ANA	LYSIS OF PROVIDER-BASED						PROVIDER NO	D.:	PERIOD:		WORKSHEET	,
HOSE	PICE COSTS								FROM		K	
							HOSPICE NO.:		то			
			EMPLOYEE		CONTRACTED						1	
		SALARIES	BENEFITS	TRANSPOR-	SERVICES				SUBTOTAL		TOTAL	
	COST CENTER DESCRIPTIONS	(from	(from	TATION	(from		TOTAL	RECLASSI-	(col. 6	ADJUST-	(col. 8	
		Wkst. K-1)	Wkst. K-2)	(see inst.)	Wkst. K-3)	OTHER	(cols. 1-5)	FICATION	± col. 7)	MENTS	± col. 9)	
		1	2	3	4	5	6	7	8	9	10	
	GENERAL SERVICE COST CENTERS											
1	Capital Related Costs-Bldg and Fixt.											1
2	Capital Related Costs-Movable Equip.											2
3	Plant Operation and Maintenance											3
4	Transportation - Staff										1	4
5	Volunteer Service Coordination											5
6	Administrative and General											6
	INPATIENT CARE SERVICE											
7	Inpatient - General Care											7
8	Inpatient - Respite Care										1	8
	VISITING SERVICES											
9	Physician Services											9
10	Nursing Care										1	10
11	Nursing Care-Continuous Home Care										1	11
	Physical Therapy										1	12
13	Occupational Therapy										1	13
14	Speech/ Language Pathology										1	14
15	Medical Social Services										-	15
16	Spiritual Counseling										-	16
17	Dietary Counseling										-	17
18	Counseling - Other										-	18
19	Home Health Aide and Homemaker											19
20	HH Aide & Homemaker - Cont. Home Care										1	20
21	Other										1	21
	OTHER HOSPICE SERVICE COSTS											
22	Drugs, Biological and Infusion Therapy											22
23	Analgesics											23
24	Sedatives / Hypnotics											25
25	Other - Specify											25
26	Durable Medical Equipment/Oxygen											26
	Patient Transportation											27
	Imaging Services											28
29	Labs and Diagnostics											29
	Medical Supplies											30
	Outpatient Services (including E/R Dept.)											31
	Radiation Therapy											32
33	Chemotherapy											33
34	Other											34
	HOSPICE NONREIMBURSABLE SERVICE											
35	Bereavement Program Costs											35
36												36
37	Fundraising											37
	Other Program Costs											38
39	Total (sum of lines 1 thru 38)											39

	RIES AND WAGES					PROVIDER NO	J.:	FROM		WORKSHEET K	ι-1
JALF	INLES AND WAGES					HOSPICE NO.:		TO			
	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR 2	SOCIAL SERVICES	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	GENERAL SERVICE COST CENTERS	1	2	3	4	5	6	/	0	9	_
	Capital Related Costs-Bldg and Fixt.										1
	Capital Related Costs-Movable Equip.										2
	Plant Operation and Maintenance										3
	Transportation - Staff									+	4
	Volunteer Service Coordination									+	5
	Administrative and General									 	6
	INPATIENT CARE SERVICE										
7	Inpatient - General Care										7
	Inpatient - Respite Care										8
	VISITING SERVICES										
9	Physician Services										9
10	Nursing Care										10
11	Nursing Care-Continuous Home Care										11
12	Physical Therapy										12
13	Occupational Therapy										13
14	Speech/ Language Pathology										14
15	Medical Social Services										15
16	1 .										16
	Dietary Counseling										17
	Counseling - Other										18
	Home Health Aide and Homemaker										19
20	HH Aide & Homemaker - Cont. Home Care										20
21	Other										21
	OTHER HOSPICE SERVICE COSTS										
	Drugs, Biological and Infusion Therapy										22
	Analgesics										23
	Sedatives / Hypnotics										24
	Other - Specify										25
	Durable Medical Equipment/Oxygen										26
	Patient Transportation										27
28	Imaging Services									<u> </u>	28
	Labs and Diagnostics									<u> </u>	29 30
	Medical Supplies										30
	Outpatient Services (including E/R Dept.) Radiation Therapy										32
	Chemotherapy										33
	Other										34
- 34	HOSPICE NONREIMBURSABLE SERVICE										1 34
JE.	Bereavement Program Costs										35
	Volunteer Program Costs	-				+				+	36
	Fundraising	+	1			+		-	+	+	37
	Other Program Costs	+	-			+			+	+	38
	Total (sum of lines 1 thru 38)		 			+				 	39
		_						L			

