

SNF-BASED HOME HEALTH AGENCY STATISTICAL DATA		PROVIDER CCN: _____	PERIOD: FROM: _____	WORKSHEET S-4 PARTS III & IV
		HHA CCN: _____	TO: _____	

PART III - CBSA DATA

		1					
1	Enter the number of CBSAs where Medicare covered HHA services were provided during the cost reporting period.						1
2	List all CBSA codes where Medicare covered HHA services were provided during the cost reporting period						2

PART IV - PPS ACTIVITY DATA

		FULL PERIODS WITHOUT OUTLIERS	FULL PERIODS WITH OUTLIERS	LUPA PERIODS	PEP PERIODS	TOTAL				
		1	2	3	4	5				
1	SKILLED NURSING CARE VISITS									1
2	SKILLED NURSING CARE CHARGES									2
3	PHYSICAL THERAPY VISITS									3
4	PHYSICAL THERAPY VISIT CHARGES									4
5	OCCUPATIONAL THERAPY VISITS									5
6	OCCUPATIONAL THERAPY VISIT CHARGES									6
7	SPEECH-LANGUAGE PATHOLOGY VISITS									7
8	SPEECH-LANGUAGE PATHOLOGY VISIT CHARGES									8
9	MEDICAL SOCIAL SERVICE VISITS									9
10	MEDICAL SOCIAL SERVICE VISIT CHARGES									10
11	HOME HEALTH AIDE VISITS									11
12	HOME HEALTH AIDE VISIT CHARGES									12
13	TOTAL VISITS									13
14	OTHER CHARGES									14
15	TOTAL CHARGES									15
16	TOTAL NUMBER OF PERIODS									16
17	TOTAL NUMBER OF OUTLIER PERIODS									17
18	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES									18