CALCULATION OF HOSPICE PER DIEM COST

| PROVIDER CCN: | PERIOD: | WORKSHEET K-6 |
| HOSPICE CCN: | FROM _____ TO _____ | |

COMPUTATION OF PER DIEM COST	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
	1	2	3	4	
1 Total cost (see instructions)					1
2 Total unduplicated days (Worksheet S-9, column 6, line 5)					2
3 Average cost per diem (line 1 divided by line 2)					3
4 Unduplicated Medicare days (Worksheet S-9, column 1, line 5)					4
5 Aggregate Medicare cost (line 3 times line 4)					5
6 Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)					6
7 Aggregate Medicaid cost (line 3 times line 6)					7
8 Unduplicated SNF days (Worksheet S-9, column 3, line 5)					8
9 Aggregate SNF cost (line 3 times line 8)					9
10 Unduplicated NF days (Worksheet S-9, column 4, line 5)					10
11 Aggregate NF cost (line 3 times line 10)					11
12 Other Unduplicated days (Worksheet S-9, column 5, line 5)					12
13 Aggregate cost for other days (line 3 times line 12)					13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.