43 DENTAL CARE | | | | | | 43 |
| 44 APPLIANCES AND EQUIPMENT | | | | | | 44 |
| 45 BLOOD AND BLOOD PRODUCTS | | | | | | 45 |
| 46 BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | 46 |
| 47 | | | | | | 47 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 64 | | | | | | 64 |
| OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | |
| 71 AMBULANCE | | | | | | 71 |
| COST REIMBURSED SERVICES COST CENTERS | | | | | | |
| 80 PREVENTIVE VACCINES | | | | | | 80 |
| 81 | | | | | | 81 |
| 100 TOTAL | | | | | | 100 |

| .,,,,, | 1 01111 01112 20 10 2 1 | | | 10 2 . |
|------------------------------|-------------------------|---------------|---------|---------------|
| RECLASSIFICATIONS OF CHARGES | | PROVIDER CCN: | PERIOD: | WORKSHEET C-6 |
| | | | FROM: | |
| | | | TO: | |
| | | | | |

| | | <u> </u> | TN: | CREASES | | I D | ECREASES | | |
|----|-----------------------------------|----------|-------------|----------|-------------|-------------|----------|--------|----------|
| | | | WORKSHEET C | WKST C | I | WORKSHEET C | WKST C | | \dashv |
| | EVEL ANATION OF REGULACCIFICATION | CODE | | | AMOUNT | | | AMOUNT | |
| ⊢ | EXPLANATION OF RECLASSIFICATION | CODE | COST CENTER | LINE NO. | AMOUNT 5 | COST CENTER | LINE NO. | AMOUNT | + |
| | 1 | 2 | 3 | 4 | 3 | 6 | / | 8 | + |
| 1 | | | | - | | | + + | | 1 2 |
| 2 | | | | | | | ++ | | 2 |
| 3 | | | | | | | + + | | 3 4 |
| 4 | | | | | | | + + | | 5 |
| 5 | | | | | | | + + | | |
| 6 | | | | | | | + + | | 7 |
| 7 | | | | | | | + | | |
| 8 | | | | | | | + | | 8 |
| 9 | | | | | | | | | 9 |
| 10 | | | | | | | + | | 10 |
| 11 | | | | | | | | | 11 |
| 12 | | | | | | | | | 12 |
| 13 | | | | | | | + | | 13 |
| 14 | | | | | | | \bot | | 14 |
| 15 | | | | | | | | | 15 |
| 16 | | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 25 |
| 25 | | | | | | | | | 25 |
| 26 | | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | | 29 30 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | | | | 1 | | | 1 | | 34 |
| 35 | | | | 1 | | | | | 35 |
| | TAL RECLASSIFICATIONS | | | | | | | | 500 |

| 10 24 | 1 Oldvi Civis 2540 24 | | | 4773 (COIVI.) |
|---|-----------------------|---------------|---------|---------------|
| APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS | P | PROVIDER CCN: | PERIOD: | WORKSHEET D |
| | | | FROM: | |
| | | | TO: | |
| | | | | |
| | | | | |

| SELECT COMPONENT [] SNF [] NF | [] ICF / III |) | | | | | | |
|---|---------------|---------------|------------------|------------|---------------|------------------|------------|-----|
| | I DATE OF | 1 · | ELLEUCIDE CILIDO | E.C. | | HEALTHGARE GOOTS | ` | |
| | RATIO OF | F | HEALTHCARE CHARG | | | HEALTHCARE COSTS | | _ |
| | COST TO | D ID 4 THE IT | OLITED A THEN IT | PREVENTIVE | D ID A THE IT | OLUMB A THEN IT | PREVENTIVE | |
| | CHARGES | INPATIENT | OUTPATIENT | VACCINES | INPATIENT | OUTPATIENT | VACCINES | 4 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 30 RADIOLOGY - DIAGNOSTIC | | | | | | | | 30 |
| 31 RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | | | | | | | | 31 |
| 32 LABORATORY | | | | | | | | 32 |
| 33 INTRAVENOUS THERAPY | | | | | | | | 33 |
| 34 RESPIRATORY THERAPY | | | | | | | | 34 |
| 35 PHYSICAL THERAPY | | | | | | | | 35 |
| 36 OCCUPATIONAL THERAPY | | | | | | | | 36 |
| 37 SPEECH LANGUAGE PATHOLOGIST | | | | | | | | 37 |
| 38 AUDIOLOGY | | | | | | | | 38 |
| 39 ELECTROCARDIOLOGY | | | | | | | | 39 |
| 40 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | 40 |
| 41 DRUGS: DRUGS CHARGED TO PATIENTS | | | | | | | | 41 |
| 42 DRUGS: IV SOLUTIONS | | | | | | | | 42 |
| 43 DENTAL CARE | | | | | | | | 43 |
| 44 APPLIANCES AND EQUIPMENT | | | | | | | | 44 |
| 45 BLOOD AND BLOOD PRODUCTS | | | | | | | | 45 |
| 46 BLOOD TRANSFUSION/PROCESSING/STORAGE | | | | | | | | 46 |
| 47 | | | | | | | | 47 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 64 | | | | | | | | 64 |
| OUTPATIENT REIMBURSABLE COST CENTERS | | | | | | | | |
| 71 AMBULANCE | | | | | | | | 71 |
| COST REIMBURSED SERVICES COST CENTERS | | | | | | | | |
| 80 PREVENTIVE VACCINES | | | | | | | | 80 |
| 81 | | | | | | | | 81 |
| 100 TOTAL | | | | | | | | 100 |

SELECT PROGRAM

[] TITLE V

[] TITLE XVIII

[] TITLE XIX

| COMP | UTATION OF INPATIENT ROUTINE COSTS | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET | D-1 |
|-------|---|----------------|-------------------|-----------|-----|
| SELEC | T PROGRAM [] TITLE V [] TITLE XVIII [] TITLE XI | X | | | |
| SELEC | T COMPONENT [] SNF [] NF [] ICF/IID | | | | |
| | | | | 1 | I |
| | INPATIENT DAYS | | | | |
| | INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS | | | | 1 |
| | PRIVATE ROOM DAYS | | | | 2 |
| | PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS | | | | 3 |
| | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGR | RAM | | | 4 |
| 5 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | | | | 5 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | |
| | GENERAL INPATIENT ROUTINE SERVICE CHARGES | | | | 6 |
| | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | | | | 7 |
| | PRIVATE ROOM CHARGES | | | | 8 |
| | AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | 9 |
| | SEMI-PRIVATE ROOM CHARGES | | | | 10 |
| | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | | | | 11 |
| | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | | | | 12 |
| | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | | | | 13 |
| | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | | | | 14 |
| 15 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST | T DIFFERENTIAL | | | 15 |
| | PROGRAM INPATIENT ROUTINE SERVICE COSTS | | | | |
| | ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM | | | | 16 |
| | PROGRAM ROUTINE SERVICE COST | | | | 17 |
| | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | | | | 18 |
| | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | | | | 19 |
| | CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COS | STS | | | 20 |
| | PER DIEM CAPITAL RELATED COSTS | | | | 21 |
| | PROGRAM CAPITAL RELATED COST | | | | 22 |
| | INPATIENT ROUTINE SERVICE COST | | | | 23 |
| | AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | | | | 24 |
| | TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST | T LIMITATION | | | 25 |
| | PER DIEM LIMITATION | | | | 26 |
| | INPATIENT ROUTINE SERVICE COST LIMITATION | | | | 27 |
| 28 | REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS | | | 1 | 28 |

| CALC | JLATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET E PART A | |
|------|--|---------------|-------------------------|-----------------------|----|
| | | | | | |
| 1 | INPATIENT PPS AMOUNT | | | | 1 |
| 2 | ALLOWABLE BAD DEBTS | | | | 2 |
| 3 | ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES | | | | 3 |
| 4 | REIMBURSABLE BAD DEBTS | | | | 4 |
| 5 | TOTAL REIMBURSABLE COST | | | | 5 |
| 6 | PRIMARY PAYER AMOUNTS | | | | 6 |
| 7 | COINSURANCE | | | | 7 |
| - 8 | | | | | 8 |
| 9 | DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION | | | | 9 |
| 10 | SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS | | | | 10 |
| 11 | SEQUESTRATION AMOUNT | | | | 11 |
| 12 | DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION | | | | 12 |
| 13 | NET REIMBURSABLE COST | | | | 13 |
| 14 | INTERIM PAYMENTS | | | | 14 |
| 15 | TENTATIVE ADJUSTMENT | | | | 15 |
| 16 | BALANCE DUE PROVIDER/PROGRAM | | | | 16 |
| 17 | PROTESTED AMOUNTS | | | | 17 |

| CALCU | JLATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART B | PROVIDER CCN: | PERIOD: | WORKSHEET E | |
|-------|--|---------------|---------|-------------|----|
| | | | FROM: | PART B | |
| | | | TO: | | |
| | | | | | |
| | | | | | |
| 1 | PART B ANCILLARY SERVICE COSTS | | | | 1 |
| 2 | PREVENTIVE VACCINES | | | | 2 |
| 3 | TOTAL REASONABLE COSTS | | | | 3 |
| 4 | MEDICARE PART B ANCILLARY CHARGES | | | | 4 |
| 5 | COST OF COVERED SERVICES | | | | 5 |
| 6 | ALLOWABLE BAD DEBTS | | | | 6 |
| 7 | ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES | | | | 7 |
| 8 | REIMBURSABLE BAD DEBTS | | | | 8 |
| 9 | TOTAL REIMBURSABLE COST | | | | 9 |
| 10 | PRIMARY PAYER AMOUNTS | | | | 10 |
| 11 | COINSURANCE AND DEDUCTIBLES | | | | 11 |
| 12 | | | | | 12 |
| 13 | DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION | | | | 13 |
| | SEQUESTRATION AMOUNT | | | | 14 |
| 15 | DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION | | | | 15 |
| 16 | NET REIMBURSABLE COST | | | | 16 |
| 17 | INTERIM PAYMENTS | | | | 17 |
| | TENTATIVE ADJUSTMENT | | | | 18 |
| | BALANCE DUE PROVIDER/PROGRAM | | | | 19 |
| 20 | PROTESTED AMOUNTS | | · | | 20 |

| 10-24 | t rc | 1KW CW3-2340-24 | | | | | 4993 (CC | лч ι .) |
|-------|--|---------------------|--------|----------|-------------------------|--|--------------|-------------|
| | YSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERE CARE BENEFICIARIES | D TO | PROVII | DER CCN: | PERIOD: FROM: TO: | | WORKSHEET E- | 1 |
| | | | | 1 1 | PART A | | PART B | ı |
| | | | | DATE | | DATE | | 1 |
| | | | | 1 | 2 | 3 | 4 | 1 |
| 1 | TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | 1 | - | | - | 1 |
| | INTERIM PAYMENTS PAYABLE | | | | | | | 2 |
| | RETROACTIVE LUMP SUM ADJUSTMENTS | | .01 | | | | | 3.01 |
| | | PROGR. | AM .02 | | | | | 3.02 |
| | | ТО | .03 | | | | | 3.03 |
| | | PROVID | ER .04 | | | | | 3.04 |
| | | | .05 | | | | | 3.05 |
| | | | .50 | | | | | 3.50 |
| | | PROVID | ER .51 | | | | | 3.51 |
| | | TO | .52 | | | | | 3.52 |
| | | PROGRA | AM .53 | | | | | 3.53 |
| | | | .54 | | | | | 3.54 |
| | SUBTOTAL | | .99 | | | | | 3.99 |
| 4 | TOTAL INTERIM PAYMENTS | | | | | | | 4 |
| | | | | | | | | |
| 5 | CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS | | .01 | | | | | 5.01 |
| | | PROGR. | | | | | | 5.02 |
| | | TO | .03 | | | | | 5.03 |
| | | PROVID | | | | | | 5.04 |
| | | | .05 | | | <u> </u> | | 5.05 |
| | | | .50 | | | | | 5.50 |
| | | PROVID | | | | | | 5.51 |
| | | ТО | .52 | | | | | 5.52 |
| | | PROGRA | | | | | | 5.53 |
| | | | .54 | | _ | | | 5.54 |
| | SUBTOTAL | PR | .99 | | | | | 5.99 |
| 6 | CONTRACTOR: NET SETTLEMENT AMOUNT | PROGRAM TO PROVIDE | | | | | | 6.01 |
| | CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY | PROVIDER TO PROGRAM | М .02 | | | | | 6.02 |
| | CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY | | | | | | | |
| | | | | I | CONTRACTO | R | | Ī |
| | NAME OF CONTRACTO | R | | | NUMBER | | DATE OF NPR | |
| | 1 | | | + | 2 | | 3 | 1 |
| | · · · · · · · · · · · · · · · · · · · | | | | | $-\!\!\!\!-$ | | |

| CALCULAT | TON OF REIMBU | RSEMENT SETTL | EMENT - OTHER | | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET E-2 |
|-----------|------------------|------------------|-------------------|-------------------------|---------------------|-------------------------|---------------|
| CELECT DD | OCRAM | [] TITLE V | f 1 TITLE VIV | | | | |
| SELECT PR | | L J | [] TITLE XIX | [] ICF / IID | | | |
| SELECT CO | MIPONENT | [] SNF | [] NF | [] ICF / IID | | | |
| COMPLITAT | TION OF NET CO | OST OF COVERED | SERVICES | | | | |
| | ATIENT ANCILLA | | BERVICES | | | | 1 1 |
| | TPATIENT SERVICE | | | | | | 2 |
| | ATIENT ROUTINE | | | | | | 3 |
| | ST OF COVERED S | | | | | | 4 |
| 5 DIF | FERENTIAL IN CH | HARGES BETWEEN | SEMIPRIVATE ACCO | MMODATIONS AND LESS TI | HAN SEMIPRIVATE A | CCOMMODATIONS | 5 |
| 6 SUE | BTOTAL | | | | | | 6 |
| 7 PRI | MARY PAYER AM | IOUNTS | | | | | 7 |
| 8 TO1 | ΓAL REASONABLI | E COST | | | | | 8 |
| REASONAE | BLE CHARGES | | | | | | ' |
| 9 INP. | ATIENT ANCILLA | RY SERVICES CH. | ARGES | | | | 9 |
| 10 OU | TPATIENT SERVIO | CES CHARGES | | | | | 10 |
| 11 INP. | ATIENT ROUTINE | E SERVICES CHAR | GES | | | | 11 |
| 12 DIF | FERENTIAL IN CH | IARGES BETWEEN | SEMIPRIVATE ACCO | MMODATIONS AND LESS T | HAN SEMIPRIVATE A | CCOMMODATIONS | 12 |
| 13 TOT | ΓAL REASONABLI | E CHARGES | | | | | 13 |
| CUSTOMAI | RY CHARGES | | | | | | |
| 14 AG0 | GREGATE AMOU | NT ACTUALLY CO | LLECTED FROM PATE | ENTS LIABLE FOR PAYMEN | T FOR SERVICES ON A | A CHARGE BASIS | 14 |
| 15 AM | OUNTS THAT WO | ULD HAVE BEEN | REALIZED FROM PAT | IENTS LIABLE FOR PAYMEN | T FOR SERVICES ON | A CHARGE BASIS | 15 |
| HAI | D SUCH PAYMEN | T BEEN MADE IN . | ACCORDANCE WITH | 42 CFR 413.13(e) | | | |
| | | | EXCEED 1.000000) | | | | 16 |
| | ΓAL CUSTOMARY | | | | | | 17 |
| | | JRSEMENT SETTI | EMENT | | | | |
| | ST OF COVERED S | SERVICES | | | | | 18 |
| | ST SHARING | | | | | | 19 |
| 20 SUE | | | | | | | 20 |
| | LOWABLE BAD DI | EBTS | | | | | 21 |
| 22 SUE | 3TOTAL | | | | | | 22 |
| 23 | | | | | | | 23 |
| 24 SUE | | | | | | | 24 |
| | ERIM PAYMENTS | | | | | | 25 |
| 26 BAI | LANCE DUE PROV | /IDER/PROGRAM (| INDICATE OVERPAY! | MENT IN PARENTHESES) | | | 26 |

