



HOME HEALTH AGENCY MEDICARE COST REPORT INFORMATION REQUEST

1. Please complete the following general information on the Agency:

Agency Name	
Contact Name	
Agency Address	
Agency Phone	
Agency Fax	
Email Address	
Provider Number	
Cost Reporting Period:	From _____ To _____
Date Certified	

2. Please complete the following table with visits and patients by discipline and payer source. Please note that you do not need to provide detail on each Managed care payer. Total all non Medicare payers and put them in the “other” column.

	Medicare		Other	
	Patients	Visits	Patients	Visits
SN				
PT				
OT				
ST				
MSW				
HHA				

- Unduplicated Census Count _____
Each patient should be counted once for each discipline. If a patient received nursing services and physical therapy services he/she should be counted once for each service.
- Provide the Provider Statistical and Reimbursement Report (PS&R) for the cost reporting period.
- Provide a Working Trial Balance for the cost reporting period. If an outside accountant prepares your financials, please provide the accountant’s contact information.



- 6. Many agencies include all salary expenses in one account. This is often true for contract labor. If this is the case with your agency, please provide the account detail for those accounts.
- 7. Provide a copy of Prior Year Cost Report (new clients only).
- 8. Does the agency contract with outside suppliers for the following therapy?
 - a. Physical Therapy Yes No
 - b. Occupational Therapy Yes No
 - c. Speech Therapy Yes No
- 9. Provide square footage of your building by the following cost centers:

Department	Square Footage
Administrative	
Skilled Nursing	
Physical Therapy	
Occupational Therapy	
Speech Therapy	
Medical Social Services	
Home Health Aides	
Total	

- 10. Has the Agency had a Change of Ownership during the cost reporting period? Yes No
If 'Yes' submit name and address of new owner, date of change, and a copy of the sales agreement or similar agreement affecting the change of ownership

Once complete, please email this form to snopes@yahoo.com or fax it to 727-279-2851. Feel free to call Doug at 727-244-5978 with any questions. Thank you.