

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

REPORT COVER PAGE FOR REQUEST: RRLU930-S-4190563

Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages
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P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 10/27/20
 Report Run Date: 10/26/20
 Provider FYE: 12/31
 Provider Number: 337165 Sullivan County Public Health Nursing Service

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B RAP
 THESE ITEMS ARE NOT TO BE INCLUDED ON THE MEDICARE COST REPORT

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 Report #: OD44228
 Report Type: 322

	SERVICES FOR PERIOD 01/01/16 - 12/31/16		SERVICES FOR PERIOD 01/01/17 - 12/31/17		SERVICES FOR PERIOD 01/01/18 - 12/31/18		SERVICES FOR PERIOD 01/01/19 - 12/31/19	
	COUNT	REIMB	COUNT	REIMB	COUNT	REIMB	COUNT	REIMB
TOTAL INITIAL RAP	818	\$1,465,487.15	740	\$1,585,708.45	698	\$1,042,054.43	661	\$822,498.43
RAP CANCELLED BY CLAIM	-799	-\$1,432,787.24	-720	-\$1,539,500.82	-684	-\$1,019,815.69	-639	-\$793,783.59
RAP AUTO CANCELLED	-19	-\$32,699.91	-19	-\$44,165.89	-9	-\$16,063.77	-16	-\$21,266.28
RAP PROVIDER CANCELLED	0	\$0.00	-1	-\$2,041.74	0	\$0.00	0	\$0.00
RAP MAC CANCELLED	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00
TOTAL CANCELLED RAPS	-818	-\$1,465,487.15	-740	-\$1,585,708.45	-693	-\$1,035,879.46	-655	-\$815,049.87
TOT RAPS OUTSTANDING	0	\$0.00	0	\$0.00	5	\$6,174.97	6	\$7,448.56
GROSS REIMBURSEMENT		\$0.00		\$0.00		\$6,174.97		\$7,448.56
NET REIMBURSEMENT		\$0.00		\$0.00		\$6,174.97		\$7,448.56

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20

Report Run Date: 10/26/20

Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

**PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES**

Page: 1

Report #: OD44228

Report Type: 329

SERVICES APPLIED FOR THE PERIODS: 01/01/2016 - 12/31/2016

CHARGE SECTION

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		TOTAL	
		REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$28,515.09	0	\$1,146.59	0	\$91.81	0	\$0.00	0	\$0.00	0	\$29,753.49
042X	PHYSICAL THERAPY	3,430	\$428,750.00	55	\$6,875.00	65	\$8,125.00	0	\$0.00	0	\$0.00	3,550	\$443,750.00
043X	OCCUPATIONAL THERAPY	1,242	\$155,250.00	6	\$750.00	30	\$3,750.00	0	\$0.00	0	\$0.00	1,278	\$159,750.00
044X	SPEECH-LANGUAGE PATHOLOG	593	\$74,125.00	2	\$250.00	1	\$125.00	0	\$0.00	0	\$0.00	596	\$74,500.00
055X	SKILLED NURSING	3,926	\$687,050.00	220	\$38,500.00	75	\$13,125.00	0	\$0.00	0	\$0.00	4,221	\$738,675.00
056X	MEDICAL SOCIAL SERVICES	121	\$15,125.00	1	\$125.00	4	\$500.00	0	\$0.00	0	\$0.00	126	\$15,750.00
057X	HOME HEALTH AIDE	1,669	\$113,452.33	7	\$437.00	20	\$1,219.00	0	\$0.00	0	\$0.00	1,696	\$115,108.33
*** TOT SERVICES WITHOUT OUTLIER ***		10,981	\$1,502,267.42	291	\$48,083.59	195	\$26,935.81	0	\$0.00	0	\$0.00	11,467	\$1,577,286.82

***** SERVICES WITH OUTLIER *****

REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$2,655.68	0	\$0.00	0	\$15.46	0	\$0.00	0	\$0.00	0	\$2,671.14
042X	PHYSICAL THERAPY	90	\$11,250.00	0	\$0.00	6	\$750.00	0	\$0.00	0	\$0.00	96	\$12,000.00
043X	OCCUPATIONAL THERAPY	56	\$7,000.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	60	\$7,500.00
044X	SPEECH-LANGUAGE PATHOLOG	31	\$3,875.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	31	\$3,875.00
055X	SKILLED NURSING	246	\$43,050.00	0	\$0.00	5	\$875.00	0	\$0.00	0	\$0.00	251	\$43,925.00
056X	MEDICAL SOCIAL SERVICES	40	\$5,000.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	40	\$5,000.00
057X	HOME HEALTH AIDE	149	\$10,281.46	0	\$0.00	12	\$816.50	0	\$0.00	0	\$0.00	161	\$11,097.96
*** TOT SERVICES WITH OUTLIER ***		612	\$83,112.14	0	\$0.00	27	\$2,956.96	0	\$0.00	0	\$0.00	639	\$86,069.10

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20

Report Run Date: 10/26/20

Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

P R O V I D E R S U M M A R Y R E P O R T
H O M E H E A L T H P P S - P A R T B E P I S O D E S

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Report #: OD44228

Report Type: 329

S E R V I C E S A P P L I E D F O R T H E P E R I O D S : 0 1 / 0 1 / 2 0 1 6 - 1 2 / 3 1 / 2 0 1 6

*** TOTAL SERVICES ***

REV CODE DESCRIPTION

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$31,170.77	0	\$1,146.59	0	\$107.27	0	\$0.00	0	\$0.00	0	\$32,424.63
042X	PHYSICAL THERAPY	3,520	\$440,000.00	55	\$6,875.00	71	\$8,875.00	0	\$0.00	0	\$0.00	3,646	\$455,750.00
043X	OCCUPATIONAL THERAPY	1,298	\$162,250.00	6	\$750.00	34	\$4,250.00	0	\$0.00	0	\$0.00	1,338	\$167,250.00
044X	SPEECH-LANGUAGE PATHOLOG	624	\$78,000.00	2	\$250.00	1	\$125.00	0	\$0.00	0	\$0.00	627	\$78,375.00
055X	SKILLED NURSING	4,172	\$730,100.00	220	\$38,500.00	80	\$14,000.00	0	\$0.00	0	\$0.00	4,472	\$782,600.00
056X	MEDICAL SOCIAL SERVICES	161	\$20,125.00	1	\$125.00	4	\$500.00	0	\$0.00	0	\$0.00	166	\$20,750.00
057X	HOME HEALTH AIDE	1,818	\$123,733.79	7	\$437.00	32	\$2,035.50	0	\$0.00	0	\$0.00	1,857	\$126,206.29
*** TOTAL COVERED SERVICES ***		11,593	\$1,585,379.56	291	\$48,083.59	222	\$29,892.77	0	\$0.00	0	\$0.00	12,106	\$1,663,355.92

