

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA	PROVIDER CCN: _____	PERIOD: FROM _____	WORKSHEET S-4
	HHA CCN: _____	TO _____	

HOME HEALTH AGENCY STATISTICAL DATA

County: _____

Description	Title V	Title XVIII	Title XIX	Other	Total	
	1	2	3	4	5	
1 Home Health Aide Hours						1
2 Unduplicated Census Count (see instructions)						2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

Enter the number of hours in your normal work week _____	Number of Employees (Full Time Equivalent)			
	Staff	Contract	Total	
	1	2	3	
3 Administrator and Assistant Administrator(s)				3
4 Director(s) and Assistant Director(s)				4
5 Other Administrative Personnel				5
6 Direct Nursing Service				6
7 Nursing Supervisor				7
8 Physical Therapy Service				8
9 Physical Therapy Supervisor				9
10 Occupational Therapy Service				10
11 Occupational Therapy Supervisor				11
12 Speech Pathology Service				12
13 Speech Pathology Supervisor				13
14 Medical Social Service				14
15 Medical Social Service Supervisor				15
16 Home Health Aide				16
17 Home Health Aide Supervisor				17
18 Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.		19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).		20

PPS ACTIVITY

	Full Episodes				Total (columns 1 through 4)	
	Without Outliers	With Outliers	LUPA Episodes	PEP only Episodes		
	1	2	3	4		
21 Skilled Nursing Visits						21
22 Skilled Nursing Visit Charges						22
23 Physical Therapy Visits						23
24 Physical Therapy Visit Charges						24
25 Occupational Therapy Visits						25
26 Occupational Therapy Visit Charges						26
27 Speech Pathology Visits						27
28 Speech Pathology Visit Charges						28
29 Medical Social Service Visits						29
30 Medical Social Service Visit Charges						30
31 Home Health Aide Visits						31
32 Home Health Aide Visit Charges						32
33 Total visits (sum of lines 21, 23, 25, 27, 29, and 31)						33
34 Other Charges						34
35 Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)						35
36 Total Number of Episodes (standard/non-outlier)						36
37 Total Number of Outlier Episodes						37
38 Total Non-Routine Medical Supply Charges						38