### HOSPICE COMPENSATION ANALYSIS

**CONTRACTED SERVICES/PURCHASED SERVICES**

**HOSPICE CCN:** From ____________

**TO ____________**

### MEDICAL COST CENTER DESCRIPTIONS

<table>
<thead>
<tr>
<th>ADMINISTRATOR</th>
<th>DIRECTOR</th>
<th>MEDICAL SOCIAL WORKERS</th>
<th>SUPERVISORS</th>
<th>NURSES</th>
<th>TOTAL THERAPISTS</th>
<th>AIDES</th>
<th>ALL OTHER</th>
<th>TOTAL (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

#### GENERAL SERVICE COST CENTERS

1. Capital Related Costs-Bldg and Fixt.
2. Capital Related Costs-Movable Equip.
3. Plant Operation and Maintenance.
4. Transportation - Staff
5. Volunteer Service Coordination
6. Administrative and General

#### INPATIENT CARE SERVICE

7. Inpatient - General Care
8. Inpatient - Respite Care

#### VISITING SERVICES

9. Physician Services
10. Nursing Care
11. Nursing Care-Continuous Home Care
12. Physical Therapy
13. Occupational Therapy
14. Speech Language Pathology
15. Medical Social Services
16. Spiritual Counseling
17. Dietary Counseling
18. Counseling - Other
19. Home Health Aide and Homemaker
20. HHAide & Homemaker - Cont. Home Care
21. Other

#### OTHER HOSPICE SERVICE COSTS

22. Drugs, Biological and Infusion Therapy
23. Analgesics
24. Sedatives / Hypnotics
25. Other - Specify
26. Durable Medical Equipment/Oxygen
27. Patient Transportation
28. Imaging Services
29. Labs and Diagnostics
30. Medical Supplies
31. Outpatient Services (including E/R Dept.)
32. Radiation Therapy
33. Chemotherapy
34. Other

#### HOSPICE NONREIMBURSABLE SERVICE

35. Bereavement Program Costs
36. Volunteer Program Costs
37. Fundraising
38. Other Program Costs
39. Total (sum of lines 1 thru 38)

(1) Transfer the amount in column 9 to Wkst. K, column 4

**FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4060)**

Rev. 4