

HOME HEALTH AGENCY COST REPORT I PROVIDER CCN: I PERIOD: I  
CERTIFICATION AND SETTLEMENT SUMMARY I 04-7000 I FROM 7/ 1/2014 I WORKSHEET S  
I TO 6/30/2015 I

INTERMEDIARY USE ONLY:  
[ ] AUDITED DATE RECEIVED / / [ ] INITIAL [ ] RE-OPENED  
[ ] DESK REVIEWED CONTRACTOR NUMBER [ ] FINAL

PART I - CERTIFICATION  
CHECK [X] ELECTRONICALLY FILED COST REPORT DATE: 12/ 3/2015  
APPLICABLE BOX [ ] MANUALLY SUBMITTED COST REPORT TIME: 8: 45A

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.

CERTIFICATION BY OFFICER OR DIRECTOR OF THE AGENCY

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING HOME HEALTH AGENCY COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

ARK DEPT HEALTH - IN HOME SERVICES 047000

FOR THE COST REPORT PERIOD BEGINNING 07/01/2014 AND ENDING 06/30/2015, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE REPORT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
OFFICER OR DIRECTOR  
\_\_\_\_\_  
TITLE  
\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

		TITLE XVIII	
		PART A	PART B
		1	2
1	HOME HEALTH AGENCY	1	0
2	HOME HEALTH-BASED CORF	0	0
3	HOME HEALTH-BASED CMHC	0	0
3.50	HOME HEALTH-BASED RHC	0	0
3.60	HOME HEALTH-BASED FQHC	0	0
4	TOTAL	1	0

"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 VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0022. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 226 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, MARYLAND 21244-1850."

HOME HEALTH AGENCY COMPLEX ADDRESS:

1 STREET: 5800 W. 10TH. STREET, #301 P.O. BOX:  
1.01 CITY: LITTLE ROCK STATE: AR ZIP CODE: 72204-

HOME HEALTH AGENCY COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED
0	1	2	2.01	3
2 HOME HEALTH AGENCY	ARK DEPT HEALTH - IN HOME SERVICES	04-7000		1/ 1/1988
3 HHA-BASED CORF				
4 HHA-BASED CMHC				
5 HHA-BASED RHC				
6 HHA-BASED FQHC				
7 COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 7/ 1/2014	TO: 6/30/2015		
8 TYPE OF CONTROL (SEE INSTRUCTIONS)			9	
9 IF THIS IS A LOW OR NO MEDICARE UTILIZATION COST REPORT, ENTER "L" FOR LOW OR "N" FOR NO MEDICARE UTILIZATION.				

DEPRECIATION: ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS HHA FOR THE METHODS INDICATED.

10 STRAIGHT LINE	5,206,931
11 DECLINING BALANCE	0
12 SUM OF THE YEARS' DIGITS	0
13 SUM OF LINES 10, 11 AND 12	5,206,931
14 WERE THERE ANY DISPOSALS OF CAPITAL ASSETS DURING THIS COST REPORTING PERIOD?	N
15 WAS ACCELERATED DEPRECIATION CLAIMED ON ANY ASSETS IN THE CURRENT OR ANY PRIOR COST REPORTING PERIOD?	N
16 WAS ACCELERATED DEPRECIATION CLAIMED ON ASSETS ACQUIRED ON OR AFTER AUGUST 1, 1970 (SEE PRM 15-1, CHAPTER 1.)?	N
17 IF DEPRECIATION IS FUNDED, ENTER THE BALANCE AT END OF PERIOD.	0
18 DID THE PROVIDER CEASE TO PARTICIPATE IN THE MEDICARE PROGRAM AT THE END OF THE PERIOD TO WHICH THIS COST REPORT APPLIES (SEE PRM 15-1, CHAPTER 1)?	N
19 WAS THERE SUBSTANTIAL DECREASE IN HEALTH INSURANCE PROPORTION OF ALLOWABLE COSTS FROM PRIOR COST REPORTING PERIODS (SEE PRM 15-1, CHAPTER 1)?	N
20 DOES THE PROVIDER QUALIFY AS A SMALL HHA (DEFINED IN 42 CFR 413.24(d))?	N
21 DOES THE HHA QUALIFY AS A NOMINAL CHARGE PROVIDER (DEFINED IN 42 CFR 409.3)?	N
22 DOES THE HHA CONTRACT WITH OUTSIDE SUPPLIERS FOR PHYSICAL THERAPY SERVICES?	Y
22.01 DOES THE HHA CONTRACT WITH OUTSIDE SUPPLIERS FOR OCCUPATIONAL THERAPY SERVICES?	Y
22.02 DOES THE HHA CONTRACT WITH OUTSIDE SUPPLIERS FOR SPEECH THERAPY SERVICES?	Y

IF THIS FACILITY CONTAINS A NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	PART A	PART B
23 HOME HEALTH AGENCY	N	N
24 HHA-BASED CORF		N
25 HHA-BASED CMHC		N
26 IF THE HHA COMPONENTIZED (OR FRAGMENTED) ITS ADMINISTRATIVE AND GENERAL SERVICE COSTS, INDICATE WHETHER OPTION ONE OR OPTION TWO IS BEING UTILIZED. (SEE PRM-II, SECTION 3214) (ENTER "1" FOR OPTION ONE AND "2" FOR OPTION TWO)	2	
27 List malpractice premiums and paid losses:		
27.01 Premiums	140,006	
27.02 Paid Losses	0	
27.03 Self Insurance	0	
28 Are malpractice premiums and/or paid losses reported in other than the Administrative and General cost center? If yes, submit a supporting schedule listing cost centers and amounts contained therein.	N	
29 If you are part of a chain organization, enter "Y" for yes and enter the name and address of the home office, otherwise, enter "N" for no.	N	
29.01 Home Office Name:	HOME OFFICE NO.:	FI/CONTRACTOR NO.
29.02 Street :	PO BOX:	FI/MAC NAME:
29.03 City :	State:	Zip Code:

