REPORT COVER PAGE FOR REQUEST: RRLU930-S-4190563

Provider#-Report Type	Total # of Pages						
337165-322	1	337165-329	14	337165-399	12		

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 10/27/20 Report Run Date: 10/26/20

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

Report #: OD44228 Report Type: 322

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Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

		CES FOR PERIOD /16 - 12/31/16		/ICES FOR PERIOD 01/17 - 12/31/17		/ICES FOR PERIOD /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		

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

			SERVICE	S APPLIED	FOR THE PE	RIODS: 01	/01/2016 - 12	2/31/2016					
CHARGE	SECTION												
*** CED\ ((C)	CC VAUTUOUT OUTUED ***	FULL	EPISODES	LUPA	EPISODES	PEP ONI	Y EPISODES	SCIC ON	LY EPISODES	SCIC WI	THIN A PEP	7	TOTAL
REV CODE	ES WITHOUT OUTLIER *** 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 S	ERVICES 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
REV CODE	ES WITH OUTLIER *** DESCRIPTION								1				
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$2,655.68	0	\$0.00	0	\$15.46	0	\$0.00	0	\$0.00) (\$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 S	ERVICES WITH OUTLIER ***	612	\$83,112.14	0	\$0.00	27	\$2,956.96	0	\$0.00	0	\$0.00	639	\$86,069.10

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 PERI	ODS: 01	/01/2016 - 12/	31/2016					
*** TOTAL S	SERVICES *** 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	L 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	79
HIPPS REIMBURSEMENT WITHOUT OUTLIER	\$1,788,113.02	\$42,753.91	\$20,551.91	\$0.00	\$0.00	\$1,851,418.8
# EPISODES WITH OUTLIER	16	0	1	0	0	1:
HIPPS REIMBURSEMENT WITH OUTLIER	\$44,674.52	\$0.00	\$1,362.77	\$0.00	\$0.00	\$46,037.2
OUTLIER REIMBURSEMENTS	\$4,060.21	\$0.00	\$5.33	\$0.00	\$0.00	\$4,065.5
PROSTHETIC/ORTHOTIC DEVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
DME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0

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

	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.
GROSS REIMBURSEMENT	\$1,836,847.75	\$42,753.91	\$21,920.01	\$0.00	\$0.00	\$1,901,521.
LESS	4 1,720 3,5 11 11 5	4 12,7 00.10 1	42.,020.00	4333	40.00	41,001,001
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$(
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$(
SEQUESTRATION	\$36,734.85	\$855.72	\$438.41	\$0.00	\$0.00	\$38,028
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$(
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$(
OTHER ADJUSTMENTS	\$101.81	\$0.00	\$0.01	\$0.00	\$0.00	\$10°
NET REIMBURSEMENT	\$1,800,011.09	\$41,898.19	\$21,481.59	\$0.00	\$0.00	\$1,863,390
DDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$9.53	\$0.00	\$0.00	\$0.00	\$0.00	\$9