40-633

(1) Transfer the amount in column 9 to Wkst. K, column 1
FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4058)

COST CENTER DESCRIPTIONS (unit cross)		ICE COMPENSATION ANALYSIS EMPLOYEE FITS (PAYROLL RELATED)					PROVIDER NO	.:	FROM		WORKSHEET K	L-2
CENERAL SERVICE COST CENTERS 1							HOSPICE NO.:	_				
CAPATRE ALECTORY CONTENTES			TRATOR		SERVICES	VISORS		THERAPISTS	AIDES		` '	
Capital Related Costs-Bidg and Fixt.		GENERAL SERVICE COST CENTERS	1	2	3	4	3	0	/	0	9	\vdash
2 Capital Related Costs-Movable Equip. 3 Plant Operation and Maintenance 4 Transportation - Staff 5 Volunter's Perivec Coordination 6 Administrative and General 1 NPATERIN CARE SERVICE 7 Inpatient - General Care 8 Inpatient - Respire Care 9 Inpatient - Respire Care 9 Physician Services 9 Physician Services 10 Nussing Care 11 Nussing Care 12 Physician Therapy 13 Occupational Therapy 14 Speech Language Pathology 15 Medical Social Services 16 Spiritual Camerling 17 Dieary Continuous Home Care 18 Medical Social Services 19 Spiritual Camerling 19 Physician Therapy 10 Spiritual Camerling 10 Companion Control Services 10 Nussing Care 10 Nussing Care 10 Nussing Care 11 Nussing Care 12 Physical Therapy 14 Speech Language Pathology 15 Medical Social Services 16 Spiritual Camerling 17 Dieary Consisting 18 Occupational Frequency 19 Dieary Consisting 19 Therapy Consisting 10 Conselling Other 11 Nussing Care 12 Diagna Biological and Infusion Therapy 12 Diagna Biological and Infusion Therapy 13 Nussing Care 14 Section of Physics Services 15 Diagna Biological and Infusion Therapy 16 Diagna Biological and Infusion Therapy 17 Diagna Services 18 Diagna Biological Control of Pathology 19 Diagna Biological Control of Pathology 10 Diagna Biological Control of Pathology 11 Diagna Biological Control of Pathology 12 Diagna Biological Control of Pathology 10 Diagna Biological Control of Pathology 10 D											_	1
3 Plant Operation and Mainteanace											1	2
4 Transportation - Salf												3
Solution Service Coordination Solution							+				+	4
6 Administrative and General NPATERY CARE SERVICE 7 Inpatient - General Care 8 Inpatient - Respite Care 8 Inpatient - Respite Care 9 Inpatient - Respite Care - Respite Resp							+				+	5
NPATIENT CARE SERVICE											+	6
7												\vdash
S Inpatient - Respite Care	7											1 7
Visiting Services	8											8
9 Physician Services												\vdash
10 Nursing Care	9											9
11 Nursing Care-Continuous Home Care												10
12 Physical Therapy							+					11
13 Occupational Therapy							+				 	12
14 Spectly Language Pathology							+				 	13
15 Medical Social Services							+				 	14
16 Spiritual Counseling 16 17 18 19 19 19 19 19 19 19							+				+	15
17 Dietary Counseling 11 18 Counseling 19 Counseling							+				+	16
18 Counseling - Other							+				+	17
Home Health Aide and Homemaker	18	Counseling - Other									 	18
21 Other											 	19
OTHER HOSPICE SERVICE COSTS	20	HH Aide & Homemaker - Cont. Home Care									+	20
22 Drugs Biological and Infusion Therapy 22 23 Analgesics 24 Sedatives / Hypnotics 25 25 25 26 27 27 27 27 28 27 28 28	21	Other									+	21
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 40 HOSPICE NONREIMBURSABLE SERVICE 35 Bereavement Program Costs 36 Volunteer Program Costs 37 Fundraising 38 Other Program Costs 38 Other Program Costs 39 Other Program Costs 30 Other Program Costs 30 Other Program Costs		OTHER HOSPICE SERVICE COSTS										
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 40 HOSPICE NONREIMBURSABLE SERVICE 35 Bereavement Program Costs 36 Volunteer Program Costs 37 Fundraising 38 Other Program Costs 38 Other Program Costs 39 Other Program Costs 30 Other Program Costs 30 Other Program Costs	22	Drugs Biological and Infusion Therapy										22
