05-0	)7			3690 (Cont.)								
ANAI	LYSIS OF PROVIDER-BASED						PROVIDER NO	D.:	PERIOD:		WORKSHEET H	
HOM	E HEALTH AGENCY COSTS								FROM			
			-	-	-		HHA NO.:		то			
				TRANSPOR-	CONTRACTED/				RECLASSIFIED		NET	l
		SALARIES	EMPLOYEE	TATION	PURCHASED		TOTAL		TRIAL		EXPENSES FOR	l
	COST CENTER DESCRIPTIONS	(from	BENEFITS *	(see	SERVICES		(sum of cols.	RECLASSIFI-	BALANCE		ALLOCATION	l
	(omit cents)	Wkst. H-1) *	(from Wkst. H-2)	instructions)	(from Wkst. H-3)*	OTHER COSTS	1 thru 5)	CATIONS	(col. 6 + col. 7)	ADJUSTMENTS	(col. 8 + col. 9)	l
		1	2	3	4	5	6	7	8	9	10	<u> </u>
	GENERAL SERVICE COST CENTERS											<u> </u>
1	Capital Related-Bldgs. and Fixtures											1
2	Capital Related-Movable Equipment											2
3	Plant Operation & Maintenance											3
4	Transportation (see instructions)											4
5	Administrative and General											5
	HHA REIMBURSABLE SERVICES											
6	Skilled Nursing Care											6
7	Physical Therapy											7
8	Occupational Therapy											8
9	Speech Pathology											9
10	Medical Social Services											10
11	Home Health Aide											11
12	Supplies (see instructions)											12
13	Drugs											13
13.20	Cost of Administering Vaccines											13.20
14	DME											14
-	HHA NONREIMBURSABLE SERVICES											1
15	Home Dialysis Aide Services											15
16	Respiratory Therapy											16
17	Private Duty Nursing											17
18	Clinic											18
19	Health Promotion Activities											19
20	Day Care Program											20
21	Home Delivered Meals Program											21
22	Homemaker Service											22
23	All Others											23
24	Total (sum of lines 1-23)											24

\* = For cost reporting periods beginning on or after 10/1/2000 Worksheets H-1, H-2, and H-3 are no longer applicable, the amounts in columns 1, 2, and 4 are to be input. Column, 6 line 24 should agree with the Worksheet A, column 3, line 71, or subscript as applicable.

FORM CMS-2552-96 (05/2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 3641)

05	-07				FORM CMS	5-2552-96		3690 (Coi	nt.)		
	A COMPENSATION ANALYSIS ARIES AND WAGES					PROVIDER NO	.:	PERIOD: FROM		WORKSHEET F	<del>I</del> -1
		ADMINIS-				HHA NO.:		то			$\Box$
		TRATORS	DIRECTORS		SUPERVISORS	NURSES	THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	–
	GENERAL SERVICE COST CENTERS	1	2	3	4	5	6	7	8	9	<u>—</u>
1	Capital Related-Bldg. and Fixtures			<u> </u>							1
_	Capital Related-Movable Equipment			<u> </u>							2
	Plant Operation & Maintenance										3
_	Transportation (see instructions)										4
	Administrative and General										5
-	HHA REIMBURSABLE SERVICES										Ĕ.
6	Skilled Nursing Care										6
	Physical Therapy										7
	Occupational Therapy										8
9	Speech Pathology										9
	Medical Social Services										10
11	Home Health Aide										11
12	Supplies										12
13	Drugs										13
14	DME										14
	HHA NONREIMBURSABLE SERVICES										
15	Home Dialysis Aide Services										15
16	Respiratory Therapy										16
17	Private Duty Nursing										17
18	Clinic										18
19	Health Promotion Activities										19
20	Day Care Program										20
21	Home Delivered Meals Program										21
22	Homemaker Service										22
_	All Others										23
24	Totals (sum of lines 1-23)										

(1) Transfer the amounts in column 9 to Wkst. H, column 1

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3642)

10	-96				FORM CMS	5-2552-96		3690 (Co	nt.)		
HH	A COMPENSATION ANALYSIS					PROVIDER NO	.:	PERIOD:		WORKSHEET H	-2
EM	PLOYEE BENEFITS (PAYROLL RELATE	D)						FROM			
_						HHA NO.:		то			
		ADMINIS-									
		TRATORS	DIRECTORS	CONSULTANTS	SUPERVISORS	NURSES	THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		1	2	3	4	5	6	7	8	9	
	GENERAL SERVICE COST CENTERS										
	Capital Related-Bldg. and Fixtures										1
	Capital Related-Movable Equipment										2
	Plant Operation & Maintenance										3
4	Transportation (see instructions)										4
5	Administrative and General										5
	HHA REIMBURSABLE SERVICES										
	Skilled Nursing Care										6
7	Physical Therapy										7
8	Occupational Therapy										8
9	Speech Pathology										9
10	Medical Social Services										10
11	Home Health Aide										11
12	Supplies										12
13	Drugs										13
14	DME										14
	HHA NONREIMBURSABLE SERVICES										
15	Home Dialysis Aide Services										15
16	Respiratory Therapy										16
17	Private Duty Nursing										17
18	Clinic										18
19	Health Promotion Activities										19
20	Day Care Program										20
21	Home Delivered Meals Program										21
22	Homemaker Service										22
23	All Others										23
24	Totals (sum of lines 1-23)										T

