ANALYSIS OF PROVIDER-BASED					PROVIDER CO	'N:		PERIOD:		WORKSHEET	K
HOSPICE COSTS								FROM			
					HOSPICE CCN	:		то			
		EMPLOYEE		CONTRACTED							
	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	1
GENERAL SERVICE COST CENTERS									·		
Capital Related Costs-Bldg and Fixt.											1
2 Capital Related Costs-Movable Equip.											2
3 Plant Operation and Maintenance											3
4 Transportation - Staff											4
5 Volunteer Service Coordination											5
6 Administrative and General											6
INPATIENT CARE SERVICE											
7 Inpatient - General Care											7
8 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 Spiritual Counseling											16
17 Dietary Counseling	1										17
18 Counseling - Other											18
19 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
23 Analgesics											23
	+										25
								1			25
25 Other - Specify											26
Durable Medical Equipment/Oxygen     Patient Transportation											27
-											
28 Imaging Services											28
29 Labs and Diagnostics											29
30 Medical Supplies	+										30
31 Outpatient Services (including E/R Dept.)	+		-		-			1	-	1	31
32 Radiation Therapy	+										32
33 Chemotherapy											33
34 Other	I	ĺ	I	J	I	ĺ	I		I	1	34

	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1 thru 38)						39

FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4057)

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	CE COMPENSATION ANALYSIS RIES AND WAGES				PROVIDER CCI	N:		PERIOD: FROM		WORKSHEET H	ζ-1
					HOSPICE CCN:			то			
	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR 2	MEDICAL SOCIAL WORKERS	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES	ALL OTHER	TOTAL (1)	
	GENERAL SERVICE COST CENTERS	1		J		3	Ü	,	Ü		
1	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										T
7	Inpatient - General Care										7
	Inpatient - Respite Care										8
	VISITING SERVICES										Ť
9	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
	Dietary Counseling										17
	Counseling - Other										18
	Home Health Aide and Homemaker										19
	HH Aide & Homemaker - Cont. Home Care										20
	Other										21
	OTHER HOSPICE SERVICE COSTS										
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					İ					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	Total (sum of lines 1 thru 38)					39

<sup>(1)</sup> Transfer the amount in column 9 to Wkst. K, column 1

FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4058)

	PICE COMPENSATION ANALYSIS EMPLOYEE EFITS (PAYROLL RELATED)				PROVIDER CC HOSPICE CCN:	N:	_	PERIOD: FROM TO		WORKSHEET I	ζ-2
	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR 2	MEDICAL SOCIAL WORKERS	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES	ALL OTHER	TOTAL (1)	
	GENERAL SERVICE COST CENTERS	1	-	3	1	3	Ü	,	Ü		
											1
	Capital Related Costs-Movable Equip.										2
3											3
4											4
	Volunteer Service Coordination										5
6	Administrative and General										6
	INPATIENT CARE SERVICE										
7	Inpatient - General Care										7
8											8
	VISITING SERVICES										
9	Physician Services										9
10	Nursing Care										10
	Nursing Care-Continuous Home Care										11
	Physical Therapy										12
13	Occupational Therapy										13
14	Speech/ Language Pathology										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										20
21	Other										21
	OTHER HOSPICE SERVICE COSTS										
22	Drugs, Biological and Infusion Therapy										22
23	Analgesics										23
24	Sedatives / Hypnotics										24
25	Other - Specify										25
26	Durable Medical Equipment/Oxygen										26
27	Patient Transportation										27
28	Imaging Services										28
29	Labs and Diagnostics										29
30	Medical Supplies										30
31	Outpatient Services (including E/R Dept.)										31
32											32
33											33
34											34
	HOSPICE NONREIMBURSABLE SERVICE										
	Bereavement Program Costs										35
36	Č										36
37	Fundraising										37
38	Other Program Costs										38
30	Total (sum of lines 1 thru 38)		I	Ī	1	1	I	I	Ī	1	30