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	660	118	13	0	0	791
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,788,113.02	\$42,753.91	\$20,551.91	\$0.00	\$0.00	\$1,851,418.84
# EPISODES WITH OUTLIER	16	0	1	0	0	17
HIPPS REIMBURSEMENT WITH OUTLIER	\$44,674.52	\$0.00	\$1,362.77	\$0.00	\$0.00	\$46,037.29
OUTLIER REIMBURSEMENTS	\$4,060.21	\$0.00	\$5.33	\$0.00	\$0.00	\$4,065.54

PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20

Report Run Date: 10/26/20

Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

P R O V I D E R S U M M A R Y R E P O R T
H O M E H E A L T H P P S - P A R T B E P I S O D E S

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Report #: OD44228

Report Type: 329

SERVICES APPLIED FOR THE PERIODS: 01/01/2016 - 12/31/2016						
	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	<i>TOTAL</i>
OTHER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GROSS REIMBURSEMENT	\$1,836,847.75	\$42,753.91	\$21,920.01	\$0.00	\$0.00	\$1,901,521.67
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SEQUESTRATION	\$36,734.85	\$855.72	\$438.41	\$0.00	\$0.00	\$38,028.98
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER ADJUSTMENTS	\$101.81	\$0.00	\$0.01	\$0.00	\$0.00	\$101.82
NET REIMBURSEMENT	\$1,800,011.09	\$41,898.19	\$21,481.59	\$0.00	\$0.00	\$1,863,390.87
ADDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$9.53	\$0.00	\$0.00	\$0.00	\$0.00	\$9.53
SERVICES APPLIED FOR THE PERIODS: 01/01/2017 - 12/31/2017						
CHARGE SECTION						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20

Report Run Date: 10/26/20

Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

**PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES**

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Report #: OD44228

Report Type: 329

SERVICES APPLIED FOR THE PERIODS: 01/01/2017 - 12/31/2017

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		TOTAL	
		REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$23,924.37	0	\$3,715.62	0	\$0.00	0	\$0.00	0	\$0.00	0	\$27,639.99
042X	PHYSICAL THERAPY	3,313	\$414,125.00	32	\$4,000.00	61	\$7,625.00	0	\$0.00	0	\$0.00	3,406	\$425,750.00
043X	OCCUPATIONAL THERAPY	1,253	\$156,625.00	6	\$750.00	10	\$1,250.00	0	\$0.00	0	\$0.00	1,269	\$158,625.00
044X	SPEECH-LANGUAGE PATHOLOG	243	\$30,375.00	0	\$0.00	7	\$875.00	0	\$0.00	0	\$0.00	250	\$31,250.00
055X	SKILLED NURSING	3,520	\$616,000.00	210	\$36,750.00	43	\$7,525.00	0	\$0.00	0	\$0.00	3,773	\$660,275.00
056X	MEDICAL SOCIAL SERVICES	148	\$18,455.73	1	\$125.00	0	\$0.00	0	\$0.00	0	\$0.00	149	\$18,580.73
057X	HOME HEALTH AIDE	1,110	\$73,720.06	4	\$138.00	25	\$1,487.18	0	\$0.00	0	\$0.00	1,139	\$75,345.24
*** TOT SERVICES WITHOUT OUTLIER ***		9,587	\$1,333,225.16	253	\$45,478.62	146	\$18,762.18	0	\$0.00	0	\$0.00	9,986	\$1,397,465.96

*** SERVICES WITH OUTLIER ***		REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$7,409.61	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$7,409.61
042X	PHYSICAL THERAPY	83	\$10,375.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	83	\$10,375.00
043X	OCCUPATIONAL THERAPY	52	\$6,500.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	52	\$6,500.00
044X	SPEECH-LANGUAGE PATHOLOG	41	\$5,125.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	41	\$5,125.00
055X	SKILLED NURSING	499	\$87,325.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	499	\$87,325.00
056X	MEDICAL SOCIAL SERVICES	50	\$6,250.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	50	\$6,250.00
057X	HOME HEALTH AIDE	319	\$25,849.70	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	319	\$25,849.70
*** TOT SERVICES WITH OUTLIER ***		1,044	\$148,834.31	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	1,044	\$148,834.31

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20

Report Run Date: 10/26/20

Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

**PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES**

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Report #: OD44228

Report Type: 329

SERVICES APPLIED FOR THE PERIODS: 01/01/2017 - 12/31/2017

***** TOTAL SERVICES *****

REV CODE DESCRIPTION

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$31,333.98	0	\$3,715.62	0	\$0.00	0	\$0.00	0	\$0.00	0	\$35,049.60
042X	PHYSICAL THERAPY	3,396	\$424,500.00	32	\$4,000.00	61	\$7,625.00	0	\$0.00	0	\$0.00	3,489	\$436,125.00
043X	OCCUPATIONAL THERAPY	1,305	\$163,125.00	6	\$750.00	10	\$1,250.00	0	\$0.00	0	\$0.00	1,321	\$165,125.00
044X	SPEECH-LANGUAGE PATHOLOG	284	\$35,500.00	0	\$0.00	7	\$875.00	0	\$0.00	0	\$0.00	291	\$36,375.00
055X	SKILLED NURSING	4,019	\$703,325.00	210	\$36,750.00	43	\$7,525.00	0	\$0.00	0	\$0.00	4,272	\$747,600.00
056X	MEDICAL SOCIAL SERVICES	198	\$24,705.73	1	\$125.00	0	\$0.00	0	\$0.00	0	\$0.00	199	\$24,830.73
057X	HOME HEALTH AIDE	1,429	\$99,569.76	4	\$138.00	25	\$1,487.18	0	\$0.00	0	\$0.00	1,458	\$101,194.94
*** TOTAL COVERED SERVICES ***		10,631	\$1,482,059.47	253	\$45,478.62	146	\$18,762.18	0	\$0.00	0	\$0.00	11,030	\$1,546,300.27

