WALTERS & ASSOCIATES
CPAs
CERTIFIED PUBLIC ACCOUNTANTS

Hospice Medicare Cost Report
CMS Form 1984 – Information Request

Name of Facility		Medicare Provider #	
Mailing Address		(NPI) National Provider #	
City, Zip, State		Cost Reporting Period	
County		Medicare Certification Date	
Telephone Number		Medicaid Certification Date	
Fax Number		Date Hospice Began Operations	

1. A detailed working trial balance for the cost reporting period in electronic format, preferably in excel, and a hard copy of the financial statements for the cost reporting period.

2. Indicate the type of control from the following:

Voluntary Nonprofit, Church		Government, City-County	
Voluntary Nonprofit, Other		Government, County	
Proprietary, Individual		Government, State	
Proprietary, Corporation		Government, Hospital District	
Proprietary, Partnership		Government, City	
Proprietary, Other		Government, Other	
Government, Federal			

3. Please complete the following enrollment and patients recap:

	Unduplicated					
Enrollment Days	(1) Total Medicare	(1) Total Medicaid	(3)Skilled Nursing Facility Medicare	(4)Skilled Nursing Facility Medicaid	(5) Total Other	(Sum of 1,2 & 5) Total
Continuous Home Care Days						
Routine Home Care Days						
Inpatient Respite Care Days						
General Inpatient Care Days						
Total Hospice Days						

** Note: Columns (3) & (4) total days relate to SNF Medicare & Medicaid days included in columns (1) & (2)

	Medicare	Medicaid	Skilled Nursing Facility Medicare	Skilled Nursing Facility Medicaid	Other	Total
Number of Patients receiving Hospice Care						
Total Number of Unduplicated Continuous Care Hours Billable to Medicare		N/A		N/A	N/A	N/A
Average Length of Stay						
Unduplicated Census Count						

**Note: See definitions of enrollment day types attached.

Provider Name: ____

Medicare Provider Number: ____

Cost Reporting Period: ____

Definitions for the various Hospice care days:

Continuous Home Care Day:

A continuous home care day consists of a minimum of 8 hours and a maximum of 24 hours of predominantly nursing care.

Routine Home Care Day:

A routine home care day is a day on which the hospice patient is at home and not receiving continuous home care.

Inpatient Respite Care Day:

An inpatient respite care day is a day on which the hospice patient receives care in an inpatient facility for respite care.

General Inpatient Care Day:

A general inpatient care day is a day on which the hospice patient receives care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

4. Attached is a draft copy of the CMS Form 339 questionnaire that has been completed based on the prior year's form. Please review the questionnaire and note all appropriate changes. Also attach copies of any documentation required as a result of the responses.

5. A copy of the fixed asset/depreciation schedule for the Medicare cost reporting period.

6. Detail of Square Feet (format enclosed). Please include a copy of the floor plan with space use indicated.

7. If transportation costs have not been recorded to the appropriate cost centers on the trial balance and if available, please provide a schedule showing transportation mileage broken out by the appropriate cost centers (format enclosed).

8. If available, a summary of volunteer service hours broken out by the appropriate cost centers (format enclosed).

9. A copy of a current Medicare Provider Statistical and Reimbursement System Summary Report (PS&R) for the cost report period.

10. Were there any transactions with an organization related to the Hospice based on common ownership or common control of operations? Yes No

    If yes, please complete the following information regarding the related party transaction:

    a. Name of the related entity
    b. How the entity is related (common ownership or control)
    c. Identify the related party expenses reflected on the working trial balance:

Account Number	Expense Amount	Expense Description

    d. Provide a copy each related entity's working trial balance.

11. Copies of all relevant Intermediary/MAC correspondence related to this Medicare cost reporting period.

12. Please send us the Medicare cost report package provided to you by the Medicare Intermediary/MAC.

Detail of Hospice Square

Footage by Cost Center

Provider: ____

Cost Center	**Square Feet**
COMMON (ie., halls, restrooms, office supplies, etc.)	
PLANT OPERATION AND MAINTENANCE	
VOLUNTEER SERVICE COORDfNATION	
ADMIN AND GENERAL - SHARED	
ADMINISTRATIVE AND GENERAL -- HOSPICE ONLY	
INPATIENT -- GENERAL CARE	
INPATIENT -- RESPITE CARE	
PHYSICIAN SERVICES	
NURSING CARE	
PHYSICAL THERAPY	
SPEECH THERAPY	
OCCUPATIONAL THERAPY	
MEDICAL SOCIAL SERVICES -DIRECT	
SPIRITUAL COUNSELING	
DIETARY COUNSELING	
COUNSELING - OTHER	
HOME HEALTH AIDE AND HOMEMAKERS	
DRUGS, BIOLOGICALS AND INFUSION	
DME/OXYGEN	
IMAGING SERVICES	
LABS AND DIAGNOSTICS	
MEDICAL SUPPLIES	
RADIATION THERAPY	
CHEMOTHERAPY	
BEREAVEMENT	
OTHER	
TOTAL SQUARE FOOTAGE OF HOSPICE	

Hospice Mileage Summary

By Cost Center

Provider: ____

Cost Center	Mileage
VOLUNTEER SERVICE COORDINATION	
ADMINISTRATIVE AND GENERAL -- SHARED	
ADMINISTRATIVE AND GENERAL -- HOSPICE ONLY	
PHYSICIAN SERVICES	
NURSING CARE	
PHYSICAL THERAPY	
SPEECH THERAPY	
OCCUPATIONAL THERAPY	
MEDICAL SOCIAL SERVICES -- DIRECT	
SPIRITUAL COUNSELING	
DIETARY COUNSELING	
COUNSELING -- OTHER	
HOME HEALTH AIDE AND HOMEMAKERS	
IMAGING SERVICES	
RADIATION THERAPY	
CHEMOTHERAPY	
BEREAYEMENI	
OTHER	
OTHER	
TOTAL MILEAGE OF HOSPICE	

Volunteer Service Hours

Summary by Cost Center

Provider: ____

Cost Center	Hours
ADMINISTRATIVE AND GENERAL	
INPATIENT -GENERAL CARE	
INPATIENT -- RESPITE CARE	
PHYSICIAN SERVICES	
NURSING CARE	
PHYSICAL THERAPY	
SPEECH THERAPY	
OCCUPATIONAL THERAPY	
MEDICAL SOCIAL SERVICES -- DIRECT	
SPIRITUAL COUNSELING	
DIETARY COUNSELING	
COUNSELING -- OTHER	
HOME HEALTH AIDE AND HOMEMAKERS	
RADIATION THERAPY	
CHEMOTHERAPY	
OTHER	
TOTAL VOLUNTEER SERVICE HOURS	

Once complete, please email this form to dwalterscpa@gmail.com or fax it to 727-279-2851.

Feel free to call Doug at 941-756-0700 with any questions. Thank you.