

| 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 | CAP REL BLDG & FIX (Square Feet) | CAP REL MVBLE EQUIP (Dollar Value) | EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries) | RECONCIL- IATION | ADMINIS- TRATIVE & GENERAL (Accum. Cost) | PLANT OP & MAINT (Square Feet) | LAUNDRY & LINEN (In-Facil- ity Days) | HOUSE- KEEPING (Square Feet) | DIETARY (In-Facil- ity Days) | |
| | 1 | 2 | 3 | 4A | 4 | 5 | 6 | 7 | 8 | |
| GENERAL SERVICE COST CENTERS | | | | | | | | | | |
| 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 |
| LEVEL OF CARE | | | | | | | | | | |
| 50 | Hospice Continuous Home Care | | | | | | | | | 50 |
| 51 | Hospice Routine Home Care | | | | | | | | | 51 |
| 52 | Hospice Inpatient Respite Care | | | | | | | | | 52 |
| 53 | Hospice General Inpatient Care | | | | | | | | | 53 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | |
| 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 | Telchealth/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 |
| GENERAL SERVICE COST CENTERS | | | | | | | | | | |
| 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 |
| LEVEL OF CARE | | | | | | | | | | |
| 50 Continuous Home Care | | | | | | | | | | 50 |
| 51 Routine Home Care | | | | | | | | | | 51 |
| 52 Inpatient Respite Care | | | | | | | | | | 52 |
| 53 General Inpatient Care | | | | | | | | | | 53 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | |
| 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 Telchealth/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 |