

PROGRESSIVE PROVIDER SERVICES OF COLORADO LLC
245 S. Benton Street, Suite 300 – Lakewood, CO 80226
(303) 233-5143 (888) 405-4162 FAX

**LOW UTILIZATION HOSPICE COST REPORT
PREPARATION CHECKLIST AND QUESTIONNAIRE**

AGENCY NAME: _____

COUNTY: _____

AGENCY ADDRESS: _____

PERSON COMPILING THIS FORM: _____

POSITION TITLE: _____

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

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

- | | <u>YES</u> | <u>NO</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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 can be found on page 1. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. WORKING TRIAL BALANCE: Have you attached a copy of your year-end working trial balance (also on accrual basis)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. INTERMEDIARY CORRESPONDENCE: Have you included copies of your intermediary correspondence, including interim rate and lump-sum payment notices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. LAST YEAR'S MEDICARE COST REPORT: Have you included a copy of last year's Medicare cost report? (Not necessary for established clients.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. WORKSHEET S-1 (CENSUS INFORMATION): Please see the attached sheet and complete (page 3). Note differences from prior cost report. | <input type="checkbox"/> | <input type="checkbox"/> |

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.