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	573	104	12	0	0	689
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,593,234.62	\$38,214.51	\$10,357.65	\$0.00	\$0.00	\$1,641,806.78
# EPISODES WITH OUTLIER	28	0	0	0	0	28
HIPPS REIMBURSEMENT WITH OUTLIER	\$68,295.77	\$0.00	\$0.00	\$0.00	\$0.00	\$68,295.77
OUTLIER REIMBURSEMENTS	\$21,128.48	\$0.00	\$0.00	\$0.00	\$0.00	\$21,128.48

PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
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P R O V I D E R S U M M A R Y R E P O R T
 H O M E H E A L T H P P S - P A R T B E P I S O D E S

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SERVICES APPLIED FOR THE PERIODS: 01/01/2017 - 12/31/2017						
	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	<i>TOTAL</i>
OTHER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GROSS REIMBURSEMENT	\$1,682,658.87	\$38,214.51	\$10,357.65	\$0.00	\$0.00	\$1,731,231.03
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SEQUESTRATION	\$33,653.17	\$764.77	\$207.15	\$0.00	\$0.00	\$34,625.09
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER ADJUSTMENTS	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02
NET REIMBURSEMENT	\$1,649,005.68	\$37,449.74	\$10,150.50	\$0.00	\$0.00	\$1,696,605.92
ADDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$3.36	\$0.00	\$0.00	\$0.00	\$0.00	\$3.36
SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018						
CHARGE SECTION						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20

Report Run Date: 10/26/20

Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

**PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES**

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Report #: OD44228

Report Type: 329

SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018

*** SERVICES WITHOUT OUTLIER *** REV CODE DESCRIPTION		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		TOTAL	
		VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$20,196.23	0	\$1,526.69	0	\$30.80	0	\$0.00	0	\$0.00	0	\$21,753.72
042X	PHYSICAL THERAPY	3,034	\$379,125.00	50	\$6,250.00	41	\$5,125.00	0	\$0.00	0	\$0.00	3,125	\$390,500.00
043X	OCCUPATIONAL THERAPY	1,285	\$160,625.00	5	\$625.00	8	\$1,000.00	0	\$0.00	0	\$0.00	1,298	\$162,250.00
044X	SPEECH-LANGUAGE PATHOLOG	314	\$39,250.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	318	\$39,750.00
055X	SKILLED NURSING	3,437	\$600,775.00	196	\$34,300.00	45	\$7,875.00	0	\$0.00	0	\$0.00	3,678	\$642,950.00
056X	MEDICAL SOCIAL SERVICES	201	\$25,125.00	5	\$625.00	0	\$0.00	0	\$0.00	0	\$0.00	206	\$25,750.00
057X	HOME HEALTH AIDE	991	\$61,065.31	5	\$310.50	5	\$341.32	0	\$0.00	0	\$0.00	1,001	\$61,717.13
*** TOT SERVICES WITHOUT OUTLIER ***		9,262	\$1,286,161.54	261	\$43,637.19	103	\$14,872.12	0	\$0.00	0	\$0.00	9,626	\$1,344,670.85

*** SERVICES WITH OUTLIER *** REV CODE DESCRIPTION		VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$4,124.90	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$4,124.90
042X	PHYSICAL THERAPY	153	\$19,125.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	153	\$19,125.00
043X	OCCUPATIONAL THERAPY	92	\$11,500.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	92	\$11,500.00
044X	SPEECH-LANGUAGE PATHOLOG	54	\$6,750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	54	\$6,750.00
055X	SKILLED NURSING	318	\$55,650.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	318	\$55,650.00
056X	MEDICAL SOCIAL SERVICES	62	\$7,750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	62	\$7,750.00
057X	HOME HEALTH AIDE	197	\$13,342.30	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	197	\$13,342.30
*** TOT SERVICES WITH OUTLIER ***		876	\$118,242.20	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	876	\$118,242.20

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 10/27/20
 Report Run Date: 10/26/20
 Provider FYE: 12/31
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PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART B EPISODES

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SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018

*** TOTAL SERVICES ***

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$24,321.13	0	\$1,526.69	0	\$30.80	0	\$0.00	0	\$0.00	0	\$25,878.62
042X	PHYSICAL THERAPY	3,187	\$398,250.00	50	\$6,250.00	41	\$5,125.00	0	\$0.00	0	\$0.00	3,278	\$409,625.00
043X	OCCUPATIONAL THERAPY	1,377	\$172,125.00	5	\$625.00	8	\$1,000.00	0	\$0.00	0	\$0.00	1,390	\$173,750.00
044X	SPEECH-LANGUAGE PATHOLOG	368	\$46,000.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	372	\$46,500.00
055X	SKILLED NURSING	3,755	\$656,425.00	196	\$34,300.00	45	\$7,875.00	0	\$0.00	0	\$0.00	3,996	\$698,600.00
056X	MEDICAL SOCIAL SERVICES	263	\$32,875.00	5	\$625.00	0	\$0.00	0	\$0.00	0	\$0.00	268	\$33,500.00
057X	HOME HEALTH AIDE	1,188	\$74,407.61	5	\$310.50	5	\$341.32	0	\$0.00	0	\$0.00	1,198	\$75,059.43
*** TOTAL COVERED SERVICES ***		10,138	\$1,404,403.74	261	\$43,637.19	103	\$14,872.12	0	\$0.00	0	\$0.00	10,502	\$1,462,913.05

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	560	103	8	0	0	671
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,568,910.52	\$43,522.45	\$11,000.85	\$0.00	\$0.00	\$1,623,433.82
# EPISODES WITH OUTLIER	23	0	0	0	0	23
HIPPS REIMBURSEMENT WITH OUTLIER	\$70,630.59	\$0.00	\$0.00	\$0.00	\$0.00	\$70,630.59
OUTLIER REIMBURSEMENTS	\$15,118.36	\$0.00	\$0.00	\$0.00	\$0.00	\$15,118.36

PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 10/27/20
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PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART B EPISODES