(1) Transfer the amounts in column 9 to Wkst. H, column 2

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3643)

10	-96				FORM CMS	-2552-96		3690 (Co	nt.)		
HH	A COMPENSATION ANALYSIS					PROVIDER NO	.:	PERIOD:		WORKSHEET H	-3
COl	NTRACTED SERVICES/PURCHASED SEI	RVICES						FROM			
			-		-	HHA NO.:		то			
		ADMINIS-									
		TRATORS	DIRECTORS	CONSULTANTS	SUPERVISORS	NURSES	THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		1	2	3	4	5	6	7	8	9	
	GENERAL SERVICE COST CENTERS										
	Capital Related-Bldg. and Fixtures										1
	Capital Related-Movable Equipment										2
3	Plant Operation & Maintenance										3
4	Transportation (see instructions)										4
5	Administrative and General										5
	HHA REIMBURSABLE SERVICES										
6	Skilled Nursing Care										6
7	Physical Therapy										7
8	Occupational Therapy										8
9	Speech Pathology										9
10	Medical Social Services										10
11	Home Health Aide										11
12	Supplies										12
13	Drugs										13
	DME										14
	HHA NONREIMBURSABLE SERVICES										
15	Home Dialysis Aide Services										15
16	Respiratory Therapy										16
	Private Duty Nursing										17
18	Clinic										18
19	Health Promotion Activities										19
20	Day Care Program										20
21	Home Delivered Meals Program										21
	Homemaker Service										22
	All Others										23
-	Totals (sum of lines 1-23)			1					1		

(1) Transfer the amounts in column 9 to Wkst. H, column 4

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3644)

05-	07		FO	RM CMS-25	52-96				3690 (C	ont.)
COS	T ALLOCATION - HHA GENERAL SERVICE COST				PROVIDER NO.: _		PERIOD: FROM		WORKSHEET H- PART I	4,
		NET EXPENSES		PITAL	HHA NO.:		то			
		FOR COST ALLOCATION (from Wkst. H, col. 10) 0	BLDGS. & FIXTURES	ED COSTS MOVABLE EQUIPMENT 2	PLANT OPERATION & MAINTENANCE 3	TRANS- PORTATION 4	SUBTOTAL (cols. 0-4) 4a	ADMINIS- TRATIVE & GENERAL 5	TOTAL (cols. 4a + 5) 6	
-	GENERAL SERVICE COST CENTERS	0	1	2	5	<del></del>		5	0	
1	Capital Related-Bldgs. and Fixtures									1
2	Capital Related-Movable Equipment									2
3	Plant Operation & Maintenance									3
	Transportation (see instructions)									4
	Administrative and General									5
	HHA REIMBURSABLE SERVICES									
6	Skilled Nursing Care									6
7	Physical Therapy									7
8	Occupational Therapy									8
9	Speech Pathology									9
10	Medical Social Services									10
11	Home Health Aide									11
12	Supplies (see instructions)									12
13	Drugs									13
13.2	Cost of Administering Vaccines									13.20
14	DME									14
_	HHA NONREIMBURSABLE SERVICES									
	Home Dialysis Aide Services									15
	Respiratory Therapy									16
	Private Duty Nursing									17
	Clinic									18
	Health Promotion Activities									19
	Day Care Program									20
	Home Delivered Meals Program									21
	Homemaker Service									22
_	All Others									23
24	Totals (sum of lines 1-23)									24

FORM CMS-2552-96 (05/2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3645)

05-0	07	FORM	FORM CMS-2552-96								
COS	T ALLOCATION - HHA STATISTICAL BASIS			PROVIDER NO.: HHA NO.:		PERIOD: FROM TO		WORKSHEET H-4 PART II	4,		
				ITAL D COSTS MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINTENANCE (SQUARE FEET) 3	TRANS- PORTATION (MILEAGE) 4	RECONCIL- IATION 5a	ADMINIS- TRATIVE & GENERAL (ACCUM. COST) 5			
	GENERAL SERVICE COST CENTERS		1	2	3	4	Ja	3	<u> </u>		
1	Capital Related-Bldgs. and Fixtures								1		
	Capital Related-Movable Equipment								2		
	Plant Operation & Maintenance								3		
	Transportation (see instructions)								4		
	Administrative and General								5		
	HHA REIMBURSABLE SERVICES										
6	Skilled Nursing Care								6		
	Physical Therapy								7		
	Occupational Therapy								8		
	Speech Pathology								9		
10	Medical Social Services								10		
11	Home Health Aide								11		
12	Supplies (see instructions)								12		
13	Drugs								13		
13.20	Cost of Administering Vaccines								13.20		
14	DME								14		
	HHA NONREIMBURSABLE SERVICES										
	Home Dialysis Aide Services								15		
	Respiratory Therapy								16		
	Private Duty Nursing								17		
	Clinic								18		
	Health Promotion Activities								19		
	Day Care Program								20		
	Home Delivered Meals Program								21		
	Homemaker Service								22		
	All Others								23		
	Total (sum of lines 1-23)								24		
	Cost To Be Allocated (per Worksheet H-4, Part I)							_	25		
26	Unit Cost Multiplier								26		