| BALA | NCE SHEET | PROVIDER CCN: | PERIOD: | WORKSHE | ET G |
|------|--|---------------|----------|-----------|----------|
| | | | FROM: | | |
| | | | TO: | | |
| | | | | | |
| | LOOPER | | <u> </u> | A) (OLDIT | |
| | ASSETS CURRENT ACCUTO | | | AMOUNT | _ |
| | CURRENT ASSETS | | | | , |
| | CASH ON HAND AND IN BANKS | | | | 1 |
| | TEMPORARY INVESTMENTS | | | | 2 |
| | NOTES RECEIVABLE | | | | 3 |
| | ACCOUNTS RECEIVABLE | | | | 4 |
| | OTHER RECEIVABLES | | | | 5 |
| | LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE | | | | 6 |
| | INVENTORY | | | | 7 |
| | PREPAID EXPENSES | | | | 8 |
| | OTHER CURRENT ASSETS DUE FROM OTHER FLIDES | | | | |
| | DUE FROM OTHER FUNDS | | | | 10 |
| 11 | TOTAL CURRENT ASSETS | | | | 11 |
| 12 | FIXED ASSETS | | | | 12 |
| | LAND IMPROVEMENTS | | | | 12 |
| | LAND IMPROVEMENTS LEGG. ACCUMULATED DEPRECIATION | | | | 13 |
| | LESS: ACCUMULATED DEPRECIATION BUILDINGS | | | | 14 |
| | | | | | |
| | LESS: ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS | | | - | 16 17 |
| | LESS: ACCUMULATED DEPRECIATION | | | | 18 |
| | FIXED EQUIPMENT | | | | 19 |
| | LESS: ACCUMULATED DEPRECIATION | | | | 20 |
| | AUTOMOBILES AND TRUCKS | | | | 21 |
| | LESS: ACCUMULATED DEPRECIATION | | | | 22 |
| | MAJOR MOVABLE EQUIPMENT | | | | 23 |
| | LESS: ACCUMULATED DEPRECIATION | | | | 24 |
| | MINOR EQUIPMENT - DEPRECIABLE | | | | 25 |
| | MINOR EQUIPMENT - NONDEPRECIABLE MINOR EQUIPMENT - NONDEPRECIABLE | | | | 26 |
| | OTHER FIXED ASSETS | | | | 27 |
| | TOTAL FIXED ASSETS | | | | 28 |
| 20 | OTHER ASSETS | | | | 26 |
| 20 | INVESTMENTS | | | | 29 |
| | DEPOSITS ON LEASES | | | | 30 |
| | DUE FROM OWNERS/OFFICERS | | | | 31 |
| | OTHER ASSETS | | | | 32 |
| | TOTAL OTHER ASSETS | | | | 33 |
| | TOTAL ASSETS | | | | 34 |
| ٥. | 101112 1100210 | | | | 3. |
| | LIABILITIES | | 1 | AMOUNT | |
| | CURRENT LIABILITIES | | | | |
| 35 | ACCOUNTS PAYABLE | | | | 35 |
| | SALARIES, WAGES & FEES PAYABLE | | | | 36 |
| | PAYROLL TAXES PAYABLE | | | | 37 |
| | NOTES & LOANS PAYABLE (SHORT TERM) | | | | 38 |
| | DEFERRED INCOME | | | | 39 |
| 40 | ACCELERATED PAYMENTS | | | | 40 |
| 41 | DUE TO OTHER FUNDS | | | | 41 |
| 42 | OTHER CURRENT LIABILITIES | | | | 42 |
| 43 | TOTAL CURRENT LIABILITIES | | | | 43 |
| | LONG TERM LIABILITIES | | | | |
| 44 | MORTGAGE PAYABLE | | | | 44 |
| 45 | NOTES PAYABLE | | | | 45 |
| | UNSECURED LOANS | | | | 46 |
| | LOANS FROM OWNERS | | 1 | | 47 |
| 48 | OTHER LONG TERM LIABILITIES | | 1 | | 48 |
| | TOTAL LONG TERM LIABILITIES | | | | 49 |
| | TOTAL LIABILITIES | | 1 | | 50 |
| | CAPITAL ACCOUNTS | | | | |
| 51 | FUND BALANCES | | | | 51 |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | | | | 52 |

| 4995 (CONT.) | FORM CMS-2540-24 | | | 10-24 |
|--|------------------|---------------|---------|---------------|
| STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | | PROVIDER CCN: | PERIOD: | WORKSHEET G-2 |
| | | | FROM: | |
| | | | TO: | |
| | | 1 | | |

| | | | INPATIENT | | | OUTPATIENT | | | | | | | |
|------|---|----------|-----------|----------|----------|------------|----------|----------|----------|----------|-------|-------|----|
| | | MEDICARE | MEDICARE | | MEDICAID | | MEDICARE | MEDICARE | | MEDICAID | | | 1 |
| | | FFS | HMO | MEDICAID | HMO | OTHER | FFS | HMO | MEDICAID | HMO | OTHER | TOTAL | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 1 |
| | GENERAL INPATIENT ROUTINE CARE SERVICES | | | | | | | | | | | | |
| 1 | SKILLED NURSING FACILITY | | | | | | | | | | | | 1 |
| 2 | NURSING FACILITY | | | | | | | | | | | | 2 |
| 3 | ICF/IID | | | | | | | | | | | | 3 |
| 4 | TOTAL GENERAL INPATIENT CARE SERVICES | | | | | | | | | | | | 4 |
| | ALL OTHER SERVICES | | | | | | | | | | | | |
| 5 | ANCILLARY SERVICES | | | | | | | | | | | | 5 |
| 6 | HOME HEALTH AGENCY | | | | | | | | | | | | 6 |
| 7 | AMBULANCE | | | | | | | | | | | | 7 |
| | HOSPICE | | | | | | | | | | | | 8 |
| | ALL OTHER REVENUES | | | | | | | | | | | | 9 |
| 10 | TOTAL PATIENT REVENUES | | | | | | | | | | | | 10 |
| | | | | | | | | | | | | | |
| PART | II - OPERATING EXPENSES | | | | | | | | | | | | |
| | | TOTAL | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | |
| 11 | OPERATING EXPENSES | | | | | | | | | | | | 11 |
| 12 | | · | | | | | | | | | | | 12 |
| 13 | TOTAL ADDITIONS | | | | | | | | | | | | 13 |
| 14 | | | | | | | | | | | | | 14 |
| 15 | TOTAL DEDUCTIONS | | | | | | | | | | | | 15 |
| 16 | TOTAL OPERATING EXPENSES | | | | | | | | | | | | 16 |

PART I - PATIENT REVENUES

| 1021 | 1 OIGH CIVIS 25 10 2 1 | | | 1775 (66 | /1 11 .) |
|------------------------------------|------------------------|---------------|-------------------------|---------------|-----------------|
| STATEMENT OF REVENUES AND EXPENSES | | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET G-3 | 3 |
| | | | | | |
| | · | .,, | | MOUNT | |

| | | AMOUNT |
|----|---|--------|
| | INCOME FROM SERVICES TO PATIENTS | |
| 1 | TOTAL PATIENT REVENUES | 1 |
| 2 | LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS | 2 |
| 3 | NET PATIENT REVENUES | 3 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 4 |
| 5 | NET INCOME FROM SERVICES TO PATIENTS | 5 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 6 |
| | INCOME FROM INVESTMENTS | 7 |
| 8 | REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES) | 8 |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICES | 9 |
| 10 | PURCHASE DISCOUNTS | 10 |
| 11 | REBATES AND REFUNDS OF EXPENSES | 11 |
| 12 | PARKING LOT RECEIPTS | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | 15 |
| 16 | REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | 16 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | 17 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | 20 |
| 21 | RENTAL OF VENDING MACHINES | 21 |
| 22 | RENTAL OF SKILLED NURSING SPACE | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | 23 |
| 24 | OTHER MISCELLANEOUS REVENUE (SPECIFY) | 24 |
| | PHE FUNDING | 25 |
| 26 | TOTAL OTHER INCOME | 26 |
| 27 | TOTAL INCOME | 27 |
| | EXPENSES | |
| | OTHER EXPENSES (SPECIFY) | 28 |
| 29 | | 29 |
| 30 | | 30 |
| | TOTAL OTHER EXPENSES | 31 |
| 32 | NET INCOME (LOSS) FOR THE PERIOD | 32 |

| 1995 (COTT.) | 1 01001 01010 23 10 2 1 | | 10 2 |
|-----------------------------------|-------------------------|---------|-------------|
| ANALYSIS OF SNF - BASED HHA COSTS | PROVIDER CCN | PERIOD: | WORKSHEET H |
| | | FROM: | |
| | HHA CCN: | TO: | |

| | | | | | CONTRACTED/ | | | | |
|-----|--|----------|----------|-----------|-------------|-------|-------|------------|----------|
| | | | EMPLOYEE | TRANSPOR- | PURCHASED | OTHER | | RECLASS- | |
| | | SALARIES | BENEFITS | TATION | SERVICES | COSTS | TOTAL | IFICATIONS | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <u> </u> |
| | GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS AND FIXTURES | | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | 2 |
| 3 | PLANT OPERATIONS & MAINTENANCE | | | | | | | | 3 |
| 4 | TRANSPORTATION | | | | | | | | 4 |
| 5 | TELECOMMUNICATION TECHNOLOGY | | | | | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | | | | | | | | 6 |
| 7 | NURSING ADMINISTRATION | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| | HHA REIMBURSABLE SERVICES | | | | | | | | |
| 16 | SKILLED NURSING CARE - RN | | | | | | | | 16 |
| 17 | SKILLED NURSING CARE - LPN | | | | | | | | 17 |
| 18 | PT - PHYSICAL THERAPIST | | | | | | | | 18 |
| 19 | PT - PHYSICAL THERAPY ASSISTANT | | | | | | | | 19 |
| 20 | OT - OCCUPATIONAL THERAPIST | | | | | | | | 20 |
| 21 | OT - OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | 21 |
| 22 | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | 22 |
| 23 | MEDICAL SOCIAL SERVICES | | | | | | | | 23 |
| 24 | HOME HEALTH AIDE | | | | | | | | 24 |
| 25 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | 25 |
| 26 | DRUGS CHARGED TO PATIENTS | | | | | | | | 26 |
| 27 | COST OF ADMINISTERING VACCINES | | | | | | | | 27 |
| 28 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | 28 |
| 29 | DISPOSABLE DEVICES | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| | HHA NON-REIMBURSABLE SERVICES | | | | | | | | |
| 39 | HOME DIALYSIS AIDE SERVICES | | | | | | | | 39 |
| 40 | RESPIRATORY THERAPY | | | | | | | | 40 |
| 41 | PRIVATE DUTY NURSING | | | | | | | | 41 |
| | CLINIC | | | | | | | | 42 |
| 43 | HEALTH PROMOTION ACTIVITIES | | | | | | | | 43 |
| | DAY CARE PROGRAM | | | | | | | | 44 |
| | HOME DELIVERED MEALS PROGRAM | | | | | | | | 45 |
| | HOMEMAKER SERVICES | 1 | | | | | | 1 | 46 |
| | ADVERTISING | | | | | | | | 47 |
| | FUNDRAISING | | | | | | | | 48 |
| 49 | | | | | | | | | 49 |
| 100 | TOTAL | 1 | | | | | | | 100 |

| ANAL | YSIS OF SNF - BASED HHA COSTS | | | | ROVIDER CCN: HA CCN: | PERIOD: FROM: TO: | WORKSHEET H | I |
|------|--|--------------|-------------|--------------|-----------------------|-------------------|-------------|----|
| | | | | | | | | |
| | | | | | | | | |
| | | RECLASSIFIED | | NET EXPENSES | | | | |
| | | TRIAL | | FOR | | | | |
| | | BALANCE | ADJUSTMENTS | ALLOCATION | | | | |
| | | 8 | 9 | 10 | | | | |
| | GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS AND FIXTURES | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | 2 |
| 3 | PLANT OPERATIONS & MAINTENANCE | | | | | | | 3 |
| 4 | TRANSPORTATION | | | | | | | 4 |
| 5 | TELECOMMUNICATION TECHNOLOGY | | | | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | | | | | | | 6 |
| 7 | NURSING ADMINISTRATION | | | | | | | 7 |
| 8 | | | | | | | | 8 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| 16 | SKILLED NURSING CARE - RN | | | | | | | 16 |
| 17 | SKILLED NURSING CARE - LPN | | | | | | | 17 |
| 18 | PT - PHYSICAL THERAPIST | | | | | | | 18 |
| 19 | PT - PHYSICAL THERAPY ASSISTANT | | | | | | | 19 |
| 20 | OT - OCCUPATIONAL THERAPIST | | | | | | | 20 |
| 21 | OT - OCCUPATIONAL THERAPY ASSISTANT | | | | | | | 21 |
| 22 | SPEECH LANGUAGE PATHOLOGIST | | | | | | | 22 |
| 23 | MEDICAL SOCIAL SERVICES | | | | | | | 23 |
| 24 | HOME HEALTH AIDE | | | | | | | 24 |
| 25 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | 25 |
| 26 | DRUGS CHARGED TO PATIENTS | | | | | | | 26 |
| 27 | COST OF ADMINISTERING VACCINES | | | | | | | 27 |
| 28 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | 28 |
| 29 | DISPOSABLE DEVICES | | | | | | | 29 |
| 30 | | | | | | | | 30 |
| | HHA NON-REIMBURSABLE SERVICES | | | | | | | |
| 39 | HOME DIALYSIS AIDE SERVICES | | | | | | | 39 |
| 40 | RESPIRATORY THERAPY | | | | | | | 40 |
| 41 | PRIVATE DUTY NURSING | | | | | | | 41 |
| 42 | CLINIC | | | | | | | 42 |
| 43 | HEALTH PROMOTION ACTIVITIES | | | | | | | 43 |
| 44 | DAY CARE PROGRAM | | | | | | | 44 |
| 45 | HOME DELIVERED MEALS PROGRAM | | | | | | | 45 |
| 46 | HOMEMAKER SERVICES | | | | | | | 46 |
| 47 | ADVERTISING | | | | | | | 47 |
| 48 | FUNDRAISING | | | | | | | 48 |
| 49 | | | | | | | | 49 |

