

# Medicare Hospice Cost Report

Form CMS-1984-14 (Free-standing Hospices Only)

*Prepared for*

**myUnity Essentials Financial**



**Netsmart**

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# Overview

The following reports should be run to gather data for sections of the Medicare Hospice Cost Report Form CMS-1984-14 (**Free-standing hospices only**). HHA-based hospices should use the Medicare Cost Report FAQ for Home Health to complete Form CMS-1728-94 instead. Most data needed for Form CMS-1984-14 will be gathered from your accounting software rather than myUnity Essentials. All billing audits for the reporting period should be posted prior to running these reports.

**There is no System Report Group for Form CMS-1984-14. Contact Support for assistance creating an Agency Report Group if needed.**

For detailed instructions on filling out the Cost Report, visit:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1984-14>

## S-3 Part II Statistical Data Unduplicated Days

Go to **Charge > Hospice LOC Report** or press the **Alter** button if running from **Agency Report Groups** (and confirm/make the following selections. This report provides unduplicated days by Level of Care and payer type (Medicare, Medicaid, Other) for S-1 Part II Statistical Data columns 1-4, lines 30-34.

For Column 1, select your agency’s Medicare Hospice insurance on the **Specific Includes** tab.

For Column 2, select your agency’s Medicaid Hospice insurance on the **Specific Includes** tab.

For Column 3, on the Specific Includes tab select both your Medicare Hospice and Medicaid Hospice insurances and check the box for ‘**Exclude selections instead of Include**’ to get all other payers.

General Options tab:

**Report Sequence:** LOC

**Selection Type:** Insurance. Use the ‘Specific Includes’ tab to specify the insurance as instructed above.

**Report Detail:** un-check all boxes

**Billing Period:** Custom

**Custom Date Selection:** enter the reporting year

**Hospice Insurance Type:** check All

**Report Type:** All Records

**Level of Care:** check All

**Unit:** uncheck All and select the Hospice Unit(s) for each CCN your agency has

The screenshot shows the 'Hospice LOC Report' window with the 'General Options' tab active. The 'Report Sequence' is set to 'LOC'. Under 'Selection Type', 'Insurance' is selected. The 'Report Detail' section has all checkboxes (Patient Detail, Diag/Cert Detail, Location Detail, Charge Detail) unchecked. 'Billing Period' is set to 'Custom' for the year '2021'. 'Custom Date Selection' is set from '1/1/2019' to '12/31/2019'. Under 'Hospice Insurance Type', 'All' is checked. Under 'Level of Care', 'All' is checked. Under 'Unit', 'Hospice Unit' is selected. Under 'Report Type', 'All Records' is selected. At the bottom, 'Export Report' and 'Create/Fix LOC Charges' are unchecked. 'Preview' and 'Print' buttons are visible at the bottom left.

Press **Preview** and use the **Days** counts.

Run the report a second time choosing the Medicaid Hospice Insurance(s) in the **Specific Includes** tab.

Run the report a third time to get the numbers for the Other payers. This time choose both the Medicare Hospice and Medicaid Hospice payers in the **Specific Includes** tab and check the **'Exclude selections instead of Include'** option.

In the More Options tab, **'Only Evaluate Primary Insurance'** must be selected.

4/29/2022 9:15:57 AM

### Hospice LOC Report

Page 1

LOC Sequence  
\* Custom date selection

All:1/1/2021 To:12/31/2021

Home & Hospice Care Services

Hospice Unit

Level of Care:	Days	Patients	Admits	Avg-Days	Billed
Routine Home Care					
LOC Totals:	7,343	64	64	114.73	1,202,925.33
Continuous Home Care					
LOC Totals:	11	9	9	1.22	8,172.82
Respite Home Care					
LOC Totals:	21	5	5	4.20	9,564.70
Inpatient Home Care					
LOC Totals:	8	3	3	2.67	8,812.49
<b>Grand Totals:</b>	<b>7,383</b>	<b>81</b>	<b>81</b>	<b>91.15</b>	<b>1,229,475.33</b>

## F-2 Part I Revenues

Go to **Stats > Services Provided** or press the **Alter** button if running from **Report Groups** and confirm/make the following selections. This report provides hospice amounts by payer type (Medicare, Medicaid, Other) for Worksheet F-2 Part I Revenues lines 1-4 and 9-10.

For Column 1, select your agency's Medicare Hospice insurance on the **Specific Includes** tab.

For Column 2, select your agency's Medicaid Hospice insurance on the **Specific Includes** tab.

For Column 3, on the **Specific Includes** tab select both your Medicare Hospice and Medicaid Hospice insurances and check the box for **'Exclude selections instead of Include'** to get all other payers.

**General Options tab:**

**Report Sequence:**

Modality

**Selection Type:**

Insurances. Use the 'Specific Includes' tab to specify the insurance as instructed above.

**Care Type:** un-check all boxes except Room & Board, Physician Services & Other as applicable.

**Gross and Time:** Billed Amount

**Billed/Not-Billed:** All-Chgs

**Report Detail:** uncheck all options.

**Top Sequence:** None or Unit (if your agency has different CCNs by Unit)

**Charge Date Selection:** enter the reporting year.

**Date Type:** Charge Date

**Report Type:** Report

Press **Preview** and use the Net column for billed amounts for the modality lines needed for cost reporting.

Close the Preview window and run the report a second time, choosing only the Medicaid Hospice Insurance(s) in the **Specific Includes** tab.

Run the report a third time to get the numbers for the Other payers. This time choose both the Medicare Hospice and Medicaid Hospice payers in the **Specific Includes** tab and check the **'Exclude selections instead of Include'** option.

4/21/2023 11:59:27 AM  
 Unit/Modality Sequence  
 Billed-Gross/Time  
 Selected Charge Dates

**Statistical Analysis**  
 Insurances From: 1/1/2022 To: 12/31/2022

Page 1  
 Home + Hospice Care Services  
 Medicare Hospice

	Patients	Gross	Net	Allowance	Time	Billed-Qty	Actual-Qty
<b>Hospice Unit</b>							
<b>Inpatient</b>	2	8,170.00	7,917.98	252.02	0.00	8	8
<b>Non-Billable</b>	2	180.00	0.00	0.00	10.00	3	3
<b>Respite</b>	4	3,000.00	4,561.47	-1,561.47	0.00	15	15
<b>Routine</b>	13	342,000.00	267,653.31	74,346.69	0.00	1368	1368
<b>SIA</b>	5	1,073.82	1,073.82	0.00	17.25	0	0
<b>Unit Totals:</b>	26	354,423.82	281,206.58	73,037.24	27.25	1394	1394