FORM CMS-2552-96 (05/2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3645)

05-0	)7				FORM CMS-2552-96								3690 (Cor	nt.)
	OCATION OF GENERAL SERVICE IS TO HHA COST CENTERS						PROVIDER N HHA NO.:	0.:		PERIOD: FROM TO		WORKSHEE PART I	Т Н-5,	
	HHA COST CENTER (omit cents)	From Wkst. H-4 Part I.	HHA TRIAL BALANCE		APITAL ED COSTS MOVABLE		APITAL D COSTS MOVABLE	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-		LAUNDRY & LINEN	
	(onit cents)	col. 6, line	(1) 0		EQUIPMENT 2		EQUIPMENT 4		(cols. 0-5) 5A		REPAIRS 7			<u> </u>
1	Administrative and General	5											[	1
2	Skilled Nursing Care	6											[	2
3	Physical Therapy	7												3
4	Occupational Therapy	8											[]	4
5	Speech Pathology	9												5
6	Medical Social Services	10											(	6
7	Home Health Aide	11											(	7
8	Supplies	12											(	8
9	Drugs	13											1	9
9.20	Cost of Administering Vaccines	13.20												9.20
10	DME	14											1	10
11	Home Dialysis Aide Services	15												11
12	Respiratory Therapy	16												12
13	Private Duty Nursing	17												13
	Clinic	18												14
15	Health Promotion Activities	19												15
	Day Care Program	20												16
17	Home Delivered Meals Program	21												17
	Homemaker Service	22												18
	All Others	23												19
	Totals (sum of lines 1-19) (2)													20
21	Unit Cost Multiplier: column 27, line 1 d minus column 27, line 1, rounded to 6 d	2		mn $\overline{27}$ , line $\overline{20}$										21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 71.

(2) Columns 0 through 27, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 71.

FORM CMS-2552-96 (05/2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3646.1)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTER     PROVIDER NO:	05-	07			FORM CI	MS-2552-9		3690 (Co	nt.)					
$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$			_			-				FROM			- )	
1   Administrative and General   1			KEEPING			TENANCE OF PERSONNEL	ADMINIS- TRATION	SERVICES & SUPPLY	PHARMACY	RECORDS & LIBRARY	SERVICE	GENERAL SERVICE	PHYSICIAN ANES- THETISTS	
2   Skilled Nursing Care   2     3   Physical Therapy   2     4   Occupational Therapy   3     4   Occupational Therapy   4     5   Speech Pathology   4     6   Medical Social Services   4     7   Home Health Aide   6     7   Home Health Aide   6     8   1   1     9   Drugs   1   1     9.20   Cost of Administring Vacines   6     10   DME   1   10     11   Respiratory Therapy   1   1     12   Respiratory Therapy   1   1     13   Private Duty Nursing   1   1     14   Clinic   1   1   11     15   Health Promotion Activities   1   1   1     16   10   1   1   1   1     17   Health Promotion Activities   1   1   1     18   Health Promotion Activities   1   1   1     16			10	11	12	13	14	15	16	17	18	19	20	<u> </u>
3   Physical Therapy   Image: Construction of the therapy   Image: Construction of therapy   Image: Construction of the therapy   Image: Construction	1													1
4   Occupational Therapy   Image: Construction of the system of column 27, line 1 divided by the sum of colum	2													_
5   Speech Pathology														
6     Medical Social Services     6     6       7     Home Health Aide     6     7       8     Supplies     6     7       9     Drugs     6     7       9.0     Cost of Administering Vaccines     6     7       9.0     Dugs     6     6     8       9.0.0     Dives     6     9.20     6     9.20       10     DME     6     6     9.20     9.20     10     9.20     10     9.20     10     9.20     10     9.20     10     9.20     10     9.20     10     9.20     10     9.20     10     9.20     10     9.20     10     9.20     10     10     10     10     9.20     10     10     10     10     10     10     11		<b></b>												_
7   Home Health Aide   1														_
8     Supplies     Image: Cost of Administering Vaccines     Image: Cost of Administering Vaccines <t< td=""><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	_													
9 Drugs     1     1     1     1     9       9.20 Cost of Administering Vaccines     1     1     1     9.20     10     DME     1     1     9.20       10 DME     1     1     1     1     10     10     10     10     10     10     10     10     11     12     Respiratory Therapy     1     10     11     12     Respiratory Therapy     1     10     11     11     12     13     14     15     16     10     10     11     13     14     15     16     14     15     15     16     14     15     16     14     15     16     17     16     17     16     17     18														
9.20Cost of Administering VaccinesImage: constraint of the symbolImage: constraint														
10DMEImage: Constraint of the service of the se														_
11Home Dialysis Aide ServicesImage: Constraint of the service														9.20
12Respiratory TherapyImage: Constraint of the system of column 27, line 20Image:	_													10
13Private Duty Nursing1111114Clinic11111115Health Promotion Activities1111115Health Promotion Activities1111116Day Care Program1111116Day Care Program1111117Home Delivered Meals Program1111118Homemaker Service1111119All Others1111120Totals (sum of lines 1-19) (2)11112021Unit Cost Multiplier: column 27, line 1 divided by the sum of column 27, line 201111	11	Home Dialysis Aide Services												11
14   Clinic   Image: Clinic c	12	Respiratory Therapy												12
15Health Promotion ActivitiesImage: Constraint of the symbolImage: Constraint of th	13	Private Duty Nursing												13
16   Day Care Program   Image: Constraint of the synthesis of the synthesynthesis of the synthesis of	14	Clinic												14
17   Home Delivered Meals Program   1   17     18   Homemaker Service   1   18     19   All Others   1   19     20   Totals (sum of lines 1-19) (2)   1   1   1   20     21   Unit Cost Multiplier: column 27, line 1 divided by the sum of column 27, line 20   1   1   1   1   1   1	15	Health Promotion Activities												15
17   Home Delivered Meals Program   1   17     18   Homemaker Service   1   18     19   All Others   1   19     20   Totals (sum of lines 1-19) (2)   1   1   1   20     21   Unit Cost Multiplier: column 27, line 1 divided by the sum of column 27, line 20   1   1   1   1   1   1	16	Day Care Program												16
19   All Others   Image: Constraint of the sector of the														17
20     Totals (sum of lines 1-19) (2)     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     21     21     21     21     20     21	18	Homemaker Service												18
21   Unit Cost Multiplier: column 27, line 1 divided by the sum of column 27, line 20   21	19	All Others			1			1				1		19
21   Unit Cost Multiplier: column 27, line 1 divided by the sum of column 27, line 20   21								1						_
			ed by the sum of c	olumn 27, line	20		-		•					
		1	•	., .										

