

SNF - BASED HOSPICE STATISTICAL DATA	PROVIDER CCN: _____	PERIOD: _____	WORKSHEET S-5
	HOSPICE CCN: _____	FROM: _____ TO: _____	

**PART I - ENROLLMENT DAYS**

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	OTHER	TOTAL	
		1	2	3	4	
1	HOSPICE CONTINUOUS HOME CARE					1
2	HOSPICE ROUTINE HOME CARE					2
3	HOSPICE INPATIENT RESPITE CARE					3
4	HOSPICE GENERAL INPATIENT CARE					4
5	TOTAL HOSPICE DAYS					5

**PART II - CONTRACTED SERVICES**

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	OTHER	TOTAL	
		1	2	3	4	
1	HOSPICE INPATIENT RESPITE CARE					1
2	HOSPICE GENERAL INPATIENT CARE					2
3	TOTAL CONTRACTED HOSPICE DAYS					3