PART I - STATISTICAL DATA

COUNTY COUNTY (LINE 1, COL 0)

	TITLE	XVII		OTHER		TOTAL	
		VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS
		1	2	3	4	5	6
1 00	SKILLED NURSING CARE	41,702	2,880	63,378	3,950	105,080	6,830
2 00	PHYSICAL THERAPY	15,519	1,224	11,738	752	27,257	1,976
3 00	OCCUPATIONAL THERAPY	270	22	109	17	379	39
4 00	SPEECH PATHOLOGY	32	8	48	13	80	21
5 00	MEDICAL SOCIAL SERVICES	2	1	17	4	19	5
6 00	HOME HEALTH AIDE	39,167	2,564	6,521	1,242	45,688	3,806
7	ALL OTHER SERVICES						
8	TOTAL VISITS (L1-7)	96,692		81,811		178,503	
9	HOME HEALTH AIDE HOURS						
10	UNDUPLICATED CENSUS COUNT		2,888.00		3,955.00		6,843.00

PART II - EMPLOYMENT DATA (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN  
YOUR NORMAL WORK WEEK 0.00

	STAFF	CONTRACT	TOTAL
	1	2	3
11 ADMINISTRATOR & ASSISTANT	1.00		1.00
ADMINISTRATOR(S)			
12 DIRECTOR & ASST. DIRECTOR(S)			
13 OTHER ADMINISTRATIVE PERSONNEL	64.00		64.00
14 DIRECT NURSING SERVICE	104.00		104.00
15 NURSING SUPERVISOR	18.00		18.00
16 PHYSICAL THERAPY SERVICE	8.00	17.00	25.00
17 PHYSICAL THERAPY SUPERVISOR			
18 OCCUPATIONAL THERAPY SERVICE	.05	.30	.35
19 OCCUPATIONAL THERAPY SUPERVISOR			
20 SPEECH PATHOLOGY SERVICE		.07	.07
21 SPEECH PATHOLOGY SUPERVISOR			
22 MEDICAL SOCIAL SERVICE	.05		.05
23 MEDICAL SOCIAL SUPERVISOR			
24 HOME HEALTH AIDE	51.00		51.00
25 HOME HEALTH AIDE SUPERVISOR			
26			
27			

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

1 1.01

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

11

MSA CODES CBSA CODES

29 LIST ALL MSA AND CBSA CODES IN WHICH MEDICARE COVERED SERVICES WERE PROVIDED DURING THE COST REPORTING PERIOD (LINE 29 CONTAINS THE FIRST CODE)	26300
29.01	27860
29.02	30780
29.03	32820
29.04	38220
29.05	45500
29.06	50005
29.07	50006
29.08	50008
29.09	50009
29.10	99904
29.29	

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

DESCRIPTION	FULL		LUPA	PEP		SCIC	SCIC	TOTALS
	EPIISODES	EPIISODES		ONLY	ONLY			
	W/O OUTLIERS	W OUTLIERS	EPIISODES	EPIISODES	WITHIN A PEP	ONLY	EPIISODES	
	1	2	3	4	5	6	7	
30 SKILLED NURSING VISITS	33,229	5,775	2,235	463				41,702
31 SKILLED NURSING VISIT CHARGES	5,931,615	1,029,625	401,403	82,186				7,444,829
32 PHYSICAL THERAPY VISITS	14,865	316	124	214				15,519
33 PHYSICAL THERAPY VISIT CHARGES	2,638,360	56,090	22,010	37,985				2,754,445
34 OCCUPATIONAL THERAPY VISITS	267	2	1					270
35 OCCUPATIONAL THERAPY VISIT CHARGES	47,393	355	178					47,926
36 SPEECH PATHOLOGY VISITS	21	11						32
37 SPEECH PATHOLOGY VISIT CHARGES	3,728	1,953						5,681
38 MEDICAL SOCIAL SERVICE VISITS	2							2
39 MEDICAL SOCIAL SERVICE VISIT CHARGES	355							355
40 HOME HEALTH AIDE VISITS	35,633	3,218	55	261				39,167
41 HOME HEALTH AIDE VISIT CHARGES	2,984,264	269,508	4,606	21,859				3,280,237
42 TOTAL VISITS (LNS 30, 32, 34, 36, 38, 40)	84,017	9,322	2,415	938				96,692

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

	DESCRIPTION	FULL EPI SODES W/O OUTLI ERS	FULL EPI SODES W OUTLI ERS	LUPA EPI SODES	PEP ONLY EPI SODES	SCI C WI THIN A PEP	SCI C ONLY EPI SODES	TOTALS
		1	2	3	4	5	6	7
43	OTHER CHARGES							
44	TOTAL CHARGES (31, 33, 35, 37, 39, 41, 43)	11, 605, 715	1, 357, 531	428, 197	142, 030			13, 533, 473
45	TOTAL NUMBER OF EPI SODES	4, 245		972	64			5, 281
46	TOTAL NUMBER OF OUTLIER EPI SODES		189					189
47	TOTAL NON-ROUTINE MED SUPPLY CHARGES	353, 340	67, 065	35, 472	5, 700			461, 577