(2) Columns 0 through 27, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 71.

FORM CMS-2552-96 (05/2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3646.1)

05-	07			FORM CI	MS-2552-96			3690 (Co	mt.)		
	OCATION OF GENERAL SERVICE IS TO HHA COST CENTERS			PROVIDER N HHA NO.:	0.:		PERIOD: FROM TO		WORKSHEET H PART I (CONT.)	- )	
	HHA COST CENTER (omit cents)	NURSING SCHOOL	SALARY ANI FRINGES	PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	(sum of cols. 5a-24)	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	· /	ALLOCATED HHA A&G (see Part II)	TOTAL HHA COSTS	
		21	22	23	24	25	26	27	28	29	<u> </u>
	Administrative and General										1
	Skilled Nursing Care										2
	Physical Therapy										3
	Occupational Therapy										4
	Speech Pathology										5
	Medical Social Services						-				6
	Home Health Aide										7
	Supplies										8
	Drugs										9
	Cost of Administering Vaccines										9.20
	DME										10
	Home Dialysis Aide Services										11
	Respiratory Therapy										12
	Private Duty Nursing	-					+				13
	Clinic						-				14
-	Health Promotion Activities	4	l				┥───┤				15
	Day Care Program										16
	Home Delivered Meals Program										17
	Homemaker Service										18
	All Others										19
	Totals (sum of lines 1-19) (2)		<u> </u>								20
	Unit Cost Multiplier: column 27, line 1 divided by the minus column 27, line 1, rounded to 6 decimal places.	sum of column 2	27, line 20								21

(2) Columns 0 through 27, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 71.

FORM CMS-2552-96 (05/2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3646.1)

05-0	05-07 FORM CMS-2552-96											
COST	OCATION OF GENERAL SERVICE IS TO HHA COST CENTERS TISTICAL BASIS					PROVIDER NO. HHA NO.:		PERIOD: FROM TO		3690 (Co WORKSHEET H PART II		
	HHA COST CENTER		APITAL ED COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2		APITAL ED COST MOVABLE EQUIPMENT (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCIL- IATION 6A	ADMINIS- TRATIVE & GENERAL (ACCUM. COST) 6	MAIN- TENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8		
1	Administrative and General	1	L	5	4	5	UA	0	/	0	1	
	Skilled Nursing Care										2	
	Physical Therapy										3	
	Occupational Therapy										4	
	Speech Pathology										5	
	Medical Social Services										6	
	Home Health Aide										7	
	Supplies										8	
	Drugs					1					9	
	Cost of Administering Vaccines					1					9.20	
	DME										10	
11	Home Dialysis Aide Services										11	
12	Respiratory Therapy										12	
13	Private Duty Nursing										13	
14	Clinic										14	
15	Health Promotion Activities										15	
16	Day Care Program										16	
17	Home Delivered Meals Program										17	
18	Homemaker Service										18	
19	All Others										19	
20	Totals (sum of lines 1-19)										20	
21	Total cost to be allocated										21	
22	Unit Cost Multiplier										22	

FORM CMS-2552-96 (05/2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3646.2)