<sup>(1)</sup> Transfer the amount in column 9 to Wkst. K, column 2

HOSP	ICE COMPENSATION ANALYSIS				PROVIDER CCI	N:		PERIOD:		WORKSHEET K	ζ-3
CONT	TRACTED SERVICES/PURCHASED SERVICES							FROM			
		_			HOSPICE CCN:		_	ТО			
	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPER- VISORS	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	GENERAL SERVICE COST CENTERS	1	2	3	4	5	6	/	8	9	
1	Capital Related Costs-Bldg and Fixt.										1
	Capital Related Costs-Big and Fixt.  Capital Related Costs-Movable Equip.										2
	Plant Operation and Maintenance						-				3
	Transportation - Staff									<del> </del>	4
	Volunteer Service Coordination									<del>                                     </del>	5
	Administrative and General									<del>                                     </del>	6
0	INPATIENT CARE SERVICE										<u> </u>
7	Inpatient - General Care						-				7
	Inpatient - General Care  Inpatient - Respite Care									<del>                                     </del>	8
0	VISITING SERVICES										0
0	Physician Services										9
	Nursing Care									<del>                                     </del>	10
	Nursing Care-Continuous Home Care									<del>                                     </del>	11
	Physical Therapy									<del>                                     </del>	12
	Occupational Therapy									<del>                                     </del>	13
	Speech/ Language Pathology									<del>                                     </del>	14
	Medical Social Services									<del>                                     </del>	15
	Spiritual Counseling									<del>                                     </del>	16
	Dietary Counseling									<del>                                     </del>	17
	Counseling - Other									<del>                                     </del>	18
	Home Health Aide and Homemaker									<del>                                     </del>	19
	HH Aide & Homemaker - Cont. Home Care									<del>                                     </del>	20
	Other									<del>                                     </del>	21
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				1				1	1	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	Total (sum of lines 1 thru 38)					39

<sup>(1)</sup> Transfer the amount in column 9 to Wkst. K, column 4

FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4060)

COST	ALLOCATION - HOSPICE GENERAL SERVICE COST				PROVIDER CCI	N:	_	PERIOD:		WORKSHEET	K-4,
								FROM		PART I	
					HOSPICE CCN:			то			
		NET					VOLUNTEER				
		EXPENSES	CAPITAL RE	LATED COST	PLANT		SERVICES		ADMINIS-	TOTAL	
	COST CENTER DESCRIPTIONS	FOR COST	BUILDINGS	MOVABLE	OPERATION	TRANS-	COORDI-	SUBTOTAL	TRATIVE &	(col. 5	
		ALLOCATION	& FIXTURES	EQUIPMENT	& MAINT.	PORTATION	NATOR	(cols. 0 - 5)	GENERAL	± col. 6)	
		0	1	2	3	4	5	5A	6	7	
	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										4
5	Volunteer Service Coordination										5
6	Administrative and General										6
	INPATIENT CARE SERVICE										
7	Inpatient - General Care										7
8	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	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										20
21	Other										21
	OTHER HOSPICE SERVICE COSTS										
22	Drugs, Biological and Infusion Therapy										22
23	Analgesics										23
24	Sedatives / Hypnotics										24
25	Other - Specify										25
26	Durable Medical Equipment/Oxygen										26
27	Patient Transportation										27
28	Imaging Services										28
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	1			1						34

	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	Volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1 thru 38)					39

FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4061)

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COST	ALLOCATION - HOSPICE STATISTICAL BASIS			PROVIDER CCN:		PERIOD:		WORKSHEET K-4	4,
						FROM		PART II	
		T		HOSPICE CCN: _	T	ТО			
			LATED COST	PLANT		VOLUNTEER		ADMINIS-	
		BUILDINGS	MOVABLE	OPERATION	TRANS-	SERVICES		TRATIVE &	
	COST CENTER DESCRIPTIONS	& FIXTURES	EQUIPMENT	& MAINT.	PORTATION	COORDINATOR	RECONCIL-	GENERAL	
		(SQ. FT.)	(\$ VALUE)	(SQ. FT.)	(MILEAGE)	(HOURS)	IATION	(ACC. COST)	4
		1	2	3	4	5	6A	6	—
	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								5
5	Volunteer Service Coordination								5
6	Administrative and General								6
	INPATIENT CARE SERVICE								
7	Inpatient - General Care								7
8	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									14
	Medical Social Services								15
16									16
17	Dietary Counseling								17
18	Counseling - Other								18
19	Home Health Aide and Homemaker								19
20	HH Aide & Homemaker - Cont. Home Care								20
	Other								21
	OTHER HOSPICE SERVICE COSTS								
22	Drugs, Biological and Infusion Therapy								22
23									23
24	Sedatives / Hypnotics								24
25									25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
	Imaging Services								28
29	Labs and Diagnostics								29
	Medical Supplies								30
									31
31	Outpatient Services (including E/R Dept.)								_
32	Radiation Therapy								32
33	Chemotherapy	1							33
34	Other		I		I	1		I	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				40

FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4061)

ALLOCATION OF GENERAL SERVICE	PROVIDER CCN:	PERIOD:	WORKSHEET K-5,
COSTS TO HOSPICE COST CENTERS		FROM	PART I
	HOSPICE CCN:	TO	