Program ID: REDESIGN

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

Report Run Date: 10/26/20

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PROVIDER SUMMARY REPORT HOME HEALTH PPS - PART B EPISODES

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*** 655 86		FULL	EPISODES	LUPA	EPISODES	PEP ONL	Y EPISODES	SCIC ON	LY EPISODES	SCIC WI	ITHIN A PEP	;	TOTAL
*** SERVIC REV CODE	ES WITHOUT OUTLIER *** 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
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
043X	OCCUPATIONAL THERAPY	1,253	\$156,625.00	6	\$750.00	10	\$1,250.00	0	\$0.00	0	\$0.00	1,269	\$158,62!
044X	SPEECH-LANGUAGE PATHOLOG	243	\$30,375.00	0	\$0.00	7	\$875.00	0	\$0.00	0	\$0.00	250	\$31,25
055X	SKILLED NURSING	3,520	\$616,000.00	210	\$36,750.00	43	\$7,525.00	0	\$0.00	0	\$0.00	3,773	\$660,27
056X	MEDICAL SOCIAL SERVICES	148	\$18,455.73	1	\$125.00	0	\$0.00	0	\$0.00	0	\$0.00	149	\$18,580
057X	HOME HEALTH AIDE	1,110	\$73,720.06	4	\$138.00	25	\$1,487.18	0	\$0.00	0	\$0.00	1,139	\$75,34
*** TOT S	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
	ES WITH OUTLIER *** DESCRIPTION	9,587	\$1,333,225.16	253	\$45,478.62	146	\$18,762.18	0	\$0.00	0	\$0.00	9,986	\$1,397,46
*** SERVIC	ES WITH OUTLIER ***	9,587	\$1,333,225.16 \$7,409.61	253	\$45,478.62 \$0.00	0	\$18,762.18 \$0.00	0	\$0.00 \$0.00	0	\$0.00	9,986	
*** SERVIC	ES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND				, .,,,		,		V 3.13		, , ,		\$1,397,465 \$7,405 \$10,375
*** SERVIC REV CODE 027X	ES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$7,409.61	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$7,40
*** SERVIC REV CODE 027X 042X	ES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY	0 83	\$7,409.61 \$10,375.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	0	\$0.00	0	\$0.00 \$0.00	0 83	\$7,40 \$10,37
*** SERVIC REV CODE 027X 042X 043X 044X	ES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY	0 83 52	\$7,409.61 \$10,375.00 \$6,500.00	0 0 0	\$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	0 0	\$0.00 \$0.00 \$0.00	0 83 52	\$7,40 \$10,37 \$6,50 \$5,12
*** SERVIC REV CODE 027X 042X 043X 044X 055X	ES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG	0 83 52 41	\$7,409.61 \$10,375.00 \$6,500.00 \$5,125.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 83 52 41	\$7,40 \$10,37 \$6,50 \$5,12 \$87,32
*** SERVIC REV CODE 027X 042X 043X	ES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG SKILLED NURSING	0 83 52 41 499	\$7,409.61 \$10,375.00 \$6,500.00 \$5,125.00 \$87,325.00	0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 83 52 41 499	\$7,40 \$10,37 \$6,50

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

\$0.00

Report Type: 329

			SERVICES	APPLIED	FOR THE PERI	ODS: 01/	/01/2017 - 12	/31/2017					
*** TOTAL REV CODE	SERVICES *** 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
*** TOTA	L 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

OXYGEN

	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

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

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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	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
THER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
GROSS REIMBURSEMENT	\$1,682,658.87	\$38,214.51	\$10,357.65	\$0.00	\$0.00	\$1,731,231
ESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
SEQUESTRATION	\$33,653.17	\$764.77	\$207.15	\$0.00	\$0.00	\$34,62
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
OTHER ADJUSTMENTS	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$
NET REIMBURSEMENT	\$1,649,005.68	\$37,449.74	\$10,150.50	\$0.00	\$0.00	\$1,696,605
DITIONAL INFORMATION SECTION						
	\$3.36	\$0.00	\$0.00	\$0.00	\$0.00	\$:

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

		FULL	EPISODES	LUPA	EPISODES	PEP ONL	Y EPISODES	SCIC ON	LY EPISODES	SCIC W	ITHIN A PEP		TOTAL
*** SERVIO REV CODE	CES WITHOUT OUTLIER *** DESCRIPTION	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.
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
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
044X	SPEECH-LANGUAGE PATHOLOG	314	\$39,250.00	0	\$0.00	4	\$500.00	0	\$0.00	0	\$0.00	318	\$39,750
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
056X	MEDICAL SOCIAL SERVICES	201	\$25,125.00	5	\$625.00	0	\$0.00	0	\$0.00	0	\$0.00	206	\$25,750
057X	HOME HEALTH AIDE	991	\$61,065.31	5	\$310.50	5	\$341.32	0	\$0.00	0	\$0.00	1,001	\$61,717
*** 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
*** SERVICE	CES WITH OUTLIER *** DESCRIPTION	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
** SERVICE	CES WITH OUTLIER ***	9,262	\$1,286,161.54 \$4,124.90	0	\$43,637.19 \$0.00	0	\$14,872.12 \$0.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	9,626	
** SERVIO EV CODE 027X	CES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND						, , ,		, 1111				\$4,124
** SERVICE CODE 027X	CES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$4,124.90	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$4,124 \$19,125
** SERVICE CODE 027X 042X 043X	CES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY	0	\$4,124.90 \$19,125.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	0	\$0.00	0	\$0.00 \$0.00	0 153	\$4,124 \$19,125 \$11,500
** SERVICEV CODE 027X 042X 043X 044X	CES WITH OUTLIER *** : DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY	0 153 92	\$4,124.90 \$19,125.00 \$11,500.00	0 0 0	\$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	0 153 92	\$4,124 \$19,125 \$11,500 \$6,750
** SERVICE REV CODE 027X 042X 043X 044X 055X	CES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG	0 153 92 54	\$4,124.90 \$19,125.00 \$11,500.00 \$6,750.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 153 92 54	\$4,124 \$19,125 \$11,500 \$6,750 \$55,650
	CES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG SKILLED NURSING	0 153 92 54 318	\$4,124.90 \$19,125.00 \$11,500.00 \$6,750.00 \$55,650.00	0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 153 92 54 318	\$4,124 \$19,125 \$11,500 \$6,750 \$55,650 \$7,750

Program ID: REDESIGN

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

PROVIDER SUMMARY REPORT HOME HEALTH PPS - PART B EPISODES Page: 8

Report #: OD44228

Report Type: 329

Report Run Date: 10/26/20

Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

	SERVICES APPLIED FOR THE PERIODS: 01/01/2018 - 12/31/2018													
*** TOTAL REV CODE	SERVICES *** 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	
*** TOTA	L 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

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

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
THER FEE REIMBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
ROSS REIMBURSEMENT	\$1,654,659.47	\$43,522.45	\$11,000.85	\$0.00	\$0.00	\$1,709,182.7
ESS						
EDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
OINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
ET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
RE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
EQUESTRATION	\$33,093.52	\$870.99	\$220.02	\$0.00	\$0.00	\$34,184.5
OST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
ISP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
THER ADJUSTMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
ET REIMBURSEMENT	\$1,621,565.95	\$42,651.46	\$10,780.83	\$0.00	\$0.00	\$1,674,998.2
DITIONAL INFORMATION SECTION						
	\$1.40	\$0.00	\$0.00	\$0.00	\$0.00	\$1.4