100 TOTAL

100

| 1995 (661(1.) | 1 014/1 01/15 25 10 2 1 | | | 102 |
|---|-------------------------|---------------|---------|---------------|
| ALLOCATION OF SNF-BASED HHA GENERAL SERVICE COSTS | | PROVIDER CCN: | PERIOD: | WORKSHEET H-1 |
| | | | FROM: | PART I |
| | | HHA CCN: | TO: | |
| | | 1 | | |

| | | | | | | | | 1 | |
|---------------|--|-------------|---------|--------|-----------|-----------|----------|------------|-----|
| | | | | | | | | | |
| | | NET EXPENSE | | | PLANT OP, | | | TELECOM- | i |
| | | FOR | | | MAINT & | TRANS- | | MUNICATION | i |
| | | ALLOCATION | CRC-B&F | CRC-ME | REPAIRS | PORTATION | SUBTOTAL | TECHNOLOGY | 1 |
| | | 0 | 1 | 2 | 3 | 4 | 4A | 5 | 11 |
| | GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS AND FIXTURES | | | | | | | | 1 |
| | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | 2 |
| | PLANT OPERATIONS & MAINTENANCE | | | | | | | | 3 |
| | TRANSPORTATION | | | | | | | | 4 |
| | TELECOMMUNICATION TECHNOLOGY | | | | | | | | 5 |
| | ADMINISTRATIVE & GENERAL | | | | | | | | 6 |
| $\frac{0}{7}$ | | | | | | | | | 7 |
| | | | | | | | | | 8 |
| | HHA REIMBURSABLE SERVICES | | | | | | | | - 0 |
| 1.6 | | | | | | | | | 1.6 |
| | SKILLED NURSING CARE - RN | | | | | | | | 16 |
| | SKILLED NURSING CARE - LPN | | | | | | | | 17 |
| | PT - PHYSICAL THERAPIST | | | | | | | | 18 |
| | PT - PHYSICAL THERAPY ASSISTANT | | | | | | | | 19 |
| | OT - OCCUPATIONAL THERAPIST | | | | | | | | 20 |
| | OT - OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | 21 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | 22 |
| 23 | MEDICAL SOCIAL SERVICES | | | | | | | | 23 |
| 24 | HOME HEALTH AIDE | | | | | | | | 24 |
| 25 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | 25 |
| 26 | DRUGS CHARGED TO PATIENTS | | | | | | | | 26 |
| 27 | COST OF ADMINISTERING VACCINES | | | | | | | | 27 |
| 28 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | 28 |
| 29 | DISPOSABLE DEVICES | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| | HHA NON-REIMBURSABLE SERVICES | | | | | | | | |
| 39 | HOME DIALYSIS AIDE SERVICES | | | | | | | | 39 |
| | RESPIRATORY THERAPY | | | | | | | | 40 |
| | PRIVATE DUTY NURSING | | | | | | | | 41 |
| | CLINIC | | | | | | | | 42 |
| | HEALTH PROMOTION ACTIVITIES | | | | 1 | | | | 43 |
| | DAY CARE PROGRAM | | | | | | | | 43 |
| | HOME DELIVERED MEALS PROGRAM | | | | - | | | | 44 |
| | | | | | | | | | |
| | HOMEMAKER SERVICES | | | | | | | | 46 |
| 47 | | | | | | | | | 47 |
| | FUNDRAISING | | | | | | | | 48 |
| 49 | | | | | | | | | 49 |
| 100 | TOTAL | | | | | | | | 100 |
| | | | | | | | | | |

| 10-24 | FURIVI CIVIS-2340-24 | | | 4993 (CON I |
|---|----------------------|---------------|---------|---------------|
| ALLOCATION OF SNF-BASED HHA GENERAL SERVICE COSTS | | PROVIDER CCN: | PERIOD: | WORKSHEET H-1 |
| | | | FROM: | PART I |
| | | HHA CCN: | TO: | |

| | | | | | | | 1 | |
|-----|--|----------|-----|---------|---------|-------|---|-----|
| | | | | | | | | |
| | | | | | OTHER | | | |
| | | | | NURSING | GENERAL | | | |
| | | SUBTOTAL | A&G | ADMIN | SERVICE | TOTAL | | |
| | | 5A | 6 | 7 | 8 | 9 | | |
| | GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS AND FIXTURES | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | 2 |
| 3 | PLANT OPERATIONS & MAINTENANCE | | | | | | | 3 |
| 4 | TRANSPORTATION | | | | | | | 4 |
| 5 | TELECOMMUNICATION TECHNOLOGY | | | | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | | | | | | | 6 |
| 7 | NURSING ADMINISTRATION | | | | | | | 7 |
| | | | | | | | | 8 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| 16 | SKILLED NURSING CARE - RN | | | | | | | 16 |
| 17 | SKILLED NURSING CARE - LPN | | | | | | | 17 |
| 18 | PT - PHYSICAL THERAPIST | | | | | | | 18 |
| 19 | PT - PHYSICAL THERAPY ASSISTANT | | | | | | | 19 |
| 20 | OT - OCCUPATIONAL THERAPIST | | | | | | | 20 |
| 21 | OT - OCCUPATIONAL THERAPY ASSISTANT | | | | | | | 21 |
| 22 | SPEECH LANGUAGE PATHOLOGIST | | | | | | | 22 |
| 23 | MEDICAL SOCIAL SERVICES | | | | | | | 23 |
| 24 | HOME HEALTH AIDE | | | | | | | 24 |
| 25 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | 25 |
| 26 | DRUGS CHARGED TO PATIENTS | | | | | | | 26 |
| 27 | COST OF ADMINISTERING VACCINES | | | | | | | 27 |
| 28 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | 28 |
| 29 | DISPOSABLE DEVICES | | | | | | | 29 |
| 30 | OTHER REIMBURSABLE | | | | | | | 30 |
| | HHA NON-REIMBURSABLE SERVICES | | | | | | | |
| 39 | HOME DIALYSIS AIDE SERVICES | | | | | | | 39 |
| 40 | RESPIRATORY THERAPY | | | | | | | 40 |
| 41 | PRIVATE DUTY NURSING | | | | | | | 41 |
| | CLINIC | 1 | | | | | | 42 |
| 43 | HEALTH PROMOTION ACTIVITIES | | | | | | | 43 |
| | DAY CARE PROGRAM | 1 | | | | | | 44 |
| | HOME DELIVERED MEALS PROGRAM | | | | | | | 45 |
| 46 | HOMEMAKER SERVICES | | | | | | | 46 |
| 47 | ADVERTISING | | | | | | | 47 |
| 48 | FUNDRAISING | | | | | | | 48 |
| 49 | | | | | | | | 49 |
| 100 | TOTAL | | | | | | | 100 |
| | | | | | | | | |

| 4773 (COIVI.) | 1 Oldvi Civis 2540 24 | | | 10 2 |
|---|-----------------------|---------------|---------|---------------|
| ALLOCATION OF SNF-BASED HHA GENERAL SERVICE COSTS - STATISTICAL BASIS | | PROVIDER CCN: | PERIOD: | WORKSHEET H-1 |
| | | | FROM: | PART II |
| | | HHA CCN: | TO: | |
| | | | | |

| | | NET EXPENSES FOR ALLOCATION | CRC-B&F (SQUARE FEET) | CRC-ME (DOLLAR VALUE) | PLANT OPERATION & MAINT (SQUARE FEET) | TRANS- PORTATION (MILEAGE) | RECONCIL- IATION | TELECOM- MUNICATION TECHNOLOGY (ACCUM COST) | |
|-----|--|--------------------------------------|-----------------------------|--|---------------------------------------|----------------------------------|---------------------|---|----------|
| | | 0 | 1 | 2 | 3 | 4 | 5A | 5 | <u> </u> |
| | GENERAL SERVICE COST CENTERS | | | | | | | | |
| | CAPITAL RELATED - BUILDINGS AND FIXTURES | | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | 2 |
| | PLANT OPERATIONS & MAINTENANCE | | | | | | | | 3 |
| | TRANSPORTATION | | | | | | | | 4 |
| | TELECOMMUNICATION TECHNOLOGY | | | | | | | | 5 |
| 6 | | | | | | | | | 6 |
| 7 | NURSING ADMINISTRATION | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| | HHA REIMBURSABLE SERVICES | | | | | | | | |
| | SKILLED NURSING CARE - RN | | | | | | | | 16 |
| | SKILLED NURSING CARE - LPN | | | | | | | | 17 |
| | PT - PHYSICAL THERAPIST | | | | | | | | 18 |
| | PT - PHYSICAL THERAPY ASSISTANT | | | | | | | | 19 |
| | OT - OCCUPATIONAL THERAPIST | | | | | | | | 20 |
| | OT - OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | 21 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | 22 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | 23 |
| | HOME HEALTH AIDE | | | | | | | | 24 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | 25 |
| | DRUGS CHARGED TO PATIENTS | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | 28 |
| | DISPOSABLE DEVICES | | | | | | | | 29 |
| 30 | OTHER REIMBURSABLE | | | | | | | | 30 |
| | HHA NON-REIMBURSABLE SERVICES | | | | | | | | |
| | HOME DIALYSIS AIDE SERVICES | | | | | | | | 39 |
| | RESPIRATORY THERAPY | | | | | | | | 40 |
| | PRIVATE DUTY NURSING | | | | | | | | 41 |
| | CLINIC HEALTH PROMOTION ACTIVITIES | | | | | | | | 42 |
| | HEALTH PROMOTION ACTIVITIES | | | 1 | | | | | 43 |
| | DAY CARE PROGRAM | | | 1 | | | | | |
| | HOME DELIVERED MEALS PROGRAM | | | | | | | | 45 |
| | HOMEMAKER SERVICES ADVERTISING | | | | | | | | 46 47 |
| 47 | | | | - | | | | | |
| | FUNDRAISING | | | | ļ | | | | 48 |
| 49 | COST TO BE ALLOCATED | | | | | | | | 101 |
| | UNIT COST MULTIPLIER | | | | - | | | | 101 |
| 102 | UNII COSI MOLIIFLIER | | | l | | | | | 102 |

| ALLOC | ATION OF SNF-BASED HHA GENERAL SERVICE COSTS - STATISTICAL BASIS | | | | PI | ROVIDER CCN: | PERIOD: FROM: | WORKSHEET H-1 PART II |
|-------|--|-----------|--------|-----------|---------|--------------|------------------|--------------------------|
| | | | | | H | HA CCN: | TO: | PART II |
| | | | | | | | | |
| | | T | Ī | Π | I | | | |
| | | RECONCIL- | | NURSING | OTHE | | | |
| | | ILATION | A&G | ADMIN | GENER. | | | |
| | | | (ACCUM | (DIRECT | SERVIC | | | |
| | | 6A | COST) | NURS HRS) | (SPECIF | Y) | | |
| | GENERAL SERVICE COST CENTERS | UA | 0 | / | 0 | | | |
| 1 | CAPITAL RELATED - BUILDINGS AND FIXTURES | | | | | | | |
| | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | |
| 3 | PLANT OPERATIONS & MAINTENANCE | | | | | | | |
| 4 | TRANSPORTATION | | | | | | | 4 |
| 5 | TELECOMMUNICATION TECHNOLOGY | | | | | | | |
| 6 | ADMINISTRATIVE & GENERAL | | | | | | | |
| 7 | NURSING ADMINISTRATION | | | | | | | |
| 8 | | | | | | | | 8 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| | SKILLED NURSING CARE - RN | | | | | | | 10 |
| | SKILLED NURSING CARE - LPN | | | | | | | 13 |
| | PT - PHYSICAL THERAPIST | | | | | | | 18 |
| | PT - PHYSICAL THERAPY ASSISTANT | | | | | | | 19 |
| | OT - OCCUPATIONAL THERAPIST | | | | | | | 20 |
| | OT - OCCUPATIONAL THERAPY ASSISTANT | | | | | | | 21 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | 22 |
| | MEDICAL SOCIAL SERVICES | | | | | | | 23 |
| | HOME HEALTH AIDE | | | | | | | 24 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | 2.5 |
| | DRUGS CHARGED TO PATIENTS | | | | | | | 20 |
| | COST OF ADMINISTERING VACCINES | - | | | | | | 27 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | 28 |
| 30 | DISPOSABLE DEVICES | | | | | | | 29 |
| 30 | HHA NON-REIMBURSABLE SERVICES | | | | | | | 30 |
| 20 | HOME DIALYSIS AIDE SERVICES | | | | | | | 39 |
| | RESPIRATORY THERAPY | | | | | | | 48 |
| | PRIVATE DUTY NURSING | | | | | | | 4 |
| | CLINIC | | | | | | | 42 |
| | HEALTH PROMOTION ACTIVITIES | | | | | | | 43 |
| | DAY CARE PROGRAM | + | | | | | | 44 |
| | HOME DELIVERED MEALS PROGRAM | | | | | | | 4: |
| | HOMEMAKER SERVICES | + | | | | | | 40 |
| | ADVERTISING | † | | | | | | 47 |
| | FUNDRAISING | † | | | | | | 48 |
| 49 | - | 1 | | | | | | 49 |
| | COST TO BE ALLOCATED | | | | | | | 101 |
| | UNIT COST MULTIPLIER | | | | | | | 102 |
| | | | | | | | | |