COST CENTER			SALARIES	EMPLOYEE	TRANSPOR-	CONTRACTED	OTHER
			1	BENEFITS	TATION	PURCHASED SVS	COSTS
				2	3	4	5
GENERAL SERVICE COST CTRS							
5 01	0501	ADH AGENCY A&G	14,040,327	4,928,549	135,954	1,306,751	22,724,291
5 02	0502	IN-HOME SERVICE A&G	3,645,232	1,297,420	47,994	38,587	1,701,776
5 03	0503	HOME HEALTH A&G	4,773,471	1,698,863	343,451	43,557	584,024
5 04	0504	NON-REIMB A&G	23,540,575	8,263,402	1,173,067	13,494,165	36,874,061
HHA REIMBURSABLE SERVICES							
6 00	0600	SKILLED NURSING CARE	6,447,298	2,126,986	550,969		
7 00	0700	PHYSICAL THERAPY	690,398	52,815	8,559	1,047,328	
8 00	0800	OCCUPATIONAL THERAPY	3,585	274		15,030	
9 00	0900	SPEECH PATHOLOGY	759	58		3,035	
10 00	1000	MEDICAL SOCIAL SERVICES	3,522	1,254	271		
11 00	1100	HOME HEALTH AIDE	582,032	75,182	272,081		
12 00	1200	SUPPLIES					294,237
HHA NONREIMBURSABLE SVS							
23 00	2300	OTHER					
23 01	2301	NON-REIMB HOSPICE	2,956,931	925,459	409,894	111,639	1,221,008
23 02	2302	NON-REIMB OTHER IHS	20,771,839	3,419,006	3,607,895	196	103,453
23 03	2303	NON-REIMB OTHER AGENCY	53,914,163	18,912,077	1,824,845	11,273,305	22,084,458
29 00		SPECIAL PURPOSE COST CNTR					
		TOTAL	131,370,132	41,701,345	8,374,980	27,333,593	85,587,308

COST CENTER		TOTAL	RECLASSI -	RECLASSIFIED	EXP FOR COST
		6	FICATIONS	TRIAL BALANCE	ALLOCATION
			7	8	10
GENERAL SERVICE COST CTRS					
5 01	0501 ADH AGENCY A&G	43,135,872		43,135,872	43,135,872
5 02	0502 IN-HOME SERVICE A&G	6,731,009		6,731,009	6,731,009
5 03	0503 HOME HEALTH A&G	7,443,366		7,443,366	7,443,366
5 04	0504 NON-REIMB A&G	83,345,270		83,345,270	83,345,270
HHA REIMBURSABLE SERVICES					
6 00	0600 SKILLED NURSING CARE	9,125,253		9,125,253	9,125,253
7 00	0700 PHYSICAL THERAPY	1,799,100		1,799,100	1,799,100
8 00	0800 OCCUPATIONAL THERAPY	18,889		18,889	18,889
9 00	0900 SPEECH PATHOLOGY	3,852		3,852	3,852
10 00	1000 MEDICAL SOCIAL SERVICES	5,047		5,047	5,047
11 00	1100 HOME HEALTH AIDE	929,295		929,295	929,295
12 00	1200 SUPPLIES	294,237		294,237	294,237
HHA NONREIMBURSABLE SVS					
23 00	2300 OTHER				
23 01	2301 NON-REIMB HOSPICE	5,624,931		5,624,931	5,624,931
23 02	2302 NON-REIMB OTHER IHS	27,902,389		27,902,389	27,902,389
23 03	2303 NON-REIMB OTHER AGENCY	108,008,848		108,008,848	108,008,848
SPECIAL PURPOSE COST CNTR					
29 00	TOTAL	294,367,358	-0-	294,367,358	294,367,358

A. ARE THERE ANY COSTS INCLUDED ON WORKSHEET A WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10?  
YES (IF "YES," COMPLETE PARTS B AND C)  
X NO

B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS:  
LOCATION AND AMOUNT INCLUDED ON WORKSHEET A, COLUMN 8

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT	AMOUNT ALLOWABLE IN COST	NET ADJUSTMENTS
1	2	3	4	5	6
1					
2					
3					
4	TOTALS				

C. INTERRELATIONSHIP OF PROVIDER TO RELATED ORGANIZATION(S):  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THE PROVIDER TO FURNISH THE INFORMATION REQUESTED ON PART C OF THIS WORKSHEET.

THE INFORMATION WILL BE USED BY THE CMS AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO THE PROVIDER BY COMMON OWNERSHIP OR CONTROL, REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT.  
IF THE PROVIDER DOES NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT WILL BE CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	ADDRESS	PERCENT OWNED BY PROVIDER	PERCENT OWNERSHIP OF PROVIDER	TYPE OF BUSINESS
1	2	3	4	5	6
1					
2					
3					
4					
5					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP OF THE PROVIDER TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

COST CENTER DESCRIPTION		NET EXPENSE FOR COST ALLOCATION	SUBTOTAL	ADH AGENCY A& G	SUBTOTAL	IN-HOME SERVI CE A&G	SUBTOTAL	HOME HEALTH A &G
		0	0A	5. 01	5A. 01	5. 02	5A. 02	5. 03
GENERAL SERVICE COST CNTR								
5	01	ADH AGENCY A&G	43,135,872	43,135,872	43,135,872			
5	02	IN-HOME SERVICE A&G	6,731,009	6,731,009	1,155,701	7,886,710	7,886,710	
5	03	HOME HEALTH A&G	7,443,366	7,443,366	1,278,011	8,721,377	1,104,562	9,825,939
5	04	NON-REIMB A&G	83,345,270	83,345,270	14,310,216	97,655,486	97,655,486	9,825,939
HHA REIMBURSABLE SERVICES								
6	00	SKILLED NURSING CARE	9,125,253	9,125,253	1,566,788	10,692,041	1,354,147	12,046,188
7	00	PHYSICAL THERAPY	1,799,100	1,799,100	308,902	2,108,002	266,978	2,374,980
8	00	OCCUPATIONAL THERAPY	18,889	18,889	3,243	22,132	2,803	24,935
9	00	SPEECH PATHOLOGY	3,852	3,852	661	4,513	572	5,085
10	00	MEDICAL SOCIAL SERVICES	5,047	5,047	867	5,914	749	6,663
11	00	HOME HEALTH AIDE	929,295	929,295	159,558	1,088,853	137,903	1,226,756
12	00	SUPPLIES	294,237	294,237	50,520	344,757	43,663	388,420
HHA NONREIMBURS SERVICES								
23	00	OTHER						
23	01	NON-REIMB HOSPICE	5,624,931	5,624,931	965,789	6,590,720	834,715	7,425,435
23	02	NON-REIMB OTHER IHS	27,902,389	27,902,389	4,790,784	32,693,173	4,140,618	36,833,791
23	03	NON-REIMB OTHER AGENCY	108,008,848	108,008,848	18,544,832	126,553,680		126,553,680
SPEC PURPOSE COST CENTERS								
29	00	TOTAL	294,367,358	294,367,358	43,135,872	294,367,358	7,886,710	294,367,358
								9,825,939