					HOSPICE CCN	l:		TO			
PAR'	Γ I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPIC	CE COST CENT	ERS	1				1	П		
		From	HOSPICE	CAF	PITAL						
	HOSPICE COST CENTER	Wkst. K-4	TRIAL	RELATE	ED COSTS	EMPLOYEE		ADMINIS-	MAIN-		
	(omit cents)	Part I,	BALANCE	BLDGS. &	MOVABLE	BENEFITS	SUBTOTAL	TRATIVE &	TENANCE &	OPERATION	
		col. 7,	(1)	FIXTURES	EQUIPMENT	DEPARTMENT	(cols. 0-4)	GENERAL	REPAIRS	OF PLANT	1
		line	0	1	2	4	4A	5	6	7	<u> </u>
1	Administrative and General	6									1
2	Inpatient - General Care	7									2
3	Inpatient - Respite Care	8									3
4	Physician Services	9									4
5	Nursing Care	10									5
6	Nursing Care-Continuous Home Care	11									6
7	Physical Therapy	12									7
8	Occupational Therapy	13									8
9	Speech/ Language Pathology	14									9
10	Medical Social Services	15									10
11	Spiritual Counseling	16									11
12	Dietary Counseling	17									12
13	Counseling - Other	18									13
14	Home Health Aide and Homemaker	19									14
15	HH Aide & Homemaker - Cont. Home Care	20									15
16	Other	21									16
17	Drugs, Biological and Infusion Therapy	22									17
18	Analgesics	23									18
19	Sedatives / Hypnotics	24									19
20	Other - Specify	25									20
21	Durable Medical Equipment/Oxygen	26									21
22	Patient Transportation	27									22
23	Imaging Services	28									23
24	Labs and Diagnostics	29									24
25	Medical Supplies	30									25
26	Outpatient Services (including E/R Dept.)	31									26
27	Radiation Therapy	32									27
28	Chemotherapy	33									28
29	Other	34									29
30	Bereavement Program Costs	35									30
31	Volunteer Program Costs	36									31
32	Fundraising	37									32
33	Other Program Costs	38									33

34	Totals (sum of lines 1-33) (2)					34
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.

FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4062.1)

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ALLOCATION OF GENERAL SERVICE				PROVIDER CC	'N:		PERIOD:		WORKSHEET	K-5,		
COST	S TO HOSPICE COST CENTERS								FROM		PART I (Cont.)	
						HOSPICE CCN	:		то			
PART	I - ALLOCATION OF GENERAL SERVICE COS	STS TO HOSPIC	CE COST CENT	ERS								
	HOSPICE COST CENTER (omit cents)	LAUNDRY & LINEN	HOUSE-			MAIN- TENANCE OF	NURSING ADMINIS-	CENTRAL SERVICES &		MEDICAL RECORDS &	SOCIAL	
	(office cents)	SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE	
	[A1:::	8	9	10	11	12	13	14	15	16	17	-
1	Administrative and General											2
2	Inpatient - General Care											<b>-</b>
	Inpatient - Respite Care							<u> </u>			-	3
	Physician Services											4
	Nursing Care							<u> </u>			-	5
	Nursing Care-Continuous Home Care											6
	Physical Therapy											7
	Occupational Therapy											8
	Speech/ Language Pathology											9
	Medical Social Services											10
	Spiritual Counseling											11
12	Ž											12
	Counseling - Other											13
	Home Health Aide and Homemaker											14
	HH Aide & Homemaker - Cont. Home Care Other											15
												16
	Drugs, Biological and Infusion Therapy											17
	Analgesics											18
	Sedatives / Hypnotics											19 20
	Other - Specify											21
	Durable Medical Equipment/Oxygen  Patient Transportation											22
24	Imaging Services  Labs and Diagnostics											23 24
	- V											25
	Medical Supplies Outpatient Services (including E/R Dept.)											26
28	Radiation Therapy  Chamatharapy											27 28
29	Chemotherapy Other											29
	Bereavement Program Costs							<del>                                     </del>			<del>                                     </del>	30
	Volunteer Program Costs							<del>                                     </del>			<del>                                     </del>	31
32								<del>                                     </del>			<del>                                     </del>	32
	Other Program Costs											33
JJ	Outer Frogram Costs				I							23

34	Totals (sum of lines 1-33) (2)						34
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.

FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4062.1)

