| COST CENTER DESCRIPTIONS | ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS | | | | | | | | PROVIDER CCN: COMPONENT CCN: | PERIOD: WORKSHEET K FROM TO | | |
|--|--|-------|---------------------------------|-----------------------|---------------------------------|--------------|--------------|---|-------------------------------|-----------------------------|----------------------|------|
| SALARIES BENEFITS TRANSPORT COST CENTER DESCRIPTIONS (from (fr | | | | | | | | | COMI ONLIVI CCIV. | 10 | _ | |
| GENERAL SERVICE COST CENTERS | COST CENTER DESCRIPTIONS | (from | BENEFITS (from Wkst. K-2) | TATION (see inst.) | SERVICES (from Wkst. K-3) | | (cols. 1-5) | | (col. 6 ± col. 7) | MENTS | (col. 8 ± col. 9) | |
| 1 Capital Related Costs-May Defended (1997) 1 2 Capital Related Costs-May Defended (1997) 2 2 3 Plant Operation and Maintenance | GENERAL SERVICE COST CENTERS | 1 | 2 | 3 | 4 | 3 | 0 | / | 0 | 9 | 10 | _ |
| 2 Capital Related Conscherable Equip. | | | | | | | | | | | | 1 |
| 3 Plant Operation and Maintenance | | | | | | | | | | | | 2 |
| 4 Timaportation - Staff | | | | | | | | | | | | |
| 5 Volunter Service Coordination | | | | | | | | | | | | |
| 6 Administrative and Gesceal NPATEUR CARE SERVICE 7 Inpatient - General Care 8 Inpatient - Repelle Care 9 Physician Services 9 Physician Services 9 Physician Services 9 Physician Theory 11 Nursing Care 0 10 10 11 12 Physical Theory 12 Physical Theory 13 Receal Language Phablogy 14 Special Language Phablogy 15 Special Connectings 16 Special Connectings 17 Deteny Connecting 18 Connectings 19 11 15 15 15 15 15 15 15 15 15 15 15 15 | | | | | | | | | | | | |
| NPATENT CARE SERVICE | | | | | | | | | | | | |
| Repaired Foreign Care | | | | | | | | | | | | |
| VISITION SERVICES | 7 Inpatient - General Care | | | | | | | | | | | 7 |
| 9 Physician Services | 8 Inpatient - Respite Care | | | | | | | | | | | 8 |
| 10 Nirsing Care Continuous Home Care | VISITING SERVICES | | | | | | | | | | | |
| 11 Nursing Care-Continuous Hons Care | 9 Physician Services | | | | | | | | | | | 9 |
| 12 Physical Therapy | 10 Nursing Care | | | | | | | | | | | 10 |
| 13 Secupiatonal Therapy | 11 Nursing Care-Continuous Home Care | | | | | | | | | | | 11 |
| 14 Speech Language Pathology | 12 Physical Therapy | | | | | | | | | | | 12 |
| 15 Medical Social Services | | | | | | | | | | | | 13 |
| 16 Spiritual Counseling | 14 Speech/ Language Pathology | | | | | | | | | | | |
| 17 Dictary Counseling 17 18 18 18 19 19 19 19 19 | 15 Medical Social Services | | | | | | | | | | | |
| 18 Counseling - Other | | | | | | | | | | | | |
| 19 Home Health Aide and Homemaker 19 20 20 21 21 21 22 22 23 24 25 25 25 25 25 25 27 28 27 28 28 28 28 28 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 Other | | | | | | | | | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | | | | | | | | | |
| 22 Drugs, Biological and Infusion Therapy 22 23 Analgesics 3 32 32 32 32 32 32 32 | | | | | | | | | | | | 21 |
| 23 Analgesics 24 Sedatives / Hypnotics 25 25 25 25 25 26 27 27 28 28 | | | | | | | | | | | | |
| 24 Sedatives / Hypnotics 25 25 Other - Specify 25 26 Durable Medical Equipment/Oxygen 25 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 33 HOSPICE NONREIMBURSABLE SERVICE 35 35 Bereavement Program Costs 35 37 Fundraising 36 37 Fundraising 37 | | | | | | | | | | | | |
| 25 Other - Specify 25 26 Durable Medical Equipment/Oxygen 26 27 Patient Transportation 27 28 Imaging Services 28 29 Labs and Diagnostics 29 Labs and Diagnostics 29 30 Medical Supplies 30 31 Outpatient Services (including E/R Dept.) 31 32 Radiation Therapy 31 32 Radiation Therapy 31 33 34 Other 34 4 HOSPICE NONREIMBURSABLE SERVICE 35 Bereavement Program Costs 36 37 Fundraising 37 Fundraising 37 Fundraising 37 57 57 57 57 57 57 57 | | | | | | | | | | | | |
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| 28 Imaging Services 28 29 Labs and Diagnostics 29 30 Medical Supplies 30 31 Outpatient Services (including E/R Dept.) 31 32 Radiation Therapy 31 33 Chemotherapy 33 34 Other 34 HOSPICE NONREIMBURSABLE SERVICE 34 35 Bereavement Program Costs 35 36 Volunteer Program Costs 36 37 Fundraising 37 | | | | | | | | | | | | |
| 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 33 HOSPICE NONREIMBURSABLE SERVICE 34 35 Bereavement Program Costs 35 36 Volunteer Program Costs 36 37 Fundraising 37 | | | | | | | | | | | | |
| 30 Medical Supplies 30 31 Outpatient Services (including E/R Dept.) 31 32 Radiation Therapy 32 33 Chemotherapy 33 34 Other 34 34 35 36 36 37 Fundraising 36 37 57 57 57 57 57 57 57 | | | | | | | | | | | | |
| 31 Outpatient Services (including E/R Dept.) 31 32 Radiation Therapy 32 33 Chemotherapy 34 35 34 Other 35 Bereavement Program Costs 36 Volunteer Program Costs 37 Fundraising 37 37 37 38 39 39 39 39 39 39 39 | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 33 Chemotherapy 33 33 34 Other 34 | | 1 | 1 | | | | 1 | 1 | | | | |
| 34 Other 34 HOSPICE NONREIMBURSABLE SERVICE 5 35 Bereavement Program Costs 35 36 Volunteer Program Costs 36 37 Fundraising 37 | | | | | | | | | | | | |
| HOSPICE NONREIMBURSABLE SERVICE | | 1 | 1 | | | | 1 | 1 | | | | |
| 35 Bereavement Program Costs 35 36 Volunteer Program Costs 36 37 Fundraising 37 | | 3 | | | | | | | | | | - 51 |
| 36 Volunteer Program Costs 36 37 Fundraising 37 | | | | | | | | | | | | 35 |
| 37 Fundraising 37 | | | | | | | | | | + | | |
| | | | | | | | † | † | | | + | |
| | 38 Other Program Costs | | | | | | | | | | | 38 |
| 39 Total (sum of lines 1 thru 38) 39 | | | | | | | | | | | | |