Home Health Agency Cost Report Data Dictionary		
rpt_rec_num	NA	The report number assigned by CMS to each specific cost report.
Provider CCN	S2-Part1-Line-3-Column-2	CMS Certification Number (CCN)
HHA Name	S2-Part1-Line-3-Column-1	Home Health Agency Name
Street Address	S2-Part1-Line-1-Column-1	Home Health Agency Street Address
City	S2-Part1-Line-2-Column-1	City
State Code	S2-Part1-Line-2-Column-2	State
Zip Code	S2-Part1-Line-2-Column-3	Zip Code
		Indicates the type of control or auspices under which the hospital is conducted as indicated: 1 = Voluntary Nonprofit-Church, 2 = Voluntary Nonprofit-Other, 3 = Proprietary-Individual, 4 = Proprietary-Corporation, 5 = Proprietary-Partnership, 6 = Proprietary-Other, 7 = Governmental-Federal, 8 = Governmental-City-County, 9 = Governmental-County, 10 = Governmental-State, 11 = Governmental-Hospital District, 12 = Governmental-City, 13 = Governmental-Other.
Type of Control	S2-Part1-Line-6-Column-3	Fiscal Year Begin Date
Fiscal Year Begin Date	S2-Part1-Line-5-Column-1	
Fiscal Year End Date	S2-Part1-Line-5-Column-2	Fiscal Year End Date
HHA-based Hospice Provider CCN	S2-Part1-Line-4-Column-2	HHA-based Hospice Provider CCN
Skilled Nursing Care-RN, Medicare Title XVIII Visits	S3-Part1-Line-1-Column- 1	Skilled Nursing Care-RN program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
		Total program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Total, Medicare Title XVIII Visits	S3-Part1-Line-11-Column-1	
Skilled Nursing Care-LPN, Medicare Title XVIII Visits	S3-Part1-Line-2-Column-1	Skilled Nursing Care-LPN program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).

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		Physical Therapy program visits rendered during the entire cost
		reporting period. A visit is an episode of personal contact with the
		patient by staff of the HHA, or others under arrangements with
		the HHA, for the purpose of providing a covered home health
Physical Therapy, Medicare Title XVIII		service as described in 42 CFR 409.45(b) through (g).
Visits	S3-Part1-Line-3-Column-1	., .
		Physical Therapy Asst. program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Physical Therapy Asst., Medicare		
	62 D. 14 H 4 C 4	covered home health service as described in 42 CFR 409.45(b)
Title XVIII Visits	S3-Part1-Line-4-Column-1	through (g).
		Occupational Therapy program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Occupational Therapy, Medicare Title		covered home health service as described in 42 CFR 409.45(b)
XVIII Visits	S3-Part1-Line-5-Column-1	through (g).
		Occupational Therapy Asst. program visits rendered during the
		entire cost reporting period. A visit is an episode of personal
		contact with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Conventional Thomassy Asst		
Occupational Therapy Asst.,	62 D. 14 H 6 C 4	covered home health service as described in 42 CFR 409.45(b)
Medicare Title XVIII Visits	S3-Part1-Line-6-Column-1	through (g).
		Speech-Language-Path. program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Speech-Language-Path., Medicare		covered home health service as described in 42 CFR 409.45(b)
Title XVIII Visits	S3-Part1-Line-7-Column-1	through (g).
		Medical Social Service program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Medical Social Service, Medicare Title		covered home health service as described in 42 CFR 409.45(b)
	C2 Dawt 1 Line Q Calumen 1	. ,
XVIII Visits	S3-Part1-Line-8-Column-1	through (g).
		Home Health Aide program visits rendered during the entire cost
		reporting period. A visit is an episode of personal contact with the
		patient by staff of the HHA, or others under arrangements with
		the HHA, for the purpose of providing a covered home health
Home Health Aide, Medicare Title		service as described in 42 CFR 409.45(b) through (g).
XVIII Visits	S3-Part1-Line-9-Column-1	
		Skilled Nursing Care-RN program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		·
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Skilled Nursing Care-RN, Medicare		services), and only once as total.
Title XVIII Patient Census	S3-Part1-Line-1-Column-2	

		CHILLIAN AND CONTRACTOR OF THE
		Skilled Nursing Care-LPN program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Skilled Nursing Care-LPN, Medicare		services), and only once as total.
Title XVIII Patient Census	S3-Part1-Line-2-Column-2	
		Physical Therapy program census. Each patient is counted once
		for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Physical Therapy, Medicare Title XVIII		services), and only once as total.
Patient Census	S3-Part1-Line-3-Column-2	"
		Physical Therapy Asst. program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Physical Therapy Asst., Medicare		services), and only once as total.
Title XVIII Patient Census	S3-Part1-Line-4-Column-2	services,, and only once as total
Thie Avin Fatient census	55 Ture Line Teolumn 2	Occupational Therapy program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
Occupational Thorage: Madisare Title		title XVIII (for covered services), once as other (for non-covered
Occupational Therapy, Medicare Title		services), and only once as total.
XVIII Patient Census	S3-Part1-Line-5-Column-2	
		Occupational Therapy Asst. program census. Each patient is
		counted once for each type of service. For example, if a patient
		receives multiple Medicare covered skilled nursing visits from a
		registered nurse and multiple Medicare covered medical social
		service visits, he or she is counted only once in column 2 for the
		corresponding service. Another example is if a patient receives
		both covered services and non-covered services, he or she is
		counted once as title XVIII (for covered services), once as other
Occupational Therapy Asst.,		(for non-covered services), and only once as total.
Medicare Title XVIII Patient Census	S3-Part1-Line-6-Column-2	