25 Other - Specify 25 26 Durable Medical Equipment/ Oxygen 27 27 Patient Transportation 28 28 Imaging Services 29 29 Labs and Diagnostics 29 30 Medical Supplies 30 31 Outpatient Services (including E/R Dept.) 31 32 Radiation Therapy 32 33 Chemotherapy 33 34 Other 40 40 HOSPICE NONREIMBURSABLE SERVICE 36 50 Sereavement Program Costs 37 51 Fundraising 38 52 Other Program Costs 38 53 Other Program Costs 39 54 Other Program Costs 30 57 Fundraising 30 58 Other Program Costs 30 59 Other Program Costs 30 50 Other Program Co												23
26 Durable Medical Equipment/ Oxygen 26 27 Patient Transportation 27 28 Imaging Services 29 Labs and Diagnostics 29 Labs and Diagnostics 29 Labs and Diagnostics 30 Medical Supplies 31 Outpatient Services (including E/R Dept.) 30 31 Outpatient Services (including E/R Dept.) 32 Radiation Therapy 33 Chemotherapy 34 Other 35 Bereavement Program Costs 36 Volunteer Program Costs 37 Fundraising 38 Other Program Costs 39 Other Program Costs 30 30 31 32 33 Other Program Costs 34 35 36 37 Fundraising 36 37 Supplement Program Costs 37 Supplement Program Costs 38 39 Other Program Costs 39 30 30 30 30 30 30 30	24	Sedatives / Hypnotics										24
27 Patient Transportation 27 28 Imaging Services 29 Labs and Diagnostics 29 Labs and Diagnostics 29 Medical Supplies 30 31 Outpatient Services (including E/R Dept.) 31 32 Radiation Therapy 32 33 Chemotherapy 33 Chemotherapy 34 Other 35 Bereavement Program Costs 36 Volunteer Program Costs 37 Fundraising 38 Other Program Costs 39 O												25
28 Imaging Services 28 29 Labs and Diagnostics 25 30 Medical Supplies 30 31 Outpatient Services (including E/R Dept.) 31 32 Radiation Therapy 32 33 Chemotherapy 33 34 Other 34 HOSPICE NONREIMBURSABLE SERVICE 35 35 Bereavement Program Costs 36 36 Volunteer Program Costs 36 37 Fundraising 37 38 Other Program Costs 38 39 Other Program Costs 39 30 Other Program Costs 30 31 Other Program Costs 31 32 Other Program Costs 31 33 Other Program Costs 31 34 Other Program Costs 35	26	Durable Medical Equipment/ Oxygen										26
29 Labs and Diagnostics 25 30 Medical Supplies 30 31 Outpatient Services (including E/R Dept.) 31 32 Radiation Therapy 32 33 Chemotherapy 33 34 Other 34 HOSPICE NONREIMBURSABLE SERVICE 36 35 Bereavement Program Costs 36 36 Volunteer Program Costs 36 37 Fundraising 37 38 Other Program Costs 38	27	Patient Transportation										27
30 Medical Supplies 30 31 Outpatient Services (including E/R Dept.) 32 Radiation Therapy 33 Chemotherapy 34 Other 35 Bereavement Program Costs 36 Volunteer Program Costs 37 Fundraising 38 Other Program Costs 39 Other Program Costs 30 Other Progr	28	Imaging Services										28
31 Outpatient Services (including E/R Dept.) 33 33 34 35 35 36 36 36 37 40 37 40 37 40 38 38 39 39 39 30 39 30 30 30	29	Labs and Diagnostics										29
32 Radiation Therapy 33 33 Chemotherapy 33 34 Other 34 HOSPICE NONREIMBURSABLE SERVICE 35 35 Bereavement Program Costs 35 36 Volunteer Program Costs 36 37 Fundraising 37 38 Other Program Costs 36 39 Other Program Costs 30 31 Other Program Costs 31 32 Other Program Costs 36	30	Medical Supplies										30
33 Chemotherapy 33 34 Other 34 HOSPICE NONREIMBURSABLE SERVICE 35 35 Bereavement Program Costs 35 36 Volunteer Program Costs 36 37 Fundraising 37 38 Other Program Costs 36 38 Other Program Costs 36												31
33 Chemotherapy 33 34 Other 34 HOSPICE NONREIMBURSABLE SERVICE 35 35 Bereavement Program Costs 35 36 Volunteer Program Costs 36 37 Fundraising 37 38 Other Program Costs 36 38 Other Program Costs 36	32	Radiation Therapy									1	32
HOSPICE NONREIMBURSABLE SERVICE	33	Chemotherapy										33
35 Bereavement Program Costs 33 36 Volunteer Program Costs 36 37 Fundraising 37 38 Other Program Costs 38	34	Other									1	34
36 Volunteer Program Costs 36 37 Fundraising 37 38 Other Program Costs 38		HOSPICE NONREIMBURSABLE SERVICE										
37 Fundraising 37 38 Other Program Costs 38	35											35
38 Other Program Costs 38	36	Volunteer Program Costs										36
												37
20 7 1/ (3) 4 1 20)												38
39 Total (sum of lines 1 thru 38)	39	Total (sum of lines 1 thru 38)										39

