

Provider Name	
Provider Number	
Medicaid Days for Qtr	

INSTRUCTIONS

General: Use this worksheet to report new Medicaid expenses related to durable medical equipment that were previously provided for by the DME program. Only report expenses incurred between July 1, 2008 and September 30, 2008. This information will be used to review the DME pass-through that was implemented July 1, 2008.

Lines 1-4: Report the new Medicaid expense for each supply item due to the change in DME rules.

Line 10: The total for supply expenses is formula driven.

Lines 11-16: Report the new Medicaid expense for each lease item due to the change in DME rules.

Line 20: The total for lease expenses is formula driven.

MEDICAID COSTS ONLY

DO NOT CROSS OUT OR RETITLE LINES							
DO NOT INCLUDE MORE THAN ONE AMOUNT PER LINE.							
DME SUPPLY AND LEASE EXPENSE STATEMENT							
July 1, 2008 through Sept. 30, 2008							
SUPPLY	LN#	TOTAL ANNUAL HOURS PAID (1)	PER BOOKS OR FEDERAL TAX RETURN (2)	PROVIDER ADJUSTMENTS (3)	RESIDENT RELATED EXPENSES (4)	(AGENCY USE)	(AGENCY USE)
						STATE ADJUSTMENTS (5)	ADJ RESIDENT RELATED EXPENSES (6)
Oxygen	1		\$0	\$0	\$0		
Insulin Syringes & Diabetic Supplies	2		\$0	\$0	\$0		
Other (must specify)	3		\$0	\$0	\$0		
Other (must specify)	4		\$0	\$0	\$0		
Total	10		\$0	\$0	\$0		
LEASE ITEM							
Oxygen Concentrators	11		\$0	\$0	\$0		
Oxygen Cylinders	12		\$0	\$0	\$0		
IV Pumps	13		\$0	\$0	\$0		
Enteral Pumps	14		\$0	\$0	\$0		
Other (must specify)	15		\$0	\$0	\$0		
Other (must specify)	16		\$0	\$0	\$0		
Total	20		\$0	\$0	\$0		