Health Financial Systems | SULLIVAN COUNTY HOME HEALTH CARE | In Lieu of Form CMS-1728-94

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED OMB NO. 0938-0022

HOME HEALTH AGENCY COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN:	Period:	Worksheet S
33-7165	From 01/01/2018	Parts I-II
	To 12/31/2018	Date/Time Prepared: 5/31/2019 5:08 pm

Contractor Use Only:
[ ] Audited [ ] Desk Reviewed
Date Received:
Contractor No.:
[ ] Initial [ ] Final [ ] Re-opened

PART I - CERTIFICATION

Check applicable box
[X] Electronic filed cost report
[ ] Manually submitted cost report
Date: 5/31/2019
Time: 5:08 pm

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF THE PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted Home Health Agency Cost Report and the Balance Sheet and Statement of Revenue and Expenses prepared by SULLIVAN COUNTY HOME HEALTH CARE - 33-7165 (Provider name(s) and number(s)) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

[ ] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

Encryption Information
ECR: Date: 5/31/2019 Time: 5:08 pm
gQhdknbNZeG7GbOmJeLww5He09Bgf0
yvwx90VMXz3DSUh7Ot4dukFxU64nMV
0Y0E09PTL2OoRSmh
PI: Date: 5/31/2019 Time: 5:08 pm
pMWtCtjDxLm3FRlJQfLxA3C0utrsk0
0jyYs0409NDa.QxmzMW0tyZw4HeQG7
MHKP0DLcDb0zv0em

(Signed) Nancy McSwain
Chief Financial Officer or Administrator
Public Health Director
Title
5/31/19
Date

PART II - SETTLEMENT SUMMARY

		TITLE XVIII		
		Part A	Part B	
		1.00	2.00	
1.00	HOME HEALTH AGENCY	0	0	1.00
2.00	HOME HEALTH-BASED CORF			2.00
3.00	HOME HEALTH-BASED CMHC	0	0	3.00
3.50	HOME HEALTH-BASED RHC	0	0	3.50
3.60	HOME HEALTH-BASED FQHC	0	0	3.60
4.00	TOTAL	0	0	4.00

"According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0022. The time required to complete this information collection is estimated to average 227 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850." Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.