

Progressive Provider Services

(248) 968-4100 ~ (888) 405-4162 fax

www.ppsassistant.com

Hospice Low Utilization 1984-14

Cost Report Preparation Checklist and Questionnaire

Please fill out the entire form. E-mail files to blimi@ppsassistant.com

If there are any questions, please contact us for clarification.

Hospice name: _____

Medicare provider number (6 digit -PTAN/CCN): _____

Hospice address, city, state, zip*: _____

County where hospice is located*: _____

Person compiling this form, title: _____

Telephone numbers: _____

E-mail address: _____

Name of contractor/MAC: _____

Date certified for Medicare*: _____

Type of organization (Corp, Partnership, etc.):* _____

Current cost report year malpractice premiums: \$ _____

Counties **serviced** this year: _____

* If your prior year cost report was prepared by PPS, we have your information on file.

Summary Checklist of Required Cost Report Preparation Items

Hospice LU 1984-14

1. Financial Documents:

- a. Trial Balance
- b. Profit and Loss
- c. Balance Sheet
- d. Revenue Breakdown: Enter revenue amount by payor:
 Medicare: \$ _____
 Medicaid: \$ _____
 Other: \$ _____

- CMS requirement – expenses must be shown on an accrual basis.
- Trial balance must match the Profit & Loss and Balance Sheet
- COVID-19 PRF & small business loan forgiveness revenues should be separately identified.

2. Patient days by payor and Level of Care

| <u>Levels of Care</u> | Unduplicated Days | | |
|------------------------|-------------------|----------|-------|
| | Medicare | Medicaid | Other |
| Continuous Home Care | | | |
| Routine Home Care | | | |
| Inpatient Respite Care | | | |
| General Inpatient Care | | | |

3. Contracted Inpatient Days (number of days for inpatients who did not reside in your facility) by payor and Level of Care.

| <u>Levels of Care</u> | Unduplicated Days | | |
|------------------------|-------------------|----------|-------|
| | Medicare | Medicaid | Other |
| Inpatient Respite Care | | | |
| General Inpatient Care | | | |

4. Prior Year Complete Medicare Cost Report and supporting documents. *

5. PS&R – this form is used to determine the Net Medicare Reimbursement. *Only required if it is unclear if the Net Reimbursement is under or over \$200,000.*

* If your prior year cost report was prepared by PPS, we have your information on file.