102

| .556 (231/11) | 1 01401 01115 20 10 2 1 | | 10 - |
|--|-------------------------|---------|---------------|
| ALLOCATION OF SNF GENERAL SERVICE COSTS TO SNF - BASED HHA | PROVIDER CCN: | PERIOD: | WORKSHEET H-2 |
| | | FROM: | PART I |
| | HHA CCN: | TO: | |
| | | | |

| | | WKST H-1, | HHA | | | | | | | LAUNDRY | |
|-----|--------------------------------------|--------------|---------|---------|--------|----------|----------|-----|-----------|---------|-----|
| | | PT I, COL 9, | TRIAL | | | EMPLOYEE | | | OPERATION | & LINEN | |
| | | LINE | BALANCE | CRC-B&F | CRC-ME | BENEFITS | SUBTOTAL | A&G | OF PLANT | SERVICE | |
| | | NUMBER: | 0 | 1 | 2 | 3 | 3A | 4 | 5 | 6 | |
| 1 | ADMINISTRATIVE & GENERAL | | | | | | | | | | 1 |
| 2 | SKILLED NURSING CARE - RN | 16 | | | | | | | | | 2 |
| | SKILLED NURSING CARE - LPN | 17 | | | | | | | | | 3 |
| | PT - PHYSICAL THERAPIST | 18 | | | | | | | | | 4 |
| | PT - PHYSICAL THERAPY ASSISTANT | 19 | | | | | | | | | 5 |
| | OT - OCCUPATIONAL THERAPIST | 20 | | | | | | | | | 6 |
| | OT - OCCUPATIONAL THERAPY ASSISTANT | 21 | | | | | | | | | 7 |
| | SPEECH LANGUAGE PATHOLOGIST | 22 | | | | | | | | | 8 |
| | MEDICAL SOCIAL SERVICES | 23 | | | | | | | | | 9 |
| | HOME HEALTH AIDE | 24 | | | | | | | | | 10 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | 25 | | | | | | | | | 11 |
| 12 | DRUGS CHARGED TO PATIENTS | 26 | | | | | | | | | 12 |
| 13 | COST OF ADMINISTERING VACCINES | 27 | | | | | | | | | 13 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | 28 | | | | | | | | | 14 |
| 15 | DISPOSABLE DEVICES | 29 | | | | | | | | | 15 |
| | OTHER REIMBURSABLE | 30 | | | | | | | | | 16 |
| 17 | HOME DIALYSIS AIDE SERVICES | 39 | | | | | | | | | 17 |
| | RESPIRATORY THERAPY | 40 | | | | | | | | | 18 |
| 19 | PRIVATE DUTY NURSING | 41 | | | | | | | | | 19 |
| 20 | CLINIC | 42 | | | | | | | | | 20 |
| | HEALTH PROMOTION ACTIVITIES | 43 | | | | | | | | | 21 |
| 22 | DAY CARE PROGRAM | 44 | | | | | | | | | 22 |
| 23 | HOME DELIVERED MEALS PROGRAM | 45 | | | | | | | | | 23 |
| 24 | HOMEMAKER SERVICES | 46 | | | | | | | | | 24 |
| 25 | ADVERTISING | 47 | _ | | | | _ | | | | 25 |
| 26 | FUNDRAISING | 48 | | | | | | | | | 26 |
| 27 | | 49 | | | | | | | | | 27 |
| 100 | TOTALS | | _ | | | | _ | | | | 100 |
| 101 | UNIT COST MULTIPLIER - COLUMN 22 | | | | | | | | | | 101 |

| 10-24 | I Oldvi Civio-2540-24 | | | 4773 (CONT. |
|--|-----------------------|--------------|---------|---------------|
| ALLOCATION OF SNF GENERAL SERVICE COSTS TO SNF - BASED HHA | PR | ROVIDER CCN: | PERIOD: | WORKSHEET H-2 |
| | _ | | FROM: | PART I |
| | HI | HA CCN: | TO: | |
| | | | | |

| | | | | | CENTRAL | | | MEDICAL | | QUALITY & | |
|-----|--------------------------------------|---------|---------|---------|----------|----------|---------|---------|------------|------------|-----|
| | | HOUSE- | | NURSING | SERVICE | | MEDICAL | SOCIAL | ACTIVITIES | PERFORM | |
| | | KEEPING | DIETARY | ADMIN | & SUPPLY | PHARMACY | RECORDS | SERVICE | PROGRAM | IMPROV PGM | |
| | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| 1 | ADMINISTRATIVE & GENERAL | | | | | | | | | | 1 |
| 2 | SKILLED NURSING CARE - RN | | | | | | | | | | 2 |
| 3 | SKILLED NURSING CARE - LPN | | | | | | | | | | 3 |
| 4 | PT - PHYSICAL THERAPIST | | | | | | | | | | 4 |
| 5 | PT - PHYSICAL THERAPY ASSISTANT | | | | | | | | | | 5 |
| 6 | OT - OCCUPATIONAL THERAPIST | | | | | | | | | | 6 |
| 7 | OT - OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | | | 7 |
| 8 | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | | 8 |
| 9 | MEDICAL SOCIAL SERVICES | | | | | | | | | | 9 |
| 10 | HOME HEALTH AIDE | | | | | | | | | | 10 |
| 11 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | | 11 |
| 12 | DRUGS CHARGED TO PATIENTS | | | | | | | | | | 12 |
| 13 | COST OF ADMINISTERING VACCINES | | | | | | | | | | 13 |
| 14 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | | | 14 |
| 15 | DISPOSABLE DEVICES | | | | | | | | | | 15 |
| 16 | OTHER REIMBURSABLE | | | | | | | | | | 16 |
| 17 | HOME DIALYSIS AIDE SERVICES | | | | | | | | | | 17 |
| 18 | RESPIRATORY THERAPY | | | | | | | | | | 18 |
| 19 | PRIVATE DUTY NURSING | | | | | | | | | | 19 |
| 20 | CLINIC | | | | | | | | | | 20 |
| 21 | HEALTH PROMOTION ACTIVITIES | | | | | | | | | | 21 |
| 22 | DAY CARE PROGRAM | | | | | | | | | | 22 |
| 23 | HOME DELIVERED MEALS PROGRAM | | | | | | | | | | 23 |
| 24 | HOMEMAKER SERVICES | | | | | | | | | | 24 |
| 25 | ADVERTISING | | | | | | | | | | 25 |
| 26 | FUNDRAISING | | | | | | | | | | 26 |
| 27 | | | | | | | | | | | 27 |
| 100 | TOTALS | | | | | | | | | | 100 |
| 101 | UNIT COST MULTIPLIER - COLUMN 22 | | | | | | | | | | 101 |

| 1555 (COTT.) | 1 014.7 01.15 25 10 2 1 | | 102 |
|--|-------------------------|---------|---------------|
| ALLOCATION OF SNF GENERAL SERVICE COSTS TO SNF - BASED HHA | PROVIDER CCN: | PERIOD: | WORKSHEET H-2 |
| | | FROM: | PART I |
| | HHA CCN: | TO: | |
| | | | |

| | | TRAINING & | PATIENT | OTHER | | POST- | | | 1 | 1 | $\overline{}$ |
|-----|--------------------------------------|------------|-----------|---------|----------|----------|----------|-----------|-----------|---|---------------|
| | | IN-SERVICE | TRANSPORT | GENERAL | | STEPDOWN | | ALLOCATED | TOTAL | | |
| | | EDUCATION | PART A | SERVICE | SUBTOTAL | ADJ | SUBTOTAL | HHA A&G | HHA COSTS | | |
| | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | |
| 1 | ADMINISTRATIVE & GENERAL | | | | | | | | | | 1 |
| 2 | SKILLED NURSING CARE - RN | | | | | | | | | | 2 |
| 3 | SKILLED NURSING CARE - LPN | | | | | | | | | | 3 |
| 4 | PHYSICAL THERAPIST | | | | | | | | | | 4 |
| 5 | PHYSICAL THERAPY ASSISTANT | | | | | | | | | | 5 |
| 6 | OCCUPATIONAL THERAPIST | | | | | | | | | | 6 |
| 7 | OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | | | 7 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | | 8 |
| 9 | MEDICAL SOCIAL SERVICES | | | | | | | | | | 9 |
| 10 | HOME HEALTH AIDE | | | | | | | | | | 10 |
| 11 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | | 11 |
| 12 | DRUGS CHARGED TO PATIENTS | | | | | | | | | | 12 |
| 13 | COST OF ADMINISTERING VACCINES | | | | | | | | | | 13 |
| 14 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | | | 14 |
| 15 | DISPOSABLE DEVICES | | | | | | | | | | 15 |
| 16 | OTHER REIMBURSABLE | | | | | | | | | | 16 |
| 17 | HOME DIALYSIS AIDE SERVICES | | | | | | | | | | 17 |
| 18 | RESPIRATORY THERAPY | | | | | | | | | | 18 |
| 19 | PRIVATE DUTY NURSING | | | | | | | | | | 19 |
| 20 | CLINIC | | | | | | | | | | 20 |
| | HEALTH PROMOTION ACTIVITIES | | | | | | | | | | 21 |
| | DAY CARE PROGRAM | | | | | | | | | | 22 |
| 23 | HOME DELIVERED MEALS PROGRAM | | | | | | | | | | 23 |
| 24 | HOMEMAKER SERVICES | | | | | | | | | | 24 |
| 25 | ADVERTISING | | | | | | | | | | 25 |
| 26 | FUNDRAISING | | | | | | | | | | 26 |
| 27 | | | | | | | | | | | 27 |
| 100 | TOTALS | | | | | | | | | | 100 |
| 101 | UNIT COST MULTIPLIER - COLUMN 22 | | | | | | | | | | 101 |

| 10 24 | 1 Oldwi Civis 2540 24 | | | 4773 (COIVI. |
|--|-----------------------|---------------|---------|---------------|
| ALLOCATION OF SNF GENERAL SERVICE COSTS TO SNF - BASED HHA - STATISTICAL B | ASIS | PROVIDER CCN: | PERIOD: | WORKSHEET H-2 |
| | | | FROM: | PART II |
| | | HHA CCN: | TO: | |
| | | | | |

| | | | CRC-B&F (SQUARE FEET) | CRC-ME (DOLLAR VALUE) | EMPLOYEE BENEFITS (GROSS SALARIES) | RECON- CILIATION | A&G (ACCUM COST) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | |
|-----|--------------------------------------|--|-----------------------------|-----------------------------|------------------------------------|---------------------|------------------------|---|---|-----|
| | | | 1 | 2 | 3 | 4A | 4 | 5 | 6 | 1 |
| 1 | ADMINISTRATIVE & GENERAL | | | | | | | | | 1 |
| 2 | SKILLED NURSING CARE - RN | | | | | | | | | 2 |
| 3 | SKILLED NURSING CARE - LPN | | | | | | | | | 3 |
| 4 | PT - PHYSICAL THERAPIST | | | | | | | | | 4 |
| 5 | PT - PHYSICAL THERAPY ASSISTANT | | | | | | | | | 5 |
| 6 | OT - OCCUPATIONAL THERAPIST | | | | | | | | | 6 |
| 7 | OT - OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | | 7 |
| 8 | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | 8 |
| 9 | MEDICAL SOCIAL SERVICES | | | | | | | | | 9 |
| 10 | HOME HEALTH AIDE | | | | | | | | | 10 |
| 11 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | 11 |
| 12 | DRUGS CHARGED TO PATIENTS | | | | | | | | | 12 |
| 13 | COST OF ADMINISTERING VACCINES | | | | | | | | | 13 |
| 14 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | | 14 |
| 15 | DISPOSABLE DEVICES | | | | | | | | | 15 |
| 16 | OTHER REIMBURSABLE | | | | | | | | | 16 |
| 17 | HOME DIALYSIS AIDE SERVICES | | | | | | | | | 17 |
| 18 | RESPIRATORY THERAPY | | | | | | | | | 18 |
| 19 | PRIVATE DUTY NURSING | | | | | | | | | 19 |
| 20 | CLINIC | | | | | | | | | 20 |
| 21 | HEALTH PROMOTION ACTIVITIES | | | | | | | | | 21 |
| 22 | DAY CARE PROGRAM | | | | | | | | | 22 |
| 23 | HOME DELIVERED MEALS PROGRAM | | | | | | | | | 23 |
| 24 | HOMEMAKER SERVICES | | | | | | | | | 24 |
| 25 | ADVERTISING | | | | | | | | | 25 |
| 26 | FUNDRAISING | | | | | | | | | 26 |
| 27 | | | | | | | | | | 27 |
| 100 | TOTAL STATISTIC | | | | | | | | | 100 |
| 101 | TOTAL COST TO BE ALLOCATED | | | | | | | | | 101 |
| 102 | UNIT COST MULTIPLIER | | | | | | | | | 102 |

| 1995 (COLL) | 1 014/1 01/10 20 10 2 1 | | | 10 2 |
|--|-------------------------|---------------|---------|---------------|
| ALLOCATION OF SNF GENERAL SERVICE COSTS TO SNF - BASED HHA - STATISTICAL BAS | IS | PROVIDER CCN: | PERIOD: | WORKSHEET H-2 |
| | | | FROM: | PART II |
| | | HHA CCN: | TO: | |
| | | | | |

| | | | | | CENTRAL | | | MEDICAL | | QUALITY & | |
|-----|---|-----------|---------|-----------|----------|----------|---------|---------|------------|------------|-----|
| | | HOUSE- | | NURSING | SERVICE | | MEDICAL | SOCIAL | ACTIVITIES | PERFORM | |
| | | KEEPING | DIETARY | ADMIN | & SUPPLY | PHARMACY | RECORDS | SERVICE | PROGRAM | IMPROV PGM | |
| | | (HOURS OF | (MEALS | (DIRECT | (COSTED | (COSTED | (TIME | (TIME | (TIME | (TIME | 1 |
| | | SERVICE) | SERVED) | NURS HRS) | REQUIS) | REQUIS) | SPENT) | SPENT) | SPENT) | SPENT) | |
| | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 1 |
| | ADMINISTRATIVE & GENERAL | · · | | | 10 | | | - 13 | 1. | | 1 |
| 2 | SKILLED NURSING CARE - RN | | | | | | | | | | 2 |
| 3 | SKILLED NURSING CARE - LPN | | | | | | | | | | 3 |
| 4 | PHYSICAL THERAPIST | | | | | | | | | | 4 |
| | PHYSICAL THERAPY ASSISTANT | | | | | | | | | | 5 |
| - 6 | OCCUPATIONAL THERAPIST | | | | | | | | | | 6 |
| 7 | OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | | | 7 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | | 8 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | | | 9 |
| | HOME HEALTH AIDE | | | | | | | | | | 10 |
| 11 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | | 11 |
| | DRUGS CHARGED TO PATIENTS | | | | | | | | | | 12 |
| 13 | COST OF ADMINISTERING VACCINES | | | | | | | | | | 13 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | | | 14 |
| | DISPOSABLE DEVICES | | | | | | | | | | 15 |
| 16 | OTHER REIMBURSABLE | | | | | | | | | | 16 |
| | HOME DIALYSIS AIDE SERVICES | | | | | | | | | | 17 |
| 18 | RESPIRATORY THERAPY | | | | | | | | | | 18 |
| | PRIVATE DUTY NURSING | | | | | | | | | | 19 |
| | CLINIC | | | | | | | | | | 20 |
| 21 | HEALTH PROMOTION ACTIVITIES | | | | | | | | | | 21 |
| | DAY CARE PROGRAM | | | | | | | | | | 22 |
| 23 | HOME DELIVERED MEALS PROGRAM | | | | | | | | | | 23 |
| | HOME DELIVERED MEALS PROGRAM HOMEMAKER SERVICES | | | | | | | | | | 24 |
| 25 | ADVERTISING | | | | | | | | | | 25 |
| | FUNDRAISING | - | | | | | | | | | 26 |
| 26 | PUICIANUNU | | | | | | | | | | 26 |
| 27 | TOTAL STATISTIC | | | | | | | | | | |
| | TOTAL STATISTIC | | | | | | | | | | 100 |
| 101 | TOTAL COST TO BE ALLOCATED | | | | | | | | | | 125 |
| 102 | UNIT COST MULTIPLIER | | | | | | | | | | 102 |

