

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS  
HOSPICE CONTINUOUS HOME CARE

PROVIDER CCN:  
\_\_\_\_\_  
HOSPICE CCN:  
\_\_\_\_\_

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET O-1

	SALARIES	OTHER	SUBTOTAL ( col. 1 plus col. 2 )	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL ( col. 5 ± col. 6 )	
	1	2	3	4	5	6	7	
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>								
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse							28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/ Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment/Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies-Non-routine							42
42.50	<i>Drugs Charged to Patients</i>							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Svc							46
100	Total *							100

\* Transfer the amount in column 7 to Wkst. O-5, column 1, line 50