

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS STATISTICAL BASIS					PROVIDER CCN: _____	PERIOD: FROM _____ TO _____		WORKSHEET O-6 PART II		
					HOSPICE CCN: _____					
Cost Center Descriptions	CAP REL BLDG & FIX (Square Feet)	CAP REL MVBLE EQUIP (Dollar Value)	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL (Accum. Cost)	PLANT OP & MAINT (Square Feet)	LAUNDRY & LINEN (In-Facil- ity Days)	HOUSE- KEEPING (Square Feet)	DIETARY (In-Facil- ity Days)	
	1	2	3	4A	4	5	6	7	8	
GENERAL SERVICE COST CENTERS										
1	Cap Rel Costs-Bldg & Fixt									1
2	Cap Rel Costs-Mvble Equip									2
3	Employee Benefits									3
4	Administrative & General									4
5	Plant Operation and Maintenance									5
6	Laundry & Linen Service									6
7	Housekeeping									7
8	Dietary									8
9	Nursing Administration									9
10	Routine Medical Supplies									10
11	Medical Records									11
12	Staff Transportation									12
13	Volunteer Service Coordination									13
14	Pharmacy									14
15	Physician Administrative Services									15
16	Other General Service									16
17	Patient/Residential Care Services									17
LEVEL OF CARE										
50	Hospice Continuous Home Care									50
51	Hospice Routine Home Care									51
52	Hospice Inpatient Respite Care									52
53	Hospice General Inpatient Care									53
NONREIMBURSABLE COST CENTERS										
60	Bereavement Program									60
61	Volunteer Program									61
62	Fundraising									62
63	Hospice/Palliative Medicine Fellows									63
64	Palliative Care Program									64
65	Other Physician Services									65
66	Residential Care									66
67	Advertising									67
68	Telehealth/Telemonitoring									68
69	Thrift Store									69
70	Nursing Facility Room & Board									70
71	Other Nonreimbursable									71
99	Negative Cost Center									99
100	Cost to be allocated (per Wkst. O-6, Part I)									100
101	Unit cost multiplier									101

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS STATISTICAL BASIS						PROVIDER CCN: _____	PERIOD: FROM _____ TO _____		WORKSHEET O-6 PART II		
						HOSPICE CCN: _____					
Cost Center Descriptions	NURSING ADMINISTRATION (Direct Nurs. Hrs.)	ROUTINE MEDICAL SUPPLIES (Patient Days)	MEDICAL RECORDS (Patient Days)	STAFF TRANSPORTATION (Mileage)	VOLUNTEER SVC COORDINATION (Hours of Service)	PHARMACY (Charges)	PHYSICIAN ADMIN SERVICES (Patient Days)	OTHER GENERAL SERVICE (Specify Basis)	PATIENT / RESIDENT CARE SVCS (In-Facility Days)	TOTAL	
	9	10	11	12	13	14	15	16	17	18	
GENERAL SERVICE COST CENTERS											
1 Cap Rel Costs-Bldg & Fixt											1
2 Cap Rel Costs-Mvble Equip											2
3 Employee Benefits											3
4 Administrative & General											4
5 Plant Operation and Maintenance											5
6 Laundry & Linen Service											6
7 Housekeeping											7
8 Dietary											8
9 Nursing Administration											9
10 Routine Medical Supplies											10
11 Medical Records											11
12 Staff Transportation											12
13 Volunteer Service Coordination											13
14 Pharmacy											14
15 Physician Administrative Services											15
16 Other General Service											16
17 Patient/Residential Care Services											17
LEVEL OF CARE											
50 Continuous Home Care											50
51 Routine Home Care											51
52 Inpatient Respite Care											52
53 General Inpatient Care											53
NONREIMBURSABLE COST CENTERS											
60 Bereavement Program											60
61 Volunteer Program											61
62 Fundraising											62
63 Hospice/Palliative Medicine Fellows											63
64 Palliative Care Program											64
65 Other Physician Services											65
66 Residential Care											66
67 Advertising											67
68 Telehealth/Telemonitoring											68
69 Thrift Store											69
70 Nursing Facility Room & Board											70
71 Other Nonreimbursable											71
99 Negative Cost Center											99
100 Cost to be allocated (per Wkst. O-6, Part I)											100
101 Unit cost multiplier											101