| ALLO | CATION OF SNF GENERAL SERVICE COSTS TO S | SNF - BASED HHA | - STATISTICAL BA | ASIS | | PROVII HHA C | DER CCN: | PERIOD: FROM: | WORKSHEET H PART II | í-2 |
|------|--|--|--|--|--|-----------------|----------|------------------|------------------------|-----|
| | | | | | | HHAC | JN: | TO: | _ | |
| | | | | | | | | | | |
| | | TRAINING & IN-SERVICE EDUCATION (TIME SPENT) | PATIENT TRANSPORT PART A (NUMBER OF TRANSPORT) | OTHER GENERAL SERVICE (SPECIFY) | | | | | | |
| - 1 | LADAMHOTDATINE O CENEDAL | 16 | 17 | 18 | | | | | | |
| | ADMINISTRATIVE & GENERAL SKILLED NURSING CARE - RN | | | | | | | | | 2 |
| | SKILLED NURSING CARE - RN SKILLED NURSING CARE - LPN | | | | | | | | | 2 |
| | PHYSICAL THERAPIST | | | | | | | | | 4 |
| | PHYSICAL THERAPY ASSISTANT | | | | | | | | | 5 |
| | OCCUPATIONAL THERAPIST | | | | | | | | | 6 |
| | OCCUPATIONAL THERAPY ASSISTANT | | | | | | | | | 7 |
| | SPEECH LANGUAGE PATHOLOGIST | | | | | | | | | 8 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | | 9 |
| | HOME HEALTH AIDE | | | | | | | | | 10 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | | | 11 |
| | DRUGS CHARGED TO PATIENTS | | | | | | | | | 12 |
| | COST OF ADMINISTERING VACCINES | | | | | | | | | 13 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | | 14 |
| | DISPOSABLE DEVICES | | | | | | | | | 15 |
| 16 | OTHER REIMBURSABLE | | | | | | | | | 16 |
| 17 | HOME DIALYSIS AIDE SERVICES | | | | | | | | | 17 |
| 18 | RESPIRATORY THERAPY | | | | | | | | | 18 |
| 19 | PRIVATE DUTY NURSING | | | | | | | | | 19 |
| 20 | CLINIC | | | | | | | | | 20 |
| 21 | HEALTH PROMOTION ACTIVITIES | | | | | | | | | 21 |
| 22 | DAY CARE PROGRAM | | | | | | | | | 22 |
| 23 | HOME DELIVERED MEALS PROGRAM | | | | | | | | | 23 |
| 24 | HOMEMAKER SERVICES | | | | | | | | | 24 |
| 25 | ADVERTISING | | | | | | | | | 25 |
| 26 | FUNDRAISING | | | | | | | | | 26 |
| 27 | | | | | | | | | | 27 |
| 100 | TOTALS | | | | | | | | | 100 |
| 101 | TOTAL COST TO BE ALLOCATED | | | | | | | | | 101 |
| 102 | UNIT COST MULTIPLIER | | | | | | | | | 102 |

| APPOF | RTIONMENT OF SNF-BASED HHA PATIENT SER | VICE COSTS | | | | | | | PROVII HHA CO | DER CCN: | PERIOD: FROM: TO: | II. | WORKSHEET H- PARTS I, II & III | |
|-------|--|---|----------------------------|------------------------------|--|----------------------|-----------------------------------|--|-------------------------|----------|-------------------------|----------|-----------------------------------|-----|
| SELEC | T PROGRAM [] TITLE V [] TI | TLE XVIII | [] TITLE X | ΊΧ | | | | | | | | | | |
| PART | I - APPORTIONMENT OF COST OF SNF-BASED | HHA SERVICE | S FURNISHE | ED RV SHARE | D SNE DEP | ARTMENTS | | | | | | | | |
| 1 | PHYSICAL THERAPY OCCUPATIONAL THERAPY | FROM WKST C, COL 5, LINE # | COST TO CHARGE RATIO | TOTAL | HHA SHARED ANCILLARY COSTS 3 | | | | | | | | | 1 2 |
| | SPEECH LANGUAGE PATHOLOGIST | 37 | | 1 | | | | | | | | | _ | 3 |
| | MEDICAL SUPPLIES CHARGED TO PATIENTS | 40 | | + | | | | | | | | | _ | 4 |
| | DRUGS CHARGED TO PATIENTS | 41 | | | | | | | | | | | _ | 5 |
| | DROGS CHARGED TO TATLE VIS | 11 | | | | l | | | . | | | | | |
| PART | II - SNF-BASED HHA COST PER VISIT AND PRO | OGRAM COST | COMPUTAT | ION | | | | | | | | | | |
| | | FROM WKST H-2, PT I, COL 23, LINE # | FACILITY COSTS | SHARED ANCILLARY COSTS | TOTAL HHA COSTS | TOTAL VISITS 4 | AVERAGE COST PER VISIT 5 | HHA PROGRAM VISITS 6 | HHA PROGRAM COSTS | | | | | |
| | SKILLED NURSING CARE - RN | 2 | | | | | | ļ | | | | | | 1 |
| | SKILLED NURSING CARE - LPN | 3 | | | | | | | | | | | | 2 |
| | PT - PHYSICAL THERAPIST | 4 | | | | | | | | | | | | 3 |
| | PT - PHYSICAL THERAPY ASSISTANT | 5 | | | | | | | | | | | | 4 |
| | OT - OCCUPATIONAL THERAPIST | 6 | | | | | | | | | | | | 5 |
| | OT - OCCUPATIONAL THERAPY ASSISTANT | 7 | | | | | | | | | | | _ | 6 |
| | SPEECH LANGUAGE PATHOLOGIST | 8 | | | | | | | | | | | | 7 |
| | MEDICAL SOCIAL SERVICES | 9 | | | | | | | | | | | | 8 |
| | HOME HEALTH AIDE | 10 | _ | | | | | | | | | | _ | 9 |
| 10 | TOTAL | | | | | | | | | | | | | 10 |
| DADT | III - MEDICAL SUPPLIES, DRUGS, AND DISPOSA | DIE DEVICE | C COCT COL | (DUTATION | | | | | | | | | | |
| PARI | III - MEDICAL SUPPLIES, DRUGS, AND DISPOSA | FROM | S COST CON | I | | 1 | ı | I procra | M COVERED | CHARCEC | DDOCD A | M COST O | F SERVICES | |
| | | WKST H-2, | | SHARED | TOTAL | | | OPPS | NOT SUBJ | | OPPS | NOT SUE | | ł |
| | | PT I, | EACH ITY | ANCILLARY | HHA | TOTAL | | REIMB | TO DED & | | | TO DED | | |
| | | COL 23, | COSTS | COSTS | COSTS | CHARGES | RATIO | SERVICES | COINSUR | COINSUR | SERVICES | COINSU | | |
| | | LINE # | 1 | 2 | 3 | 4 | 5 | SERVICES 6 | 7 | 8 | SERVICES 9 | 10 | R COINSUR | 1 |
| 1 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 11 | 1 | | 3 | + | , | 0 | | 0 | 7 | 10 | 11 | 1 |
| 2 | DRUGS CHARGED TO PATIENTS | 12 | 1 | + | | | | | | - | | - | + | 2 |
| - 2 | COST OF ADMINISTERING VACCINES | 13 | 1 | | | | | | | | | | | 3 |
| | DISPOSABLE DEVICES | 15 | | | | | | | | | | | | 4 |
| | DIOI COMBEL DE VICEO | 1.0 | | | | | | | | | 4 | | | 4 7 |

| 10-24 | FORM CMS-2340-24 | ŀ | | 4993 (CC | лч.) |
|-------|--|---------------|------------------|-------------------------------|------|
| CALCU | ULATION OF SNF-BASED HHA REIMBURSEMENT SETTLEMENT | PROVIDER CCN: | PERIOD: FROM: | WORKSHEET H-4 PARTS I & II | 4 |
| | | HHA CCN: | TO: | PARIST&II | |
| | | | | | |
| ~~ | | | | | |
| SE | ELECT PROGRAM [] TITLE V [] TITLE XVIII [] TITLE XIX | | | | |
| | | ~P~ | | | |
| PART | I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARG | | VOT OUD TO TO | OLID IE CE EC | |
| | | 1 | NOT SUBJECT TO | SUBJECT TO | |
| | | D | | DEDUCTIBLES AND | |
| | | _ | COINSURANCE | COINSURANCE | |
| | DELGOVADA E GOGT OF GERVAGEG | | 1 | 2 | |
| | REASONABLE COST OF SERVICES | | | | 1 2 |
| | TOTAL CHARGES | | | | |
| | EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST | | | | 3 |
| | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES TOTAL OF REASONABLE COST | | | | 5 |
| 3 | TOTAL OF REASONABLE COST | | | | 3 |
| DADT | II - COMPUTATION OF SNF - BASED HHA REIMBURSEMENT SETTLEMENT | | | | |
| PAKI | II - COMPUTATION OF SNF - BASED THA REIMBURSEMENT SETTLEMENT | | 1 1 | | |
| 1 | TOTAL PPS PAYMENT - FULL PERIODS WITHOUT OUTLIERS | | 1 | | 1 |
| | TOTAL PPS PAYMENT - FULL PERIODS WITH OUTLIERS TOTAL PPS PAYMENT - FULL PERIODS WITH OUTLIERS | | | | 2 |
| | TOTAL PPS PAYMENT - LUPA PERIODS | | | | 3 |
| | TOTAL PPS PAYMENT - PEP PERIODS | | | | 4 |
| | TOTAL PPS OUTLIER PAYMENT - FULL PERIODS WITH OUTLIERS | | | | 5 |
| | TOTAL PPS OUTLIER PAYMENT - PEP PERIODS | | | | 6 |
| 7 | | | | | 7 |
| | DME PAYMENT | | | | 8 |
| | OXYGEN PAYMENT | | | | 9 |
| | PAYMENT FOR SERVICES REIMBURSED UNDER OPPS | | | | 10 |
| | TOTAL REIMBURABLE COST | | | | 11 |
| | DEDUCTIBLES BILLED TO PROGRAM PATIENTS | | | | 12 |
| | COINSURANCE BILLED TO PROGRAM PATIENTS | | | | 13 |
| | PRIMARY PAYER PAYMENTS | | | | 14 |
| | SUBTOTAL OF REIMBURSABLE COSTS | | | | 15 |
| 16 | ALLOWABLE BAD DEBTS | | | | 16 |
| 17 | ADJUSTED REIMBURSABLE BAD DEBTS | | | | 17 |
| 18 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | | 18 |
| 19 | NET REIMBURSABLE AMOUNT BEFORE DEMONSTRATION PAYMENT ADJUSTMENTS | | | | 19 |
| 20 | OTHER DEMONSTRATION PAYMENT ADJUSTMENT AMOUNTS BEFORE SEQUESTRATIO | ON | | | 20 |
| 21 | AMOUNT DUE HHA PRIOR TO SEQUESTRATION ADJUSTMENT | | | | 21 |
| 22 | SEQUESTRATION ADJUSTMENT FOR CLAIMS-BASED AMOUNTS | | | | 22 |
| 23 | SEQUESTRATION ADJUSTMENT FOR NON-CLAIMS-BASED AMOUNTS | | | | 23 |
| 24 | OTHER DEMONSTRATION PAYMENT ADJUSTMENT AMOUNTS AFTER SEQUESTRATION | 1 | | | 24 |
| 25 | OTHER ADJUSTMENTS | | | | 25 |
| 26 | SUBTOTAL OF AMOUNT DUE HHA / MEDICARE PROGRAM | | | | 26 |
| 27 | TOTAL INTERIM PAYMENTS | | | | 27 |
| 28 | TENTATIVE SETTLEMENT AMOUNTS | | | | 28 |
| 29 | BALANCE DUE HHA / MEDICARE PROGRAM | | | | 29 |
| 30 | PROTESTED AMOUNTS | | | | 30 |

| | YSIS OF PAYMENTS TO SNF-BASED HOME HEALTH AGENCY FOR SERVICERED TO MEDICARE BENEFICIARIES | PROVIDER OF THE PROVIDER OF TH | FROM | D: : : | | WORKSHEET H- | .5 |
|---|---|--|----------|---------------|------|--------------|------|
| | | | | | | | |
| | | | | $\overline{}$ | DATE | AMOUNT | |
| | | | | | 1 | 2 | 1 |
| 1 | TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | | | | 1 |
| 2 | INTERIM PAYMENTS PAYABLE | | | | | | 2 |
| 3 | RETROACTIVE LUMP SUM ADJUSTMENTS | | | .01 | | | 3.01 |
| | | | PROGRAM | .02 | | | 3.02 |
| | | | ТО | .03 | | | 3.03 |
| | | | PROVIDER | .04 | | | 3.04 |
| | | | | .05 | | | 3.05 |
| | | | | .50 | | | 3.50 |
| | | | PROVIDER | .51 | | | 3.51 |
| | | | ТО | .52 | | | 3.52 |
| | | | PROGRAM | .53 | | | 3.53 |
| | | | | .54 | | | 3.54 |
| | SUBTOTAL | | | .99 | | | 3.99 |
| 4 | TOTAL INTERIM PAYMENTS | | | | | | 4 |
| | | | | | | | |
| 5 | CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS | | | .01 | | | 5.01 |
| | | | PROGRAM | | | | 5.02 |
| | | | TO | .03 | | | 5.03 |
| | | | PROVIDER | .04 | | | 5.04 |
| | | | | .05 | | | 5.05 |
| | | | | .50 | | | 5.50 |
| | | | PROVIDER | .51 | | | 5.51 |
| | | | TO | .52 | | | 5.52 |
| | | | PROGRAM | .53 | | | 5.53 |
| | | | | .54 | | | 5.54 |
| | SUBTOTAL | | | .99 | | | 5.99 |
| 6 | CONTRACTOR: NET SETTLEMENT AMOUNT | PROGRAM TO PROVIDE | R | .01 | | | 6.01 |
| | | PROVIDER TO PROGRA | M | .02 | | | 6.02 |
| 7 | CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY | | | | | | 7 |
| | | | | | | | |
| | | | CONTRA | | | | |
| | NAME OF CONTRACTOR | | NUM | | D. | ATE OF NPR | 1 |
| | 1 | | 2 | | | 3 | |
| 8 | | | | | | | 8 |

| 10-24 | FORM CMS-2340-24 | | | 4993 (CONT |
|---------------------------------------|------------------|---------------|---------|-------------|
| ANALYSIS OF SNF - BASED HOSPICE COSTS | | PROVIDER CCN: | PERIOD: | WORKSHEET K |
| | | | FROM: | |
| | | HOSPICE CCN: | TO: | |
| | | | | |

