

CALCULATION OF SNF - BASED HOSPICE PER DIEM COST	PROVIDER CCN: _____ HOSPICE CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET K-8
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		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1	2	3	
HOSPICE CONTINUOUS HOME CARE					
1	TOTAL COST				1
2	TOTAL UNDUPLICATED DAYS				2
3	TOTAL AVERAGE COST PER DIEM				3
4	UNDUPLICATED PROGRAM DAYS				4
5	PROGRAM COST				5
HOSPICE ROUTINE HOME CARE					
6	TOTAL COST				6
7	TOTAL UNDUPLICATED DAYS				7
8	TOTAL AVERAGE COST PER DIEM				8
9	UNDUPLICATED PROGRAM DAYS				9
10	PROGRAM COST				10
HOSPICE INPATIENT RESPITE CARE					
11	TOTAL COST				11
12	TOTAL UNDUPLICATED DAYS				12
13	TOTAL AVERAGE COST PER DIEM				13
14	UNDUPLICATED PROGRAM DAYS				14
15	PROGRAM COST				15
HOSPICE GENERAL INPATIENT CARE					
16	TOTAL COST				16
17	TOTAL UNDUPLICATED DAYS				17
18	TOTAL AVERAGE COST PER DIEM				18
19	UNDUPLICATED PROGRAM DAYS				19
20	PROGRAM COST				20
TOTAL HOSPICE CARE					
21	TOTAL COST				21
22	TOTAL UNDUPLICATED DAYS				22
23	AVERAGE COST PER DIEM				23