COST CENTER DESCRIPTION		SUBTOTAL	NON-REIMB A&G	TOTAL
		5A. 03	5. 04	6
GENERAL SERVICE COST CNTR				
5	01 ADH AGENCY A&G			
5	02 IN-HOME SERVICE A&G			
5	03 HOME HEALTH A&G			
5	04 NON-REIMB A&G	97,655,486	97,655,486	
HHA REIMBURSABLE SERVICES				
6	00 SKILLED NURSING CARE	19,410,395		19,410,395
7	00 PHYSICAL THERAPY	3,826,879		3,826,879
8	00 OCCUPATIONAL THERAPY	40,179		40,179
9	00 SPEECH PATHOLOGY	8,194		8,194
10	00 MEDICAL SOCIAL SERVICES	10,736		10,736
11	00 HOME HEALTH AIDE	1,976,710		1,976,710
12	00 SUPPLIES	625,873		625,873
HHA NONREIMBURS SERVICES				
23	00 OTHER			
23	01 NON-REIMB HOSPICE	7,425,435	4,245,195	11,670,630
23	02 NON-REIMB OTHER IHS	36,833,791	21,058,247	57,892,038
23	03 NON-REIMB OTHER AGENCY	126,553,680	72,352,044	198,905,724
SPEC PURPOSE COST CENTERS				
29	00 TOTAL	294,367,358	97,655,486	294,367,358

COST CENTER DESCRIPTION		RECONCILIATION	ADH AGENCY A&G (ACCUMULATED COST)	RECONCILIATION	IN-HOME SERVICE A&G (ACCUMULATED COST)	RECONCILIATION	HOME HEALTH A&G (ACCUMULATED COST)
		5A. 01	5. 01	5A. 02	5. 02	5A. 03	5. 03
GENERAL SERVICE COST CNTR							
5 01	ADH AGENCY A&G	-43,135,872	251,231,486				
5 02	IN-HOME SERVICE A&G		6,731,009	-7,886,710	62,271,482		
5 03	HOME HEALTH A&G		7,443,366		8,721,377	-9,825,939	16,073,027
5 04	NON-REIMB A&G		83,345,270	-97,655,486		-97,655,486	
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE		9,125,253		10,692,041		12,046,188
7	PHYSICAL THERAPY		1,799,100		2,108,002		2,374,980
8	OCCUPATIONAL THERAPY		18,889		22,132		24,935
9	SPEECH PATHOLOGY		3,852		4,513		5,085
10	MEDICAL SOCIAL SERVICES		5,047		5,914		6,663
11	HOME HEALTH AIDE		929,295		1,088,853		1,226,756
12	SUPPLIES		294,237		344,757		388,420
HHA NONREIMBURS SERVICES							
23	OTHER						
23 01	NON-REIMB HOSPICE		5,624,931		6,590,720	-7,425,435	
23 02	NON-REIMB OTHER IHS		27,902,389		32,693,173	-36,833,791	
23 03	NON-REIMB OTHER AGENCY		108,008,848	-126,553,680		-126,553,680	
SPEC PURPOSE COST CENTERS							
29	TOTAL		251,231,486		62,271,482		16,073,027
30	COST TO BE ALLOCATED (PER WORKSHEET B)		43,135,872		7,886,710		9,825,939
31	UNIT COST MULTIPLIER		.171698		.126650		.611331

COST CENTER DESCRIPTION		RECONCILIATION	NON-REIMB A&G (ACCUMULATED COST )
		5A. 04	5. 04
	GENERAL SERVICE COST CNTR		
5	01 ADH AGENCY A&G		
5	02 IN-HOME SERVICE A&G		
5	03 HOME HEALTH A&G		
5	04 NON-REIMB A&G	-97,655,486	170,812,906
	HHA REIMBURSABLE SERVICES		
6	SKILLED NURSING CARE	-19,410,395	
7	PHYSICAL THERAPY	-3,826,879	
8	OCCUPATIONAL THERAPY	-40,179	
9	SPEECH PATHOLOGY	-8,194	
10	MEDICAL SOCIAL SERVICES	-10,736	
11	HOME HEALTH AIDE	-1,976,710	
12	SUPPLIES	-625,873	
	HHA NONREIMBURS SERVICES		
23	OTHER		
23	01 NON-REIMB HOSPICE		7,425,435
23	02 NON-REIMB OTHER IHS		36,833,791
23	03 NON-REIMB OTHER AGENCY		126,553,680
	SPEC PURPOSE COST CENTERS		
29	TOTAL		170,812,906
30	COST TO BE ALLOCATED (PER WORKSHEET B)		97,655,486
31	UNIT COST MULTIPLIER		.571710

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6		TOTAL COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
	LINE	1			
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72	
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40	
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01	
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43	
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05	
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27	
7 00 TOTAL		25,273,093	178,503		

