

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

PROVIDER CCN: \_\_\_\_\_  
 PERIOD: FROM \_\_\_\_\_  
 COMPONENT CCN: \_\_\_\_\_ TO \_\_\_\_\_  
 WORKSHEET K-2

| COST CENTER DESCRIPTIONS<br>(omit cents)     | ADMINIS-TRATOR | DIRECTOR | MEDICAL SOCIAL WORKERS | SUPER-VISORS | NURSES | TOTAL THERAPISTS | AIDES | ALL OTHER | TOTAL (1) |    |
|----------------------------------------------|----------------|----------|------------------------|--------------|--------|------------------|-------|-----------|-----------|----|
|                                              | 1              | 2        | 3                      | 4            | 5      | 6                | 7     | 8         | 9         |    |
| <b>GENERAL SERVICE COST CENTERS</b>          |                |          |                        |              |        |                  |       |           |           |    |
| 1 Capital Related Costs-Bldg and Fixt.       |                |          |                        |              |        |                  |       |           |           | 1  |
| 2 Capital Related Costs-Movable Equip.       |                |          |                        |              |        |                  |       |           |           | 2  |
| 3 Plant Operation and Maintenance            |                |          |                        |              |        |                  |       |           |           | 3  |
| 4 Transportation - Staff                     |                |          |                        |              |        |                  |       |           |           | 4  |
| 5 Volunteer Service Coordination             |                |          |                        |              |        |                  |       |           |           | 5  |
| 6 Administrative and General                 |                |          |                        |              |        |                  |       |           |           | 6  |
| <b>INPATIENT CARE SERVICE</b>                |                |          |                        |              |        |                  |       |           |           |    |
| 7 Inpatient - General Care                   |                |          |                        |              |        |                  |       |           |           | 7  |
| 8 Inpatient - Respite Care                   |                |          |                        |              |        |                  |       |           |           | 8  |
| <b>VISITING SERVICES</b>                     |                |          |                        |              |        |                  |       |           |           |    |
| 9 Physician Services                         |                |          |                        |              |        |                  |       |           |           | 9  |
| 10 Nursing Care                              |                |          |                        |              |        |                  |       |           |           | 10 |
| 11 Nursing Care-Continuous Home Care         |                |          |                        |              |        |                  |       |           |           | 11 |
| 12 Physical Therapy                          |                |          |                        |              |        |                  |       |           |           | 12 |
| 13 Occupational Therapy                      |                |          |                        |              |        |                  |       |           |           | 13 |
| 14 Speech/ Language Pathology                |                |          |                        |              |        |                  |       |           |           | 14 |
| 15 Medical Social Services                   |                |          |                        |              |        |                  |       |           |           | 15 |
| 16 Spiritual Counseling                      |                |          |                        |              |        |                  |       |           |           | 16 |
| 17 Dietary Counseling                        |                |          |                        |              |        |                  |       |           |           | 17 |
| 18 Counseling - Other                        |                |          |                        |              |        |                  |       |           |           | 18 |
| 19 Home Health Aide and Homemaker            |                |          |                        |              |        |                  |       |           |           | 19 |
| 20 HH Aide & Homemaker - Cont. Home Care     |                |          |                        |              |        |                  |       |           |           | 20 |
| 21 Other                                     |                |          |                        |              |        |                  |       |           |           | 21 |
| <b>OTHER HOSPICE SERVICE COSTS</b>           |                |          |                        |              |        |                  |       |           |           |    |
| 22 Drugs, Biological and Infusion Therapy    |                |          |                        |              |        |                  |       |           |           | 22 |
| 23 Analgesics                                |                |          |                        |              |        |                  |       |           |           | 23 |
| 24 Sedatives / Hypnotics                     |                |          |                        |              |        |                  |       |           |           | 24 |
| 25 Other - Specify                           |                |          |                        |              |        |                  |       |           |           | 25 |
| 26 Durable Medical Equipment/Oxygen          |                |          |                        |              |        |                  |       |           |           | 26 |
| 27 Patient Transportation                    |                |          |                        |              |        |                  |       |           |           | 27 |
| 28 Imaging Services                          |                |          |                        |              |        |                  |       |           |           | 28 |
| 29 Labs and Diagnostics                      |                |          |                        |              |        |                  |       |           |           | 29 |
| 30 Medical Supplies                          |                |          |                        |              |        |                  |       |           |           | 30 |
| 31 Outpatient Services (including E/R Dept.) |                |          |                        |              |        |                  |       |           |           | 31 |
| 32 Radiation Therapy                         |                |          |                        |              |        |                  |       |           |           | 32 |
| 33 Chemotherapy                              |                |          |                        |              |        |                  |       |           |           | 33 |
| 34 Other                                     |                |          |                        |              |        |                  |       |           |           | 34 |
| <b>HOSPICE NONREIMBURSABLE SERVICE</b>       |                |          |                        |              |        |                  |       |           |           |    |
| 35 Bereavement Program Costs                 |                |          |                        |              |        |                  |       |           |           | 35 |
| 36 Volunteer Program Costs                   |                |          |                        |              |        |                  |       |           |           | 36 |
| 37 Fundraising                               |                |          |                        |              |        |                  |       |           |           | 37 |
| 38 Other Program Costs                       |                |          |                        |              |        |                  |       |           |           | 38 |
| 39 Total (sum of lines 1 thru 38)            |                |          |                        |              |        |                  |       |           |           | 39 |

(1) Transfer the amount in column 9 to Wkst. K, column 2