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

		FULL	EPISODES	LUPA	EPISODES	PEP ONL	Y EPISODES	SCIC ON	LY EPISODES	SCIC WI	THIN A PEP		TOTAL
*** SERVI REV CODI	CES WITHOUT OUTLIER *** DESCRIPTION	VISITS	CHARGES	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.
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.
043X	OCCUPATIONAL THERAPY	395	\$49,375.00	2	\$250.00	8	\$1,000.00	0	\$0.00	0	\$0.00	405	\$50,625.
044X	SPEECH-LANGUAGE PATHOLOG	48	\$6,000.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	48	\$6,000
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.
056X	MEDICAL SOCIAL SERVICES	214	\$26,750.00	5	\$625.00	4	\$500.00	0	\$0.00	0	\$0.00	223	\$27,875.
057X	HOME HEALTH AIDE	767	\$46,690.92	0	\$0.00	17	\$1,096.18	0	\$0.00	0	\$0.00	784	\$47,787
*** 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.
*** SERVI	CES WITH OUTLIER ***								, , , , ,				
** SERVI	CES WITH OUTLIER *** DESCRIPTION	6,959	\$1,008,512.76 \$7,002.54	0	\$47,060.20 \$0.00	0	\$22,121.41 \$0.00	0	\$0.00 \$0.00	0	\$0.00	7,386	
** SERVI EV CODI 027X	CES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND								, , , , ,				\$7,002
** SERVI REV CODI 027X 042X	CES WITH OUTLIER *** E DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	\$7,002.54	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$7,002 \$22,125
** SERVI EV CODI 027X 042X 043X	CES WITH OUTLIER *** E DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY	0 173	\$7,002.54 \$21,625.00	0	\$0.00 \$0.00	0	\$0.00 \$500.00	0	\$0.00	0	\$0.00 \$0.00	0 177	\$7,002 \$22,125 \$6,250
** SERVI EEV CODI 027X 042X 043X 044X	CES WITH OUTLIER *** E DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY	0 173 50	\$7,002.54 \$21,625.00 \$6,250.00	0 0 0	\$0.00 \$0.00 \$0.00	0 4 0	\$0.00 \$500.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	0 177 50	\$7,002 \$22,125 \$6,250 \$750
** SERVI EEV CODI 027X 042X 043X 044X 055X	CES WITH OUTLIER *** E DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG	0 173 50	\$7,002.54 \$21,625.00 \$6,250.00 \$750.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 4 0	\$0.00 \$500.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 177 50 6	\$7,002 \$22,125 \$6,250 \$750 \$87,325
*** SERVI REV CODI	CES WITH OUTLIER *** E DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG SKILLED NURSING	0 173 50 6 490	\$7,002.54 \$21,625.00 \$6,250.00 \$750.00 \$85,750.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 4 0 0	\$0.00 \$500.00 \$0.00 \$0.00 \$1,575.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 177 50 6 499	\$22,125. \$6,250. \$750.

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 PERI	IODS: 01	/01/2019 - 12/	31/2019					
*** TOTAL S	SERVICES *** 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	L 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

DME

OXYGEN

	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

\$0.00

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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

	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	\$1,478,053.8
LESS				,	<u> </u>	
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
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	\$29,560.5
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
DDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

PATIENT CBSA VISIT SECTION

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

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

Program ID: REDESIGN

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

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES

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Report #: OD44228 Report Type: 329

Report Run Date: 10/26/20

Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

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
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

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

PROVIDER SUMMARY REPORT

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

Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

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Report #: OD44228 Report Type: 399

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

STATISTIC SECTION

TOTAL UNDUPLICATED CENSUS COUNT 607

CHARGE SECTION

*** CFD\//C	ES WITHOUT OUTLIER ***	FULL	EPISODES	LUPA	EPISODES	PEP ONI	Y EPISODES	SCIC ON	LY EPISODES	SCIC WI	THIN A PEP	:	TOTAL
REV CODE			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 S	ERVICES 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												
KEV CODE	DESCRIPTION												
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

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

PROVIDER SUMMARY REPORT

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

Report #: OD44228 Report Type: 399

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Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

			SERVICES	APPLIED	FOR THE PER	IODS: 01/	01/2016 - 12/	/31/2016					
*** SERVI REV CODE	CES WITH OUTLIER *** 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.
** TOTAI	L SERVICES *** E 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.
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.
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.
044X	SPEECH-LANGUAGE PATHOLOG	624	\$78,000.00	2	\$250.00	1	\$125.00	0	\$0.00	0	\$0.00	627	\$78,375
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
056X	MEDICAL SOCIAL SERVICES	161	\$20,125.00	1	\$125.00	4	\$500.00	0	\$0.00	0	\$0.00	166	\$20,750
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
*** TOT/	AL 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
REIMBU	RSEMENT SECTION												
		FUL	L EPISODES	LUPA E	PISODES	PEP ONL	Y EPISODES	SCIC ONLY	EPISODES	SCIC WIT	HIN A PEP	1	TOTAL
# EPIS	SODES WITHOUT OUTLIER		660		118		13		0		0		7
HIPPS	REIMBURSEMENT WITHOUT OUTLIER		\$1,788,113.02		\$42,753.91		\$20,551.91		\$0.00		\$0.00		\$1,851,418
# EPI	SODES WITH OUTLIER		16		0		1		0		0		
HIPPS	REIMBURSEMENT WITH OUTLIER		\$44,674.52		\$0.00		\$1,362.77		\$0.00		\$0.00		\$46,037
OUTL	LIER REIMBURSEMENTS		\$4,060.21		\$0.00		\$5.33		\$0.00		\$0.00		\$4,065
DDOC	THETIC/ORTHOTIC DEVICES		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