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I		COST PER VISIT	PART A	MEDI CARE PROGRAM VISITS PART B	
	COL. 4	LINE			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE
1 00 SKILLED NURSING CARE	1.00	184.72	267			
2 00 PHYSICAL THERAPY	2.00	140.40	33			
3 00 OCCUPATIONAL THERAPY	3.00	106.01				
4 00 SPEECH PATHOLOGY	4.00	102.43				
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05				
6 00 HOME HEALTH AIDE	6.00	43.27	142			
7 00 TOTAL			442			

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	COST OF MEDICARE SERVICES PART B		PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL
	8	9				
1 00 SKILLED NURSING CARE	49,320					49,320
2 00 PHYSICAL THERAPY	4,633					4,633
3 00 OCCUPATIONAL THERAPY						
4 00 SPEECH PATHOLOGY						
5 00 MEDICAL SOCIAL SERVICES						
6 00 HOME HEALTH AIDE	6,144					6,144
7 00 TOTAL	60,097					60,097

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	MEDI CARE PROGRAM VISITS PART B		PROGRAM COST LIMITS	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE
	4	5				
8 00 SKILLED NURSING CARE						
9 00 PHYSICAL THERAPY						
10 00 OCCUPATIONAL THERAPY						
11 00 SPEECH PATHOLOGY						
12 00 MEDICAL SOCIAL SERVICES						
13 00 HOME HEALTH AIDE						
14 00 TOTAL						

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

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

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6		TOTAL COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
	LINE 1	2			
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72	
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40	
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01	
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43	
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05	
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27	
7 00 TOTAL		25,273,093	178,503		

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I		COST PER VISIT	PART A	MEDI CARE PROGRAM VISITS PART B	
	COL. 4 LINE	5			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
1 00 SKILLED NURSING CARE	1.00	184.72	875			
2 00 PHYSICAL THERAPY	2.00	140.40	589			
3 00 OCCUPATIONAL THERAPY	3.00	106.01				
4 00 SPEECH PATHOLOGY	4.00	102.43				
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05				
6 00 HOME HEALTH AIDE	6.00	43.27	376			
7 00 TOTAL			1,840			

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	COST OF MEDICARE SERVICES PART B		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 9	SUBJECT TO DEDUCTIBLES & COINSURANCE 10	TOTAL 11
	PART A 8				
1 00 SKILLED NURSING CARE	161,630				161,630
2 00 PHYSICAL THERAPY	82,696				82,696
3 00 OCCUPATIONAL THERAPY					
4 00 SPEECH PATHOLOGY					
5 00 MEDICAL SOCIAL SERVICES					
6 00 HOME HEALTH AIDE	16,270				16,270
7 00 TOTAL	260,596				260,596

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	MEDI CARE PROGRAM VISITS PART B		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
	PROGRAM COST LIMITS 4	PART A 5		
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

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

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

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6	COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
	LINE 1	2	3	4
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27
7 00 TOTAL		25,273,093	178,503	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

MSA/CBSA CODE: 30780

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
1 00 SKILLED NURSING CARE	1.00	184.72	1,059		
2 00 PHYSICAL THERAPY	2.00	140.40	517		
3 00 OCCUPATIONAL THERAPY	3.00	106.01			
4 00 SPEECH PATHOLOGY	4.00	102.43			
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05			
6 00 HOME HEALTH AIDE	6.00	43.27	1,006		
7 00 TOTAL			2,582		

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	PART A 8	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 9	SUBJECT TO DEDUCTIBLES & COINSURANCE 10	TOTAL 11
1 00 SKILLED NURSING CARE	195,618			195,618
2 00 PHYSICAL THERAPY	72,587			72,587
3 00 OCCUPATIONAL THERAPY				
4 00 SPEECH PATHOLOGY				
5 00 MEDICAL SOCIAL SERVICES				
6 00 HOME HEALTH AIDE	43,530			43,530
7 00 TOTAL	311,735			311,735

MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PROGRAM COST LIMITS 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

COST OF MEDICARE SERVICES

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

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.

(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6		TOTAL COSTS	VISITS	AVERAGE COST PER VISIT (1)
	LINE	1			
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72	
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40	
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01	
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43	
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05	
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27	
7 00 TOTAL		25,273,093	178,503		

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I		COST PER VISIT	PART A	MEDI CARE PROGRAM VISITS PART B	
	COL. 4	LINE			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE
1 00 SKILLED NURSING CARE	1.00	184.72	178			
2 00 PHYSICAL THERAPY	2.00	140.40	312			
3 00 OCCUPATIONAL THERAPY	3.00	106.01	102			
4 00 SPEECH PATHOLOGY	4.00	102.43				
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05				
6 00 HOME HEALTH AIDE	6.00	43.27	320			
7 00 TOTAL			912			

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	COST OF MEDICARE SERVICES PART B		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL
	PART A	8			
1 00 SKILLED NURSING CARE	32,880				32,880
2 00 PHYSICAL THERAPY	43,805				43,805
3 00 OCCUPATIONAL THERAPY	10,813				10,813
4 00 SPEECH PATHOLOGY					
5 00 MEDICAL SOCIAL SERVICES					
6 00 HOME HEALTH AIDE	13,846				13,846
7 00 TOTAL	101,344				101,344

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	MEDI CARE PROGRAM VISITS PART B		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL
	PROGRAM COST LIMITS	4			
8 00 SKILLED NURSING CARE					
9 00 PHYSICAL THERAPY					
10 00 OCCUPATIONAL THERAPY					
11 00 SPEECH PATHOLOGY					
12 00 MEDICAL SOCIAL SERVICES					
13 00 HOME HEALTH AIDE					
14 00 TOTAL					

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

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

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6	COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
	LINE 1	2	3	4
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27
7 00 TOTAL		25,273,093	178,503	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