Speech-Language-Path., Medicare Title XVIII Patient Census	S3-Part1-Line-7-Column-2	Speech-Language-Path. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered services), and only once as total.
		Medical Social Service program census. Each patient is counted
		once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
Medical Social Service, Medicare Title		services), and only once as total.
XVIII Patient Census	S3-Part1-Line-8-Column-2	
		Home Health Aide program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
Home Health Aide, Medicare Title		services), and only once as total.
XVIII Patient Census	S3-Part1-Line-9-Column-2	services), and only once as total.
Skilled Nursing Care-RN, Medicaid Title XIX Visits	S3-Part1-Line-1-Column-3	Skilled Nursing Care-RN program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
		Total program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Total, Medicaid Title XIX Visits	S3-Part1-Line-11-Column-3	
Skilled Nursing Care-LPN, Medicaid Title XIX Visits	S3-Part1-Line-2-Column-3	Skilled Nursing Care-LPN program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Physical Therapy, Medicaid Title XIX Visits	S3-Part1-Line-3-Column-3	Physical Therapy program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).

		Dhysical Thorony Acet, programs visits and device the control of t
		Physical Therapy Asst. program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Physical Therapy Asst., Medicaid Title		covered home health service as described in 42 CFR 409.45(b)
XIX Visits	S3-Part1-Line-4-Column-3	through (g).
		Occupational Therapy program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Occupational Therapy, Medicaid Title		covered home health service as described in 42 CFR 409.45(b)
XIX Visits	S3-Part1-Line-5-Column-3	through (g).
		Occupational Therapy Asst. program visits rendered during the
		entire cost reporting period. A visit is an episode of personal
		contact with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Occupational Therapy Asst.,		covered home health service as described in 42 CFR 409.45(b)
Medicaid Title XIX Visits	S3-Part1-Line-6-Column-3	through (g).
Wiedicala Tric XIX VISIES	33 Tarti Line o colanni 3	Speech-Language-Path. program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
Sand to a Sale Malinit		arrangements with the HHA, for the purpose of providing a
Speech-Language-Path., Medicaid		covered home health service as described in 42 CFR 409.45(b)
Title XIX Visits	S3-Part1-Line-7-Column-3	through (g).
		Medical Social Service program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Medical Social Service, Medicaid Title		covered home health service as described in 42 CFR 409.45(b)
XIX Visits	S3-Part1-Line-8-Column-3	through (g).
		Home Health Aide program visits rendered during the entire cost
		reporting period. A visit is an episode of personal contact with the
		patient by staff of the HHA, or others under arrangements with
		the HHA, for the purpose of providing a covered home health
Home Health Aide, Medicaid Title XIX		service as described in 42 CFR 409.45(b) through (g).
Visits	S3-Part1-Line-9-Column-3	(, , , , , , , , , , , , , , , , , , ,
		Skilled Nursing Care-RN program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		l '
		services and non-covered services, he or she is counted once as
Chilled Name on Control 2011		title XVIII (for covered services), once as other (for non-covered
Skilled Nursing Care-RN, Medicaid		services), and only once as total.
Title XIX Patient Census	S3-Part1-Line-1-Column-4	

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		Skilled Nursing Care-LPN program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Skilled Nursing Care-LPN, Medicaid		services), and only once as total.
Title XIX Patient Census	S3-Part1-Line-2-Column-4	
		Physical Therapy program census. Each patient is counted once
		for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Physical Therapy, Medicaid Title XIX		services), and only once as total.
Patient Census	S3-Part1-Line-3-Column-4	
		Physical Therapy Asst. program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Physical Therapy Asst., Medicaid Title		services), and only once as total.
XIX Patient Census	S3-Part1-Line-4-Column-4	"
		Occupational Therapy program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Occupational Therapy, Medicaid Title		services), and only once as total.
XIX Patient Census	S3-Part1-Line-5-Column-4	services, and only once as total.
ALL I GUETTE CETISUS	55 Furth Line 5 Columnia	Occupational Therapy Asst. program census. Each patient is
		counted once for each type of service. For example, if a patient
		receives multiple Medicare covered skilled nursing visits from a
		registered nurse and multiple Medicare covered medical social
		-
		service visits, he or she is counted only once in column 2 for the
		corresponding service. Another example is if a patient receives
		both covered services and non-covered services, he or she is
Conventional Thorses Asst		counted once as title XVIII (for covered services), once as other
Occupational Therapy Asst.,	C2 Dowt 1 Line C Column 4	(for non-covered services), and only once as total.
Medicaid Title XIX Patient Census	S3-Part1-Line-6-Column-4	

Speech-Language-Path., Medicaid Title XIX Patient Census	S3-Part1-Line-7-Column-4	Speech-Language-Path. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered services), and only once as total.
		Medical Social Service program census. Each patient is counted
		once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
Medical Social Service, Medicaid Title		services), and only once as total.
XIX Patient Census	S3-Part1-Line-8-Column-4	
		Home Health Aide program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
Home Health Aide, Medicaid Title XIX		services), and only once as total.
Patient Census	S3-Part1-Line-9-Column-4	. ,
Skilled Nursing Care-RN, Other Visits	S3-Part1-Line-1-Column-5	Skilled Nursing Care-RN program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
and the grant and, control tions		Total program visits rendered during the entire cost reporting
		period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Total, Other Visits	S3-Part1-Line-11-Column-5	
Skilled Nursing Care-LPN, Other Visits	S3-Part1-Line-2-Column-5	Skilled Nursing Care-LPN program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
		Physical Therapy program visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Physical Therapy, Other Visits	S3-Part1-Line-3-Column-5	

