

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CAREPROVIDER CCN: _____
HOSPICE CCN: _____PERIOD:
FROM _____
TO _____

WORKSHEET O-3

| | | 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 | |
| | DIRECT PATIENT CARE SERVICE COST CENTERS | | | | | | | | |
| 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 | Drugs Charged to Patients | | | | | | | | 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 52