| | | | | | RECLASS- | | ADJUST- | | $\overline{}$ |
|----|---|----------|-------|----------|------------|----------|---------|-------|---------------|
| | | SALARIES | OTHER | SUBTOTAL | IFICATIONS | SUBTOTAL | MENTS | TOTAL | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 |
| | GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | 2 |
| 3 | EMPLOYEE BENEFITS | | | | | | | | 3 |
| 4 | ADMINISTRATIVE & GENERAL | | | | | | | | 4 |
| 5 | PLANT OPERATION & MAINTENANCE | | | | | | | | 5 |
| 6 | LAUNDRY & LINEN SERVICE | | | | | | | | 6 |
| 7 | HOUSEKEEPING | | | | | | | | 7 |
| 8 | DIETARY | | | | | | | | 8 |
| 9 | NURSING ADMINISTRATION | | | | | | | | 9 |
| 10 | ROUTINE MEDICAL SUPPLIES | | | | | | | | 10 |
| 11 | MEDICAL RECORDS | | | | | | | | 11 |
| 12 | STAFF TRANSPORTATION | | | | | | | | 12 |
| 13 | VOLUNTEER SERVICE COORDINATION | | | | | | | | 13 |
| 14 | PHARMACY | | | | | | | | 14 |
| 15 | PHYSICIAN ADMINISTRATIVE SERVICES | | | | | | | | 15 |
| 16 | OTHER GENERAL SERVICE | | | | | | | | 16 |
| 17 | PATIENT/RESIDENTIAL CARE SERVICES | | | | | | | | 17 |
| | DIRECT PATIENT CARE SERVICES COST CENTERS | | | | | | | | |
| 25 | INPATIENT CARE-CONTRACTED | | | | | | | | 25 |
| 26 | PHYSICIAN SERVICES | | | | | | | | 26 |
| 27 | NURSE PRACTITIONER | | | | | | | | 27 |
| 28 | REGISTERED NURSE | | | | | | | | 28 |
| 29 | LICENSED PRACTICAL NURSE | | | | | | | | 29 |
| 30 | PHYSICAL THERAPY | | | | | | | | 30 |
| 31 | OCCUPATIONAL THERAPY | | | | | | | | 31 |
| 32 | SPEECH-LANGUAGE PATHOLOGY | | | | | | | | 32 |
| 33 | MEDICAL SOCIAL SERVICES | | | | | | | | 33 |
| 34 | SPIRITUAL COUNSELING | | | | | | | | 34 |
| 35 | DIETARY COUNSELING | | | | | | | | 35 |
| 36 | COUNSELING-OTHER | | | | | | | | 36 |
| 37 | HOSPICE AIDE & HOMEMAKER SERVICES | | | | | | | | 37 |
| 38 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | 38 |
| 39 | PATIENT TRANSPORTATION | | | | | | | | 39 |
| 40 | IMAGING SERVICES | | | | | | | | 40 |
| 41 | LABS & DIAGNOSTICS | | | | | | | | 41 |
| 42 | MEDICAL SUPPLIES-NON-ROUTINE | | | | | | | | 42 |
| 43 | DRUGS CHARGED TO PATIENTS | | | | | | | | 43 |
| | OUTPATIENT SERVICES | | | | | | | | 44 |
| | PALLIATIVE RADIATION THERAPY | | | | | | | | 45 |
| 46 | PALLIATIVE CHEMOTHERAPY | | | | | | | | 46 |
| | OTHER DIRECT PATIENT CARE SERVICES | | | | | | | | 47 |
| | 1 | | | | | | | | |

| 1995 (CONT.) | 1 01001 01010 25 10 2 1 | | 10 2 |
|---------------------------------------|-------------------------|---------|-------------|
| ANALYSIS OF SNF - BASED HOSPICE COSTS | PROVIDER CCN: | PERIOD: | WORKSHEET K |
| | | FROM: | |
| | HOSPICE CCN: | TO: | |

| | | | | | RECLASS- | | ADJUST- | | |
|-----|---------------------------------------|----------|-------|----------|------------|----------|---------|-------|-----|
| | | SALARIES | OTHER | SUBTOTAL | IFICATIONS | SUBTOTAL | MENTS | TOTAL | 4 |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | NONREIMBURSABLE SERVICES COST CENTERS | | | | | | | | 4 |
| 60 | BEREAVEMENT PROGRAM | | | | | | | | 60 |
| 61 | VOLUNTEER PROGRAM | | | | | | | | 61 |
| 62 | FUNDRAISING | | | | | | | | 62 |
| 63 | HOSPICE/PALLIATIVE MEDICINE FELLOWS | | | | | | | | 63 |
| 64 | PALLIATIVE CARE PROGRAM | | | | | | | | 64 |
| 65 | OTHER PHYSICIAN SERVICES | | | | | | | | 65 |
| 66 | RESIDENTIAL CARE | | | | | | | | 66 |
| 67 | ADVERTISING | | | | | | | | 67 |
| 68 | TELEHEALTH/TELEMONITORING | | | | | | | | 68 |
| 69 | THRIFT STORE | | | | | | | | 69 |
| 70 | NURSING FACILITY ROOM & BOARD | | | | | | | | 70 |
| 71 | OTHER NONREIMBURSABLE | | | | | | | | 71 |
| 100 | TOTAL | | | | | | | | 100 |

| 10-2-7 | I OINIVI CIVID-23-10-2- | | | 4773 (CONT. |
|--|-------------------------|---------------|---------|---------------|
| ANALYSIS OF SNF - BASED HOSPICE CONTINUOUS HOME CARE | | PROVIDER CCN: | PERIOD: | WORKSHEET K-1 |
| | | | FROM: | |
| | | HOSPICE CCN: | TO: | |
| | | | | |

| | | | | | <u> </u> | | | | |
|-----|---|----------|-------|----------|------------|----------|---------|-------|----------|
| | | | | | RECLASS- | | ADJUST- | | \top |
| | | SALARIES | OTHER | SUBTOTAL | IFICATIONS | SUBTOTAL | MENTS | TOTAL | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <u> </u> |
| | DIRECT PATIENT CARE SERVICES COST CENTERS | | | | | | | | |
| | INPATIENT CARE - CONTRACTED | | | | | | | | 25 |
| 26 | | | | | | | | | 26 |
| | NURSE PRACTITIONER | | | | | | | | 27 |
| | REGISTERED NURSE | | | | | | | | 28 |
| | LICENSED PRACTICAL NURSE | | | | | | | | 29 |
| | PHYSICAL THERAPY | | | | | | | | 30 |
| | OCCUPATIONAL THERAPY | | | | | | | | 31 |
| | SPEECH-LANGUAGE PATHOLOGY | | | | | | | | 32 |
| 33 | MEDICAL SOCIAL SERVICES | | | | | | | | 33 |
| 34 | | | | | | | | | 34 |
| 35 | | | | | | | | | 35 |
| 36 | | | | | | | | | 36 |
| | HOSPICE AIDE & HOMEMAKER SERVICES | | | | | | | | 37 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | 38 |
| | PATIENT TRANSPORTATION | | | | | | | | 39 |
| | IMAGING SERVICES | | | | | | | | 40 |
| 41 | LABS & DIAGNOSTICS | | | | | | | | 41 |
| 42 | | | | | | | | | 42 |
| | DRUGS CHARGED TO PATIENTS | | | | | | | | 43 |
| | OUTPATIENT SERVICES | | | | | | | | 44 |
| 45 | PALLIATIVE RADIATION THERAPY | | | | | | | | 45 |
| 46 | PALLIATIVE CHEMOTHERAPY | | | | | | | | 46 |
| 47 | OTHER DIRECT PATIENT CARE SERVICE | | | | | | | | 47 |
| 100 | TOTAL | | | | | | | | 100 |

| 1970 (331.1.) | 1 010.1 0110 20 10 2 1 | | 10 = |
|---|------------------------|---------|---------------|
| ANALYSIS OF SNF - BASED HOSPICE ROUTINE HOME CARE | PROVIDER CCN: | PERIOD: | WORKSHEET K-2 |
| | | FROM: | |
| | HOSPICE CCN: | TO: | |
| | | | |

| | | | | | | | | • | |
|-----|---|----------|-------|----------|------------|----------|---------|-------|----------|
| | | | | | RECLASS- | | ADJUST- | | T |
| | | SALARIES | OTHER | SUBTOTAL | IFICATIONS | SUBTOTAL | MENTS | TOTAL | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <u> </u> |
| | DIRECT PATIENT CARE SERVICES COST CENTERS | | | | | | | | |
| | INPATIENT CARE - CONTRACTED | | | | | | | | 25 |
| | PHYSICIAN SERVICES | | | | | | | | 26 |
| | NURSE PRACTITIONER | | | | | | | | 27 |
| | REGISTERED NURSE | | | | | | | | 28 |
| | LICENSED PRACTICAL NURSE | | | | | | | | 29 |
| | PHYSICAL THERAPY | | | | | | | | 30 |
| | | | | | | | | | 31 |
| | SPEECH-LANGUAGE PATHOLOGY | | | | | | | | 32 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | 33 |
| | SPIRITUAL COUNSELING | | | | | | | | 34 |
| | DIETARY COUNSELING | | | | | | | | 35 |
| | COUNSELING - OTHER | | | | | | | | 36 |
| | HOSPICE AIDE & HOMEMAKER SERVICES | | | | | | | | 37 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | 38 |
| | PATIENT TRANSPORTATION | | | | | | | | 39 |
| | IMAGING SERVICES | | | | | | | | 40 |
| | LABS & DIAGNOSTICS | | | | | | | | 41 |
| | MEDICAL SUPPLIES-NON-ROUTINE | | | | | | | | 42 |
| 43 | DRUGS CHARGED TO PATIENTS | | | | | | | | 43 |
| 44 | | | | | | | | | 44 |
| 45 | PALLIATIVE RADIATION THERAPY | | | | | | | | 45 |
| 46 | | | | | | | | | 46 |
| 47 | OTHER DIRECT PATIENT CARE SERVICE | | | | | | | | 47 |
| 100 | TOTAL | | | | | | | | 100 |

| 10-2-4 | TORNI CIVIS-2340-24 | | | 4993 (CONT. |
|--|---------------------|---------------|---------|---------------|
| ANALYSIS OF SNF - BASED HOSPICE INPATIENT RESPITE CARE | | PROVIDER CCN: | PERIOD: | WORKSHEET K-3 |
| | | | FROM: | |
| | | HOSPICE CCN: | TO: | |
| | | I | 1 | 1 |

| | | | | | <u> </u> | | | | |
|-----|---|----------|-------|----------|------------|----------|---------|-------|----------|
| | | | | | RECLASS- | | ADJUST- | | \top |
| | | SALARIES | OTHER | SUBTOTAL | IFICATIONS | SUBTOTAL | MENTS | TOTAL | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <u>]</u> |
| | DIRECT PATIENT CARE SERVICES COST CENTERS | | | | | | | | |
| 25 | INPATIENT CARE - CONTRACTED | | | | | | | | 25 |
| 26 | | | | | | | | | 26 |
| | NURSE PRACTITIONER | | | | | | | | 27 |
| | REGISTERED NURSE | | | | | | | | 28 |
| | LICENSED PRACTICAL NURSE | | | | | | | | 29 |
| | PHYSICAL THERAPY | | | | | | | | 30 |
| | OCCUPATIONAL THERAPY | | | | | | | | 31 |
| | SPEECH-LANGUAGE PATHOLOGY | | | | | | | | 32 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | 33 |
| 34 | | | | | | | | | 34 |
| 35 | | | | | | | | | 35 |
| 36 | | | | | | | | | 36 |
| | HOSPICE AIDE & HOMEMAKER SERVICES | | | | | | | | 37 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | 38 |
| | PATIENT TRANSPORTATION | | | | | | | | 39 |
| | IMAGING SERVICES | | | | | | | | 40 |
| 41 | LABS & DIAGNOSTICS | | | | | | | | 41 |
| 42 | | | | | | | | | 42 |
| | DRUGS CHARGED TO PATIENTS | | | | | | | | 43 |
| | OUTPATIENT SERVICES | | | | | | | | 44 |
| 45 | PALLIATIVE RADIATION THERAPY | | | | | | | | 45 |
| 46 | | | | | | | | | 46 |
| 47 | OTHER DIRECT PATIENT CARE SERVICE | | | | | | | | 47 |
| 100 | TOTAL | | | | | | | | 100 |

| .556 (551/11) | 1 01401 01115 20 10 2 1 | | 10 2 |
|--|-------------------------|---------|---------------|
| ANALYSIS OF SNF-BASED HOSPICE GENERAL INPATIENT CARE | PROVIDER CCN: | PERIOD: | WORKSHEET K-4 |
| | | FROM: | |
| | HOSPICE CCN: | TO: | |
| | | | |

| | | | | | RECLASS- | | ADJUST- | | |
|-----|---|----------|-------|----------|------------|----------|---------|-------|-----|
| | | SALARIES | OTHER | SUBTOTAL | IFICATIONS | SUBTOTAL | MENTS | TOTAL | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | DIRECT PATIENT CARE SERVICES COST CENTERS | | | | | | | | |
| | INPATIENT CARE - CONTRACTED | | | | | | | | 25 |
| | PHYSICIAN SERVICES | | | | | | | | 26 |
| 27 | NURSE PRACTITIONER | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| | LICENSED PRACTICAL NURSE | | | | | | | | 29 |
| | PHYSICAL THERAPY | | | | | | | | 30 |
| | OCCUPATIONAL THERAPY | | | | | | | | 31 |
| | SPEECH-LANGUAGE PATHOLOGY | | | | | | | | 32 |
| | MEDICAL SOCIAL SERVICES | | | | | | | | 33 |
| | SPIRITUAL COUNSELING | | | | | | | | 34 |
| | DIETARY COUNSELING | | | | | | | | 35 |
| 36 | | | | | | | | | 36 |
| | HOSPICE AIDE & HOMEMAKER SERVICES | | | | | | | | 37 |
| | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | | | 38 |
| | PATIENT TRANSPORTATION | | | | | | | | 39 |
| | IMAGING SERVICES | | | | | | | | 40 |
| 41 | LABS & DIAGNOSTICS | | | | | | | | 41 |
| 42 | | | | | | | | | 42 |
| 43 | | | | | | | | | 43 |
| 44 | | | | | | | | | 44 |
| 45 | PALLIATIVE RADIATION THERAPY | | | | | | | | 45 |
| 46 | PALLIATIVE CHEMOTHERAPY | | | | | | | | 46 |
| 47 | OTHER DIRECT PATIENT CARE SERVICE | | | | | | | | 47 |
| 100 | TOTAL | | | | | | | | 100 |

| 10 21 | 1 Oldvi Civib 25 10 2 1 | | | 1775 (60111. |
|--|-------------------------|---------------|---------|---------------|
| DETERMINATION OF SNF - BASED HOSPICE TOTAL | EXPENSES FOR ALLOCATION | PROVIDER CCN: | PERIOD: | WORKSHEET K-5 |
| | | | FROM: | |
| | | HOSPICE CCN: | TO: | |
| | | | | |