PROVIDER SUMMARY REPORT

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

Report #: OD44228 Report Type: 399

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Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

	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	\$
OXYGEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
OTHER FEE REIMBURSEMENTS	\$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	\$1,901,52
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
SEQUESTRATION	\$36,734.85	\$855.72	\$438.41	\$0.00	\$0.00	\$38,02
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	•
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
OTHER ADJUSTMENTS	\$101.81	\$0.00	\$0.01	\$0.00	\$0.00	\$10
NET REIMBURSEMENT	\$1,800,011.09	\$41,898.19	\$21,481.59	\$0.00	\$0.00	\$1,863,39
DDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$9.53	\$0.00	\$0.00	\$0.00	\$0.00	\$
	SERVICES	S APPLIED FOR THE PER	RIODS: 01/01/2017 - 12	/31/2017		
ATISTIC SECTION						
TAL UNDUPLICATED CENSUS COUNT	544					

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

PROVIDER SUMMARY REPORT

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

Report Run Date: 10/26/20 Provider FYE: 12/31

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Provider Number: 337165 Sullivan County Public Health Nursing Service

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Report #: OD44228 Report Type: 399

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 *** SERVICES WITHOUT OUTLIER *** **VISITS CHARGES VISITS CHARGES** VISITS **CHARGES VISITS CHARGES VISITS CHARGES VISITS CHARGES** REV CODE DESCRIPTION 027X MEDICAL/SURGICAL SUPPLIES AND 0 0 0 0 \$23,924.37 0 \$3,715.62 \$0.00 \$0.00 \$0.00 0 \$27,639,99 DEVICES 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 \$750.00 0 0 OCCUPATIONAL THERAPY 1,253 \$156,625.00 10 \$1,250.00 \$0.00 \$0.00 1,269 \$158,625.00 044X 7 0 SPEECH-LANGUAGE PATHOLOG 243 \$30,375.00 0 \$0.00 \$875.00 0 \$0.00 \$0.00 250 \$31,250.00 055X 3,773 SKILLED NURSING \$36,750.00 43 0 0 \$660,275.00 3,520 \$616,000.00 210 \$7,525.00 \$0.00 \$0.00 056X MEDICAL SOCIAL SERVICES 148 \$18,455.73 \$125.00 0 \$0.00 0 \$0.00 0 \$0.00 149 \$18,580.73 25 0 0 \$0.00 057X **HOME HEALTH AIDE** 1.110 \$73,720.06 \$138.00 \$1,487,18 \$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 027X MEDICAL/SURGICAL SUPPLIES AND 0 \$7,409.61 \$0.00 0 \$0.00 \$0.00 0 \$0.00 0 0 0 \$7,409.61 DEVICES 042X PHYSICAL THERAPY 83 \$10,375.00 0 \$0.00 0 \$0.00 0 \$0.00 0 \$0.00 83 \$10,375.00 043X 52 0 OCCUPATIONAL THERAPY \$6,500.00 0 \$0.00 0 \$0.00 \$0.00 0 \$0.00 52 \$6,500.00 044X SPEECH-LANGUAGE PATHOLOG 41 0 0 0 41 \$5,125.00 \$5,125.00 \$0.00 0 \$0.00 \$0.00 \$0.00 0 055X SKILLED NURSING 499 \$87,325.00 0 \$0.00 0 \$0.00 \$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 *** 0 0 0 0 \$0.00 1.044 \$148.834.31 \$0.00 \$0.00 \$0.00 1.044 \$148.834.31

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

PROVIDER SUMMARY REPORT

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

Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

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Report #: OD44228 Report Type: 399