HOSE	ICE COMPENSATION ANALYSIS					PROVIDER NO	.:	PERIOD:		WORKSHEET K	₹-3
CONT	TRACTED SERVICES/PURCHASED SERVICES							FROM			
						HOSPICE NO.:		то			
	COST CENTER DESCRIPTIONS	ADMINIS- TRATOR	DIRECTOR	SOCIAL SERVICES	SUPER- VISORS	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	(omit cents)	1 1	2	3	4	NURSES 5	6	AIDES	8	TOTAL (1)	₩
	GENERAL SERVICE COST CENTERS	1	2	3	4	5	0	/	0	9	\vdash
	Capital Related Costs-Bldg and Fixt.										1
	Capital Related Costs-Movable Equip.										2
	Plant Operation and Maintenance										3
	Transportation - Staff									 	4
	Volunteer Service Coordination									 	5
	Administrative and General									 	6
	INPATIENT CARE SERVICE										\vdash
7	Inpatient - General Care										7
- 8	Inpatient - Respite Care									 	8
	VISITING SERVICES										Н-
	Physician Services										9
	Nursing Care								+	 	10
	Nursing Care-Continuous Home Care								+	 	11
	Physical Therapy										12
	Occupational Therapy										13
	Speech/ Language Pathology										14
	Medical Social Services									 	15
	Spiritual Counseling									 	16
17	Dietary Counseling									 	17
	Counseling - Other									 	18
	Home Health Aide and Homemaker									 	19
20	HH Aide & Homemaker - Cont. Home Care									 	20
21	Other									 	21
	OTHER HOSPICE SERVICE COSTS										21
- 22	Drugs, Biological and Infusion Therapy										22
	Analgesics										23
	Sedatives / Hypnotics										24
	Other - Specify										25
	Durable Medical Equipment/Oxygen										26
	Patient Transportation										27
	Imaging Services										28
	Labs and Diagnostics									+	29
	Medical Supplies									 	30
	Outpatient Services (including E/R Dept.)									 	31
	Radiation Therapy									+	32
	Chemotherapy										33
	Other					+		-	1	+	34
	HOSPICE NONREIMBURSABLE SERVICE										
35	Bereavement Program Costs										35
36										+	36
37	Fundraising					+		-	1	+	37
	Other Program Costs									 	38
	Total (sum of lines 1 thru 38)	1	1			+			1	+	39
- 55	(- cam or mico - and 50)	1	<u> </u>	<u> </u>	l	1	1	l	1		

40-635

(1) Transfer the amount in column 9 to Wkst. K, column 4
FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4060)

COST ALLOCATION - HOSPICE GENERAL SERVICE	CE COST		FORM CMS	J-2332-10	PROVIDER NO.		PERIOD:		WORKSHEET	KAr V 4
COST ALLOCATION - HOSPICE GENERAL SERVIC	JE COST				PROVIDER NO.	•	FROM		PART I	K-4,
					HOSPICE NO.: _		TO		PAKII	
	NET	ı		ı	HOSPICE NO	VOLUNTEER	10			$\overline{}$
	EXPENSES	CADITAL DE	LATED COST	PLANT		SERVICES		ADMINIS-	TOTAL	
COST CENTER DESCRIPTIONS	FOR COST	BUILDINGS	MOVABLE	OPERATION	TRANS-	COORDI-	SUBTOTAL	TRATIVE &	(col. 5	
COST CENTER DESCRIPTIONS	ALLOCATION	& FIXTURES	EQUIPMENT	& MAINT.	PORTATION	NATOR	(cols. 0 - 5)	GENERAL	± col. 6)	
	0	1	2	3	4	5	5A	6	7	4—
GENERAL SERVICE COST CENTERS	0	1	2	3	4	3	JA	0	/	+
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								-	<u> </u>	
VISITING SERVICES										+
9 Physician Services										
10 Nursing Care			-			1		+	1	1
11 Nursing Care-Continuous Home Care										1
12 Physical Therapy										1
13 Occupational Therapy										1
14 Speech/ Language Pathology								-	1	1
15 Medical Social Services - Direct								1	1	1
16 Spiritual Counseling								1	1	1
17 Dietary Counseling								1	1	1
										1
18 Counseling - Other 19 Home Health Aide and Homemakers										1
										2
20 HH Aide & Homemaker - Cont. Home Care										
21 Other										2
OTHER HOSPICE SERVICE COSTS										2
22 Drugs, Biologicals and Infusion										
23 Analgesics										2
24 Sedatives / Hypnotics										2
25 Other - Specify 26 Durable Medical Equipment/Oyygon			-					-	1	2
26 Durable Medical Equipment/Oxygen										2
27 Patient Transportation										2
28 Imaging Services									1	2
29 Labs and Diagnostics									1	3
30 Medical Supplies										
31 Outpatient Services (including E/R Dept.)										3
32 Radiation Therapy			ļ			ļ			ļ	3
33 Chemotherapy			ļ			ļ			ļ	3
34 Other										3
HOSPICE NONREIMBURSABLE SERVICE										
35 Bereavement Program Costs										3
36 Volunteer Program Costs								1	1	3
37 Fundraising								1	1	3
38 Other Program Costs										3
39 Total (sum of lines 1 thru 38) FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR										3