MSA/CBSA CODE: 38220

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
1 00 SKILLED NURSING CARE	1.00	184.72	842		
2 00 PHYSICAL THERAPY	2.00	140.40	439		
3 00 OCCUPATIONAL THERAPY	3.00	106.01	8		
4 00 SPEECH PATHOLOGY	4.00	102.43			
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05			
6 00 HOME HEALTH AIDE	6.00	43.27	877		
7 00 TOTAL			2,166		

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	PART A 8	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 9	SUBJECT TO DEDUCTIBLES & COINSURANCE 10	TOTAL 11
1 00 SKILLED NURSING CARE	155,534			155,534
2 00 PHYSICAL THERAPY	61,636			61,636
3 00 OCCUPATIONAL THERAPY	848			848
4 00 SPEECH PATHOLOGY				
5 00 MEDICAL SOCIAL SERVICES				
6 00 HOME HEALTH AIDE	37,948			37,948
7 00 TOTAL	255,966			255,966

MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PROGRAM COST LIMITS 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

COST OF MEDICARE SERVICES

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

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.

(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.



PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6	COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
	LINE 1	2	3	4
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27
7 00 TOTAL		25,273,093	178,503	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

MSA/CBSA CODE: 45500

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
1 00 SKILLED NURSING CARE	1.00	184.72	288		
2 00 PHYSICAL THERAPY	2.00	140.40	61		
3 00 OCCUPATIONAL THERAPY	3.00	106.01			
4 00 SPEECH PATHOLOGY	4.00	102.43			
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05			
6 00 HOME HEALTH AIDE	6.00	43.27	180		
7 00 TOTAL			529		

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	PART A 8	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 9	SUBJECT TO DEDUCTIBLES & COINSURANCE 10	TOTAL 11
1 00 SKILLED NURSING CARE	53,199			53,199
2 00 PHYSICAL THERAPY	8,564			8,564
3 00 OCCUPATIONAL THERAPY				
4 00 SPEECH PATHOLOGY				
5 00 MEDICAL SOCIAL SERVICES				
6 00 HOME HEALTH AIDE	7,789			7,789
7 00 TOTAL	69,552			69,552

MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PROGRAM COST LIMITS 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

COST OF MEDICARE SERVICES

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

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

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6	COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
	LINE 1	2	3	4
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27
7 00 TOTAL		25,273,093	178,503	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

MSA/CBSA CODE: 50005

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
1 00 SKILLED NURSING CARE	1.00	184.72	13,746		
2 00 PHYSICAL THERAPY	2.00	140.40	4,979		
3 00 OCCUPATIONAL THERAPY	3.00	106.01	50		
4 00 SPEECH PATHOLOGY	4.00	102.43	24		
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05	1		
6 00 HOME HEALTH AIDE	6.00	43.27	11,503		
7 00 TOTAL			30,303		

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	PART A 8	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 9	SUBJECT TO DEDUCTIBLES & COINSURANCE 10	TOTAL 11
1 00 SKILLED NURSING CARE	2,539,161			2,539,161
2 00 PHYSICAL THERAPY	699,052			699,052
3 00 OCCUPATIONAL THERAPY	5,301			5,301
4 00 SPEECH PATHOLOGY	2,458			2,458
5 00 MEDICAL SOCIAL SERVICES	565			565
6 00 HOME HEALTH AIDE	497,735			497,735
7 00 TOTAL	3,744,272			3,744,272

MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PROGRAM COST LIMITS 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

COST OF MEDICARE SERVICES

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

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

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6 LINE 1	COSTS 2	TOTAL VISITS 3	AVERAGE COST PER VISIT (1) 4
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27
7 00 TOTAL		25,273,093	178,503	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

MSA/CBSA CODE: 50006

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
1 00 SKILLED NURSING CARE	1.00	184.72	151		
2 00 PHYSICAL THERAPY	2.00	140.40	162		
3 00 OCCUPATIONAL THERAPY	3.00	106.01	36		
4 00 SPEECH PATHOLOGY	4.00	102.43			
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05			
6 00 HOME HEALTH AIDE	6.00	43.27	201		
7 00 TOTAL			550		

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	PART A 8	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 9	SUBJECT TO DEDUCTIBLES & COINSURANCE 10	TOTAL 11
1 00 SKILLED NURSING CARE	27,893			27,893
2 00 PHYSICAL THERAPY	22,745			22,745
3 00 OCCUPATIONAL THERAPY	3,816			3,816
4 00 SPEECH PATHOLOGY				
5 00 MEDICAL SOCIAL SERVICES				
6 00 HOME HEALTH AIDE	8,697			8,697
7 00 TOTAL	63,151			63,151

MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PROGRAM COST LIMITS 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

COST OF MEDICARE SERVICES

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

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

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6	COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
	LINE 1	2	3	4
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27
7 00 TOTAL		25,273,093	178,503	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

MSA/CBSA CODE: 50008

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
1 00 SKILLED NURSING CARE	1.00	184.72	176		
2 00 PHYSICAL THERAPY	2.00	140.40	44		
3 00 OCCUPATIONAL THERAPY	3.00	106.01			
4 00 SPEECH PATHOLOGY	4.00	102.43			
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05			
6 00 HOME HEALTH AIDE	6.00	43.27	76		
7 00 TOTAL			296		

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	PART A 8	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 9	SUBJECT TO DEDUCTIBLES & COINSURANCE 10	TOTAL 11
1 00 SKILLED NURSING CARE	32,511			32,511
2 00 PHYSICAL THERAPY	6,178			6,178
3 00 OCCUPATIONAL THERAPY				
4 00 SPEECH PATHOLOGY				
5 00 MEDICAL SOCIAL SERVICES				
6 00 HOME HEALTH AIDE	3,289			3,289
7 00 TOTAL	41,978			41,978

MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PROGRAM COST LIMITS 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

