

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES  
**NURSING FACILITY QUALITY ASSESSMENT CALCULATION WORKSHEET**  
 (603) 271-4341

Facility Name: \_\_\_\_\_ FEIN: \_\_\_\_\_ License #: \_\_\_\_\_

Assessment Period Beginning \_\_\_\_\_ and ending \_\_\_\_\_ prepared in accordance with RSA 84-C:4

Check One:  January 1 - March 31  April 1 - June 30  July 1 - September 30  October 1 - December 31

2019  
 2020  
 Other \_\_\_\_\_

	PRIOR PERIOD ADJUSTMENTS SETTLED IN THIS PERIOD	CURRENT PERIOD	TOTAL
<b>LINE 1 Medicaid Patient Net Revenues</b> ..... 1	(a)	(b)	(c)
<b>LINE 2 Medicare Patient Net Revenue</b> ..... 2	(a)	(b)	(c)
<b>LINE 3 All Other Patient Net Revenues</b> ..... 3	(a)	(b)	(c)
<b>LINE 4 Total Patient Net Service Revenues</b> ..... 4 (Nursing Facility Beds Only)	(a)	(b)	(c)
<b>LINE 5 Medicaid Patient Bed Days</b> ..... 5	(a)	(b)	(c)
<b>LINE 6 Medicare Patient Bed Days</b> ..... 6	(a)	(b)	(c)
<b>LINE 7 All Other Patient Bed Days</b> ..... 7	(a)	(b)	(c)
<b>LINE 8 Total Patient Bed Days</b> ..... 8	(a)	(b)	(c)

Prior period adjustments are not applicable to the initial filing period. Adjustments to previously filed assessment period's revenues are to be reflected as prior period adjustment in the period the change is settled.

**Line 1 Medicaid Patient Net Revenues**  
 Enter all Medicaid Patient Net Revenues on Line 1(b) and Line 1(c), including anticipated revenue for Medicaid residents including "Medicaid Pending" residents for services rendered for the assessment period.

**LINE 2 Medicare Patient Net Revenue**  
 Enter all Medicare Patient Net Revenue including any anticipated revenue for Medicare residents for services rendered for the assessment period.

**LINE 3 All Other Patient Net Revenues**  
 Enter All Other Patient Net Revenues including all anticipated revenue for all non-Medicaid and non-Medicare residents for services rendered for the assessment period.

**LINE 4 Total Patient Net Service Revenues**  
 Enter on Line 4(a) the sum of Lines 1(a) through Line 3(a) and repeat for (b) and (c). Enter all Total Patient Net Service Revenues for Nursing Facility Beds Only. Enter the amount from Line 4(c) NH Dept. of Revenue Form DP-156, Nursing Facility Assessment Return, Line 1.

**LINE 5 Medicaid Patient Bed Days**  
 Enter the actual occupied bed days of Medicaid residents including "Medicaid Pending" residents for services rendered during the assessment period.

**LINE 6 Medicare Patient Bed Days**  
 Enter the actual occupied bed days of Medicare residents for services rendered during the assessment period.

**LINE 7 All Other Patient Bed Days**  
 Enter the actual occupied bed days of all non-Medicaid and non-Medicare residents for services rendered during the assessment period.

**LINE 8 Total patient Bed Days**  
 Enter on Line 8(a) the sum of Lines 5 (a) through Line 7(a); Enter on Line 8(b) the sum of Lines 5(b) through 7(b); and Enter on Line 8(c) the sum of Lines 5(c) through 7(c). If zero, enter 0.

**WHEN TO FILE**  
 This calculation worksheet and a copy of the completed DP-156 shall be filed with Health and Human Services on or before the 10th day of the month following the close of the assessment period.

Mail This Worksheet To:	NH DEPT OF HEALTH & HUMAN SERVICES FINANCE-RATE SETTING UNIT 129 PLEASANT STREET CONCORD NH 03301-3857
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