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SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018						
	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	<i>TOTAL</i>
OTHER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GROSS REIMBURSEMENT	\$1,654,659.47	\$43,522.45	\$11,000.85	\$0.00	\$0.00	\$1,709,182.77
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SEQUESTRATION	\$33,093.52	\$870.99	\$220.02	\$0.00	\$0.00	\$34,184.53
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER ADJUSTMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET REIMBURSEMENT	\$1,621,565.95	\$42,651.46	\$10,780.83	\$0.00	\$0.00	\$1,674,998.24
ADDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$1.40	\$0.00	\$0.00	\$0.00	\$0.00	\$1.40
SERVICES APPLIED FOR THE PERIODS: 01/01/2019 - 12/31/2019						
CHARGE SECTION						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20

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Provider Number: 337165 Sullivan County Public Health Nursing Service

**PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES**

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SERVICES APPLIED FOR THE PERIODS: 01/01/2019 - 12/31/2019

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		TOTAL	
		REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$28,671.84	0	\$2,410.20	0	\$125.23	0	\$0.00	0	\$0.00	0	\$31,207.27
042X	PHYSICAL THERAPY	2,352	\$294,000.00	39	\$4,750.00	60	\$7,500.00	0	\$0.00	0	\$0.00	2,451	\$306,250.00
043X	OCCUPATIONAL THERAPY	395	\$49,375.00	2	\$250.00	8	\$1,000.00	0	\$0.00	0	\$0.00	405	\$50,625.00
044X	SPEECH-LANGUAGE PATHOLOG	48	\$6,000.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	48	\$6,000.00
055X	SKILLED NURSING	3,183	\$557,025.00	224	\$39,025.00	68	\$11,900.00	0	\$0.00	0	\$0.00	3,475	\$607,950.00
056X	MEDICAL SOCIAL SERVICES	214	\$26,750.00	5	\$625.00	4	\$500.00	0	\$0.00	0	\$0.00	223	\$27,875.00
057X	HOME HEALTH AIDE	767	\$46,690.92	0	\$0.00	17	\$1,096.18	0	\$0.00	0	\$0.00	784	\$47,787.10
*** TOT SERVICES WITHOUT OUTLIER ***		6,959	\$1,008,512.76	270	\$47,060.20	157	\$22,121.41	0	\$0.00	0	\$0.00	7,386	\$1,077,694.37

*** SERVICES WITH OUTLIER ***		REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$7,002.54	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$7,002.54
042X	PHYSICAL THERAPY	173	\$21,625.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	177	\$22,125.00
043X	OCCUPATIONAL THERAPY	50	\$6,250.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	50	\$6,250.00
044X	SPEECH-LANGUAGE PATHOLOG	6	\$750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	6	\$750.00
055X	SKILLED NURSING	490	\$85,750.00	0	\$0.00	9	\$1,575.00	0	\$0.00	0	\$0.00	499	\$87,325.00
056X	MEDICAL SOCIAL SERVICES	112	\$14,000.00	0	\$0.00	5	\$625.00	0	\$0.00	0	\$0.00	117	\$14,625.00
057X	HOME HEALTH AIDE	251	\$17,099.58	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	251	\$17,099.58
*** TOT SERVICES WITH OUTLIER ***		1,082	\$152,477.12	0	\$0.00	18	\$2,700.00	0	\$0.00	0	\$0.00	1,100	\$155,177.12

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20

Report Run Date: 10/26/20

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P R O V I D E R S U M M A R Y R E P O R T
H O M E H E A L T H P P S - P A R T B E P I S O D E S

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S E R V I C E S A P P L I E D F O R T H E P E R I O D S : 0 1 / 0 1 / 2 0 1 9 - 1 2 / 3 1 / 2 0 1 9

*** TOTAL SERVICES ***

REV CODE DESCRIPTION

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$35,674.38	0	\$2,410.20	0	\$125.23	0	\$0.00	0	\$0.00	0	\$38,209.81
042X	PHYSICAL THERAPY	2,525	\$315,625.00	39	\$4,750.00	64	\$8,000.00	0	\$0.00	0	\$0.00	2,628	\$328,375.00
043X	OCCUPATIONAL THERAPY	445	\$55,625.00	2	\$250.00	8	\$1,000.00	0	\$0.00	0	\$0.00	455	\$56,875.00
044X	SPEECH-LANGUAGE PATHOLOG	54	\$6,750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	54	\$6,750.00
055X	SKILLED NURSING	3,673	\$642,775.00	224	\$39,025.00	77	\$13,475.00	0	\$0.00	0	\$0.00	3,974	\$695,275.00
056X	MEDICAL SOCIAL SERVICES	326	\$40,750.00	5	\$625.00	9	\$1,125.00	0	\$0.00	0	\$0.00	340	\$42,500.00
057X	HOME HEALTH AIDE	1,018	\$63,790.50	0	\$0.00	17	\$1,096.18	0	\$0.00	0	\$0.00	1,035	\$64,886.68
*** TOTAL COVERED SERVICES ***		8,041	\$1,160,989.88	270	\$47,060.20	175	\$24,821.41	0	\$0.00	0	\$0.00	8,486	\$1,232,871.49

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	518	96	12	0	0	626
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,290,513.05	\$44,066.72	\$17,412.17	\$0.00	\$0.00	\$1,351,991.94
# EPISODES WITH OUTLIER	33	0	1	0	0	34
HIPPS REIMBURSEMENT WITH OUTLIER	\$92,595.93	\$0.00	\$1,533.58	\$0.00	\$0.00	\$94,129.51
OUTLIER REIMBURSEMENTS	\$31,442.79	\$0.00	\$489.57	\$0.00	\$0.00	\$31,932.36

PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
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PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART B EPISODES

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SERVICES APPLIED FOR THE PERIODS: 01/01/2019 - 12/31/2019						
	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
OTHER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GROSS REIMBURSEMENT	\$1,414,551.77	\$44,066.72	\$19,435.32	\$0.00	\$0.00	\$1,478,053.81
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SEQUESTRATION	\$28,291.29	\$880.55	\$388.70	\$0.00	\$0.00	\$29,560.54
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER ADJUSTMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET REIMBURSEMENT	\$1,386,260.48	\$43,186.17	\$19,046.62	\$0.00	\$0.00	\$1,448,493.27
ADDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PATIENT CBSA VISIT SECTION

ALL PATIENT CBSA	REV CODE	DESCRIPTION	01/01/2016 - 12/31/2016	01/01/2017 - 12/31/2017	01/01/2018 - 12/31/2018	01/01/2019 - 12/31/2019
	0420	PHYSICAL THERP/15 MIN	3,646	3,489	3,278	2,628

