



## **General Instructions**

General Instructions for completing Appendix C: Home Health Cost Data Form (Freestanding) and Appendix D: Home Health Cost Data Form (Hospital-Based) included in Part II Policies and Procedures for Home Health Services Manual. Complete the appropriate appendix depending on the status of the home health organization. The completed appendix must be included with the electronically filed cost report pursuant with Section 1001.1 Cost Report.

### **1. Freestanding (Appendix C)**

- a. Complete heading to include Provider Name, Medicaid Provider Number and Cost Reporting Period being filed.
- b. *Section I*
  - i. Column (1) - Enter total of visits for Medicaid per each discipline listed from agency's record.
  - ii. Column (2) - Enter the Agency's total of visits per each discipline recorded on CMS Form 1728, Worksheet C, Cost Per Visit Computational, Part I, Column 3, Lines 1-9.
  - iii. Enter total of each column on Total line.
- c. *Section II*- Enter cost total for each discipline from CMS Form 1728, Worksheet C, Cost per Visit Computational, Part I, Column 2, Lines 1-9.
- d. *Section III*-
  - i. Line (1)-Enter Agency's total cost of Medical Supplies from CMS Form 1728 Worksheet C, Part II Other Patient Services, Line 11, Column 1.
  - ii. Line (2) - Enter Total Charges to all Patients from CMS Form 1728 Worksheet C, Part II Other Patient Services, Line 11, Column 2.
  - iii. Line (3)- Enter Ratio of Cost to Charges from CMS Form 1728 Worksheet C, Part II Other Patient Services, Line 11, Column 3.
  - iv. Line (4) - Enter Medicaid Charges amount from agency's records.
  - v. Line (5) - Enter Medicaid Cost: Multiply Line (3) and Line (4).
- e. Signature of Officer or Administrator: include title and date of completion.



## General Instructions

### 2. Hospital- Based (Appendix D)

- a. Complete heading to include Provider Name, Medicaid Provider Number and Cost Reporting Period being filed.
- b. *Section I-*
  - i. Column (1) - Enter total of visits for Medicaid per each discipline listed from agency's record.
  - ii. Column (2) - Enter the Agency's total of visits per each discipline recorded on CMS Form 2552, Worksheet H-3, Part I, Column 4, Lines 1-6.
  - iii. Enter total of each column on Total line.
- c. *Section II-* Enter cost total for each discipline from CMS Form 2552, Worksheet H-3, Part I, Column 3, Lines 1-6.
- d. *Section III-*
  - i. Line (1)-Enter Agency's total cost of Medical Supplies from CMS Form 2552 Worksheet H-3, Part I Other Patient Services, Line 15, Column 3.
  - ii. Line (2) - Enter Total Charges to all Patients from CMS Form 2552 Worksheet H-3, Part I Other Patient Services, Line 15, Column 4.
  - iii. Line (3)- Enter Ratio of Cost to Charges from CMS Form 2552 Worksheet H-3, Part I Other Patient Services, Line 15, Column 5.
  - iv. Line (4) - Enter Medicaid Charges amount from agency's records.
  - v. Line (5) - Enter Medicaid Cost: Multiply Line (3) and Line (4).
- e. Signature of Officer or Administrator: include title and date of completion.