

FORM CMS-1984-14 HOSPICE COST AND DATA REPORT CROSSWALK

The Form CMS-1984-14, Hospice Cost and Data Report, incorporates changes as noted in the chart below. The overall burden of the Hospice Cost and Data Report remains unchanged at 188 hours.

FORM CMS-1984-14				REASON FOR THE CHANGE / APPLICATION OF THE INSTRUCTIONS AND ACCOMPANYING WORKSHEETS	BURDEN EFFECT
WORKSHEETS		INSTRUCTIONS			
WORKSHEET	PAGE #	SECTION #	PAGE #		
Worksheet S	43-101	4306.1 - 4306.2	43-7 - 43-8	No changes.	N/A
Worksheet S-1	43-102 - 43-103			No changes.	N/A
Worksheet S-2	43-104 - 43-105			No changes.	N/A
Worksheet A	48-106 - 43-107	4310	43-16	Modified the form and instructions to add the non-reimbursable cost center, line 72, Medicide.	N/A
Worksheet A-1	48-108	4311	43-26	No changes.	N/A
Worksheet A-2	48-109	4311	43-26	No changes.	N/A
Worksheet A-3	43-110	4311	43-26	No changes.	N/A
Worksheet A-4	43-111	4311	43-26	No changes.	N/A
Worksheet A-6	43-112	4316	43-27	No changes.	N/A
Worksheet A-8	43-113	4318	43-28 - 43-29	No changes.	N/A
Worksheet A-8-1	43-114	4319	43-30 - 43-31	No changes.	N/A
Worksheet B and Worksheet B-1	43-115 - 43-118 and 43-119 - 43-122	4320	43-32 - 43-35	Modified the forms and instructions to add the non-reimbursable cost center, line 72, Medicide.	N/A
Worksheet C	43-123	4330	43-36 - 43-37	No changes.	N/A
Worksheet F	43-124	4350	43-38 - 43-41	No changes.	N/A
Worksheet F-1	43-125	4351	43-41 - 43-42	No changes.	N/A
Worksheet F-2	43-126	4352	43-42 - 43-43	No changes.	N/A