COST OF MEDICARE SERVICES

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

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

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST B, COL. 6	COSTS	TOTAL VISITS	AVERAGE COST PER VISIT (1)
	LINE 1	2	3	4
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27
7 00 TOTAL		25,273,093	178,503	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

MSA/CBSA CODE: 50009

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C PART I COL. 4 LINE	COST PER VISIT 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
1 00 SKILLED NURSING CARE	1.00	184.72	221		
2 00 PHYSICAL THERAPY	2.00	140.40	25		
3 00 OCCUPATIONAL THERAPY	3.00	106.01			
4 00 SPEECH PATHOLOGY	4.00	102.43			
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05			
6 00 HOME HEALTH AIDE	6.00	43.27	36		
7 00 TOTAL			282		

COST OF MEDICARE SERVICES

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	PART A 8	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 9	SUBJECT TO DEDUCTIBLES & COINSURANCE 10	TOTAL 11
1 00 SKILLED NURSING CARE	40,823			40,823
2 00 PHYSICAL THERAPY	3,510			3,510
3 00 OCCUPATIONAL THERAPY				
4 00 SPEECH PATHOLOGY				
5 00 MEDICAL SOCIAL SERVICES				
6 00 HOME HEALTH AIDE	1,558			1,558
7 00 TOTAL	45,891			45,891

MEDICARE PROGRAM VISITS

TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY)	PROGRAM COST LIMITS 4	PART A 5	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 6	SUBJECT TO DEDUCTIBLES & COINSURANCE 7
8 00 SKILLED NURSING CARE				
9 00 PHYSICAL THERAPY				
10 00 OCCUPATIONAL THERAPY				
11 00 SPEECH PATHOLOGY				
12 00 MEDICAL SOCIAL SERVICES				
13 00 HOME HEALTH AIDE				
14 00 TOTAL				

COST OF MEDICARE SERVICES

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

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

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION		FROM WKST		AVERAGE
PATIENT SERVICES	B, COL. 6		TOTAL	COST PER
	LINE	COSTS	VISITS	VISIT (1)
	1	2	3	4
1 00 SKILLED NURSING CARE	6.00	19,410,395	105,080	184.72
2 00 PHYSICAL THERAPY	7.00	3,826,879	27,257	140.40
3 00 OCCUPATIONAL THERAPY	8.00	40,179	379	106.01
4 00 SPEECH PATHOLOGY	9.00	8,194	80	102.43
5 00 MEDICAL SOCIAL SERVICES	10.00	10,736	19	565.05
6 00 HOME HEALTH AIDE	11.00	1,976,710	45,688	43.27
7 00 TOTAL		25,273,093	178,503	

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION	FROM WKST C		MEDI CARE PROGRAM VISITS	
	PART I COL. 4 LINE	COST PER VISIT	PART A	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE
1 00 SKILLED NURSING CARE	1.00	184.72	23,899	
2 00 PHYSICAL THERAPY	2.00	140.40	8,358	
3 00 OCCUPATIONAL THERAPY	3.00	106.01	74	
4 00 SPEECH PATHOLOGY	4.00	102.43	8	
5 00 MEDICAL SOCIAL SERVICES	5.00	565.05	1	
6 00 HOME HEALTH AIDE	6.00	43.27	24,450	
7 00 TOTAL			56,790	

		COST OF MEDICARE SERVICES			
			PART B		
TOTAL MEDICARE PATIENT			NOT SUBJECT TO	SUBJECT TO	
SERVICE COST COMPUTATION		PART A	DEDUCTIBLES &	DEDUCTIBLES &	
		8	COINSURANCE	COINSURANCE	TOTAL
			9	10	11
1 00	SKILLED NURSING CARE	4,414,623			4,414,623
2 00	PHYSICAL THERAPY	1,173,463			1,173,463
3 00	OCCUPATIONAL THERAPY	7,845			7,845
4 00	SPEECH PATHOLOGY	819			819
5 00	MEDICAL SOCIAL SERVICES	565			565
6 00	HOME HEALTH AIDE	1,057,952			1,057,952
7 00	TOTAL	6,655,267			6,655,267

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

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

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.

(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.

PART III-SUPPLIES AND DRUGS COST COMPUTATION

						----- MEDICARE COVERED CHARGES -----			
						----- PART B -----			
						NOT SUBJ TO DEDUCTIBLES AND COINSURANCE	DEDUCTIBLES	COINSURANCE	SUBJECT TO DEDUCTIBLES
						6	7	8	9
						PNEUM & FLU & COINSURE			
						10			
OTHER PATIENT SERVICES	FROM WKST B, COL 6, LINE 1	TOTAL COST 2	TOTAL CHARGES (FROM HHA RECORD) 3	RATIO 4	PART A 5				
15 SUPPLIES	12.00	625,873	622,226	1.005861	461,577				
16 DRUGS	13.00								

						----- COST OF SERVICES -----			
						----- PART B -----			
						NOT SUBJ TO DEDUCTIBLES AND COINSURANCE	DEDUCTIBLES	COINSURANCE	SUBJECT TO DEDUCTIBLES
						8	9	10	11
						PNEUM & FLU & COINSURE			
						12			
OTHER PATIENT SERVICES		PART A 8							
15 SUPPLIES		464,282							
16 DRUGS									

PART IV-COMPARISON OF THE LESSER OF THE AGGREGATE MEDICARE COST, THE AGGREGATE OF THE MEDICARE COST PER VISIT LIMITATION AND THE AGGREGATE PER BENEFICIARY COST LIMITATION