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

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ALL PATIENT CBSA	REV CODE	DESCRIPTION	01/01/2016 - 12/31/2016	01/01/2017 - 12/31/2017	01/01/2018 - 12/31/2018	01/01/2019 - 12/31/2019
	0430	OCCUPATION THER/15 MIN	1,338	1,321	1,390	455
	0440	SPEECH PATHOL/15 MIN	627	291	372	54
	0550	SKILLED NURSING/15 MIN	4,472	4,272	3,996	3,974
	0560	MED SOCIAL SVS/15 MIN.	166	199	268	340
	0570	AIDE/HOME HEALTH/15 MIN	1,857	1,458	1,198	1,035

PATIENT CBSA	REV CODE	DESCRIPTION	01/01/2016 - 12/31/2016	01/01/2017 - 12/31/2017	01/01/2018 - 12/31/2018	01/01/2019 - 12/31/2019
99933	0420	PHYSICAL THERP/15 MIN	3,646	3,489	3,278	2,628
	0430	OCCUPATION THER/15 MIN	1,338	1,321	1,390	455
	0440	SPEECH PATHOL/15 MIN	627	291	372	54
	0550	SKILLED NURSING/15 MIN	4,472	4,272	3,996	3,974
	0560	MED SOCIAL SVS/15 MIN.	166	199	268	340
	0570	AIDE/HOME HEALTH/15 MIN	1,857	1,458	1,198	1,035

PRACTITIONER VISIT SECTION

REV CODE	DESCRIPTION	PRACTITIONER	01/01/2016 - 12/31/2016	01/01/2017 - 12/31/2017	01/01/2018 - 12/31/2018	01/01/2019 - 12/31/2019
042X	PHYSICAL THERAPY	PHYSICAL THERAPIST	3,646	3,489	3,278	2,628
043X	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	1,338	1,321	1,390	455
044X	SPEECH-LANGUAGE PATHOLOG	SPEECH-LANGUAGE PATHOLOGIST	627	291	372	54

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

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P R A C T I T I O N E R V I S I T S E C T I O N

REV CODE	DESCRIPTION	PRACTITIONER	01/01/2016 - 12/31/2016	01/01/2017 - 12/31/2017	01/01/2018 - 12/31/2018	01/01/2019 - 12/31/2019
055X	SKILLED NURSING	REGISTERED NURSE	4,472	4,272	3,996	3,974
056X	MEDICAL SOCIAL SERVICES	CLINICAL SOCIAL WORKER	166	199	268	340
057X	HOME HEALTH AIDE	HOME HEALTH AIDE	1,857	1,458	1,198	1,035

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
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PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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SERVICES APPLIED FOR THE PERIODS: 01/01/2016 - 12/31/2016

STATISTIC SECTION

TOTAL UNDUPLICATED CENSUS COUNT	607
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CHARGE SECTION

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		TOTAL	
REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$28,515.09	0	\$1,146.59	0	\$91.81	0	\$0.00	0	\$0.00	0	\$29,753.49
042X	PHYSICAL THERAPY	3,430	\$428,750.00	55	\$6,875.00	65	\$8,125.00	0	\$0.00	0	\$0.00	3,550	\$443,750.00
043X	OCCUPATIONAL THERAPY	1,242	\$155,250.00	6	\$750.00	30	\$3,750.00	0	\$0.00	0	\$0.00	1,278	\$159,750.00
044X	SPEECH-LANGUAGE PATHOLOG	593	\$74,125.00	2	\$250.00	1	\$125.00	0	\$0.00	0	\$0.00	596	\$74,500.00
055X	SKILLED NURSING	3,926	\$687,050.00	220	\$38,500.00	75	\$13,125.00	0	\$0.00	0	\$0.00	4,221	\$738,675.00
056X	MEDICAL SOCIAL SERVICES	121	\$15,125.00	1	\$125.00	4	\$500.00	0	\$0.00	0	\$0.00	126	\$15,750.00
057X	HOME HEALTH AIDE	1,669	\$113,452.33	7	\$437.00	20	\$1,219.00	0	\$0.00	0	\$0.00	1,696	\$115,108.33
*** TOT SERVICES WITHOUT OUTLIER ***		10,981	\$1,502,267.42	291	\$48,083.59	195	\$26,935.81	0	\$0.00	0	\$0.00	11,467	\$1,577,286.82

*** SERVICES WITH OUTLIER ***

REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$2,655.68	0	\$0.00	0	\$15.46	0	\$0.00	0	\$0.00	0	\$2,671.14
042X	PHYSICAL THERAPY	90	\$11,250.00	0	\$0.00	6	\$750.00	0	\$0.00	0	\$0.00	96	\$12,000.00
043X	OCCUPATIONAL THERAPY	56	\$7,000.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	60	\$7,500.00
044X	SPEECH-LANGUAGE PATHOLOG	31	\$3,875.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	31	\$3,875.00
055X	SKILLED NURSING	246	\$43,050.00	0	\$0.00	5	\$875.00	0	\$0.00	0	\$0.00	251	\$43,925.00
056X	MEDICAL SOCIAL SERVICES	40	\$5,000.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	40	\$5,000.00
057X	HOME HEALTH AIDE	149	\$10,281.46	0	\$0.00	12	\$816.50	0	\$0.00	0	\$0.00	161	\$11,097.96

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
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PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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SERVICES APPLIED FOR THE PERIODS: 01/01/2016 - 12/31/2016

*** SERVICES WITH OUTLIER ***

REV CODE DESCRIPTION

*** TOT SERVICES WITH OUTLIER ***	612	\$83,112.14	0	\$0.00	27	\$2,956.96	0	\$0.00	0	\$0.00	639	\$86,069.10
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*** TOTAL SERVICES ***

