

ANALYSIS OF HOSPITAL-BASED
HOSPICE COSTS

PROVIDER CCN: _____
PERIOD: FROM _____ TO _____
COMPONENT CCN: _____

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 |