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		Physical Therapy Asst. program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
		covered home health service as described in 42 CFR 409.45(b)
Physical Therapy Asst., Other Visits	S3-Part1-Line-4-Column-5	through (g).
		Occupational Therapy program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
		1
		covered home health service as described in 42 CFR 409.45(b)
Occupational Therapy, Other Visits	S3-Part1-Line-5-Column-5	through (g).
		Occupational Therapy Asst. program visits rendered during the
		entire cost reporting period. A visit is an episode of personal
		contact with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
Occupational Therapy Asst., Other		covered home health service as described in 42 CFR 409.45(b)
Visits	S3-Part1-Line-6-Column-5	through (g).
		Speech-Language-Path. program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
		covered home health service as described in 42 CFR 409.45(b)
Speech-Language-Path., Other Visits	S3-Part1-Line-7-Column-5	through (g).
		Medical Social Service program visits rendered during the entire
		cost reporting period. A visit is an episode of personal contact
		with the patient by staff of the HHA, or others under
		arrangements with the HHA, for the purpose of providing a
		covered home health service as described in 42 CFR 409.45(b)
Medical Social Service, Other Visits	S3-Part1-Line-8-Column-5	through (g).
		Home Health Aide program visits rendered during the entire cost
		reporting period. A visit is an episode of personal contact with the
		patient by staff of the HHA, or others under arrangements with
		the HHA, for the purpose of providing a covered home health
		service as described in 42 CFR 409.45(b) through (g).
Home Health Aide, Other Visits	S3-Part1-Line-9-Column-5	
		Skilled Nursing Care-RN program census. Each patient is counted
		once for each type of service. For example, if a patient receives
		multiple Medicare covered skilled nursing visits from a registered
		nurse and multiple Medicare covered medical social service visits,
		he or she is counted only once in column 2 for the corresponding
		service. Another example is if a patient receives both covered
		services and non-covered services, he or she is counted once as
		title XVIII (for covered services), once as other (for non-covered
Skilled Nursing Care-RN, Other		services), and only once as total.
Patient Census	S3-Part1-Line-1-Column-6	

Physical Therapy Asst., Other Patient Census S3-Part1-Line-4-Column-6 Occupational Therapy program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding services and non-covered services, he or she is counted once as title XVIII (for covered services, he or she is counted once as title XVIII (for covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered services), and only once as total. Occupational Therapy Asst. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services), once as other (for non-covered services), and only once as total.			services and non-covered services, he or she is counted once as
Occupational Therapy program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered services), and only once as total. S3-Part1-Line-5-Column-6 Occupational Therapy Asst. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered services), and only once as total.	Physical Therapy Asst., Other Patient		title XVIII (for covered services), once as other (for non-covered services), and only once as total.
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Occupational Therapy Asst., Other (for non-covered services), and only once as total.		S3-Part1-Line-5-Column-6	title XVIII (for covered services), once as other (for non-covered services), and only once as total. Occupational Therapy Asst. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives
Occupational Therapy Asst., Other (for non-covered services), and only once as total.		S3-Part1-Line-5-Column-6	title XVIII (for covered services), once as other (for non-covered services), and only once as total. Occupational Therapy Asst. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is
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D 11 1 0 D 14 11 C 0 L C L	Census	S3-Part1-Line-5-Column-6	title XVIII (for covered services), once as other (for non-covered services), and only once as total. Occupational Therapy Asst. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other
Patient Census IS3-Part1-Line-6-Column-6 I	Occupational Therapy Asst., Other		title XVIII (for covered services), once as other (for non-covered services), and only once as total. Occupational Therapy Asst. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other
33-1 ditt-tille-o-columili-o	Census	S3-Part1-Line-5-Column-6 S3-Part1-Line-6-Column-6	title XVIII (for covered services), once as other (for non-covered services), and only once as total. Occupational Therapy Asst. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other

Speech-Language-Path., Other Patient Census	S3-Part1-Line-7-Column-6	Speech-Language-Path. program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered services), and only once as total.
		Medical Social Service program census. Each patient is counted
		once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
Medical Social Service, Other Patient		services), and only once as total.
Census	S3-Part1-Line-8-Column-6	
Home Health Aide, Other Patient		Home Health Aide program census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered services), and only once as total.
Census	S3-Part1-Line-9-Column-6	
Skilled Nursing Care-RN, Total Visits	S3-Part1-Line-1-Column-7	Skilled Nursing Care-RN total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
, , , , , , , , , , , , , , , , , , ,		Total total visits rendered during the entire cost reporting period.
		A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Total, Total Visits	S3-Part1-Line-11-Column-7	
Skilled Nursing Care-LPN, Total Visits	S2-Part1-Line 2 Column 7	Skilled Nursing Care-LPN total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b)
Physical Therapy, Total Visits	S3-Part1-Line-2-Column-7 S3-Part1-Line-3-Column-7	through (g). Physical Therapy total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
i nysicai inerapy, rotai visits	33 Tarti-Line-3-Columni-7	

