

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		
GENERAL SERVICE COST CENTERS												
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
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 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.