PROGRESSIVE PROVIDER SERVICES OF COLORADO LLC
245 S. Benton Street, Suite 300 – Lakewood, CO 80226
(303) 233-5143 (303) 233-5147 FAX

HOSPICE COST REPORT PREPARATION CHECKLIST AND QUESTIONNAIRE

AGENCY NAME: _____

COUNTY: _____

AGENCY ADDRESS: _____

PERSON COMPILING THIS FORM: _____

POSITION TITLE: _____

TELEPHONE NO.: _____

EMAIL ADRESS: _____

MEDICARE PROVIDER NO.: _____

DATE CERTIFIED: _____

This form is to assist the provider with compiling information in connection with the preparation of their year-end Medicare cost report. The information obtained from this form will be used to complete the appropriate Medicare cost report and supplemental information. This form may be submitted to the intermediary as additional supporting documentation and provider representation regarding certain information included within this form.

In addition, we will likely be contacting you during the preparation process to inquire about certain issues or request additional required information. If you have any questions regarding this form or individual items requested, please do not hesitate to contact us.

This year's cost report is a new set of forms, which breaks out hospice costs into four levels of care:

1. Continuous Home Care – for patients receiving 8+ hours of mostly nursing care at home daily
2. Routine Home Care – for patients at home not receiving continuous home care
3. Inpatient Respite Care – for patients sent to an inpatient facility to give respite to their caregivers
4. General Inpatient Care – for patients receiving care in an inpatient facility which cannot be provided in other settings

SUMMARY CHECKLIST OF REQUIRED COST REPORT PREPARATION ITEMS

		YES	NO
1.	**FINANCIAL STATEMENTS**: Have you attached a copy of your year-end financial statements? (per cost report instructions, costs should be on the accrual basis). Revenues should be broken out by level of care ("LOC"). Levels of Care an be found on page 1.	☐	☐
2.	**WORKING TRIAL BALANCE**: Have you attached a copy of your year-end working trial balance (also on accrual basis)?	☐	☐
2a.	**DIRECT CARE EXPENSES BY LOC**: Please see page 5-6. All direct care expenses (salary, contract, and supplies) must be sub-divided by level of care ("LOC"). Please include time study information and/or average numbers of hours each LOC received care daily. We may also need average hourly wage for each position, if hourly wages differ by level of care. Levels of Care can be found on Page 1.	☐	☐
3.	**SQUARE FOOTAGE AND FLOOR PLAN**: Have you included your square footage detail and attached a copy of your floor plan? ** Please see new list on page 4.	☐	☐
4.	**INTERMEDIARY CORRESPONDENCE**: Have you included copies of your intermediary correspondence, including interim rate and lump-sum payment notices?	☐	☐
5.	**PS&R REPORT**: Have you included a copy of your latest PS&R Report from your intermediary?	☐	☐
6.	**LAST YEAR'S MEDICARE COST REPORT**: Have you included a copy of last year's Medicare cost report? (Not necessary for established clients.)	☐	☐
7	**ACCOUNT ANALYSIS**: Please provide detail of the items included in the following accounts: (account names may vary) Other/Misc. Revenues, Promotional Advertising, Other/Misc. Expenses.	☐	☐
8.	**RELATED PARTY INFORMATION:** Please include description and dollar amounts of expenses for services or goods provided by related party vendors.	☐	☐
9.	**WORKSHEET S-1 (CENSUS INFORMATION):** Please see the attached sheet and complete (page 3). Note differences from prior cost report.	☐	☐

Census Information by Levels of Care

UNDUPLICATED DAYS

Levels of Care	Title XVIII - Medicare	Title XIX - Medicaid	Other
Continuous Home Care			
Routine Home Care			
Inpatient Respite Care			
General Inpatient Care			

CONTRACTED STATISTICAL DATA

(I.e., care which you have contracted out to another provider, such as a SNF)

UNDUPLICATED DAYS

	Title XVIII - Medicare	Title XIX - Medicaid	Other
Inpatient Respite Care			
General Inpatient Care			

Please note: Contracted Days are also included in total days above.

Square Footage

Since there are more cost centers than on previous cost reports, there are more possibilities of square footage. Therefore, it would be helpful if you provide a floor plan showing how your office space is used.

If you have an inpatient facility, a more detailed square footage breakout will likely be necessary.

Time Study Instructions

It is recommended to perform time studies for all of your direct care departments, documenting how much time is spent on each level of care. We will then use these time studies to allocate expenses to the different levels of care. If possible, please track time of non-administrative personnel for each level of care over a two week period.

If you are unable to perform time studies, please fill out the chart on the next page.

Unless you have updated your trial balance to separate all direct care expenses into the four LOC below, we will need to allocate costs of different departments in order to properly prepare your cost report, per new CMS regulations.

Once again, the four levels of care (LOC) are:

1. Continuous Home Care (CHC)
2. Routine Home Care (RHC)
3. Inpatient Respite Care (IRC)
4. General Inpatient Care (GIC)

If you are unable to perform time studies, or have not done so for this cost report year, please fill out the following chart, if you have the information. If not, please discuss your situation with us.

Department	**Daily Hrs CHC**	**Avg Hrly Wage CHC**	**Daily Hrs RHC**	**Avg Hrly Wage RHC**	**Daily Hrs GIC**	**Avg Hrly Wage GIC**	**Daily Hrs IRC**	**Avg Hrly Wage IRC**
Contracted Inpatient Care								
Physician Services								
Nurse Practitioner								
Registered Nurse								
LPN/LVN								
Physical Therapy								
Occupational Therapy								
Speech/Language Pathology								
Medical Social Services								
Spiritual Counseling*								
Dietary Counseling*								
Other Counseling*								
Hospice Aide/Homemaker								
X-Ray								
Lab								
Outpatient Services								
Palliative Radiation Therapy								
Palliative Chemotherapy								
Other Patient Care Svc								

*Counseling services amounts should not include bereavement counseling