

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST		PROVIDER CCN:	PERIOD:	WORKSHEET O-8
		HOSPICE CCN:	FROM _____ TO _____	
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL
		1	2	3
HOSPICE CONTINUOUS HOME CARE				
1	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			1
2	Total unduplicated days (Wkst. S-9, col. 4, line 10)			2
3	Total average cost per diem (line 1 divided by line 2)			3
4	Unduplicated program days (Wkst. S-9, col. as appropriate, line 10)			4
5	Program cost (line 3 times line 4)			5
HOSPICE ROUTINE HOME CARE				
6	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			6
7	Total unduplicated days (Wkst. S-9, col. 4, line 11)			7
8	Total average cost per diem (line 6 divided by line 7)			8
9	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)			9
10	Program cost (line 8 times line 9)			10
HOSPICE INPATIENT RESPITE CARE				
11	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			11
12	Total unduplicated days (Wkst. S-9, col. 4, line 12)			12
13	Total average cost per diem (line 11 divided by line 12)			13
14	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)			14
15	Program cost (line 13 times line 14)			15
HOSPICE GENERAL INPATIENT CARE				
16	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			16
17	Total unduplicated days (Wkst. S-9, col. 4, line 13)			17
18	Total average cost per diem (line 16 divided by line 17)			18
19	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)			19
20	Program cost (line 18 times line 19)			20
TOTAL HOSPICE CARE				
21	Total cost (sum of line 1 + line 6 + line 11 + line 16)			21
22	Total unduplicated days (Wkst. S-9, col. 4, line 14)			22
23	Average cost per diem (line 21 divided by line 22)			23