COST	ALLOCATION - HOSPICE STATISTICAL BASIS			PROVIDER NO.: _		PERIOD:		WORKSHEET K-4	
						FROM		PART II	
				HOSPICE NO.:		ТО			
		CAPITAL RE	LATED COST	PLANT	<u> </u>	VOLUNTEER		ADMINIS-	$\overline{}$
		BUILDINGS	MOVABLE	OPERATION	TRANS-	SERVICES		TRATIVE &	
	COST CENTER DESCRIPTIONS	& FIXTURES	EQUIPMENT	& MAINT.	PORTATION	COORDINATOR	RECONCIL-	GENERAL	
	COOT CENTER BEGGINI TIONS	(SQ. FT.)	(\$ VALUE)	(SQ. FT.)	(MILEAGE)	(HOURS)	IATION	(ACC. COST)	
		1	2	3	4	5	6A	6	+-
	GENERAL SERVICE COST CENTERS	1	_	3	7	5	071	Ü	-
1	Capital Related Costs-Buildings and Fixtures								1
	Capital Related Costs-Movable Equipment								2
3	Plant Operation and Maintenance								3
	Transportation-staff								5
- 5	Volunteer Service Coordination								5
	Administrative and General								6
	INPATIENT CARE SERVICE								+ -
7	Inpatient - General Care								7
	Inpatient - Respite Care								8
	VISITING SERVICES								+-
- 0	Physician Services								9
	Nursing Care			+					10
11	Nursing Care-Continuous Home Care								11
11	Physical Therapy								12
									13
13	Occupational Therapy								
14	Speech/ Language Pathology								14
	Medical Social Services - Direct								15
16	Spiritual Counseling								16
	Dietary Counseling								17
18	Counseling - Other								18
	Home Health Aide and Homemakers								19
	HH Aide & Homemaker - Cont. Home Care								20
21	Other								21
	OTHER HOSPICE SERVICE COSTS								
	Drugs, Biologicals and Infusion								22
	Analgesics								23
	Sedatives / Hypnotics								24
	Other - Specify								25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
	Imaging Services								28
	Labs and Diagnostics								29
	Medical Supplies								30
	Outpatient Services (including E/R Dept.)								31
32	Radiation Therapy								32
	Chemotherapy								33
	Other								34
	HOSPICE NONREIMBURSABLE SERVICE								
35	Bereavement Program Costs								35
36	Volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs								38
39	Cost To be Allocated (per Wkst. K-4, Part I)								39
40	Unit Cost Multiplier			1					40
	<u> </u>								

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4061)

	LOCATION OF GENERAL SERVICE STS TO HOSPICE COST CENTERS					HOSPICE NO.:		FROMTO		PART I
	HOSPICE COST CENTER (omit cents)	From Wkst. K-4 Part I, col. 7, line	HOSPICE TRIAL BALANCE (1)	RELATE BLDGS. & FIXTURES	TTAL D COSTS MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-3)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT
	Administrative and General	6	U	1	2	3	3A	4	5	6
	Inpatient - General Care	7								
	Inpatient - Respite Care	8								
	Physician Services	9								
	Nursing Care	10								
	Nursing Care-Continuous Home Care	11								
	Physical Therapy	12								
- 8	Occupational Therapy	13								
	Speech/ Language Pathology	14								
	Medical Social Services - Direct	15								
	Spiritual Counseling	16								
	Dietary Counseling	17								
	Counseling - Other	18								
14	Home Health Aide and Homemakers	19								
15	HH Aide & Homemaker - Cont. Home Care	20								
16	Other	21								
17	Drugs, Biologicals and Infusion	22								
	Analgesics	23								
19	Sedatives / Hypnotics	24								
	Other - Specify	25								
	Durable Medical Equipment/Oxygen	26								
22	Patient Transportation	27								
	Imaging Services	28								
	Labs and Diagnostics	29								
	Medical Supplies	30								
	Outpatient Services (including E/R Dept.)	31								
	Radiation Therapy	32								
28	Chemotherapy	33								
29	Other	34								
	Bereavement Program Costs	35								
	Volunteer Program Costs	36								
32	Fundraising	37								
	Other Program Costs	38								
	Totals (sum of lines 1-33) (2)									
35	Unit Cost Multiplier (see instructions)									