REV CODE DESCRIPTION

027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$31,170.77	0	\$1,146.59	0	\$107.27	0	\$0.00	0	\$0.00	0	\$32,424.63
042X	PHYSICAL THERAPY	3,520	\$440,000.00	55	\$6,875.00	71	\$8,875.00	0	\$0.00	0	\$0.00	3,646	\$455,750.00
043X	OCCUPATIONAL THERAPY	1,298	\$162,250.00	6	\$750.00	34	\$4,250.00	0	\$0.00	0	\$0.00	1,338	\$167,250.00
044X	SPEECH-LANGUAGE PATHOLOG	624	\$78,000.00	2	\$250.00	1	\$125.00	0	\$0.00	0	\$0.00	627	\$78,375.00
055X	SKILLED NURSING	4,172	\$730,100.00	220	\$38,500.00	80	\$14,000.00	0	\$0.00	0	\$0.00	4,472	\$782,600.00
056X	MEDICAL SOCIAL SERVICES	161	\$20,125.00	1	\$125.00	4	\$500.00	0	\$0.00	0	\$0.00	166	\$20,750.00
057X	HOME HEALTH AIDE	1,818	\$123,733.79	7	\$437.00	32	\$2,035.50	0	\$0.00	0	\$0.00	1,857	\$126,206.29
*** TOTAL COVERED SERVICES ***		11,593	\$1,585,379.56	291	\$48,083.59	222	\$29,892.77	0	\$0.00	0	\$0.00	12,106	\$1,663,355.92

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	660	118	13	0	0	791
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,788,113.02	\$42,753.91	\$20,551.91	\$0.00	\$0.00	\$1,851,418.84
# EPISODES WITH OUTLIER	16	0	1	0	0	17
HIPPS REIMBURSEMENT WITH OUTLIER	\$44,674.52	\$0.00	\$1,362.77	\$0.00	\$0.00	\$46,037.29
OUTLIER REIMBURSEMENTS	\$4,060.21	\$0.00	\$5.33	\$0.00	\$0.00	\$4,065.54
PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 10/27/20
 Report Run Date: 10/26/20
 Provider FYE: 12/31
 Provider Number: 337165 Sullivan County Public Health Nursing Service

P R O V I D E R S U M M A R Y R E P O R T
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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S E R V I C E S A P P L I E D F O R T H E P E R I O D S : 0 1 / 0 1 / 2 0 1 6 - 1 2 / 3 1 / 2 0 1 6

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

GROSS REIMBURSEMENT	\$1,836,847.75	\$42,753.91	\$21,920.01	\$0.00	\$0.00	\$1,901,521.67
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LESS

DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SEQUESTRATION	\$36,734.85	\$855.72	\$438.41	\$0.00	\$0.00	\$38,028.98
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER ADJUSTMENTS	\$101.81	\$0.00	\$0.01	\$0.00	\$0.00	\$101.82
NET REIMBURSEMENT	\$1,800,011.09	\$41,898.19	\$21,481.59	\$0.00	\$0.00	\$1,863,390.87

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	\$9.53	\$0.00	\$0.00	\$0.00	\$0.00	\$9.53
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S E R V I C E S A P P L I E D F O R T H E P E R I O D S : 0 1 / 0 1 / 2 0 1 7 - 1 2 / 3 1 / 2 0 1 7

STATISTIC SECTION

TOTAL UNDUPLICATED CENSUS COUNT	544
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P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 10/27/20
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PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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SERVICES APPLIED FOR THE PERIODS: 01/01/2017 - 12/31/2017

CHARGE SECTION

		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		TOTAL	
REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$23,924.37	0	\$3,715.62	0	\$0.00	0	\$0.00	0	\$0.00	0	\$27,639.99
042X	PHYSICAL THERAPY	3,313	\$414,125.00	32	\$4,000.00	61	\$7,625.00	0	\$0.00	0	\$0.00	3,406	\$425,750.00
043X	OCCUPATIONAL THERAPY	1,253	\$156,625.00	6	\$750.00	10	\$1,250.00	0	\$0.00	0	\$0.00	1,269	\$158,625.00
044X	SPEECH-LANGUAGE PATHOLOG	243	\$30,375.00	0	\$0.00	7	\$875.00	0	\$0.00	0	\$0.00	250	\$31,250.00
055X	SKILLED NURSING	3,520	\$616,000.00	210	\$36,750.00	43	\$7,525.00	0	\$0.00	0	\$0.00	3,773	\$660,275.00
056X	MEDICAL SOCIAL SERVICES	148	\$18,455.73	1	\$125.00	0	\$0.00	0	\$0.00	0	\$0.00	149	\$18,580.73
057X	HOME HEALTH AIDE	1,110	\$73,720.06	4	\$138.00	25	\$1,487.18	0	\$0.00	0	\$0.00	1,139	\$75,345.24
*** TOT SERVICES WITHOUT OUTLIER ***		9,587	\$1,333,225.16	253	\$45,478.62	146	\$18,762.18	0	\$0.00	0	\$0.00	9,986	\$1,397,465.96

*** SERVICES WITH OUTLIER ***

REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$7,409.61	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$7,409.61
042X	PHYSICAL THERAPY	83	\$10,375.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	83	\$10,375.00
043X	OCCUPATIONAL THERAPY	52	\$6,500.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	52	\$6,500.00
044X	SPEECH-LANGUAGE PATHOLOG	41	\$5,125.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	41	\$5,125.00
055X	SKILLED NURSING	499	\$87,325.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	499	\$87,325.00
056X	MEDICAL SOCIAL SERVICES	50	\$6,250.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	50	\$6,250.00
057X	HOME HEALTH AIDE	319	\$25,849.70	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	319	\$25,849.70
*** TOT SERVICES WITH OUTLIER ***		1,044	\$148,834.31	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	1,044	\$148,834.31

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
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**PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)**

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SERVICES APPLIED FOR THE PERIODS: 01/01/2017 - 12/31/2017

***** TOTAL SERVICES *****

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$31,333.98	0	\$3,715.62	0	\$0.00	0	\$0.00	0	\$0.00	0	\$35,049.60
042X	PHYSICAL THERAPY	3,396	\$424,500.00	32	\$4,000.00	61	\$7,625.00	0	\$0.00	0	\$0.00	3,489	\$436,125.00
043X	OCCUPATIONAL THERAPY	1,305	\$163,125.00	6	\$750.00	10	\$1,250.00	0	\$0.00	0	\$0.00	1,321	\$165,125.00
044X	SPEECH-LANGUAGE PATHOLOG	284	\$35,500.00	0	\$0.00	7	\$875.00	0	\$0.00	0	\$0.00	291	\$36,375.00
055X	SKILLED NURSING	4,019	\$703,325.00	210	\$36,750.00	43	\$7,525.00	0	\$0.00	0	\$0.00	4,272	\$747,600.00
056X	MEDICAL SOCIAL SERVICES	198	\$24,705.73	1	\$125.00	0	\$0.00	0	\$0.00	0	\$0.00	199	\$24,830.73
057X	HOME HEALTH AIDE	1,429	\$99,569.76	4	\$138.00	25	\$1,487.18	0	\$0.00	0	\$0.00	1,458	\$101,194.94
*** TOTAL COVERED SERVICES ***		10,631	\$1,482,059.47	253	\$45,478.62	146	\$18,762.18	0	\$0.00	0	\$0.00	11,030	\$1,546,300.27

