

Progressive Provider Services

Hospice LU 1984-14 Cost Report Preparation Checklist

To submit information, upload to secure Dropbox link.
To obtain link contact support@ppsassistant.com or call 1 (800) 447-2540.

Hospice name: _____

Medicare provider number (6 digit -PTAN/CCN): _____

Hospice address, city, state, zip*: _____

County where hospice is located*: _____

Date certified for Medicare*: _____

Date Hospice Began Operations: _____

Type of organization (Corp, Partnership, etc.):* _____

Current cost report year malpractice premiums: \$ _____

Counties **serviced** this year: _____

1. Financial Documents

a. Trial Balance – Excel format

b. Profit and Loss

c. Balance Sheet

d. Revenue Breakdown: Enter revenue amount by payor:

Medicare: \$ _____ Medicaid: \$ _____ Other: _____

- CMS requirement – expenses must be shown on an accrual basis
- Trial balance must match the Profit & Loss and Balance Sheet
- *COVID-19 ERC, PRF & small business loan forgiveness revenues should be separately identified.*

2. Patient days by payor and Level of Care

<u>Levels of Care</u>	Unduplicated Days		
	Medicare	Medicaid	Other
Continuous Home Care			
Routine Home Care			
Inpatient Respite Care			
General Inpatient Care			

3. Prior Year Complete Medicare Cost Report and supporting documents*

4. **PS&R** – this form is used to determine the Net Medicare Reimbursement. *Only required if it is unclear if the Net Reimbursement is under or over \$200,000.*

* If your prior year cost report was prepared by PPS, we have your information on file.