

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