

Maryland Health Care Commission
HOSPICE SURVEY PART 2
2014
(Print version)

User Name
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SECTION F - PRODUCTIVITY AND COST OF CARE

F5.COSTS (PART II)

Please provide a summary of cost data you submitted in your FY2013 Medicare Cost Report. Enter the data for each line number (at left) from your Medicare Cost Report Worksheet and Column noted at the top of each column below. Freestanding, hospital-based and home health-based hospice cost reports request the same information, but have different worksheet, column and line references. This survey contains references for the Free-standing Hospice Cost Report. If your costs are submitted to CMS on a hospital or home health cost report and you are having difficulty identifying the appropriate spaces for your responses, please call Linda Cole at 410-764-3337 with any questions concerning the Maryland Hospice survey. If she is unavailable, you may leave a message for her or email lcole@mhcc.state.md.us.

| | Total Costs by Item Worksheet A, Column 10 | Total Fully Loaded Costs Worksheet B, Column 7 |
|--|---|--|
| General Service Cost Centers | | |
| 1. Capital Related Costs-Bldg and Fixtures | <input type="text"/> | In this column, general service costs have been allocated, according to the method you selected, to the direct cost service centers below.) Do not include the values entered in rows 6.01, 6.02, and 6.03 when computing the sum of Totals Costs by Item |
| 2. Capital Related Costs – Movable Equipment | <input type="text"/> | |
| 3. Plan Operation and Maintenance | <input type="text"/> | |
| 4. Transportation – Staff | <input type="text"/> | |
| 5. Volunteer Service Coordination | <input type="text"/> | |
| 6. Administrative and General | <input type="text"/> | |
| ----6.01 A and G Shared Costs | <input type="text"/> | |
| ----6.02 A and G Reimbursable Costs | <input type="text"/> | |
| ----6.03 A and G Non-reimbursable Costs | <input type="text"/> | |
| Inpatient Care Service Costs Centers | | |
| 10. Inpatient – General Care | <input type="text"/> | |
| 11. Inpatient – Respite Care | <input type="text"/> | |
| Visiting Services | | |
| 15. Physician Services | <input type="text"/> | |
| 16. Nursing Care | <input type="text"/> | |
| 17. Physical Therapy | <input type="text"/> | |
| 18. Occupational Therapy | <input type="text"/> | |
| 19. Speech/Language Pathology | <input type="text"/> | |
| 20. Medical Social Services – Direct | <input type="text"/> | |
| 21. Spiritual Counseling | <input type="text"/> | |
| 22. Dietary Counseling | <input type="text"/> | |
| 23. Counseling – Other | <input type="text"/> | |
| 24. Home Health Aides and Homemakers | <input type="text"/> | |
| 25. Other | <input type="text"/> | |

| | | | | | | |
|--|--|--|--|--|--|--|
| c. Hospice Medicaid MCO | | | | | | |
| d. Total Managed Care or Private Insurance (do not include Blue Cross) | | | | | | |
| d1. Commercial Non-Managed Care Organization | | | | | | |
| d2. Commercial Managed Care Organization | | | | | | |
| e. Total Blue Cross | | | | | | |
| e1. Blue Cross Non-Managed Care Organization | | | | | | |
| e2. Blue Cross Managed Care Organization | | | | | | |
| f. Self Pay | | | | | | |
| g1. Uncompensated Care | | | | | | |
| g2. Charity Care | | | | | | |
| h. Other* | | | | | | |
| | | | | | | |
| i. TOTALS | | | | | | |

*Other Payer Source may include but is not limited to Workers Comp, donations, etc.

G2 REVENUE (PART II)

This question does not correspond to cost centers in the Cost Report, therefore base responses on your accounting records, not your Cost Report submission. Responses should reflect gross revenue for FY2013.

Hospice Service

Revenue: Payment for services. Include all Medicare per diem payments for all levels of care, Medicaid, private insurance and private pay.

Expenses: Related to service delivery. Include reimbursable and non-reimbursable (bereavement and volunteer) program services.

Total Agency Fundraising

Revenue: Include grants, fundraising including capital campaign funds, bequests, memorial donations, United Way and other community support, as well as transfers from your hospice foundation, if any.

Expenses: Include any expenses related to fundraising.

Other

Revenue: Include revenue from palliative care, non-hospice patient care and other community services, nursing home room and board and pass-through costs, as well as interest or investment income.

Expenses: Related to palliative care, non-hospice patient care, and other community services.

| Revenue Source | Revenue | Expenses |
|--|---------|----------|
| Hospice Service | | |
| Total Agency Fundraising | | |
| Other | | |
| Overhead Expenses (administrative and general) | NA | |

| | |
|---|----------------------|
| Total Revenue (include earned revenues, fundraising allocation from endowment, and other fundraising) | <input type="text"/> |
| Total Expenses | <input type="text"/> |

G3 RECEIVABLES MANAGEMENT

Please provide the number of days your revenue is outstanding in accounts receivable. Multiply the total accounts receivable on the last day of your fiscal year by 365 and divide by your total Hospice Service Revenue.

Average Days Revenue Outstanding (A/R Days):

CERTIFICATION HOSPICE SURVEY PART 2

To complete the online survey, you must Certify the information you provided by reading the following and clicking on the Certify Button

I hereby certify the following:

- I have authorization to complete the Maryland Health Care Commission Hospice Survey;
- All information contained in this **Hospice Survey Part 2** is true, correct and complete to the best of my knowledge and belief;
- No information, data, report, statement, schedule or other filing required to be filed or filed hereunder contains any medical, individual or confidential information personally identifiable to a patient or consumer of health services, whether directly or indirectly;
- I understand that the Hospice Survey is required to be filed with the Maryland Health Care Commission and is considered a public record which is available for public inspection, unless such disclosure conflicts with the Maryland Health Care Commission's then existing data disclosure policy.

Part 2 Date Certified and Submitted: