

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS STATISTICAL BASIS

PROVIDER CCN:

PERIOD:

WORKSHEET O-6

HOSPICE CCN:

FROM \_\_\_\_\_  
TO \_\_\_\_\_

PART II

Cost Center Descriptions	CAP REL BLDG & FIX ( Square Feet )	CAP REL MVBLE EQUIP ( Dollar Value )	EMPLOYEE BENEFITS DEPARTMENT ( Gross Salaries )	RECONCILIATION	ADMINISTRATIVE & GENERAL ( Accum. Cost )	PLANT OP & MAINT ( Square Feet )	LAUNDRY & LINEN ( In-Facility Days )	HOUSE-KEEPING ( Square Feet )	DIETARY ( In-Facility Days )		
	1	2	3	4A	4	5	6	7	8		
<b>GENERAL SERVICE COST CENTERS</b>											
1	Cap Rel Costs-Bldg & Fixt										1
2	Cap Rel Costs-Mvble Equip										2
3	Employee Benefits										3
4	Administrative & General										4
5	Plant Operation and Maintenance										5
6	Laundry & Linen Service										6
7	Housekeeping										7
8	Dietary										8
9	Nursing Administration										9
10	Routine Medical Supplies										10
11	Medical Records										11
12	Staff Transportation										12
13	Volunteer Service Coordination										13
14	Pharmacy										14
15	Physician Administrative Services										15
16	Other General Service										16
17	Patient/Residential Care Services										17
<b>LEVEL OF CARE</b>											
50	Hospice Continuous Home Care										50
51	Hospice Routine Home Care										51
52	Hospice Inpatient Respite Care										52
53	Hospice General Inpatient Care										53
<b>NONREIMBURSABLE COST CENTERS</b>											
60	Bereavement Program										60
61	Volunteer Program										61
62	Fundraising										62
63	Hospice/Palliative Medicine Fellows										63
64	Palliative Care Program										64
65	Other Physician Services										65
66	Residential Care										66
67	Advertising										67
68	Telehealth/Telemonitoring										68
69	Thrift Store										69
70	Nursing Facility Room & Board										70
71	Other Nonreimbursable										71
99	Negative Cost Center										99
100	Cost to be allocated (per Wkst. O-6, Part I)										100
101	Unit cost multiplier										101

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS STATISTICAL BASIS						PROVIDER CCN: HOSPICE CCN:	PERIOD: FROM _____ TO _____	WORKSHEET O-6 PART II		
Cost Center Descriptions	NURSING ADMINISTRATION ( Direct Nurs. Hrs. )	ROUTINE MEDICAL SUPPLIES ( Patient Days )	MEDICAL RECORDS ( Patient Days )	STAFF TRANSPORTATION ( Mileage )	VOLUNTEER SVC COORDINATION ( Hours of Service )	PHARMACY ( Charges )	PHYSICIAN ADMIN SERVICES ( Patient Days )	OTHER GENERAL SERVICE ( Specify Basis )	PATIENT / RESIDENT CARE SVCS ( In-Facility Days )	TOTAL
	9	10	11	12	13	14	15	16	17	18
<b>GENERAL SERVICE COST CENTERS</b>										
1 Cap Rel Costs-Bldg & Fixt										1
2 Cap Rel Costs-Mvble Equip										2
3 Employee Benefits										3
4 Administrative & General										4
5 Plant Operation and Maintenance										5
6 Laundry & Linen Service										6
7 Housekeeping										7
8 Dietary										8
9 Nursing Administration										9
10 Routine Medical Supplies										10
11 Medical Records										11
12 Staff Transportation										12
13 Volunteer Service Coordination										13
14 Pharmacy										14
15 Physician Administrative Services										15
16 Other General Service										16
17 Patient/Residential Care Services										17
<b>LEVEL OF CARE</b>										
50 Continuous Home Care										50
51 Routine Home Care										51
52 Inpatient Respite Care										52
53 General Inpatient Care										53
<b>NONREIMBURSABLE COST CENTERS</b>										
60 Bereavement Program										60
61 Volunteer Program										61
62 Fundraising										62
63 Hospice/Palliative Medicine Fellows										63
64 Palliative Care Program										64
65 Other Physician Services										65
66 Residential Care										66
67 Advertising										67
68 Telehealth/Telemonitoring										68
69 Thrift Store										69
70 Nursing Facility Room & Board										70
71 Other Nonreimbursable										71
99 Negative Cost Center										99
100 Cost to be allocated (per Wkst. O-6, Part I)										100
101 Unit cost multiplier										101