		MEDI CARE PROGRAM UNDUPLICATED CENSUS COUNT FOR EACH MSA/CBSA PRE 10/1/2000 (4)	PER BENE- FICIARY ANNUAL LIMITATION PER MSA/NON-MSA CBSA/NON-CBSA (FROM YOUR CONTRACTOR) 2	COST OF MEDICARE SERVICES PART B NOT SUBJECT TO DEDUCT & COINSURE 4			SUBJECT TO DEDUCT & COINSURE 5	TOTAL (SUM OF COLS 3&4) 6
		1		PART A 3				
17	TOTAL COST OF MEDICARE SERVICES			11,609,849				11,609,849
18	COST OF MEDICAL SUPPLIES			464,282				464,282
19	TOTAL			12,074,131				12,074,131
20	TOTAL COST PER VISIT							
21	LIMITATION FOR MEDICARE SERVICES							
22	COST OF MEDICAL SUPPLIES							
	TOTAL							

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES			
PART A		PART B	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE
		2	3
1			
REASONABLE COST OF TITLE XVIII -			
PART A AND PART B SERVICES			
1	REASONABLE COST OF SERVICES		
2	COST OF SERVICES, RHC & FQHC		
3	SUM OF LINES 1 AND 2		
4	TOTAL CHARGES FOR TITLE XVIII - PART A&B SERVICES		
	PRE 10/01/2000		
4.01	TOTAL CHARGES FOR TITLE XVIII - PART A&B SERVICES		
	POST 9/30/2000		
CUSTOMARY CHARGES			
5	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE		
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
6	AMOUNTS THAT WOULD HAVE BEEN REALIZED		
	FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON		
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN		
	ACCORDANCE WITH 42 CFR 413.13(B)		
7	RATIO OF LINE 5 TO 6 (NOT TO EXCEED 1.0000)	1.000000	1.000000
8	TOTAL CUSTOMARY CHARGES - TITLE XVIII		
9	EXCESS OF TOTAL CUSTOMARY CHARGES OVER		
	TOTAL REASONABLE COST		
10	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
11	PRIMARY PAYOR AMOUNTS		



PART II - COMPUTATION OF REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
12 TOTAL REASONABLE COST		
12.01 TOTAL PPS PAYMENT - FULL EPISODES W/O OUTLIERS	8,854,185	
12.02 TOTAL PPS PAYMENT - FULL EPISODES WITH OUTLIERS	391,228	
12.03 TOTAL PPS PAYMENT - LUPA EPISODES	259,592	
12.04 TOTAL PPS PAYMENT - PEP ONLY EPISODES	66,209	
12.05 TOTAL PPS PAYMENT - SCIC WITHIN A PEP EPISODE		
12.06 TOTAL PPS PAYMENT - SCIC ONLY EPISODES		
12.07 TOTAL PPS OUTLIER PAYMENT-FULL EPISODES W OUTLIERS	143,032	
12.08 TOTAL PPS OUTLIER PAYMENT - PEP ONLY EPISODES	265	
12.09 TOTAL PPS OUTLIER PAYMENT - SCIC IN A PEP EPISODE		
12.10 TOTAL PPS OUTLIER PAYMENT - SCIC ONLY EPISODES		
12.11 TOTAL OTHER PAYMENTS		
12.12 DME PAYMENT		
12.13 OXYGEN PAYMENT		
12.14 PROSTHETICS AND ORTHOTICS PAYMENT		
13 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS		
14 SUBTOTAL	9,714,511	
15 EXCESS REASONABLE COST		
16 SUBTOTAL	9,714,511	
17 COINSURANCE BILLED TO MEDICARE PATIENTS		
18 NET COST	9,714,511	
19 REIMBURSABLE BAD DEBTS		
20 PNEUMOCOCCAL VACCINE		
21 TOTAL COSTS - CURRENT COST REPORTING PERIOD	9,714,511	
22 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
24 UNREFUNDED CHARGES TO BENEFICIARIES FOR EXCESS COSTS ERRONEOUSLY COLLECTED BASED ON CORRECTION OF COST LIMIT		
25 TOTAL COST BEFORE SEQUESTRATION	9,714,511	
25.50 OTHER ADJUSTMENTS (SPECIFY)		
26 SEQUESTRATION ADJUSTMENT	188,954	
27 AMOUNT REIMBURSABLE AFTER SEQUESTRATION ADJUSTMENT	9,525,557	
28 TOTAL INTERIM PAYMENTS	9,525,556	
28.50 TENTATIVE SETTLEMENT		
29 BALANCE DUE HHA/MEDICARE PROGRAM	1	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2		
31 BALANCE DUE PROVIDER/MEDICARE PROGRAM	1	

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		9, 525, 556		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE CONTRACTOR FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE".		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
PROGRAM TO PROVIDER	. 01			
	. 02			
	. 03			
	. 04			
	. 05			
PROVIDER TO PROGRAM	. 50			
	. 51			
	. 52			
	. 53			
	. 54			
	. 99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		9, 525, 556		
TO BE COMPLETED BY CONTRACTOR				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
PROGRAM TO PROVIDER	. 01			
	. 02			
	. 03			
PROVIDER TO PROGRAM	. 50			
	. 51			
	. 52			
	. 99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	PROGRAM TO PROVIDER . 01			
AMOUNT (BALANCE DUE)	PROVIDER TO PROGRAM . 02			
BASED ON COST REPORT				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF CONTRACTOR:  
CONTRACTOR NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE "PROVIDER TO PROGRAM," SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

LINE NO	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1 & 2	3 & 4	5 & 6	7 & 8
1	FUND BALANCES AT BEG OF PERIOD OF PERIOD			
2	NET INCOME (LOSS)			
3	TOTAL (SUM OF LINES 1 & 2)			
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5	ADDITIONS(CR ADJUSTMENT)			
6				
7				
8				
9	TOTAL ADDITIONS			
10	SUBTOTAL (LINE 3 PLUS LINE 9)			
11	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12	DEDUCTIONS (DR ADJUSTMENTS)			
13				
14				
15				
16	TOTAL DEDUCTIONS			
17	FUND BALANCE AT END OF PERIOD			
	PER BALANCE SHEET			