⁽¹⁾ Column 0, line 34 must agree with Wkst. A, column 7, line 116.

⁽²⁾ Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

ζ-5,		LOCATION OF GENERAL SERVICE						PROVIDER NO	D.:	PERIOD:		WORKSHEET
	COS	STS TO HOSPICE COST CENTERS								FROM		PART I (Cont.)
								HOSPICE NO.:		то		
		HOSPICE COST CENTER (omit cents)	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
			7	8	9	10	11	12	13	14	15	16
1		Administrative and General										
2		Inpatient - General Care										
3		Inpatient - Respite Care										
4		Physician Services										
		Nursing Care										
		Nursing Care-Continuous Home Care										
7		Physical Therapy										
		Occupational Therapy										
		Speech/ Language Pathology										
		Medical Social Services - Direct										
11	11	Spiritual Counseling										
12	12	Dietary Counseling										
		Counseling - Other										
		Home Health Aide and Homemakers										
	15	HH Aide & Homemaker - Cont. Home Care										
16	16	Other										
		Drugs, Biologicals and Infusion										
		Analgesics										
19	19	Sedatives / Hypnotics										
20	20	Other - Specify										
		Durable Medical Equipment/Oxygen										
22		Patient Transportation										
23	23	Imaging Services										
		Labs and Diagnostics										
25	25	Medical Supplies										
26	26	Outpatient Services (including E/R Dept.)										
27	27	Radiation Therapy										
28	28	Chemotherapy										
29	29	Other										
30	30	Bereavement Program Costs										
31		Volunteer Program Costs										
32	32	Fundraising										
33	33	Other Program Costs										
34	34	Totals (sum of lines 1-33) (2)										
35	35	Unit Cost Multiplier (see instructions)										

⁽¹⁾ Column 0, line 34 must agree with Wkst. A, column 7, line 116.

⁽²⁾ Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

C-5, ALLOCATION OF GENERAL SERVICE
COSTS TO HOSPICE COST CENTERS

PROVIDER NO.: _____ PERIOD: _____ WORKSHEET K-5 FROM _____ PART I (Cont.)

CO	S15 TO HOSPICE COST CENTERS									FROM		PARTI (Cont)
								HOSPICE NO	D.:	то			
									INTERN &				
			NON-				PARA-		RESIDENT		ALLOCATED	TOTAL	Ì
	HOSPICE COST CENTER	OTHER	PHYSICIAN		INTERNS &	RESIDENTS	MEDICAL		COST & POST	ŀ	HOSPICE	HOSPICE	Ì
	(omit cents)	GENERAL	ANES-	NURSING				SUBTOTAL	STEPDOWN		A&G (see	COSTS	Ì
	(omit cents)	SERVICE	THETISTS	SCHOOL	FRINGES	COSTS			ADJUST.			$(cols. 25 \pm 26)$	1
		17	18	19	20	21	22	23	24	25	26	27	
1 1	Administrative and General	17	10	13	20	21	22	23		23	20	27	1
	Inpatient - General Care												2
	Inpatient - Respite Care												3
	Physician Services												4
	Nursing Care												5
	Nursing Care-Continuous Home Care												6
	Physical Therapy												7
	Occupational Therapy												8
	Speech/ Language Pathology												9
	Medical Social Services - Direct												10
	Spiritual Counseling												11
	Dietary Counseling												12
13 13	Counseling - Other												13
14 14	Home Health Aide and Homemakers												14
15 15	HH Aide & Homemaker - Cont. Home Care												15
16 16	Other												16
17 17	Drugs, Biologicals and Infusion												17
18 18	Analgesics												18
	Sedatives / Hypnotics												19
	Other - Specify												20
	Durable Medical Equipment/Oxygen												21
	Patient Transportation												22
	Imaging Services												23
	Labs and Diagnostics												24
	Medical Supplies												25
	Outpatient Services (including E/R Dept.)												26
20 20	Radiation Therapy												27
													28
	Chemotherapy												
	Other												29
	Bereavement Program Costs												30
	Volunteer Program Costs												31
	Fundraising												32
	Other Program Costs												33
	Totals (sum of lines 1-31) (2)												34
35 35	Unit Cost Multiplier (see instructions)												35

⁽¹⁾ Column 0, line 34 must agree with Wkst. A, column 7, line 116.

