
Medicare

Provider Reimbursement Manual -

Part 2, Provider Cost Reporting Forms and Instructions, Chapter 38, Form CMS-1984-99

Department of Health and
Human Services (DHHS)
Centers for Medicare and
Medicaid Services (CMS)

Transmittal 6

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3804 – 3807.1	38-5 – 38-6 (2 pp.)	38-5 – 38-6 (2 pp.)
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NEW/REVISED MATERIAL--EFFECTIVE DATE: Cost reporting periods ending on or after 12/31/2004.

This transmittal updates, Chapter 38, Hospice Cost Report, Form CMS-1984-99 to reflect further clarification to existing instructions and electronic specifications. The effective date for the instructional changes will be for cost reporting periods ending on or after December 31, 2004.

REVISED ELECTRONIC SPECIFICATIONS EFFECTIVE DATE: Changes to the electronic reporting specifications are effective for cost reporting periods ending on or after December 31, 2004.

Disclaimer: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

3804. RECOMMENDED SEQUENCE FOR COMPLETING FORM CMS-1984-99

<u>Step No.</u>	<u>Worksheet</u>	<u>Instructions</u>
1	S	Read §3806. Complete entire worksheet.
2	S-1	Read §3807. Complete entire worksheet.
3	A-1 - A-3	Read §3811 - §3813. Complete entire worksheets.
4	A	Read §3810. Complete columns 1 - 3, lines 1 - 100.
5	A-6	Read §3816. Complete, if applicable.
6	A-7	Read §3817. Complete, if applicable.
7	A-8	Read §3818. Complete all lines.
8	A-8-1	Read §3818.1. Complete, if applicable.
9	A	Read §3810. Complete columns 4 - 7, lines 1 - 100.
10	B and B-1	Read §3820. Complete both worksheets entirely.
11	D	Read §3830. Complete entire worksheet.
12	G	Read §3850. This step is completed by all providers maintaining fund type accounting records. Non-proprietary providers which do not maintain fund type records complete the General Fund column only.
13	G-1	Complete entire worksheet.
14	G-2, Parts I & II	Complete entire worksheet.

3805. SEQUENCE OF ASSEMBLY

Submit your annual cost report worksheets in the order indicated below when using Form CMS-1984-99. Include only applicable, completed worksheets. Do not include blank worksheets.

<u>Worksheet</u>	<u>Part</u>
S	I & II
S-1	
A-1 through A-3	
A	
A-6	
A-7	
A-8	
A-8-1	
B	
B-1	
D	
G through G-2	

3806. WORKSHEET S - HOSPICE COST REPORT CERTIFICATION

The information required on this worksheet is needed to properly identify the provider. Enter the inclusive dates covered by this cost report. In accordance with 42 CFR 413.24(f), each provider must submit periodic reports of its operation, which generally cover a consecutive 12 month period.

The intermediary indicates in the appropriate box whether this is the initial cost report, final report due to termination, or a reopening. If it is a reopening, the intermediary indicates the number of times the cost report has been reopened.

3806.1 Certification.--This certification is read, completed, and signed after the cost report has been completed in its entirety.

3807. WORKSHEET S-1 - HOSPICE IDENTIFICATION DATA

3807.1 Part I --The information required on this worksheet is needed to properly identify the provider.

Line 1.--Enter the name, address, city, state and zip code of the hospice.

Line 2.--Enter the county where the Hospice is located.

Line 3.--Enter the date the hospice began operation. Enter the date of State licensure if the hospice is located in a State that requires a state hospice license for operation.

Line 4.--Enter the date the hospice was certified for Title XVIII, Medicare and Title XIX, Medicaid.

Line 5.--Enter the inclusive dates covered by this cost report. In accordance with 42 CFR 413.24(f), you are required to submit periodic reports of operations, which generally cover a consecutive 12-month period. (See §§102.1 - 102.3 for situations when you may file a short period cost report.)

Cost reports are due on or before the last day of the fifth month following the close of the period covered by the report. The ONLY provision for an extension of the cost report due date is identified in 42 CFR 413.24(f)(2)(ii).

Line 6.--Enter the provider identification number.

Line 7.-- Indicate the type of control or auspice under which the hospice is conducted as indicated.

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|---------------------------------|--------------------------------------|
| 1 = Voluntary Nonprofit, Church | 8 = Governmental, City-County |
| 2 = Voluntary Nonprofit, Other | 9 = Governmental, County |
| 3 = Proprietary, Individual | 10 = Governmental, State |
| 4 = Proprietary, Corporation | 11 = Governmental, Hospital District |
| 5 = Proprietary, Partnership | 12 = Governmental, City |
| 6 = Proprietary, Other | 13 = Governmental, Other |
| 7 = Governmental, Federal | |

X Voluntary - A voluntary hospice is usually financed by earnings and contributions and governed by a community-based board of directors. The primary function is the care of the terminally ill in the home. Some voluntary hospices are operated under church auspices.