	ı	<u> </u>
Physical Therapy Asst., Total Visits	S3-Part1-Line-4-Column-7	Physical Therapy Asst. total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Occupational Therapy total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Occupational Therapy, Total Visits	S3-Part1-Line-5-Column-7	(,
Occupational Therapy Asst., Total Visits	S3-Part1-Line-6-Column-7	Occupational Therapy Asst. total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
VISIG	33 Furthern Condition 7	Speech-Language-Path. total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Speech-Language-Path., Total Visits	S3-Part1-Line-7-Column-7	
Madical Carial Camina Tabal Winte	C2 Partd Line O Calvers 7	Medical Social Service total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Medical Social Service, Total Visits	S3-Part1-Line-8-Column-7	Home Health Aide total visits randered during the entire cost
		Home Health Aide total visits rendered during the entire cost reporting period. A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service as described in 42 CFR 409.45(b) through (g).
Home Health Aide, Total Visits	S3-Part1-Line-9-Column-7	(,) ()
		Skilled Nursing Care-RN total census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
Skilled Nursing Care-RN, Total Patient		services), and only once as total.
Census	S3-Part1-Line-1-Column-8	

		services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
		nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered
		once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered
Census	S3-Part1-Line-5-Column-8	Occupational Therapy Asst. total census. Each patient is counted
Occupational Therapy, Total Patient		services), and only once as total.
		services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
		service. Another example is if a patient receives both covered
		he or she is counted only once in column 2 for the corresponding
		for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits,
		Occupational Therapy total census. Each patient is counted once
Physical Therapy Asst., Total Patient Census	S3-Part1-Line-4-Column-8	services), and only once as total.
Dhysical Thorany Asst. Total Dations		title XVIII (for covered services), once as other (for non-covered
		services and non-covered services, he or she is counted once as
		he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered
		nurse and multiple Medicare covered medical social service visits,
		multiple Medicare covered skilled nursing visits from a registered
		Physical Therapy Asst. total census. Each patient is counted once for each type of service. For example, if a patient receives
Census	S3-Part1-Line-3-Column-8	
Physical Therapy, Total Patient		title XVIII (for covered services), once as other (for non-covered services), and only once as total.
		service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as
		she is counted only once in column 2 for the corresponding
		and multiple Medicare covered medical social service visits, he or
		each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse
		Physical Therapy total census. Each patient is counted once for
Patient Census	S3-Part1-Line-2-Column-8	services,, and only once as total.
Skilled Nursing Care-LPN, Total		title XVIII (for covered services), once as other (for non-covered services), and only once as total.
		services and non-covered services, he or she is counted once as
		service. Another example is if a patient receives both covered
		nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding
		multiple Medicare covered skilled nursing visits from a registered
		once for each type of service. For example, if a patient receives

Speech-Language-Path., Total Patient Census	S3-Part1-Line-7-Column-8	Speech-Language-Path. total census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered services), and only once as total.
		Medical Social Service total census. Each patient is counted once
		for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as title XVIII (for covered services), once as other (for non-covered
Medical Social Service, Total Patient		services), and only once as total.
Census	S3-Part1-Line-8-Column-8	"
		Home Health Aide total census. Each patient is counted once for each type of service. For example, if a patient receives multiple Medicare covered skilled nursing visits from a registered nurse and multiple Medicare covered medical social service visits, he or she is counted only once in column 2 for the corresponding service. Another example is if a patient receives both covered services and non-covered services, he or she is counted once as
Home Health Aide, Total Patient Census	S3-Part1-Line-9-Column-8	title XVIII (for covered services), once as other (for non-covered services), and only once as total.
Full Episodes without Outliers-Total Visits	S3-Part4-Line-13-Column-1	The number of aggregate program visits furnished in each episode/period of care payment category for each covered discipline.
Full Episodes with Outliers-Total Visits	S3-Part4-Line-13-Column-2	The number of aggregate program visits furnished in each episode/period of care payment category for each covered discipline.
Lupa Episodes-Total Visits	S3-Part4-Line-13-Column-3	The number of aggregate program visits furnished in each episode/period of care payment category for each covered discipline. The number of aggregate program visits furnished in each
PEP Episodes-Total Visits	S3-Part4-Line-13-Column-4	episode/period of care payment category for each covered discipline. The number of aggregate program visits furnished in each
Total Episodes-Total Visits	S3-Part4-Line-13-Column-5	episode/period of care payment category for each covered discipline.
Full Episodes without Outliers-Total Charges	S3-Part4-Line-15-Column-1	The corresponding aggregate program visit charges imposed for each covered discipline for each episode/period of care payment category
Full Episodes with Outliers-Total Charges	S3-Part4-Line-15-Column-2	The corresponding aggregate program visit charges imposed for each covered discipline for each episode/period of care payment category
Lupa Episodes-Total Charges	S3-Part4-Line-15-Column-3	The corresponding aggregate program visit charges imposed for each covered discipline for each episode/period of care payment category