05-0	7			MS-2552-9	6		3690 (C	ont.)			
COSTS	CATION OF GENERAL SERVICE S TO HHA COST CENTERS STICAL BASIS	-				PROVIDER NO. HHA NO.:		PERIOD: FROM TO		WORKSHEET H PART II (CONT	- /
	HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MEALS SERVED) 12	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINIS- TRATION (DIRECT NURS. HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	
1	Administrative and General										1
	Skilled Nursing Care										2
	Physical Therapy										3
	Occupational Therapy										4
	Speech Pathology										5
6	Medical Social Services										6
7	Home Health Aide										7
8	Supplies										8
9	Drugs										9
	Cost of Administering Vaccines										9.20
10	DME										10
11	Home Dialysis Aide Services										11
12	Respiratory Therapy										12
13	Private Duty Nursing										13
14	Clinic										14
15	Health Promotion Activities										15
16	Day Care Program										16
17	Home Delivered Meals Program										17
18	Homemaker Service										18
19	All Others										19
20	Totals (sum of lines 1-19)										20
21	Total cost to be allocated										21
22	Unit Cost Multiplier										22

05-0	7	FORM	CMS-255	2-96				3690 (Coi	nt.)
COST	CATION OF GENERAL SERVICE S TO HHA COST CENTERS ISTICAL BASIS			PROVIDER N HHA NO.:		PERIOD: FROM TO		WORKSHEET H PART II (CONT.	
	HHA COST CENTER	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & SALARY & FRINGES (ASSIGNED TIME)	RESIDENTS PROGRAM COSTS (ASSIGNED TIME)	PARA- MEDICAL EDUCATION (SPECIFY) (ASSIGNED TIME)	
		18	19	20	21	22	23	24	
1	Administrative and General								1
	Skilled Nursing Care								2
	Physical Therapy								3
	Occupational Therapy								4
	Speech Pathology								5
	Medical Social Services								6
_	Home Health Aide								7
	Supplies								8
9	Drugs								9
	Cost of Administering Vaccines								9.20
	DME								10
	Home Dialysis Aide Services								11
12	Respiratory Therapy								12
	Private Duty Nursing								13
14	Clinic								14
15	Health Promotion Activities								15
16	Day Care Program								16
17	Home Delivered Meals Program								17
18	Homemaker Service								18
19	All Others								19
20	Totals (sum of lines 1-19)								20
21	Total cost to be allocated								21
22	Unit Cost Multiplier			1					22