			SERVICES	APPLIED	FOR THE PERIO	ODS: 01/	01/2017 - 12/	31/2017					
*** TOTAL S	SERVICES *** 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	L 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

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

PROVIDER SUMMARY REPORT

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

Report #: OD44228 Report Type: 399

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Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
				1	1	
GROSS REIMBURSEMENT	\$1,682,658.87	\$38,214.51	\$10,357.65	\$0.00	\$0.00	\$1,731,231
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
SEQUESTRATION	\$33,653.17	\$764.77	\$207.15	\$0.00	\$0.00	\$34,62
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
OTHER ADJUSTMENTS	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$
NET REIMBURSEMENT	\$1,649,005.68	\$37,449.74	\$10,150.50	\$0.00	\$0.00	\$1,696,60
DDITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$3.36	\$0.00	\$0.00	\$0.00	\$0.00	\$
			· ·			
	SERVICES	APPLIED FOR THE PER	RIODS: 01/01/2018 - 12	/31/2018		
ATISTIC SECTION						
TAL UNDUPLICATED CENSUS COUNT	546					

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

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

Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

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Report #: OD44228
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			SERVICE	S APPLIED	FOR THE PE	RIODS: 01	/01/2018 - 12	2/31/2018					
+++ CED\ // C	CCC MUTILIONIT OUTLIED ***	FULL	EPISODES	LUPA	EPISODES	PEP ONL	Y EPISODES	SCIC ON	LY EPISODES	SCIC WI	THIN A PEP	7	TOTAL
REV CODE	CES WITHOUT OUTLIER *** DESCRIPTION	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	\$21,753.7
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
*** SERVIO	CES WITH OUTLIER ***												
	DESCRIPTION										7		
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
	MEDICAL/SURGICAL SUPPLIES AND	0 153	\$4,124.90 \$19,125.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	0 153	
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES			-	·			_	·	_	·		\$19,125.00
027X 042X	MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY	153	\$19,125.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	153	\$19,125.00 \$11,500.00
027X 042X 043X	MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY	153	\$19,125.00 \$11,500.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	0	\$0.00 \$0.00	153 92	\$19,125.00 \$11,500.00 \$6,750.00
027X 042X 043X 044X	MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG	153 92 54	\$19,125.00 \$11,500.00 \$6,750.00	0 0	\$0.00 \$0.00 \$0.00	0 0	\$0.00 \$0.00 \$0.00	0 0	\$0.00 \$0.00 \$0.00	0 0	\$0.00 \$0.00 \$0.00	153 92 54	\$19,125.00 \$11,500.00 \$6,750.00 \$55,650.00
027X 042X 043X 044X 055X	MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG SKILLED NURSING	153 92 54 318	\$19,125.00 \$11,500.00 \$6,750.00 \$55,650.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	153 92 54 318	\$4,124.90 \$19,125.00 \$11,500.00 \$6,750.00 \$55,650.00 \$7,750.00 \$13,342.30

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

PROVIDER SUMMARY REPORT

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

Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

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Report #: OD44228 Report Type: 399

			SERVICES	APPLIED	FOR THE PERI	ODS: 01/	01/2018 - 12/	/31/2018					
*** TOTAL S	SERVICES *** 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

Program ID: REDESIGN

PROVIDER SUMMARY REPORT

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

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

Report #: OD44228 Report Type: 399

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Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
	TOLE EN ISOBES	EGIACIBODES	TEI ONET ET BODES	SCIE GIVET ET ISOBES	Scie William XI El	701712
GROSS REIMBURSEMENT	\$1,654,659.47	\$43,522.45	\$11,000.85	\$0.00	\$0.00	\$1,709,182
LESS	,			,		
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
SEQUESTRATION	\$33,093.52	\$870.99	\$220.02	\$0.00	\$0.00	\$34,18
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
OTHER ADJUSTMENTS	\$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	\$1,674,99
DITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$1.40	\$0.00	\$0.00	\$0.00	\$0.00	\$
	SERVICES	APPLIED FOR THE PER	RIODS: 01/01/2019 - 12	/31/2019		
TISTIC SECTION						
TAL UNDUPLICATED CENSUS COUNT	527					