		The corresponding aggregate program visit charges imposed for
		each covered discipline for each episode/period of care payment
PEP Episodes-Total Charges	S3-Part4-Line-15-Column-4	category
		The corresponding aggregate program visit charges imposed for
		each covered discipline for each episode/period of care payment
Total Episodes-Total Charges	S3-Part4-Line-15-Column-5	category
		Total cost for the discipline.
Skilled Nursing Care-RN, Cost	C-Part1-Line-1-Column-2	
		Total cost for the discipline.
Skilled Nursing Care-LPN, Cost	C-Part1-Line-2-Column-2	
		Total cost for the discipline.
Physical Therapy, Cost	C-Part1-Line-3-Column-2	
		Total cost for the discipline.
Physical Therapy Asst., Cost	C-Part1-Line-4-Column-2	
		Total cost for the discipline.
Occupational Therapy, Cost	C-Part1-Line-5-Column-2	
		Total cost for the discipline.
Occupational Therapy Asst., Cost	C-Part1-Line-6-Column-2	The latest facility of the state of
Sanash Language Bath, Cost	C David Line 7 Caluman 2	Total cost for the discipline.
Speech-Language-Path., Cost	C-Part1-Line-7-Column-2	Total conformation the talk of
Marking Control Control Control	C P. 14 11 O C . I 2	Total cost for the discipline.
Medical Social Service, Cost	C-Part1-Line-8-Column-2	
Hama Haalth Aida Cast	C David Lina O Caluman 2	Total cost for the discipline.
Home Health Aide, Cost	C-Part1-Line-9-Column-2	The state of the first of the state of the s
Tutal Cont	C D . 14 11 40 C 2	Total cost for the facility.
Total Cost	C-Part1-Line-10-Column-2	A construction of the state of
Skilled Nursing Care-RN, Avg. Cost	C Dowt 1 Line 1 Column 1	Average cost for the discipline.
Per Visit	C-Part1-Line-1-Column-4	Average post for the dissipline
Skilled Nursing Care-LPN, Avg. Cost	C Dowt 1 Line 2 Column 4	Average cost for the discipline.
Per Visit	C-Part1-Line-2-Column-4	A
Dhysical Thorany Avg Cost Dor Visit	C Part 1 Line 2 Column 4	Average cost for the discipline.
Physical Therapy, Avg. Cost Per Visit Physical Therapy Asst., Avg. Cost Per	C-Part1-Line-3-Column-4	Average cost for the discipline
Visit	C-Part1-Line-4-Column-4	Average cost for the discipline.
Occupational Therapy, Avg. Cost Per	C-Part1-Line-4-Columni-4	Average cost for the discipline.
Visit	C-Part1-Line-5-Column-4	Average cost for the discipline.
Occupational Therapy Asst., Avg. Cost		Average cost for the discipline.
Per Visit	C-Part1-Line-6-Column-4	Average cost for the discipline.
Speech-Language-Path., Avg. Cost	C-rarti-Line-o-Columni-4	Average cost for the discipline.
Per Visit	C-Part1-Line-7-Column-4	Average cost for the discipline.
Medical Social Service, Avg. Cost Per	C Tarti Line / Column 4	Average cost for the discipline.
Visit	C-Part1-Line-8-Column-4	Average cost for the discipline.
Visit	C-rarti-Line-o-Columni-4	Average cost for the discipline.
Home Health Aide, Avg. Cost Per Visit	C-Part1-Line-9-Column-4	Average cost for the discipline.
Tionic redicti Aide, Avg. Cost i ei Visit	5 - arez Erre 5 Columni-4	The Medicare HHA visits by practitioner from your records or the
Skilled Nursing Care-RN, HHA		PS&R data for the specific program area. Note this may differ
Medicare Program Visits	C-Part1-Line-1-Column-5	from the data reported on the S3 worksheet.
incarcare i rogrami visits	C - arti Line-i-column-3	The Medicare HHA visits by practitioner from your records or the
Skilled Nursing Care-LPN, HHA		PS&R data for the specific program area. Note this may differ
Medicare Program Visits	C-Part1-Line-2-Column-5	from the data reported on the S3 worksheet.
INICAICAIC FIOGRAMII VISILS	C-r arti-Line-2-Columni-3	The Medicare HHA visits by practitioner from your records or the
Physical Therapy, HHA Medicare		PS&R data for the specific program area. Note this may differ
Program Visits	C-Part1-Line-3-Column-5	from the data reported on the S3 worksheet.
riogiaili visits	C-Laitt-rille-2-Colullii-2	moin the data reported on the 55 Worksheet.