| | | | | I common in | | |
|-----|--|-------|------|-------------|----------|---------------|
| | | **** | | GENERAL | | |
| | | HOSP | | SERVICES | mom. r | |
| | | DIRE | | EXPENSES | TOTAL | |
| | | EXPEN | ISES | FROM WKST B | EXPENSES | 4 |
| | | 1 | | 2 | 3 | |
| | GENERAL SERVICE COST CENTERS | | | | | ــــــ |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | 1 |
| 2 | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | ADMINISTRATIVE & GENERAL | | | | | 4 |
| | PLANT OPERATION & MAINTENANCE | | | | | 5 |
| | LAUNDRY & LINEN SERVICE | | | | | 6 |
| | HOUSEKEEPING | | | | | 7 |
| | DIETARY | | | | | 8 |
| | | | | | | 9 |
| 10 | ROUTINE MEDICAL SUPPLIES | | | | | 10 |
| | MEDICAL RECORDS | | | | | 11 |
| 12 | STAFF TRANSPORTATION | | | | | 12 |
| 13 | VOLUNTEER SERVICE COORDINATION | | | | | 13 |
| | PHARMACY | | | | | 14 |
| 15 | PHYSICIAN ADMINISTRATIVE SERVICES | | | | | 15 |
| | OTHER GENERAL SERVICE | | | | | 16 |
| 17 | PATIENT/RESIDENTIAL CARE SERVICES | | | | | 17 |
| | LEVEL OF CARE | | | | | |
| 50 | HOSPICE CONTINUOUS HOME CARE | | | | | 50 |
| 51 | HOSPICE ROUTINE HOME CARE | | | | | 51 |
| 52 | HOSPICE INPATIENT RESPITE CARE | | | | | 52 |
| 53 | HOSPICE GENERAL INPATIENT CARE | | | | | 53 |
| | NONREIMBURSABLE SERVICES COST CENTERS | | | | | $\overline{}$ |
| 60 | BEREAVEMENT PROGRAM | | | | | 60 |
| 61 | VOLUNTEER PROGRAM | | | | | 61 |
| 62 | FUNDRAISING | | | | | 62 |
| | HOSPICE/PALLIATIVE MEDICINE FELLOWS | | | | | 63 |
| 64 | PALLIATIVE CARE PROGRAM | | | | | 64 |
| 65 | OTHER PHYSICIAN SERVICES | | | | | 65 |
| 66 | RESIDENTIAL CARE | | | | | 66 |
| 67 | ADVERTISING | | | | | 67 |
| 68 | TELEHEALTH/TELEMONITORING | | | | | 68 |
| 69 | THRIFT STORE | | | | | 69 |
| 70 | NURSING FACILITY ROOM & BOARD | | | | | 70 |
| 71 | OTHER NONREIMBURSABLE COST CENTER | | | | | 71 |
| 100 | TOTAL | | | | | 100 |

| | | | 10-2 |
|---|---------------|----------------------------|---------------|
| F | PROVIDER CCN: | PERIOD: | WORKSHEET K-6 |
| | | FROM: | PART I |
| I | HOSPICE CCN: | TO: | |
| | | PROVIDER CCN: HOSPICE CCN: | FROM: |

| | | | | T | | | T | · | |
|--|----------|------|------|------------|----------|-----|-------|---------|-----|
| | TOTAL | CRC- | CRC- | EMPLOYEE | SUBTOTAL | A&G | PLANT | LAUNDRY | |
| | EXPENSES | B&F | ME | BENEFITS | | | OP & | & LINEN | |
| | | | | DEPARTMENT | | | MAINT | | _ |
| | 0 | 1 | 2 | 3 | 3A | 4 | 5 | 6 | |
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| 2 CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| 3 EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| 4 ADMINISTRATIVE & GENERAL | | | | | | | | | 4 |
| 5 PLANT OPERATION & MAINTENANCE | | | | | | | | | 5 |
| 6 LAUNDRY & LINEN SERVICE | | | | | | | | | 6 |
| 7 HOUSEKEEPING | | | | | | | | | 7 |
| 8 DIETARY | | | | | | | | | 8 |
| 9 NURSING ADMINISTRATION | | | | | | | | | 9 |
| 10 ROUTINE MEDICAL SUPPLIES | | | | | | | | | 10 |
| 11 MEDICAL RECORDS | | | | | | | | | 11 |
| 12 STAFF TRANSPORTATION | | | | | | | | | 12 |
| 13 VOLUNTEER SERVICE COORDINATION | | | | | | | | | 13 |
| 14 PHARMACY | | | | | | | | | 14 |
| 15 PHYSICIAN ADMINISTRATIVE SERVICES | | | | | | | | | 15 |
| 16 OTHER GENERAL SERVICE | | | | | | | | | 16 |
| 17 PATIENT/RESIDENTIAL CARE SERVICES | | | | | | | | | 17 |
| LEVEL OF CARE | | | | | | | | | |
| 50 HOSPICE CONTINUOUS HOME CARE | | | | | | | | | 50 |
| 51 HOSPICE ROUTINE HOME CARE | | | | | | | | | 51 |
| 52 HOSPICE INPATIENT RESPITE CARE | | | | | | | | | 52 |
| 53 HOSPICE GENERAL INPATIENT CARE | | | | | | | | | 53 |
| NONREIMBURSABLE SERVICES COST CENTERS | | | | | | | | | |
| 60 BEREAVEMENT PROGRAM | | | | | | | | | 60 |
| 61 VOLUNTEER PROGRAM | | | | | | | | | 61 |
| 62 FUNDRAISING | | | | | | | | | 62 |
| 63 HOSPICE/PALLIATIVE MEDICINE FELLOWS | | | | | | | | | 63 |
| 64 PALLIATIVE CARE PROGRAM | | | | | | | | | 64 |
| 65 OTHER PHYSICIAN SERVICES | | | | | | | | | 65 |
| 66 RESIDENTIAL CARE | | | | | | | | | 66 |
| 67 ADVERTISING | | | | | | | | | 67 |
| 68 TELEHEALTH/TELEMONITORING | | | | | | | | | 68 |
| 69 THRIFT STORE | | | | | | | | | 69 |
| 70 NURSING FACILITY ROOM & BOARD | | | | | | | | | 70 |
| 71 OTHER NONREIMBURSABLE | | | | | | | | | 71 |
| 99 NEGATIVE COST CENTER | | | | | | | | | 99 |
| 100 TOTAL | | | † | | | | | | 100 |

| 10-24 | FURIVI CIVIS-2340-24 | | | 4993 (CONT |
|---|----------------------|---------------|---------|---------------|
| COST ALLOCATION SNF - BASED -HOSPICE-GENERAL SERVICE COST | | PROVIDER CCN: | PERIOD: | WORKSHEET K-6 |
| | | | FROM: | PART I |
| | | HOSPICE CCN: | TO: | |

| | HOUSE- | DIETARY | NURSING | ROUTINE | MEDICAL | STAFF | VOLUNTEER | PHARMACY | |
|--|---------|----------|---------|----------|---------|-----------|-----------|----------|-----|
| | KEEPING | | ADMIN | MEDICAL | RECORDS | TRANS- | SVC COOR- | | |
| | | | | SUPPLIES | | PORTATION | DINATOR | | 1 |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| 2 CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| 3 EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| 4 ADMINISTRATIVE & GENERAL | | | | | | | | | 4 |
| 5 PLANT OPERATION & MAINTENANCE | | | | | | | | | 5 |
| 6 LAUNDRY & LINEN SERVICE | | <u> </u> | | | | | | | 6 |
| 7 HOUSEKEEPING | | | | | | | | | 7 |
| 8 DIETARY | | | | | | | | | 8 |
| 9 NURSING ADMINISTRATION | | | | | | | | | 9 |
| 10 ROUTINE MEDICAL SUPPLIES | | | | | | | | | 10 |
| 11 MEDICAL RECORDS | | | | | | | | | 11 |
| 12 STAFF TRANSPORTATION | | | | | | | | | 12 |
| 13 VOLUNTEER SERVICE COORDINATION | | | | | | | | | 13 |
| 14 PHARMACY | | | | | | | | | 14 |
| 15 PHYSICIAN ADMINISTRATIVE SERVICES | | | | | | | | | 15 |
| 16 OTHER GENERAL SERVICE | | | | | | | | | 16 |
| 17 PATIENT/RESIDENTIAL CARE SERVICES | | | | | | | | | 17 |
| LEVEL OF CARE | | | | | | | | | |
| 50 HOSPICE CONTINUOUS HOME CARE | | | | | | | | | 50 |
| 51 HOSPICE ROUTINE HOME CARE | | | | | | | | | 51 |
| 52 HOSPICE INPATIENT RESPITE CARE | | | | | | | | | 52 |
| 53 HOSPICE GENERAL INPATIENT CARE | | | | | | | | | 53 |
| NONREIMBURSABLE SERVICES COST CENTERS | | | | | | | | | |
| 60 BEREAVEMENT PROGRAM | | | | | | | | | 60 |
| 61 VOLUNTEER PROGRAM | | | | | | | | | 61 |
| 62 FUNDRAISING | | | | | | | | | 62 |
| 63 HOSPICE/PALLIATIVE MEDICINE FELLOWS | | | | | | | | | 63 |
| 64 PALLIATIVE CARE PROGRAM | | | | | | | | | 64 |
| 65 OTHER PHYSICIAN SERVICES | | | | | | | | | 65 |
| 66 RESIDENTIAL CARE | | | | | | | | | 66 |
| 67 ADVERTISING | | | | | | | | | 67 |
| 68 TELEHEALTH/TELEMONITORING | | | | | | | | | 68 |
| 69 THRIFT STORE | | | | | | | | | 69 |
| 70 NURSING FACILITY ROOM & BOARD | | | | | | | | | 70 |
| 71 OTHER NONREIMBURSABLE | | | | | | | | | 71 |
| 99 NEGATIVE COST CENTER | | | | | | | | | 99 |
| 100 TOTAL | | | | | | | | | 100 |

| 4995 (CONT.) | | FORM CM | 1S-2540-24 | | | | | | 10-24 |
|---|-----------|---------------|----------------|-------|---------|----------|-------------------|-------------------------|-------|
| COST ALLOCATION SNF - BASED -HOSPICE-GENERAL SERVICE COST | | | | | <u></u> | DER CCN: | PERIOD: FROM: TO: | WORKSHEET K-0 PART I | 6 |
| | | | | | | | | | |
| | PHYSICIAN | OTHER | PATIENT / | TOTAL | | | | | |
| | | O TO 1777 1 7 | D TO 4 TO 1 TO | | | | | | 1 |

| | PHYSICIAN | OTHER | PATIENT / | TOTAL | | | |
|--|-----------|---------|-----------|-------|--|--|-----|
| | ADMIN | GENERAL | RESIDENT | | | | |
| | SERVICES | SERVICE | CARE SVCS | | | | |
| | 15 | 16 | 17 | 18 | | | |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | 1 |
| 2 CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | 2 |
| 3 EMPLOYEE BENEFITS DEPARTMENT | | | | | | | 3 |
| 4 ADMINISTRATIVE & GENERAL | | | | | | | 4 |
| 5 PLANT OPERATION & MAINTENANCE | | | | | | | 5 |
| 6 LAUNDRY & LINEN SERVICE | | | | | | | 6 |
| 7 HOUSEKEEPING | | | | | | | 7 |
| 8 DIETARY | | | | | | | 8 |
| 9 NURSING ADMINISTRATION | | | | | | | 9 |
| 10 ROUTINE MEDICAL SUPPLIES | | | | | | | 10 |
| 11 MEDICAL RECORDS | | | | | | | 11 |
| 12 STAFF TRANSPORTATION | | | | | | | 12 |
| 13 VOLUNTEER SERVICE COORDINATION | | | | | | | 13 |
| 14 PHARMACY | | | | | | | 14 |
| 15 PHYSICIAN ADMINISTRATIVE SERVICES | | | | | | | 15 |
| 16 OTHER GENERAL SERVICE | | | | | | | 16 |
| 17 PATIENT/RESIDENTIAL CARE SERVICES | | | | | | | 17 |
| LEVEL OF CARE | | | | | | | |
| 50 HOSPICE CONTINUOUS HOME CARE | | | | | | | 50 |
| 51 HOSPICE ROUTINE HOME CARE | | | | | | | 51 |
| 52 HOSPICE INPATIENT RESPITE CARE | | | | | | | 52 |
| 53 HOSPICE GENERAL INPATIENT CARE | | | | | | | 53 |
| NONREIMBURSABLE SERVICES COST CENTERS | | | | | | | |
| 60 BEREAVEMENT PROGRAM | | | | | | | 60 |
| 61 VOLUNTEER PROGRAM | | | | | | | 61 |
| 62 FUNDRAISING | | | | | | | 62 |
| 63 HOSPICE/PALLIATIVE MEDICINE FELLOWS | | | | | | | 63 |
| 64 PALLIATIVE CARE PROGRAM | | | | | | | 64 |
| 65 OTHER PHYSICIAN SERVICES | | | | | | | 65 |
| 66 RESIDENTIAL CARE | | | | | | | 66 |
| 67 ADVERTISING | | | | | | | 67 |
| 68 TELEHEALTH/TELEMONITORING | | | | | | | 68 |
| 69 THRIFT STORE | | | | | | | 69 |
| 70 NURSING FACILITY ROOM & BOARD | | | | | | | 70 |
| 71 OTHER NONREIMBURSABLE | | | | | | | 71 |
| 99 NEGATIVE COST CENTER | | | | | | | 99 |
| 100 TOTAL | | | | | | | 100 |

| FURIVI CIVIS-2340-24 | | | 4993 (CONT |
|----------------------|---------------|---------|-----------------------------|
| | PROVIDER CCN: | PERIOD: | WORKSHEET K-6 |
| | | FROM: | PART II |
| | HOSPICE CCN: | TO: | |
| | | | PROVIDER CCN: PERIOD: FROM: |