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

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

Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

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			SERVICE	S APPLIED	FOR THE PE	RIODS: 01	/01/2019 - 12	2/31/2019					
*** *** ***		FULL	. EPISODES	LUPA	EPISODES	PEP ONL	Y EPISODES	SCIC ON	LY EPISODES	SCIC WI	THIN A PEP	7	TOTAL
REV CODE	ES WITHOUT OUTLIER *** DESCRIPTION	VISITS	CHARGES	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	\$31,207.2
042X	PHYSICAL THERAPY	2,352	\$294,000.00	39	\$4,750.00	60	\$7,500.00	0	\$0.00	0	\$0.00	2,451	\$306,250.0
043X	OCCUPATIONAL THERAPY	395	\$49,375.00	2	\$250.00	8	\$1,000.00	0	\$0.00	0	\$0.00	405	\$50,625.0
044X	SPEECH-LANGUAGE PATHOLOG	48	\$6,000.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	48	\$6,000.0
055X	SKILLED NURSING	3,183	\$557,025.00	224	\$39,025.00	68	\$11,900.00	0	\$0.00	0	\$0.00	3,475	\$607,950.0
056X	MEDICAL SOCIAL SERVICES	214	\$26,750.00	5	\$625.00	4	\$500.00	0	\$0.00	0	\$0.00	223	\$27,875.0
		767	\$46.690.92	0	\$0.00	17	\$1.096.18	0	\$0.00	0	\$0.00	784	\$47,787.1
057X	HOME HEALTH AIDE	767	\$46,690.92	U	\$0.00	17	\$1,050.10		¥0.00		Ψ0.00	, , ,	¥ 17 ,7 0 7 11
	HOME HEALTH AIDE 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	
*** TOT S	SERVICES WITHOUT OUTLIER *** EES WITH OUTLIER ***	-	, ,,,,,,,,		,		, , , , , , , , , ,	-	,	•	, , , , ,		
*** TOT S	SERVICES WITHOUT OUTLIER *** EES WITH OUTLIER ***	-	, ,,,,,,,,		,		, , , , , , , , , ,	-	,	•	, , , , ,		\$1,077,694.3
*** TOT S *** SERVIC REV CODE	SERVICES WITHOUT OUTLIER *** LES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND	6,959	\$1,008,512.76	270	\$47,060.20	157	\$22,121.41	0	\$0.00	0	\$0.00	7,386	\$1,077,694.3 \$7,002.5
*** TOT S *** SERVIC REV CODE 027X	SERVICES WITHOUT OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES	6,959	\$1,008,512.76 \$7,002.54	270	\$47,060.20 \$0.00	0	\$22,121.41 \$0.00	0	\$0.00 \$0.00	0	\$0.00	7,386	\$1,077,694.3 \$7,002.5 \$22,125.0
*** TOT S *** SERVIC REV CODE 027X 042X	EES WITH OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY	6,959 0 173	\$1,008,512.76 \$7,002.54 \$21,625.00	0 0	\$47,060.20 \$0.00 \$0.00	0 4	\$22,121.41 \$0.00 \$500.00	0 0	\$0.00 \$0.00 \$0.00	0 0	\$0.00 \$0.00 \$0.00	7,386 0 177	\$1,077,694.3 \$7,002.5 \$22,125.0 \$6,250.0
*** TOT S *** SERVIC REV CODE 027X 042X 043X	SERVICES WITHOUT OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY	0 173 50	\$1,008,512.76 \$7,002.54 \$21,625.00 \$6,250.00	0 0 0	\$47,060.20 \$0.00 \$0.00 \$0.00	0 4 0	\$22,121.41 \$0.00 \$500.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	0 0 0	\$0.00 \$0.00 \$0.00	7,386 0 177 50	\$1,077,694.3 \$7,002.5 \$22,125.0 \$6,250.0 \$750.0
*** TOT S *** SERVIC REV CODE 027X 042X 043X 044X	SERVICES WITHOUT OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG	0 173 50 6	\$1,008,512.76 \$7,002.54 \$21,625.00 \$6,250.00 \$750.00	0 0 0 0	\$47,060.20 \$0.00 \$0.00 \$0.00	0 4 0 0	\$22,121.41 \$0.00 \$500.00 \$0.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00	7,386 0 177 50 6	\$1,077,694.3 \$7,002.5 \$22,125.0 \$6,250.0 \$750.0 \$87,325.0
*** TOT S *** SERVIC REV CODE 027X 042X 043X 044X 055X	SERVICES WITHOUT OUTLIER *** DESCRIPTION MEDICAL/SURGICAL SUPPLIES AND DEVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOG SKILLED NURSING	6,959 0 173 50 6 490	\$1,008,512.76 \$7,002.54 \$21,625.00 \$6,250.00 \$750.00 \$85,750.00	0 0 0 0 0	\$47,060.20 \$0.00 \$0.00 \$0.00 \$0.00	0 4 0 0 9	\$22,121.41 \$0.00 \$500.00 \$0.00 \$1,575.00	0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	7,386 0 177 50 6 499	\$1,077,694.3 \$7,002.5 \$22,125.0 \$6,250.0 \$750.0 \$87,325.0 \$14,625.0 \$17,099.5

