

ANALYSIS OF HOSPITAL-BASED
HOSPICE COSTS

PROVIDER CCN: _____
COMPONENT CCN: _____

PERIOD:
FROM _____
TO _____

WORKSHEET K

COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	TOTAL (cols. 1-5)	RECLASSI- FICATION	SUBTOTAL (col. 6 ± col. 7)	ADJUST- MENTS	TOTAL (col. 8 ± col. 9)		
	1	2	3	4	5	6	7	8	9	10		
GENERAL SERVICE COST CENTERS												
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
INPATIENT CARE SERVICE												
7 Inpatient - General Care												7
8 Inpatient - Respite Care												8
VISITING SERVICES												
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
OTHER HOSPICE SERVICE COSTS												
22 Drugs, Biological and Infusion Therapy												22
23 Analgesics												23
24 Sedatives / Hypnotics												25
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
HOSPICE NONREIMBURSABLE SERVICE												
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