Rev. 3 40-639

409	0 (Cont.)	RM CMS-2	2552-10					10-12					
	OCATION OF GENERAL SERVICE TS TO HOSPICE COST CENTERS						PROVIDER C	CN: N:		PERIOD: FROM TO		WORKSHEET PART I (Cont.	
PAR	Γ I - ALLOCATION OF GENERAL SERVICE	COSTS TO HO	SPICE COST	CENTERS			•			•			
	HOSPICE COST CENTER (omit cents)	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL 20	INTERNS & SALARY & FRINGES	RESIDENTS PROGRAM COSTS 22	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL (cols. 4a-23)	INTERN & RESIDENT COST & POST STEPDOWN ADJUST. 25	I	ALLOCATED HOSPICE A&G (see Part II)	TOTAL HOSPICE COSTS (cols. 26 ± 27)	)
1	Administrative and General												1
3	Inpatient - General Care Inpatient - Respite Care												3
5	Physician Services Nursing Care												5
	Nursing Care-Continuous Home Care Physical Therapy												6 7
8	Occupational Therapy												8
10	Speech/ Language Pathology  Medical Social Services											<del>                                     </del>	10
11	Spiritual Counseling												11
12	Dietary Counseling												12
13	Counseling - Other												13
14	Home Health Aide and Homemaker												14
15	HH Aide & Homemaker - Cont. Home Care												15
16	Other											<u> </u>	16
17	Drugs, Biological and Infusion Therapy											<u> </u>	17
18	Analgesics											<del></del>	18
19	Sedatives / Hypnotics											├──	19
20	Other - Specify  Durable Medical Equipment/Oxygen												20
22	Patient Transportation												22
	Imaging Services												23
24													24
25	ř .												25
26	Outpatient Services (including E/R Dept.)												26
27	Radiation Therapy												27
28													28
29	Other												29
30	Bereavement Program Costs												30
31	Volunteer Program Costs											1	31

32 Fundraising 33 Other Program Costs 32 33

34 T	Totals (sum of lines 1-33) (2)						34
35 U	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.

FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4062.1)

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ALLC	CATION OF GENERAL SERVICE COSTS TO			PROVIDER CCN		PERIOD:		WORKSHEET K	-5,
	ICE COST CENTERS STATISTICAL BASIS					FROM		PART II	-,
				HOSPICE CCN: _		то			
PART	TII - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENT	TERS - STATISTI	CAL BASIS						
			ITAL						
		RELATI	ED COST	EMPLOYEE		ADMINIS-	MAIN-		
		BLDGS. &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OPERATION	
	HOSPICE COST CENTER	FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT	
		(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
		FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)	
		1	2	4	<i>5</i> A	5	6	7	
1	Administrative and General								1
2	Inpatient - General Care								2
3	Inpatient - Respite Care								3
4	Physician Services								4
5	Nursing Care								5
6	Nursing Care-Continuous Home Care								6
7	Physical Therapy								7
8	Occupational Therapy								8
9	Speech/ Language Pathology								9
10	Medical Social Services								10
11	Spiritual Counseling								11
12	Dietary Counseling								12
13	Counseling - Other								13
14	Home Health Aide and Homemaker								14
15	HH Aide & Homemaker - Cont. Home Care								15
16	Other								16
17	Drugs, Biological and Infusion Therapy								17
18	Analgesics								18
19	Sedatives / Hypnotics								19
20	Other - Specify								20
21	Durable Medical Equipment/Oxygen								21
22	Patient Transportation								22
23	Imaging Services								23
24	Labs and Diagnostics								24
25	Medical Supplies								25
26	Outpatient Services (including E/R Dept.)								26
27	Radiation Therapy								27
28	Chemotherapy								28
29	Other								29
30	Bereavement Program Costs								30
31	Volunteer Program Costs								31
32	Fundraising			1				[	32

33	Other Program Costs				33
34	Totals (sum of lines 1-33) (2)				34
35	Total cost to be allocated				35
36	Unit Cost Multiplier (see instructions)				36