$ \begin{array}{                                    $	05-08	ENT OF	VICE COSTS	1		101	RM CMS-	2352-70	DROVIDER NO	<b>.</b>		PERIOD:		3690 (Co WORKSHEET	
Check applicable box     I Tule V     I Tule V II Tule XVII     I Tule V II Tule XVIII     I Tule XVIIII     I Tule XVIII     I Tule XVIII     I Tule XVIII     I Tule XVIII <th< td=""><td colspan="5">APPORTIONMENT OF PATIENT SERVICE COSTS</td><td></td><td colspan="3">PROVIDER NO.:</td><td></td><td></td><td></td><td>H-6</td></th<>	APPORTIONMENT OF PATIENT SERVICE COSTS						PROVIDER NO.:						H-6		
Check applicable box     [] Tule V [] Tule V [] Tule V []     Tule V [] Tule V [] Tule V []     Tule V [] Tule V [] Tule V []     Tule V [] Tule V [] Tule V []     Tule V [] Tule V [														Part I	
PART I-COMPUTATION OF LISSER OF AGREGATE PROGRAM COST. AGREGATE OF THE PROGRAM LIMITATIO COST, OR BENEFICLANY COST LIMITATION     Second Services     OCTOS OF Services       Cost Previous     Named     Named     Average     Pogram Visis     Cost of Services       Pailent Services     Part I,     West, HS,     (rom     Costs     Total     Nor Subject     Nor Subject     No Subject	C1 1 1 1 1 1		[] [] [] [] [] [] [] [] [] [] [] [] [] [	[] [] [] [] [] [] [] [] [] [] [] [] [] [	n n m	7137			HHA NU.:			10			
Cont Per Visit Computation     Fip.     Facility     Shared     Average Cost     Part B     Cost of Services     Part B       Patient Services     Part L,     (Wkst H-S,     (rfom     Costs     Total HHA     Part B     Not Subject     <	* *														
Wisk Patient ServicesCosts Part I, Part I, 					COST, AGGRI	EGATE OF TH		LIMITATION		EFICIARY COS	<b>F LIMITATION</b>	~			
Print Services     H.5. (rfom (col. 2) (rol. 2)	Cost Per Visit Computation	- ·	-												1
Patient Services     Part I, col. 20, ine     Wisk. H-5, part I, ine     (rom     Costs, 1 + 2)     Visit Visit + col. 4)     Part A Visit + col. 4)     to beducibles A Coinsurance Coinsurance A Coinsurance A C				-										Total	
		· · ·	,						5	5		5	5	Program Cost	
$ \begin{array}{ c c c c c c } \hline   1 &   2 &   3 &   4 &   5 &   6 &   7 &   8 &   9 &   10 &   11 \\ \hline   1 &   1 &   1 &   2 &   3 &   4 &   5 &   6 &   7 &   8 &   9 &   10 &   11 \\ \hline   2 &   1 &   1 &   2 &   3 &   4 &   5 &   6 &   7 &   8 &   9 &   10 &   11 \\ \hline   2 &   1 &   $	Patient Services	,													
1     Skilled Nursing Care     2     0				,	· · · · · · · · · · · · · · · · · · ·		,							/	
2     Physical Therapy     3     Image: Second Secon	<u>.</u>		1	2	3	4	5	6	7	8	9	10	11	12	
3   Occupational Therapy   4   Image: Second Services   Image: Second Services <thimage: second="" services<="" th="">   Image:</thimage:>	1 Skilled Nursing Care	2													1
4     Speech Pathology     5     Image: Speech Pathology     5     Speech Pathology     5     Speech Pathology     5     Speech Pathology     Speech Path	2 Physical Therapy	3													1
5     Medical Social Services     6     Image: Social Services     1     Image: Social Services     1<	3 Occupational Therapy	4													(* 1
6   Home Health Aide   7   Image	4 Speech Pathology	5													4
7     Total (sum of lines 1-6)     Imitation Cost Computation     Program     Program     Program     Program Visits     Cost of Services       Patient Services     MSA No. (1)     Imitation Cost Computation     No. (1)     Part B     Not Subject     Subject     Subject     Not Subject<	5 Medical Social Services	6 6													
Limitation Cost Computation Patient Services     MSA MSA     Image: Cost of Services     Part B MSA     Cost of Services     Part B Not Subject     Cost of Services       Patient Services     MSA No.(1)     1     2     3     4     5     6     7     8     9     10     11       9     Physical Therapy     1     2     3     4     5     6     7     8     9     10     11       9     Physical Therapy     1     2     3     4     5     6     7     8     9     10     11       10     Occupational Therapy     1     2     1     2     1     2     1     2     1	6 Home Health Aide	7													(
Patient ServicesMSA MSA No.(1)Program Cost 1Program Cost LimitsPart B Not Subject bodeutiblesPart B Not Subject bodeutiblesPart B Not Subject bodeutiblesPart B Not Subject bodeutiblesNot Subject subject bodeutiblesNot Subject subject bodeutiblesNot Subject subject bodeutiblesNot Subject subject bodeutiblesNot Subject <br< td=""><td>7 Total (sum of lines 1-6)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></br<>	7 Total (sum of lines 1-6)														
Patient ServicesMSA MSA No.(1)Program Cost LimitsPart B Cost LimitsPart B Not Subject b DeductiblesPart B Not Subject b DeductiblesPart B Not Subject b DeductiblesPart B Not Subject b DeductiblesNot Subject b DeductiblesPart ASecond consurancePart B consurancePart BPart B	Limitation Cost Compu	tation			•				Program Visits	•		Cost of Service	es		
Patient ServicesMSA No. (1)Program (1)Not Subject (1)Not Subject (1)	1								×		Pa				
$ \begin{array}{ c c c c c c } \medskip \$							Program							Program Cost	
$ \begin{array}{ c c c c c c c c } \hline No.(1) & \hline Imits Part A & Coinsurance & Coinsu$	Patient Services		MSA				-		5	5		5	5	0	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	r allolit ber rices							Part A			Part A				
8   Skilled Nursing Care   1				2	3	4								12	
9   Physical Therapy   Image: Construction of the section of the sect	8 Skilled Nursing Care				5	1	5	0	,	0	Ź	10	11	12	8
10   Occupational Therapy   Image: specific s	ŭ														ç
11   Speech Pathology   Image: Construction of the sector	× 17														10
12   Medical Social Services															11
13   Home Health Aide   Image: Construction of lines 8-13)   Image: Construction of lines 8-13)   Image: Construction of lines 8-13)   From to the services   Facility Costs   Shared Ancillary Costs   Total HHA Charges Ratio   Port I   Port I   Not Subject to Deductibles to Deductibles   Cost of Services     Other Patient Services   Part I, col. 29, line   Part I, col. 29, line   Part II   Part II   Part II   Costs   Total HHA Costs   Costs   Costs   Form HHA Costs   Form HHA   Col. 3   Part A   & Coinsurance   & Part I   Not Subject   Not Subject <td>1 01</td> <td></td> <td>12</td>	1 01														12
14   Total (sum of lines 8-13)   Image: constraint of lines 8-13)   Facility   Shared Ancillary   Total   Program Covered Charges   Cost of Services     Supplies and Drugs Cost Computations   From   From   Costs   Ancillary   Total   Total   Part B   Part I   Part I     Other Patient Services   Part I, col. 29, line   Part I)   Part II)   (cols. 1 + 2)   Record)   ÷ col. 4)   Part A   & Coinsurance   Pa		<b>`</b>													12
Supplies and Drugs Cost Computations   From   Facility   Shared   Total   Total   Program Covered Charges   Cost of Services     Other Patient Services   Part I,   (from   Costs   Ancillary   Total HHA   Charges   Ratio   Not Subject   Subject   to Deductibles   To Deductibles <td></td> <td>2</td> <td></td> <td>1.</td>		2													1.
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	14 Total (sull of lines 8-15	)													14
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Second Dense Cont Comm		1	E:114-1	C1 1				Dura			1	Cost of Costin	_	r
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Supplies and Drugs Cost Comp	Jutations	Enom				Total		Prog		<u>v</u>				1
Other Patient ServicesPart I, col. 29, lineWkst. H-5, Part I)(from Part II)Costs (cols. 1 + 2)(from HHA Record)(col. 3 $\div$ col. 4)to Deductibles Part Ato Deductibles & Coinsuranceto Deductib					-	T- 4-1 III 4		Dette							-
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $			· · · · · ·				0			5	5		5	Subject	
line     1     2     3     4     5     6     7     8     9     10       15     Cost of Medical Supplies     8	Other Patient Services		· · ·				·								
15   Cost of Medical Supplies   8   Image: Cost of Medical Supplies   9   1   9   9   1   9 <th< td=""><td></td><td></td><td>· · ·</td><td>Part I)</td><td><i>,</i></td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></th<>			· · ·	Part I)	<i>,</i>		,								1
16   Cost of Drugs   9   0				1	2	3	4	5	6	7	8	9	10	11	I
16.20 Cost of Administering Vaccines   9.20   MSA No. (1)     Per Beneficiary Cost Limitation:   MSA No. (1)     17 Program unduplicated census from Worksheet S-4 (see instructions) (2)   MSA No. (1)     18 Per beneficiary cost limitation (from your fiscal intermediary)   Image: Content of the second seco		es													15
Per Beneficiary Cost Limitation: MSA No. (1)   17 Program unduplicated census from Worksheet S-4 (see instructions) (2) MSA No. (1)   18 Per beneficiary cost limitation (from your fiscal intermediary) MSA No. (1)			-												10
17   Program unduplicated census from Worksheet S-4 (see instructions) (2)     18   Per beneficiary cost limitation (from your fiscal intermediary)	16.20 Cost of Administering V	Vaccines	9.20												16.2
18 Per beneficiary cost limitation (from your fiscal intermediary)													MSA No. (1)	Amount	
	17 Program unduplicated c	ensus fron	n Worksheet S	-4 (see instrue	ctions) (2)										1'
	18 Per beneficiary cost lim	itation (fro	om your fiscal	intermediary)											1
19 Per beneficiary cost limitation (line 17 times line 18) (see instructions)	19 Per beneficiary cost lim	itation (lin	ne 17 times lin	e 18) (see inst	ructions)										- 19