⁽²⁾ Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

ALLO	CATION OF GENERAL SERVICE COSTS TO			PROVIDER NO.:		PERIOD:		WORKSHEET K-
	ICE COST CENTERS STATISTICAL BASIS							PART II
				HOSPICE NO.:		то		
		CAP	ITAL					
		RELATE	ED COST			ADMINIS-	MAIN-	
		BLDGS. &	MOVABLE	EMPLOYEE		TRATIVE &	TENANCE &	OPERATION
	HOSPICE COST CENTER	FIXTURES	EQUIPMENT	BENEFITS		GENERAL	REPAIRS	OF PLANT
		(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE
		FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)
		1	2	4	4A	5	6	7
	Administrative and General							
	Inpatient - General Care							
	Inpatient - Respite Care							
	Physician Services							
5	Nursing Care							
6	Nursing Care-Continuous Home Care							
7	Physical Therapy							
8	Occupational Therapy							
9	Speech/ Language Pathology							
10	Medical Social Services - Direct							
11	Spiritual Counseling							
12	Dietary Counseling							
13	Counseling - Other							
14	Home Health Aide and Homemakers							
	HH Aide & Homemaker - Cont. Home Care							
	Other							
	Drugs, Biologicals and Infusion							
18	Analgesics							
	Sedatives / Hypnotics							
	Other - Specify							
	Durable Medical Equipment/Oxygen							
	Patient Transportation							
23	Imaging Services							
	Labs and Diagnostics							
25	Medical Supplies							
26	Outpatient Services (including E/R Dept.)							
	Radiation Therapy							
	Chemotherapy							
	Other							
	Bereavement Program Costs							
	Volunteer Program Costs							
	Fundraising							
	Other Program Costs							
	Totals (sum of lines 1-33) (2)							
	Total cost to be allocated							
36	Unit Cost Multiplier (see instructions)							

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4062.2)

ont.) 4090 (Cont.) FORM CMS-2552-10

	LLOCATION OF GENERAL SERVICE C	OSTS TO		I OKWI CIVI		PROVIDER NO.:		PERIOD:	
HC	IOSPICE COST CENTERS STATISTICAL	BASIS						FROM	
						HOSPICE NO.: _		то	
	HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED) 11	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS- TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.) 14
1	1 Administrative and General								
2	2 Inpatient - General Care								
	3 Inpatient - Respite Care								
	4 Physician Services								
	5 Nursing Care								
6	6 Nursing Care-Continuous Home Care								
	7 Physical Therapy								
	8 Occupational Therapy								
	9 Speech/ Language Pathology								
	10 Medical Social Services - Direct								
	11 Spiritual Counseling								
	12 Dietary Counseling								
	13 Counseling - Other								
	14 Home Health Aide and Homemakers								
	15 HH Aide & Homemaker - Cont. Home	Care							
16 1	16 Other								
17 1	17 Drugs, Biologicals and Infusion								
	18 Analgesics								
19 1	19 Sedatives / Hypnotics								
	20 Other - Specify								
21 2	21 Durable Medical Equipment/Oxygen								
22 2	22 Patient Transportation								
23 2	23 Imaging Services								
24 2	24 Labs and Diagnostics								
25 2	25 Medical Supplies								
26 2	26 Outpatient Services (including E/R Dep	ot.)							
27 2	27 Radiation Therapy								
	28 Chemotherapy								
29 2	29 Other								
	30 Bereavement Program Costs								
	31 Volunteer Program Costs								
	32 Fundraising				1				
	33 Other Program Costs				1				
	34 Totals (sum of lines 1-33) (2)								
35 3	35 Total cost to be allocated								
36 3	36 Unit Cost Multiplier (see instructions)								
FO	ORM CMS-2552-10 (DRAFT) (INSTRUC	TIONS FOR THIS WORK	SHEET ARE PUR	RUSHED IN CMS	PLIB 15-IL SECT	TION 4062 2)		•	•

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4062.2)

