CALCULATION OF SNF-BASED HOSPICE PER DIEM COST	PROVIDER CCN: _____ HOSPICE CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET O-8	
	TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
	1	2	3	
HOSPICE CONTINUOUS HOME CARE				
1 Total cost (Wkst. O-6, Part I, col 18, line 50 plus Wkst. O-7, col. 6, line 11)				1
2 Total unduplicated days (Wkst. S-8, col. 4, line 10)				2
3 Total average cost per diem (line 1 divided by line 2)				3
4 Unduplicated program days (Wkst. S-8, col. as appropriate, line 10)				4
5 Program cost (line 3 times line 4)				5
HOSPICE ROUTINE HOME CARE				
6 Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)				6
7 Total unduplicated days (Wkst. S-8, col. 4, line 11)				7
8 Total average cost per diem (line 6 divided by line 7)				8
9 Unduplicated program days (Wkst. S-8, col. as appropriate, line 11)				9
10 Program cost (line 8 times line 9)				10
HOSPICE INPATIENT RESPITE CARE				
11 Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)				11
12 Total unduplicated days (Wkst. S-8, col. 4, line 12)				12
13 Total average cost per diem (line 11 divided by line 12)				13
14 Unduplicated program days (Wkst. S-8, col. as appropriate, line 12)				14
15 Program cost (line 13 times line 14)				15
HOSPICE GENERAL INPATIENT CARE				
16 Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)				16
17 Total unduplicated days (Wkst. S-8, col. 4, line 13)				17
18 Total average cost per diem (line 16 divided by line 17)				18
19 Unduplicated program days (Wkst. S-8, col. as appropriate, line 13)				19
20 Program cost (line 18 times line 19)				20
TOTAL HOSPICE CARE				
21 Total cost (sum of line 1 + line 6 + line 11 + line 16)				21
22 Total unduplicated days (Wkst. S-8, col. 4, line 14)				22
23 Average cost per diem (line 21 divided by line 22)				23