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ALLO	OCATION OF GENERAL SERVICE COSTS TO					PROVIDER CCN	:	PERIOD:		WORKSHEET K-	-5,
HOSI	PICE COST CENTERS STATISTICAL BASIS							FROM		PART II (Cont.)	
						HOSPICE CCN: _		то			
PAR'	Γ II - ALLOCATION OF GENERAL SERVICE	E COSTS TO HOS	PICE COST CENT	TERS - STATISTI	CAL BASIS						
		LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL	
		& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &	
	HOSPICE COST CENTER	SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	
		(POUNDS OF	(HOURS OF	(MEALS	(MEALS	(NUMBER	(DIRECT	(COSTED	(COSTED	(TIME	
		LAUNDRY)	SERVICE)	SERVED)	SERVED)	HOUSED)	NURS. HRS)	REQUIS.)	REQUIS.)	SPENT)	
		8	9	10	11	12	13	14	15	16	
1	Administrative and General										1
2	Inpatient - General Care										2
3	Inpatient - Respite Care										3
4	Physician Services										4
5	Nursing Care										5
6	Nursing Care-Continuous Home Care										6
7	Physical Therapy										7
8	Occupational Therapy										8
9	Speech/ Language Pathology										9
10	Medical Social Services										10
11	Spiritual Counseling										11
12	Dietary Counseling										12
13	Counseling - Other										13
14	Home Health Aide and Homemaker										14
15	HH Aide & Homemaker - Cont. Home Care										15
16	Other										16
17	Drugs, Biological and Infusion Therapy										17
18	Analgesics										18
19	Sedatives / Hypnotics										19
20	Other - Specify										20
21	Durable Medical Equipment/Oxygen										21
22	Patient Transportation										22
23	Imaging Services										23
24	Labs and Diagnostics										24
25	Medical Supplies										25
26	Outpatient Services (including E/R Dept.)										26
27	Radiation Therapy										27
28	Chemotherapy										28
29	Other										29
30	Bereavement Program Costs										30
31	Volunteer Program Costs										31
32	Fundraising										32

33	Other Program Costs						33
34	Totals (sum of lines 1-33) (2)						34
35	Total cost to be allocated						35
36	Unit Cost Multiplier (see instructions)		·	·			36

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ALLO	OCATION OF GENERAL SERVICE COSTS TO			PROVIDER CCN		PERIOD:		WORKSHEET K-	5,
HOSE	ICE COST CENTERS STATISTICAL BASIS					FROM		PART II (Cont.)	
				HOSPICE CCN: _		то			
PAR	I II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENT	TERS - STATISTI	CAL BASIS						
				NON-				PARA-	
				PHYSICIAN		INTERNS &	RESIDENTS	MEDICAL	l
		SOCIAL	OTHER	ANES-	NURSING	SALARY &	PROGRAM	EDUCATION	l
	HOSPICE COST CENTER	SERVICE	GENERAL	THETISTS	SCHOOL	FRINGES	COSTS	(SPECIFY)	l
		(TIME	SERVICE	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	l
		SPENT)	(SPECIFY)	TIME)	TIME)	TIME)	TIME)	TIME)	i
		17	18	19	20	21	22	23	
1	Administrative and General								1
2	Inpatient - General Care								2
3	Inpatient - Respite Care								3
4	Physician Services								4
5	Nursing Care								5
6	Nursing Care-Continuous Home Care								6
7	Physical Therapy								7
8	Occupational Therapy								8
9	Speech/ Language Pathology								9
10	Medical Social Services								10
11	Spiritual Counseling								11
12	Dietary Counseling								12
13	Counseling - Other								13
14	Home Health Aide and Homemaker								14
15	HH Aide & Homemaker - Cont. Home Care								15
16	Other								16
17	Drugs, Biological and Infusion Therapy								17
18	Analgesics								18
19	Sedatives / Hypnotics								19
20	Other - Specify								20
21	Durable Medical Equipment/Oxygen								21
22	Patient Transportation								22
23	Imaging Services								23
24	Labs and Diagnostics								24
25	Medical Supplies								25
26	Outpatient Services (including E/R Dept.)								26
27	Radiation Therapy								27
28	Chemotherapy								28
29	Other								29
30	Bereavement Program Costs								30
31	Volunteer Program Costs								31
32	Fundraising						·		32

33 Other Program Costs				33
34 Totals (sum of lines 1-33) (2)				34
35 Total cost to be allocated				35
36 Unit Cost Multiplier (see instructions)				36

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4090 (Cont.)	FORM CMS-2552-10	10-12
4090 (Cont.)	FURINI CINIS-2332-10	10-12

	( )					-	
APPORTIONMENT OF HOSPICE SHARED SERVICES		PROVIDER CCN: _		PERIOD:		WORKSHEET K-5,	
				FROM		PART III	
		HOSPICE CCN:		то			
PART	III - COMPUTATION OF TOTAL HOSPICE SHAR	ED COSTS					
					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		66				1
2	Occupational Therapy		67				2
3	Speech/ Language Pathology		68				3
4	Drugs, Biological and Infusion Therapy		73				4
5	Durable Medical Equipment/Oxygen		96				5
6	Labs and Diagnostics		60				6
7	Medical Supplies		71				7
8	Outpatient Services (including E/R Dept.)		93				8
9	Radiation Therapy		55				9
10	Other		76				10
11	Totals (sum of lines 1-10)	_					11

CALCULATION OF HOSPICE PER DIEM COST	PROVIDER CCN:	PERIOD:		WORKSHEET K-6	
		FROM			
	HOSPICE CCN:	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.