(1) The MSA numbers flow from Worksheet S-4, line 20, and subscripts as indicated should be relicated on lines 8-13 and 17-18.
(2) The sum of line 17 and subscripts thereof must equal Worksheet S-4, line 2, for the appropriate title.
FORM CMS-2552-96 (05/2008) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3647)

05-08	FORM CMS-2552-96			3690 (Cont.)
APPORTIONMENT OF PATIENT SERVICE COSTS		PROVIDER NO.:	PERIOD:	WORKSHEET H-6,
		HHA NO.:	FROM	Parts II & III
			то	
Check applicable box [] Title V [] Title 2	VIII [] Title XIX			

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

			Total			
			HHA Charges	HHA Shared	Transfer to	
	From Wkst. C.	Cost to Charge	(from provider	Ancillary Costs	Part I	
	Part I, col. 9,	Ratio	records)	(col. 1 x col. 2)	as Indicated	
	line	1	2	3	4	
1 Physical Therapy	50				col. 2, line 2	1
2 Occupational Therapy	51				col. 2, line 3	2
3 Speech Pathology	52				col. 2, line 4	3
4 Cost of Medical Supplies	55				col. 2, line 15	4
5 Cost of Drugs	56				col. 2, line 16	5

## PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

		Part B Services Subject to Deductibles and Coinsurance						
		Program Visits Program Cost			Program			
	From Part I,	Cost	Prior to	From 1/1/1998	Prior to	From 1/1/1998	Visits on or	
	col. 5	Per Visit	1/1/1998	thru 12/31/1998	1/1/1998	thru 12/31/1998	after 1/1/1999	
	1	2	2.01	3	3.01	4	5	
1 Physical Therapy	2							1
2 Occupational Therapy	3							2
3 Speech Pathology	4							3
4 Total (sum of lines 1-3)								4

FORM CMS-2552-96 (9/2000) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3647)

