

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.