| | | | | EMPLOYEE | | | PLANT | | |
|-----|--|---------|---------|------------|-----------|--------|---------|------------|-----|
| | | CRC- | CRC- | BENEFITS | RECONCIL- | | OP & | LAUNDRY | |
| | | B&F | ME | DEPARTMENT | IATION | A&G | MAINT | & LINEN | |
| | | (SQUARE | (DOLLAR | (GROSS | | (ACCUM | (SQUARE | (IN-FACIL- | |
| | | FEET) | VALUE) | SALARIES) | | COST) | FEET) | ITY DAYS) | 1 |
| | | 1 | 2 | 3 | 4A | 4 | 5 | 6 | |
| | GENERAL SERVICE COST CENTERS | | | | | | | | |
| | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | 1 |
| | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | 2 |
| | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | 3 |
| | ADMINISTRATIVE & GENERAL | | | | | | | | 4 |
| | PLANT OPERATION & MAINTENANCE | | | | | | | | 5 |
| | LAUNDRY & LINEN SERVICE | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | 7 |
| | DIETARY | | | | | | | | 8 |
| | NURSING ADMINISTRATION | | | | | | | | 9 |
| | ROUTINE MEDICAL SUPPLIES | | | | | | | | 10 |
| 11 | MEDICAL RECORDS | | | | | | | | 11 |
| | STAFF TRANSPORTATION | | | | | | | | 12 |
| 13 | VOLUNTEER SERVICE COORDINATION | | | | | | | | 13 |
| 14 | PHARMACY | | | | | | | | 14 |
| | PHYSICIAN ADMINISTRATIVE SERVICES | | | | | | | | 15 |
| 16 | OTHER GENERAL SERVICE | | | | | | | | 16 |
| 17 | PATIENT/RESIDENTIAL CARE SERVICES | | | | | | | | 17 |
| | LEVEL OF CARE | | | | | | | | |
| 50 | HOSPICE CONTINUOUS HOME CARE | | | | | | | | 50 |
| 51 | HOSPICE ROUTINE HOME CARE | | | | | | | | 51 |
| 52 | HOSPICE INPATIENT RESPITE CARE | | | | | | | | 52 |
| 53 | HOSPICE GENERAL INPATIENT CARE | | | | | | | | 53 |
| | NONREIMBURSABLE SERVICES COST CENTERS | | | | | | | | |
| 60 | BEREAVEMENT PROGRAM | | | | | | | | 60 |
| 61 | VOLUNTEER PROGRAM | | | | | | | | 61 |
| 62 | FUNDRAISING | | | | | | | | 62 |
| 63 | HOSPICE/PALLIATIVE MEDICINE FELLOWS | | | | | | | | 63 |
| 64 | PALLIATIVE CARE PROGRAM | | | | | | | | 64 |
| 65 | OTHER PHYSICIAN SERVICES | | | | | | | | 65 |
| 66 | RESIDENTIAL CARE | | | | | | | | 66 |
| 67 | ADVERTISING | | | | | | | | 67 |
| 68 | TELEHEALTH/TELEMONITORING | | | | | | | | 68 |
| 69 | | | | | | | | | 69 |
| 70 | NURSING FACILITY ROOM & BOARD | | | | | | | | 70 |
| 71 | OTHER NONREIMBURSABLE | | | | | | | | 71 |
| | NEGATIVE COST CENTER | | | | | | | | 99 |
| 101 | COST TO BE ALLOCATED | | | | | | | | 101 |
| 102 | UNIT COST MULTIPLIER | | | | | | | | 102 |

| 1995 (66141.) | 1 014.7 01.15 25 10 2 1 | | | 102 |
|--|-------------------------|---------------|---------|---------------|
| COST ALLOCATION - SNF - BASED HOSPICE GENERAL SERVICE COSTS STATISTICAL BASE | S | PROVIDER CCN: | PERIOD: | WORKSHEET K-6 |
| | | | FROM: | PART II |
| | | HOSPICE CCN: | TO: | |
| | | | | |

| | | | | | ROUTINE | | STAFF | VOLUNTEER | | |
|-----|--|---------|------------|-----------|----------|----------|-----------|-----------|-----------|----------|
| | | HOUSE- | | NURSING | MEDICAL | MEDICAL | TRANS- | SVC COOR- | | |
| | | KEEPING | DIETARY | ADMIN | SUPPLIES | RECORDS | PORTATION | DINATOR | | |
| | | (SQUARE | (IN-FACIL- | (DIRECT | (PATIENT | (PATIENT | (MILEAGE) | (HOURS OF | PHARMACY | |
| | | FEET) | ITY DAYS) | NURS HRS) | DAYS) | DAYS) | | SERVICE) | (CHARGES) | |
| | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | <u> </u> |
| | GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| 3 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| 4 | ADMINISTRATIVE & GENERAL | | | | | | | | | 4 |
| | PLANT OPERATION & MAINTENANCE | | | | | | | | | 5 |
| 6 | LAUNDRY & LINEN SERVICE | | | | | | | | | 6 |
| 7 | HOUSEKEEPING | | | | | | | | | 7 |
| 8 | DIETARY | | | | | | | | | 8 |
| 9 | NURSING ADMINISTRATION | | | | | | | | | 9 |
| 10 | ROUTINE MEDICAL SUPPLIES | | | | | | | | | 10 |
| 11 | MEDICAL RECORDS | | | | | | | | | 11 |
| 12 | STAFF TRANSPORTATION | | | | | | | | | 12 |
| 13 | VOLUNTEER SERVICE COORDINATION | | | | | | | | | 13 |
| 14 | PHARMACY | | | | | | | | | 14 |
| 15 | PHYSICIAN ADMINISTRATIVE SERVICES | | | | | | | | | 15 |
| 16 | OTHER GENERAL SERVICE | | | | | | | | | 16 |
| 17 | PATIENT/RESIDENTIAL CARE SERVICES | | | | | | | | | 17 |
| | LEVEL OF CARE | | | | | | | | | - |
| 50 | HOSPICE CONTINUOUS HOME CARE | | | | | | | | | 50 |
| 51 | HOSPICE ROUTINE HOME CARE | | | | | | | | | 51 |
| 52 | HOSPICE INPATIENT RESPITE CARE | | | | | | | | | 52 |
| 53 | HOSPICE GENERAL INPATIENT CARE | | | | | | | | | 53 |
| | NONREIMBURSABLE SERVICES COST CENTERS | | | | | | | | | |
| 60 | BEREAVEMENT PROGRAM | | | | | | | | | 60 |
| 61 | VOLUNTEER PROGRAM | | | | | | | | | 61 |
| 62 | FUNDRAISING | | | | | | | | | 62 |
| 63 | HOSPICE/PALLIATIVE MEDICINE FELLOWS | | | | | | | | | 63 |
| 64 | PALLIATIVE CARE PROGRAM | | | | | | | | | 64 |
| 65 | OTHER PHYSICIAN SERVICES | | | | | | | | | 65 |
| 66 | RESIDENTIAL CARE | | | | | | | | | 66 |
| 67 | ADVERTISING | | | | | | | | | 67 |
| 68 | TELEHEALTH/TELEMONITORING | | | | | | | | | 68 |
| 69 | THRIFT STORE | | | | | | | | | 69 |
| 70 | NURSING FACILITY ROOM & BOARD | | | | | | | | | 70 |
| 71 | OTHER NONREIMBURSABLE | | | | | | | | | 71 |
| 99 | NEGATIVE COST CENTER | | | | | | | | | 99 |
| 101 | COST TO BE ALLOCATED | | | | | | | | | 101 |
| | UNIT COST MULTIPLIER | | | | | | | | | 102 |

| COST | ALLOCATION - SNF - BASED HOSPICE GENERAL SERVICE COS | SIS SIATISTICAL BAS | DES | | | PROVI | DER CCN: | FROM: | PART II | -0 |
|------|---|---------------------|----------|------------|---|-----------|----------|-------|---------------|---------------|
| | | | | | | HOSPIG | CE CCN: | TO: | | |
| | | | | | | l llosi k | DE CCIV. | 10 | | |
| | | | | | | | | | | |
| | | PHYSICIAN | OTHER | PATIENT / | Ι | T | T | | $\overline{}$ | $\overline{}$ |
| | | ADMIN | GENERAL | RESIDENT | | | | | | |
| | | SERVICES | SERVICE | CARE SVCS | | | | | | |
| | | (PATIENT | (SPECIFY | (IN-FACIL- | | | | | | |
| | | DAYS) | BASIS) | ITY DAYS) | | | | | | |
| | | 15 | 16 | 17 17 17 | † | | | | | |
| | GENERAL SERVICE COST CENTERS | 13 | 10 | 17 | | | | | | |
| 1 | CAPITAL RELATED - BUILDINGS & FIXTURES | | | | | | | | | 1 |
| | CAPITAL RELATED - MOVABLE EQUIPMENT | | | | | | | | | 2 |
| | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3 |
| | ADMINISTRATIVE & GENERAL | | | | | | | | | 4 |
| | PLANT OPERATION & MAINTENANCE | | | | | | | | | 5 |
| | LAUNDRY & LINEN SERVICE | | | | | | | | | 6 |
| | HOUSEKEEPING | | | | | | | | | 7 |
| | DIETARY | | | | | | | | | 8 |
| | NURSING ADMINISTRATION | | | | | | | | | 9 |
| | ROUTINE MEDICAL SUPPLIES | | | | | | | | | 10 |
| | MEDICAL RECORDS | | | | | | | | | 11 |
| | STAFF TRANSPORTATION | | | | | | | | | 12 |
| | VOLUNTEER SERVICE COORDINATION | | | | | | | | | 13 |
| | PHARMACY | | | | | | | | | 14 |
| | PHYSICIAN ADMINISTRATIVE SERVICES | | | | | | | | | 15 |
| | OTHER GENERAL SERVICES | | | - | | | | | | 16 |
| | PATIENT/RESIDENTIAL CARE SERVICES | | | | | | | | | 17 |
| 1/ | LEVEL OF CARE | | | | | | - | | | 1/ |
| 50 | HOSPICE CONTINUOUS HOME CARE | | | | | | | | | 50 |
| | HOSPICE CONTINUOUS HOME CARE HOSPICE ROUTINE HOME CARE | | | | | | | | | 51 |
| | HOSPICE INPATIENT RESPITE CARE | | | | | | | | | 52 |
| | HOSPICE GENERAL INPATIENT CARE | | | | | | | | | 53 |
| 33 | | | | | | | | | | 33 |
| 60 | NONREIMBURSABLE SERVICES COST CENTERS BEREAVEMENT PROGRAM | | | | | | | | | 60 |
| | | | | | | | | | | |
| | VOLUNTEER PROGRAM | | | | | | | | | 61 |
| | FUNDRAISING | | | | | | | | | 62 |
| | HOSPICE/PALLIATIVE MEDICINE FELLOWS | | | | | | | | | 63 |
| | PALLIATIVE CARE PROGRAM | | | | | | | | | 64 |
| | OTHER PHYSICIAN SERVICES | | | | | | | | | 65 |
| | RESIDENTIAL CARE | | | | | | | | | 66 |
| | ADVERTISING | | | | | | | | | 67 |
| | TELEHEALTH/TELEMONITORING | | | | | | | | | 68 |
| | THRIFT STORE | | | | | | | | | 69 |
| | NURSING FACILITY ROOM & BOARD | | | | | | | | | 70 |
| | OTHER NONREIMBURSABLE | | | | | | | | | 71 |
| | NEGATIVE COST CENTER | | ļ | | | | | | | 99 |
| | COST TO BE ALLOCATED | | | | | | | | | 101 |
| 102 | UNIT COST MULTIPLIER | | | | | | | | | 102 |

| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 014.1 01.15 20 10 2 1 | | | 10 = |
|--|-------------------------|---------------|---------|---------------|
| APPORTIONMENT OF SNF - BASED HOSPICE SHARED SERVICES COS | TS BY LEVEL OF CARE | PROVIDER CCN: | PERIOD: | WORKSHEET K-7 |
| | | | FROM: | |
| | | HOSPICE CCN: | TO: | |
| | | | | |

| | | | COST TO | | | | | | | | | |
|-----|--------------------------------------|---------|---------|----------------|------|------|-----------------------------|------|------|------|------|----|
| | | WKST C, | CHARGE | CHARGES BY LOC | | | SHARED SERVICE COSTS BY LOC | | | | | |
| | | COL 5, | RATIO | HCHC | HRHC | HIRC | HCIP | HCHC | HRHC | HIRC | HCIP |] |
| | | LINE # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 |
| 1 | RADIOLOGY - DIAGNOSTIC | 30 | | | | | | | | | | 1 |
| 2 | RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY | 31 | | | | | | | | | | 2 |
| 3 | LABORATORY | 32 | | | | | | | | | | 3 |
| 4 | INTRAVENOUS THERAPY | 33 | | | | | | | | | | 4 |
| 5 | RESPIRATORY THERAPY | 34 | | | | | | | | | | 5 |
| 6 | PHYSICAL THERAPY | 35 | | | | | | | | | | 6 |
| 7 | OCCUPATIONAL THERAPY | 36 | | | | | | | | | | 7 |
| - 8 | SPEECH LANGUAGE PATHOLOGIST | 37 | | | | | | | | | | 8 |
| 9 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 40 | | | | | | | | | | 9 |
| 10 | DRUGS: DRUGS CHARGED TO PATIENTS | 41 | | | | | | | | | | 10 |
| 11 | DRUGS: IV SOLUTIONS | 42 | | | | | | | | | | 11 |
| 12 | BLOOD AND BLOOD PRODUCTS | 45 | | | | | | | | | | 12 |
| 13 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 46 | | | | | | | | | | 13 |
| 20 | TOTAL | | | | | | | | | | | 20 |

| CALCULATION OF SNF - BASED HOSPICE PER DIEM COST | PROVIDER CCN: | PERIOD: | | WORKSHEET K-8 | |
|--|---------------|-----------|----------|---------------|--|
| | | FROM: | | | |
| | HOSPICE CCN: | TO: | | | |
| | | _ | | | |
| | TITLE XVIII | TITLE XIX | | | |
| | MEDICARE | MEDICAID | TOTAL | | |
| | 1 | 2 | 3 | ┪ | |
| HOSPICE CONTINUOUS HOME CARE | | | | | |
| 1 TOTAL COST | | | | 1 | |
| 2 TOTAL UNDUPLICATED DAYS | | | | 2 | |
| 3 TOTAL AVERAGE COST PER DIEM | | | | 3 | |
| 4 UNDUPLICATED PROGRAM DAYS | | | | 4 | |
| 5 PROGRAM COST | | | | 5 | |
| HOSPICE ROUTINE HOME CARE | | | | | |
| 6 TOTAL COST | | | | 6 | |
| 7 TOTAL UNDUPLICATED DAYS | | | | 7 | |
| 8 TOTAL AVERAGE COST PER DIEM | | | | 8 | |
| 9 UNDUPLICATED PROGRAM DAYS | | | | 9 | |
| 10 PROGRAM COST | | | | 10 | |
| HOSPICE INPATIENT RESPITE CARE | | | | | |
| 11 TOTAL COST | | | | 11 | |
| 12 TOTAL UNDUPLICATED DAYS | | | | 12 | |
| 13 TOTAL AVERAGE COST PER DIEM | | | 1 | 13 | |
| 14 UNDUPLICATED PROGRAM DAYS | | | | 14 | |
| 15 PROGRAM COST | | | | 15 | |
| HOSPICE GENERAL INPATIENT CARE | | | | | |
| 16 TOTAL COST | | | | 16 | |
| 17 TOTAL UNDUPLICATED DAYS | | | | 17 | |
| 18 TOTAL AVERAGE COST PER DIEM | | | | 18 | |
| 19 UNDUPLICATED PROGRAM DAYS | | | | 19 | |
| 20 PROGRAM COST | | | | 20 | |
| TOTAL HOSPICE CARE | | | | | |
| 21 TOTAL COST | | | <u> </u> | 21 | |
| 22 TOTAL UNDUPLICATED DAYS | | | | 22 | |
| 23 AVERAGE COST PER DIEM | | | 1 | 23 | |

THIS PAGE IS RESERVED FOR FUTURE USE