

4901.60 WORKSHEET S-5 - SNF-BASED HOSPICE STATISTICAL DATA

In accordance with 42 CFR 418.310, hospices participating in the Medicare program are required to submit information for health care services rendered to Medicare beneficiaries. The regulation at 42 CFR 413.20 requires cost reports from providers on an annual basis. The data submitted on the cost report supports management of federal programs. The statistics required on this worksheet pertain to a SNF-based hospice. Complete a separate worksheet for each SNF-based hospice.

4901.61 Part I - Enrollment Days.

For the purposes of the Medicare and Medicaid hospice programs, a patient electing hospice can receive only one of the following four types of care per day:

Hospice Continuous Home Care (HCHC) Day.--An HCHC day is a day on which the hospice patient is not in an inpatient facility, and receives continuous care during a period of crisis in order to maintain the individual at home. A day consists of a minimum of 8 hours and a maximum of 24 hours of predominantly nursing care. For each day a beneficiary received 8 or more hours of predominantly nursing care, count the day as one HCHC day. Note: Do not count days by dividing the total hours by 24.

Hospice Routine Home Care (HRHC) Day.--An HRHC day is a day on which the hospice patient is at home and not receiving HCHC.

Hospice Inpatient Respite Care (HIRC) Day.--An HIRC day is a day on which the hospice patient receives care in an approved inpatient facility, to provide respite for the individual's family or other persons caring for the individual at home.

Hospice General Inpatient Care (HGIP) Day.--An HGIP day is a day on which the hospice patient receives care in a Medicare certified hospice facility, hospital or SNF for pain control or acute or chronic symptom management which cannot be managed in other settings.

Lines 1 through 4.--Enter the enrollment days applicable to each level of care (LOC) in columns 1 through 3. Include dually eligible (Medicare/Medicaid) beneficiaries in column 1. Enrollment days are unduplicated days of care received by a hospice patient. Report a day for each day a hospice patient received one of four levels of care -- HCHC, HRHC, HIRC, or HGIP. When a patient was transferred from one LOC to another, count the day of transfer as one day of care at the LOC billed. Report an HIRC day on line 3 only when the hospice provided or arranged to provide the inpatient respite care. For each of lines 1 through 4, enter in column 4 the sum of columns 1 through 3.

Line 5.--For each of columns 1 through 4, enter the sum of lines 1 through 4.

4901.62 Part II - Contracted Services.

This section collects unduplicated day's data for inpatient services at a contracted facility. The days reported are a subset of the days reported in Part I.

Lines 1 and 2.--Enter the contracted inpatient service enrollment days applicable to each LOC in columns 1 through 3. Include dually eligible (Medicare/Medicaid) beneficiaries in column 1. Enrollment days are unduplicated days of care received by a hospice patient. Report a day for each day a hospice patient received HIRC or HGIP care at a contracted facility. When a patient was transferred from one LOC to another, count the day of transfer as one day of care at the LOC billed. For each line enter the total unduplicated days by LOC (sum of columns 1 through 3) in column 4.

Line 3.--For each of columns 1 through 4, enter the sum of lines 1 and 2.