		The Medicare HHA visits by practitioner from your records or the
Physical Therapy Asst., HHA		PS&R data for the specific program area. Note this may differ
Medicare Program Visits	C-Part1-Line-4-Column-5	from the data reported on the S3 worksheet.
		The Medicare HHA visits by practitioner from your records or the
Occupational Therapy, HHA Medicare		PS&R data for the specific program area. Note this may differ
Program Visits	C-Part1-Line-5-Column-5	from the data reported on the S3 worksheet.
		The Medicare HHA visits by practitioner from your records or the
Occupational Therapy Asst., HHA		PS&R data for the specific program area. Note this may differ
Medicare Program Visits	C-Part1-Line-6-Column-5	from the data reported on the S3 worksheet.
		The Medicare HHA visits by practitioner from your records or the
Speech-Language-Path., HHA		PS&R data for the specific program area. Note this may differ
Medicare Program Visits	C-Part1-Line-7-Column-5	from the data reported on the S3 worksheet.
		The Medicare HHA visits by practitioner from your records or the
Medical Social Service, HHA		PS&R data for the specific program area. Note this may differ
Medicare Program Visits	C-Part1-Line-8-Column-5	from the data reported on the S3 worksheet.
		The Medicare HHA visits by practitioner from your records or the
Home Health Aide, HHA Medicare		PS&R data for the specific program area. Note this may differ
Program Visits	C-Part1-Line-9-Column-5	from the data reported on the S3 worksheet.
		The Medicare HHA visits by practitioner from your records or the
		PS&R data for the specific program area. Note this may differ
Total HHA Medicare Program Visits	C-Part1-Line-10-Column-5	from the data reported on the S3 worksheet.
		Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
		the number of Medicare covered visits in Worksheet C-Part 1
Skilled Nursing Care-RN, HHA		Column 5, for each respective discipline.
Medicare Program Cost	C-Part1-Line-1-Column-6	
		Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
		the number of Medicare covered visits in Worksheet C-Part 1
Skilled Nursing Care-LPN, HHA		Column 5, for each respective discipline.
Medicare Program Cost	C-Part1-Line-2-Column-6	
		Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
		the number of Medicare covered visits in Worksheet C-Part 1
Physical Therapy, HHA Medicare		Column 5, for each respective discipline.
Program Cost	C-Part1-Line-3-Column-6	
		Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
		the number of Medicare covered visits in Worksheet C-Part 1
Physical Therapy Asst., HHA		Column 5, for each respective discipline.
Medicare Program Cost	C-Part1-Line-4-Column-6	
5		Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
		the number of Medicare covered visits in Worksheet C-Part 1
Occupational Therapy, HHA Medicare		Column 5, for each respective discipline.
Program Cost	C-Part1-Line-5-Column-6	5.5 5, for each respective discipline.
	5 . STEE EITE 5 COIGITITI 0	Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
		the number of Medicare covered visits in Worksheet C-Part 1
Occupational Therapy Asst., HHA		Column 5, for each respective discipline.
Medicare Program Cost	C-Part1-Line-6-Column-6	column 5, for each respective discipline.
Miculcale Flografii Cost	C Tarti-Line-o-Columni-0	

		Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
Speech-Language-Path., HHA		the number of Medicare covered visits in Worksheet C-Part 1 Column 5, for each respective discipline.
Medicare Program Cost	C-Part1-Line-7-Column-6	Column 5, for each respective discipline.
Wicarcare Frogram cost	CTUTEL EITE / COLUMN C	Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
		the number of Medicare covered visits in Worksheet C-Part 1
Medical Social Service, HHA		Column 5, for each respective discipline.
Medicare Program Cost	C-Part1-Line-8-Column-6	
		Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
Hama Haalth Aida HHA Madisara		the number of Medicare covered visits in Worksheet C-Part 1
Home Health Aide, HHA Medicare Program Cost	C-Part1-Line-9-Column-6	Column 5, for each respective discipline.
Frogram Cost	C-Fait1-Line-3-Columni-0	Medicare cost of services are calculated by multiplying the
		average cost per visit amount in Worksheet C-Part 1 Column 4 by
		the number of Medicare covered visits in Worksheet C-Part 1
		Column 5, for each respective discipline.
Total HHA Medicare Program Cost	C-Part1-Line-10-Column-6	
		The total enrollment days applicable for each respective program
		(dually eligible (Medicare/Medicaid) beneficiaries are included
		under Medicare). Enrollment days are unduplicated days of care
		received by a hospice patient.
Total Hospice Days Title Other	S4-Part1-Line-5-Column-3	
		The total enrollment days applicable for each respective program
		(dually eligible (Medicare/Medicaid) beneficiaries are included under Medicare). Enrollment days are unduplicated days of care
		received by a hospice patient.
Total Hospice Days Title XIX Medicai	d S4-Part1-Line-5-Column-2	
,		The total enrollment days applicable for each respective program
		(dually eligible (Medicare/Medicaid) beneficiaries are included
		under Medicare). Enrollment days are unduplicated days of care
Total Hospice Days Title XVIII		received by a hospice patient.
Medicare	S4-Part1-Line-5-Column-1	
		The total enrollment days applicable for each respective program
		(dually eligible (Medicare/Medicaid) beneficiaries are included
		under Medicare). Enrollment days are unduplicated days of care received by a hospice patient.
Total Hospice Days Total	S4-Part1-Line-5-Column-4	received by a nospice patient.
Total Hospiec Bays Total	54 Turti Line 5 column 4	Amount of cash on deposit in banks and immediately available for
		use in financing activities, amounts on hand for minor
		disbursements and amounts invested in savings accounts and
Cash on Hand and in Banks	F-Line-1-Column-1	certificates of deposit.
		Current securities evidenced by certificates of ownership or
		indebtedness. Typical accounts would be marketable securities
Temporary Investments	F-Line-2-Column-1	and other current investments.
Notes Passivable	F-Line-3-Column-1	Current unpaid amounts evidenced by certificates of
Notes Receivable	r-tine-3-column-1	indebtedness. Unpaid inpatient and outpatient billings. Include direct billings to
		patients for deductibles, co-insurance and other patient
Accounts Receivable	F-Line-4-Column-1	chargeable items not included elsewhere.
		The estimated amount of the HHA accounts receivable not
Less: Allowances for uncollectible		expected to be paid.
notes and accounts receivable	F-Line-6-Column-1	