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

PROSTHETIC/ORTHOTIC DEVICES

OTHER FEE REIMBURSEMENTS

DME

OXYGEN

PROVIDER SUMMARY REPORT

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

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

Report #: OD44228 Report Type: 399

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Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

REV COD	E 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	\$38,209.8°
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	\$56,875.0
044X	SPEECH-LANGUAGE PATHOLOG	54	\$6,750.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	54	\$6,750.0
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
*** TOT	TAL COVERED SERVICES ***	8,041	\$1,160,989.88	270	£ 47.000.00	475	£24.024.44	_	£0.00	_	#0.00	0.400	\$1,232,871.49
		.,	\$1,100,505.00	2/0	\$47,060.20	175	\$24,821.41	0	\$0.00	0	\$0.00	8,486	∌1,∠3∠,0/1. 4
REIMBL	JRSEMENT SECTION		L EPISODES		\$47,060.20		¥24,821.41 Y EPISODES	SCIC ONLY		- 1	THIN A PEP	8,486	\$1,232,671.4 TOTAL
	JRSEMENT SECTION									- 1		8,486	TOTAL
# EP			L EPISODES		EPISODES		Y EPISODES		EPISODES	- 1	THIN A PEP		TOTAL 620
# EPI	SODES WITHOUT OUTLIER		L EPISODES 518		EPISODES 96		Y EPISODES		EPISODES 0	- 1	ГНІМ А РЕР		TOTAL 62/ \$1,351,991.9
# EPI	ISODES WITHOUT OUTLIER S REIMBURSEMENT WITHOUT OUTLIER		L EPISODES 518 \$1,290,513.05		96 \$44,066.72		Y EPISODES		EPISODES 0 \$0.00	- 1	7 HIN A PEP 0 \$0.00		

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Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 10/27/20

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

Report Run Date: 10/26/20 Provider FYE: 12/31

Provider Number: 337165 Sullivan County Public Health Nursing Service

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Report #: OD44228 Report Type: 399

	FULL EDICODES	LUDA EDICODEC	DED ONLY EDICODEC	CCIC ONLY EDICODEC	SCIC WITHIN A DED	TOTAL
	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	\$1,478,053.8
LESS						
DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
COINSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
NET MSP PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
SEQUESTRATION	\$28,291.29	\$880.55	\$388.70	\$0.00	\$0.00	\$29,560.5
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
MSP RECONCILIATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
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	\$1,448,493.2
DDITIONAL INFORMATION SECTION	:					
DUITIONAL INFORMATION SECTION						
CLAIM INTEREST PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0