05-04	FORM C	CMS-2552-96		3690 (0	90 (Cont.)	
CALCU	JLATION OF HHA REIMBURSEMENT	PROVIDER NO .:	PERIOD:	WORKSHEET H-7,	/	
SETTL	EMENT		FROM	Parts I & II		
		HHA NO.:	то	-		
Charle	Applicable Box		[ ] Title XIX			
	Applicable Box [] Title V I - COMPUTATION OF THE LESSER OF REASONABLE COS	[ ] Title XVIII				
				art B		
			Not Subject to	Subject to		
			Deductibles	Deductibles		
		Part A	& Coinsurance	& Coinsurance		
	Description Reasonable Cost of Part A & Part B Services	1	2	3	-	
1	Reasonable cost of services (see instructions)				1	
	Total charges				2	
	Customary Charges					
3	Amount actually collected from patients liable for payment				3	
<u> </u>	for services on a charge basis (from your records)					
4	Amount that would have been realized from patients liable				4	
	for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)					
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5	
	Total customary charges (see instructions)				6	
7	Excess of total customary charges over total reasonable				7	
	cost (complete only if line 6 exceeds line 1)					
8	Excess of reasonable cost over customary charges				8	
9	(complete only if line 1 exceeds line 6) Primary payer amounts				9	
-	II - COMPUTATION OF HHA REIMBURSEMENT SETTLEM	ENT			,	
-			Part A Services	Part B Services		
	Description		1	2		
10	Total reasonable cost (see instructions)				10	
	Total PPS Reimbursement - Full Episodes without Outliers				10.01	
	Total PPS Reimbursement - Full Episodes with Outliers Total PPS Reimbursement - LUPA Episodes				10.02 10.03	
-	Total PPS Reimbursement - PEP Episodes				10.03	
	Total PPS Reimbursement - SCIC within a PEP Episodes				10.05	
10.06	Total PPS Reimbursement - SCIC Episodes				10.06	
-	Total PPS Outlier Reimbursement - Full Episodes with Outliers				10.07	
	Total PPS Outlier Reimbursement - PEP Episodes				10.08	
	Total PPS Outlier Reimbursement - SCIC within a PEP Episodes Total PPS Outlier Reimbursement - SCIC Episodes				10.09	
	Total Other Payments				10.11	
-	DME Payments				10.12	
10.13	Oxygen Payments				10.13	
	Prosthetic and Orthotic Payments				10.14	
-	Part B deductibles billed to Medicare patients (exclude coinsurance) Subtotal (sum of lines 10 thru 10.14 minus line 11)				11 12	
-	Excess reasonable cost (from line 8)				12	
	Subtotal (line 12 minus line 13)		İ		14	
	Coinsurance billed to program patients (from your records)				15	
	Net cost (line 14 minus line 15)				16	
	Reimbursable bad debts (from your records)	```			17	
-	Reimbursable bad debts for dual eligible beneficiaries (see instructio Total costs - current cost reporting period (line 16 plus line 17)	ons)			17.01 18	
	Amounts applicable to prior cost reporting periods resulting from dis	sposition of depreciable asset	8		19	
					20	
	decrease in program utilization					
21	Other adjustments (see instructions) (specify)				21	
	Subtotal (line 18 plus/minus lines 19 and 21 minus line 20)		<b> </b>		22	
	Sequestration adjustment (see instructions) Subtotal (line 22 minus line 23)				23 24	
	Interim payments (see instructions)				24	
	Tentative settlement (for fiscal intermediary use only)		1	1	25.01	
	Balance due provider/program (line 24 minus lines 25 and 25.01)		1		25.01	
	Protested amounts (nonallowable cost report items) in accordance wi	ith CMS			27	
	Pub. 15-II, section 115.2					
FORM	CMS-2552-96 (5/2004) (INSTRUCTIONS FOR THIS WORKSHEE	T ARE PUBLISHED IN CM	IS PUB 15-II SECTI	ON 3648 2)		

FORM CMS-2552-96 (5/2004) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3648.2) Rev. 12

11-0	00	FORM C	FORM CMS-2552-96					
	LYSIS OF PAYMENTS TO PROVIDER-	PROVIDER	NO.:	PERIOD:		WORKSHEET H-8		
	D HHAs FOR SERVICES DERED TO PROGRAM BENEFICIARIES	HHA NO.:		FROM TO				
				10				
	Description		P	Part A		Part B		
	-		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
<u> </u>			1	2	3	4		
1	Total interim payments paid to provider Interim payments payable on individual bills either sub	mitted on		_			1	
2	to be submitted to the intermediary for services rendere						2	
	cost reporting period. If none, write "NONE" or enter a							
3	List separately each retroactive lump sum	.01					3.01	
	adjustment amount based on subsequent revision	.02					3.02	
	of the interim rate for the cost reporting period.	Program .03					3.03	
	Also show date of each payment. If none, write	to .04					3.04	
	"NONE" or enter a zero.(1)	Provider .05					3.05	
		.50					3.50	
		.51					3.51	
		Provider .52					3.52	
		to .53					3.53	
		Program .54		_			3.54	
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99					3.99	
4	Total interim payments (sum of lines 1, 2, and 3.99)	.37		-			3.99	
-	(transfer to Wkst. H-7, Part II, column as appropriate, 1	ine 23)					т	
	TO BE COMPLETED F	Y INTERMEDIAR	RY		-			
5	List separately each tentative settlement payment	Program .01					5.01	
	after desk review. Also show date of each	to .02					5.02	
	payment. If none, write "NONE" or enter	Provider .03					5.03	
	a zero. (1)	Provider .50					5.50	
		to .51					5.51	
		Program .52					5.52	
	Subtotal (sum of lines 5.01-5.49 minus sum							
	of lines 5.50-5.98)	.99					5.99	
6	Determine net settlement amount (balance due)	Program to .01						
	based on the cost report (see instructions)	Provider					6.01	
		Provider		1			0.01	
		to .02						
		Program					6.02	
7	TOTAL MEDICARE PROGRAM LIABILITY						7	
	(see instructions)							
Name	e of Intermediary			Intermediary 1	Number			
Signa	ture of Authorized Person		Date: Month	. Dav. Year				
5.510				Dute. Monut	, _ u, , 1 oui			
				1				

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment, even though total repayment is not accomplished until a later date.

FORM CMS-2552-96 (11/98) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3649)