		The costs of unused HHA supplies. Perpetual inventory records
		may be maintained and adjusted periodically to physical count.
Inventory	F-Line-7-Column-1	may be maintained and adjusted periodically to physical count.
inventory	Line / Column 1	The costs incurred that are properly chargeable to a future
Prepaid Expenses	F-Line-8-Column-1	accounting period.
Терии Ехрепосо	Line o column 1	The balances of all other current assets not identified elsewhere.
Other Current Assets	F-Line-9-Column-1	The balances of an other current assets not identified eisewhere.
		Total Current Assets (sum of lines 1 through 9 on the F
Total Current Assets	F-Line-10-Column-1	Worksheet).
		The cost of land as defined in CMS Pub. 15-1, chapter 1, §104.6.
Land	F-Line-11-Column-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		The costs of land improvements as defined in CMS Pub. 15-1,
Land Improvements	F-Line-12-Column-1	chapter 1, §104.7.
·		The costs of the HHA buildings as defined in CMS Pub. 15-1,
Buildings	F-Line-14-Column-1	chapter 1, §104.2.
		The costs of leasehold improvements as defined in CMS Pub. 15-
Leasehold Improvements	F-Line-16-Column-1	1, chapter 1, §104.8.
·		The costs of building equipment as defined in CMS Pub. 15-1,
Fixed Equipment	F-Line-18-Column-1	chapter 1, §104.3.
		The costs of equipment as defined in CMS Pub. 15-1, chapter 1,
Major Movable Equipment	F-Line-22-Column-1	§104.4.
		The costs of minor equipment as defined in CMS Pub. 15-1,
Minor Equipment Depreciable	F-Line-24-Column-1	chapter 1, §106(c). Enter
		The sum of lines 11 through 26 and 26.50 from the F Worksheet.
Total Fixed Assets	F-Line-27-Column-1	
		The cost of investments purchased with HHA funds and the fair
		market value (at date of donation) of securities donated to the
Investments	F-Line-28-Column-1	нна.
		The balances of all other assets not identified and reported on
		lines 28 through 30 on the F Worksheet. This could include
		intangible assets such as goodwill, unamortized loan costs and
Other Assets	F-Line-30.50-Column-1	other organization costs.
		Sum of lines 28 through 30 and 30.50 from the F worksheet.
Total Other Assets	F-Line-31-Column-1	
Total Assets	F-Line-32-Column-1	Sum of lines 10, 27, and 31 from the F Worksheet.
		The amounts due trade creditors and others for supplies and
Accounts Payable	F-Line-33-Column-1	services purchased.
		The actual or estimated liabilities of salaries and wages/fees
Salaries, Wages, and Fees Payable	F-Line-34-Column-1	payable.
		The actual or estimated liabilities of amounts payable for payroll
		taxes withheld from salaries and wages, payroll taxes to be paid
		and other payroll deductions, such as hospitalization insurance
Payroll taxes payable	F-Line-35-Column-1	premiums.
		Amounts payable on notes and loans as evidenced by certificates
Notes and Loans Payable (short term)	F-Line-36-Column-1	of indebtedness due in the next 12 months.
		The amount of deferred income received or accrued applicable to
		services to be rendered within the next accounting period.
		Deferred income applicable to accounting periods extending
		beyond the next accounting period is included as other current
Deferred Income	F-Line-37-Column-1	liabilities.
		The balances of all other current liabilities not identified and
Other Current Liabilities	F-Line-39-Column-1	reported on lines 33 through 38 on the F Worksheet.
Total Current Liabilities	F-Line-40-Column-1	The sum of lines 33 through 39 on the F Worksheet.

	1	The long-term financing obligation as evidenced by certificates of
		indebtedness used to purchase real estate/property.
Mortgage Payable	F-Line-41-Column-1	macata acad to paronose roal estate, property.
		Amounts payable on notes and loans as evidenced by certificates
Notes Payable	F-Line-42-Column-1	of indebtedness due after the next 12 months.
,		Amounts payable for unsecured liabilities due after the next 12
Unsecured Loans	F-Line-43-Column-1	months.
		The balances of all other long-term liabilities not identified and
		reported on lines 41 through 43 on the F Worksheet.
Other Long Term Liabilities	F-Line-44-Column-1	
		The sum of lines long term liabilities, which are 41 through 44 on
Total Long Term Liabilities	F-Line-45-Column-1	the F Worksheet
		The sum of liabilities on lines 40 and 45 of the F Worksheet.
Total Liabilities	F-Line-46-Column-1	
Fund Balance	F-Line-47-Column-1	The end of period fund balance.
		The sum of liabilities and fund balance on lines 46 and 47 of the F
Total Liabilities and Fund Balances	F-Line-C48-Column-1	Worksheet.
		Total patient revenue from the HHA accounting books and/or
		records by program as indicated. Note: revenue from a managed
Gross Patient Revenues Title XVIII		care program must be entered in column 3, "Other".
Medicare	F1-Line-1-Column-1	
		Total patient revenue from the HHA accounting books and/or
		records by program as indicated. Note: revenue from a managed
Gross Patient Revenues Title XIX		care program must be entered in column 3, "Other".
Medicaid	F1-Line-1-Column-2	
		Total patient revenue from the HHA accounting books and/or
		records by program as indicated. Note: revenue from a managed
		care program must be entered in column 3, "Other".
Gross Patient Revenues Other	F1-Line-1-Column-3	
		Total patient revenue from the HHA accounting books and/or
		records for the facility. Note: revenue from a managed care
		program must be entered in column 3, "Other".
Gross Patient Revenues Total	F1-Line-1-Column-4	
		The allowances and discounts by program as indicated. These
		allowances and discounts are total patient revenues not received
		including: Provision for Bad Debts, Contractual Adjustments,
Less: Allowances and discounts on		Charity Discounts, Teaching Allowances, Policy Discounts,
patients' accounts Title XVIII	54.11 0.01	Administrative Adjustments, and Other Deductions from
Medicare	F1-Line-2-Column-1	Revenue.
		The allowances and discounts by program as indicated. These
		allowances and discounts are total patient revenues not received
		including: Provision for Bad Debts, Contractual Adjustments,
All		Charity Discounts, Teaching Allowances, Policy Discounts,
Less: Allowances and discounts on	54 11 2 2 6 1 2	Administrative Adjustments, and Other Deductions from
patients' accounts Title XIX Medicaid	F1-Line-2-Column-2	Revenue.
		The allowances and discounts by program as indicated. These
		allowances and discounts are total patient revenues not received
		including: Provision for Bad Debts, Contractual Adjustments,
		Charity Discounts, Teaching Allowances, Policy Discounts,
Less: Allowances and discounts on	E4 1 in = 2 C 1 2	Administrative Adjustments, and Other Deductions from
patients' accounts Other	F1-Line-2-Column-3	Revenue.