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FORM CMS-2552-10

ORKSHEET K. ART II (Cont.)		CATION OF GENERAL SERVICE COSTS TO ICE COST CENTERS STATISTICAL BASIS			PROVIDER NO.:		PERIOD:	
IKI II (Colit.)	позг	ICE COST CENTERS STATISTICAL BASIS			HOSPICE NO.:		FROMTO	
					NON-		10	
MEDICAL RECORDS & LIBRARY		HOSPICE COST CENTER	SOCIAL SERVICE	OTHER GENERAL	PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & SALARY & FRINGES	RESIDENTS PROGRAM COSTS
(TIME		HOSPICE COST CENTER		SERVICE			(ASSIGNED	
SPENT)			(TIME SPENT)	(SPECIFY)	(ASSIGNED TIME)	(ASSIGNED TIME)	TIME)	(ASSIGNE TIME)
16	<u> </u>		17	(SPECIFY)	11ME) 19	20	21	22
	1 1	Administrative and General	1/	10	15	20	21	22
		Inpatient - General Care						
		Inpatient - General Care						
		Physician Services						
		Nursing Care	-					
	6 6	Nursing Care-Continuous Home Care						
		Physical Therapy						
		Occupational Therapy						
		Speech/ Language Pathology						
		Medical Social Services - Direct						
		Spiritual Counseling						
		Dietary Counseling						
		Counseling - Other						
	14 14	Home Health Aide and Homemakers						
		HH Aide & Homemaker - Cont. Home Care						
		Other						
		Drugs, Biologicals and Infusion						
		Analgesics						
		Sedatives / Hypnotics						
		Other - Specify						
	21 21	Durable Medical Equipment/Oxygen						
	22 22	Patient Transportation						
	23 23	Imaging Services						
	24 24	Labs and Diagnostics						
	25 25	Medical Supplies						
		Outpatient Services (including E/R Dept.)						
	27 27	Radiation Therapy						
		Chemotherapy						
		Other						
		Bereavement Program Costs						
		Volunteer Program Costs						
	32 32	Fundraising						
	33 33	Other Program Costs						
		Totals (sum of lines 1-33) (2)						
		Total cost to be allocated						
	36 36	Unit Cost Multiplier (see instructions)						

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4062.2)

4090 (Cont.) WORKSHEET K-5, PART II (Cont.)

(,	
PARA-	
MEDICAL	
EDUCATION	
(SPECIFY)	
(ASSIGNED	
TIME)	
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4090 (Cont.)	FORM CMS-	-2552-10			DRA	AFT
APPORTIONMENT OF HOSPICE SHARED SERVICES	PROVIDER NO.:		PERIOD:		WORKSHEET K-5,	
			FROM		PART III	
	HOSPICE NO.:					
PART III - COMPUTATION OF TOTAL HOSPICE SHARE						
				Total	Hospice	
		Wkst. C,		Hospice	Shared	
		Part I,	Cost to	Charges	Ancillary	
		col. 9,	Charge	(Provider	Costs	
COST CENTER		line	Ratio	Records)	(cols. 1 x 2)	
		0	1	2	3	
ANCILLARY SERVICE COST CENTERS						
1 Physical Therapy		63				1
2 Occupational Therapy		64				2
3 Speech/Language Pathology		65				3
4 Drugs, Biologicals and Infusion		70				4
5 Durable Medical Equipment/Oxygen		96				5
6 Labs and Diagnostics		57				6
7 Medical Supplies		68				7
8 Outpatient Services (including E/R Dept.)		93				8
9 Radiation Therapy		54				9
10 Other		73				10
11 Totals (sum of lines 1-10)						11

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4062.3)

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DRAFT	FORM CMS-2552-10		4090 (Cont.)
CALCULATION OF HOSPICE PER DIEM COST	PROVIDER NO.:	PERIOD:	WORKSHEET K-6

CALCULATION OF HOSPICE PER DIEM COST	PROVIDER NO.:	PERIOD:	WORKSHEET K-6
		FROM	
	HOSPICE NO.:	то	

	COMPUTATION OF PER DIEM COST	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)					1
2	Total Unduplicated Days (Worksheet S-9, column 6, line 5)					2
3	Average cost per diem (line 1 divided by line 2)					3
4	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)					4
5	Aggregate Medicare cost (line 3 times line 4)					5
6	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)					6
7	Aggregate Medicaid cost (line 3 times line 6)					7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)					8
9	Aggregate SNF cost (line 3 times line 8)					9
10	Unduplicated NF days (Worksheet S-9, column 4, line 5)					10
11	Aggregate NF cost (line 3 times line 10)					11
12	Other Unduplicated days (Worksheet S-9, column 5, line 5)					12
13	Aggregate cost for other days (line 3 times line 12)					13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4063)

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