

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

PROVIDER CCN: \_\_\_\_\_  
HHA CCN: \_\_\_\_\_

PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

WORKSHEET H

COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see instructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
	1	2	3	4	5	6	7	8	9	10	
<b>GENERAL SERVICE COST CENTERS</b>											
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
<b>HHA REIMBURSABLE SERVICES</b>											
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
14 DME											14
<b>HHA NONREIMBURSABLE SERVICES</b>											
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 through 23)											24

Column, 6 line 24, should agree with the Worksheet A, column 3, line 101, or subscript as applicable.