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	573	104	12	0	0	689
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,593,234.62	\$38,214.51	\$10,357.65	\$0.00	\$0.00	\$1,641,806.78
# EPISODES WITH OUTLIER	28	0	0	0	0	28
HIPPS REIMBURSEMENT WITH OUTLIER	\$68,295.77	\$0.00	\$0.00	\$0.00	\$0.00	\$68,295.77
OUTLIER REIMBURSEMENTS	\$21,128.48	\$0.00	\$0.00	\$0.00	\$0.00	\$21,128.48

PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
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 Provider Number: 337165 Sullivan County Public Health Nursing Service

P R O V I D E R S U M M A R Y R E P O R T
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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SERVICES APPLIED FOR THE PERIODS: 01/01/2017 - 12/31/2017						
	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
GROSS REIMBURSEMENT	\$1,682,658.87	\$38,214.51	\$10,357.65	\$0.00	\$0.00	\$1,731,231.03
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SEQUESTRATION	\$33,653.17	\$764.77	\$207.15	\$0.00	\$0.00	\$34,625.09
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER ADJUSTMENTS	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02
NET REIMBURSEMENT	\$1,649,005.68	\$37,449.74	\$10,150.50	\$0.00	\$0.00	\$1,696,605.92
ADDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$3.36	\$0.00	\$0.00	\$0.00	\$0.00	\$3.36
SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018						
STATISTIC SECTION						
TOTAL UNDUPLICATED CENSUS COUNT	546					
CHARGE SECTION						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

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PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018

*** SERVICES WITHOUT OUTLIER *** REV CODE DESCRIPTION		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		TOTAL	
		VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$20,196.23	0	\$1,526.69	0	\$30.80	0	\$0.00	0	\$0.00	0	\$21,753.72
042X	PHYSICAL THERAPY	3,034	\$379,125.00	50	\$6,250.00	41	\$5,125.00	0	\$0.00	0	\$0.00	3,125	\$390,500.00
043X	OCCUPATIONAL THERAPY	1,285	\$160,625.00	5	\$625.00	8	\$1,000.00	0	\$0.00	0	\$0.00	1,298	\$162,250.00
044X	SPEECH-LANGUAGE PATHOLOG	314	\$39,250.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	318	\$39,750.00
055X	SKILLED NURSING	3,437	\$600,775.00	196	\$34,300.00	45	\$7,875.00	0	\$0.00	0	\$0.00	3,678	\$642,950.00
056X	MEDICAL SOCIAL SERVICES	201	\$25,125.00	5	\$625.00	0	\$0.00	0	\$0.00	0	\$0.00	206	\$25,750.00
057X	HOME HEALTH AIDE	991	\$61,065.31	5	\$310.50	5	\$341.32	0	\$0.00	0	\$0.00	1,001	\$61,717.13
*** TOT SERVICES WITHOUT OUTLIER ***		9,262	\$1,286,161.54	261	\$43,637.19	103	\$14,872.12	0	\$0.00	0	\$0.00	9,626	\$1,344,670.85
*** SERVICES WITH OUTLIER ***													
REV CODE DESCRIPTION		VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$4,124.90	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$4,124.90
042X	PHYSICAL THERAPY	153	\$19,125.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	153	\$19,125.00
043X	OCCUPATIONAL THERAPY	92	\$11,500.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	92	\$11,500.00
044X	SPEECH-LANGUAGE PATHOLOG	54	\$6,750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	54	\$6,750.00
055X	SKILLED NURSING	318	\$55,650.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	318	\$55,650.00
056X	MEDICAL SOCIAL SERVICES	62	\$7,750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	62	\$7,750.00
057X	HOME HEALTH AIDE	197	\$13,342.30	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	197	\$13,342.30
*** TOT SERVICES WITH OUTLIER ***		876	\$118,242.20	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	876	\$118,242.20

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
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PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018

*** TOTAL SERVICES ***

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$24,321.13	0	\$1,526.69	0	\$30.80	0	\$0.00	0	\$0.00	0	\$25,878.62
042X	PHYSICAL THERAPY	3,187	\$398,250.00	50	\$6,250.00	41	\$5,125.00	0	\$0.00	0	\$0.00	3,278	\$409,625.00
043X	OCCUPATIONAL THERAPY	1,377	\$172,125.00	5	\$625.00	8	\$1,000.00	0	\$0.00	0	\$0.00	1,390	\$173,750.00
044X	SPEECH-LANGUAGE PATHOLOG	368	\$46,000.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	372	\$46,500.00
055X	SKILLED NURSING	3,755	\$656,425.00	196	\$34,300.00	45	\$7,875.00	0	\$0.00	0	\$0.00	3,996	\$698,600.00
056X	MEDICAL SOCIAL SERVICES	263	\$32,875.00	5	\$625.00	0	\$0.00	0	\$0.00	0	\$0.00	268	\$33,500.00
057X	HOME HEALTH AIDE	1,188	\$74,407.61	5	\$310.50	5	\$341.32	0	\$0.00	0	\$0.00	1,198	\$75,059.43
*** TOTAL COVERED SERVICES ***		10,138	\$1,404,403.74	261	\$43,637.19	103	\$14,872.12	0	\$0.00	0	\$0.00	10,502	\$1,462,913.05

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	560	103	8	0	0	671
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,568,910.52	\$43,522.45	\$11,000.85	\$0.00	\$0.00	\$1,623,433.82
# EPISODES WITH OUTLIER	23	0	0	0	0	23
HIPPS REIMBURSEMENT WITH OUTLIER	\$70,630.59	\$0.00	\$0.00	\$0.00	\$0.00	\$70,630.59
OUTLIER REIMBURSEMENTS	\$15,118.36	\$0.00	\$0.00	\$0.00	\$0.00	\$15,118.36

PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

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P R O V I D E R S U M M A R Y R E P O R T
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018						
	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
GROSS REIMBURSEMENT	\$1,654,659.47	\$43,522.45	\$11,000.85	\$0.00	\$0.00	\$1,709,182.77
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SEQUESTRATION	\$33,093.52	\$870.99	\$220.02	\$0.00	\$0.00	\$34,184.53
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER ADJUSTMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET REIMBURSEMENT	\$1,621,565.95	\$42,651.46	\$10,780.83	\$0.00	\$0.00	\$1,674,998.24
ADDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$1.40	\$0.00	\$0.00	\$0.00	\$0.00	\$1.40
SERVICES APPLIED FOR THE PERIODS: 01/01/2019 - 12/31/2019						
STATISTIC SECTION						
TOTAL UNDUPLICATED CENSUS COUNT	527					
CHARGE SECTION						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

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 Provider Number: 337165 Sullivan County Public Health Nursing Service

PROVIDER SUMMARY REPORT
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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 Report #: OD44228
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SERVICES APPLIED FOR THE PERIODS: 01/01/2019 - 12/31/2019

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		TOTAL	
		REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$28,671.84	0	\$2,410.20	0	\$125.23	0	\$0.00	0	\$0.00	0	\$31,207.27
042X	PHYSICAL THERAPY	2,352	\$294,000.00	39	\$4,750.00	60	\$7,500.00	0	\$0.00	0	\$0.00	2,451	\$306,250.00
043X	OCCUPATIONAL THERAPY	395	\$49,375.00	2	\$250.00	8	\$1,000.00	0	\$0.00	0	\$0.00	405	\$50,625.00
044X	SPEECH-LANGUAGE PATHOLOG	48	\$6,000.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	48	\$6,000.00
055X	SKILLED NURSING	3,183	\$557,025.00	224	\$39,025.00	68	\$11,900.00	0	\$0.00	0	\$0.00	3,475	\$607,950.00
056X	MEDICAL SOCIAL SERVICES	214	\$26,750.00	5	\$625.00	4	\$500.00	0	\$0.00	0	\$0.00	223	\$27,875.00
057X	HOME HEALTH AIDE	767	\$46,690.92	0	\$0.00	17	\$1,096.18	0	\$0.00	0	\$0.00	784	\$47,787.10
*** TOT SERVICES WITHOUT OUTLIER ***		6,959	\$1,008,512.76	270	\$47,060.20	157	\$22,121.41	0	\$0.00	0	\$0.00	7,386	\$1,077,694.37
*** SERVICES WITH OUTLIER ***													
REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$7,002.54	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$7,002.54
042X	PHYSICAL THERAPY	173	\$21,625.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	177	\$22,125.00
043X	OCCUPATIONAL THERAPY	50	\$6,250.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	50	\$6,250.00
044X	SPEECH-LANGUAGE PATHOLOG	6	\$750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	6	\$750.00
055X	SKILLED NURSING	490	\$85,750.00	0	\$0.00	9	\$1,575.00	0	\$0.00	0	\$0.00	499	\$87,325.00
056X	MEDICAL SOCIAL SERVICES	112	\$14,000.00	0	\$0.00	5	\$625.00	0	\$0.00	0	\$0.00	117	\$14,625.00
057X	HOME HEALTH AIDE	251	\$17,099.58	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	251	\$17,099.58
*** TOT SERVICES WITH OUTLIER ***		1,082	\$152,477.12	0	\$0.00	18	\$2,700.00	0	\$0.00	0	\$0.00	1,100	\$155,177.12

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 10/27/20
 Report Run Date: 10/26/20
 Provider FYE: 12/31
 Provider Number: 337165 Sullivan County Public Health Nursing Service

P R O V I D E R S U M M A R Y R E P O R T
 HOME HEALTH PPS - PART A AND PART B EPISODES (Part B Prior to 10/1/2013 Only)

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*** TOTAL SERVICES ***

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$35,674.38	0	\$2,410.20	0	\$125.23	0	\$0.00	0	\$0.00	0	\$38,209.81
042X	PHYSICAL THERAPY	2,525	\$315,625.00	39	\$4,750.00	64	\$8,000.00	0	\$0.00	0	\$0.00	2,628	\$328,375.00
043X	OCCUPATIONAL THERAPY	445	\$55,625.00	2	\$250.00	8	\$1,000.00	0	\$0.00	0	\$0.00	455	\$56,875.00
044X	SPEECH-LANGUAGE PATHOLOG	54	\$6,750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	54	\$6,750.00
055X	SKILLED NURSING	3,673	\$642,775.00	224	\$39,025.00	77	\$13,475.00	0	\$0.00	0	\$0.00	3,974	\$695,275.00
056X	MEDICAL SOCIAL SERVICES	326	\$40,750.00	5	\$625.00	9	\$1,125.00	0	\$0.00	0	\$0.00	340	\$42,500.00
057X	HOME HEALTH AIDE	1,018	\$63,790.50	0	\$0.00	17	\$1,096.18	0	\$0.00	0	\$0.00	1,035	\$64,886.68
*** TOTAL COVERED SERVICES ***		8,041	\$1,160,989.88	270	\$47,060.20	175	\$24,821.41	0	\$0.00	0	\$0.00	8,486	\$1,232,871.49

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	518	96	12	0	0	626
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,290,513.05	\$44,066.72	\$17,412.17	\$0.00	\$0.00	\$1,351,991.94
# EPISODES WITH OUTLIER	33	0	1	0	0	34
HIPPS REIMBURSEMENT WITH OUTLIER	\$92,595.93	\$0.00	\$1,533.58	\$0.00	\$0.00	\$94,129.51
OUTLIER REIMBURSEMENTS	\$31,442.79	\$0.00	\$489.57	\$0.00	\$0.00	\$31,932.36

PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

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	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
GROSS REIMBURSEMENT	\$1,414,551.77	\$44,066.72	\$19,435.32	\$0.00	\$0.00	\$1,478,053.81
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SEQUESTRATION	\$28,291.29	\$880.55	\$388.70	\$0.00	\$0.00	\$29,560.54
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER ADJUSTMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET REIMBURSEMENT	\$1,386,260.48	\$43,186.17	\$19,046.62	\$0.00	\$0.00	\$1,448,493.27
ADDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00