	T	The allowance and discounts for the facility. These allowances
		The allowances and discounts for the facility. These allowances
		and discounts are total patient revenues not received including:
		Provision for Bad Debts, Contractual Adjustments, Charity
		Discounts, Teaching Allowances, Policy Discounts, Administrative
Less: Allowances and discounts on		Adjustments, and Other Deductions from Revenue.
patients' accounts Total	F1-Line-2-Column-4	
Net Patient Revenues (line 1 minus		For each program, the Gross Patient Revenues minus the Less:
line 2) XVIII Medicare	F1-Line-3-Column-1	Allowances and discounts on patients' accounts.
Net Patient Revenues (line 1 minus		For each program, the Gross Patient Revenues minus the Less:
line 2) XIX Medicaid	F1-Line-3-Column-2	Allowances and discounts on patients' accounts.
Net Patient Revenues (line 1 minus		For each program, the Gross Patient Revenues minus the Less:
line 2) Other	F1-Line-3-Column-3	Allowances and discounts on patients' accounts.
Net Patient Revenues (line 1 minus		For the total facility, the Gross Patient Revenues minus the Less:
line 2) Total	F1-Line-3-Column-4	Allowances and discounts on patients' accounts.
Less Total Operating Expenses (sum		Total operating expenses summed lines 4 through 16 on the F1
of lines 4 through 16)	F1-Line-17-Column-4	Worksheet.
Net Income from service to patients		Net income from service to patients (line 3 minus line 17)
(line 3 minus line 17)	F1-Line-18-Column-4	
Total Other Income (sum of lines 19		Total Other Income (sum of lines 19 through 31)
through 31)	F1-Line-32-Column-4	
Net Income or Loss for the period		Net Income or Loss for the period (line 18 plus line 32)
(line 18 plus line 32)	F1-Line-33-Column-4	
,		Under PPS, enter only payment amounts associated with
		episodes/periods completed in the current cost reporting period
Total PPS Payment - full		(see §4707.4 for additional information on episodes and periods).
episodes/periods without outliers	D-Line-10-Column-1	(see § 170711161 additional information on episodes and periods).
орговием, регова инпексоването	2 2 20 00.0 2	Under PPS, enter only payment amounts associated with
		episodes/periods completed in the current cost reporting period
Total PPS Payment - full		(see §4707.4 for additional information on episodes and periods).
episodes/periods with outliers	D-Line-11-Column-1	(see 34707.4 for additional information on episodes and periods).
episodes, periods with outliers	D Line 11 column 1	Under PPS, enter only payment amounts associated with
		episodes/periods completed in the current cost reporting period
Total PPS Payment - LUPA		(see §4707.4 for additional information on episodes and periods).
episodes/periods	D-Line-12-Column-1	(see 94707.4 for additional information on episodes and periods).
episodes/periods	D-Line-12-Columni-1	Under DDC enter only nayment amounts associated with
		Under PPS, enter only payment amounts associated with
Total DDC Doumant DED		episodes/periods completed in the current cost reporting period
Total PPS Payment - PEP	D. 1.1	(see §4707.4 for additional information on episodes and periods).
episodes/periods	D-Line-13-Column-1	The appropriate PRC and the control of the control
Table BBC O. History		The appropriate PPS outlier payment for each episode/period of
Total PPS Outlier Payment - full		care payment category indicated on the worksheet.
episodes/periods with outliers	D-Line-14-Column-1	
		The appropriate PPS outlier payment for each episode/period of
Total PPS Outlier Payment - PEP		care payment category indicated on the worksheet.
episodes/periods	D-Line-15-Column-1	
		Medicare allowable bad debts, reduced by bad debt recoveries. If
		recoveries exceed the current year's bad debts, lines 25 and 26
Allowable Bad debts	D-Line-25-Column-1	will be negative.
		The amount (including negative amounts) from line 25 (Allowable
Adjusted Reimbursable Bad Debts	D-Line-26-Column-1	Bad Debts) multiplied by 65 percent.
Total Hospice Expenses	O5-Column-3, Line-100	Total HHA-based hospice expenses.