4190 (Cont.)		FORM CMS-2540-10									08-16	
ANALYSIS OF HOSPICE COSTS						PROVIDER CCN: HOSPICE CCN:		PERIOD : FROM TO		WORKSHEET K		
	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see instruct.)	CON- TRACTED SERVICES (from Wkst. K-3)	OTHER	TOTAL (cols. 1 through 5)	RECLASSI- FICATION	SUBTOTAL (col. 6 ± col. 7)	ADJUST- MENTS	TOTAL (col. 8 ± col. 9)		
COST CENTER DESCRIPTIONS	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											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 25 Other - Specify											24 25	
25 Other - Specify 26 Durable Medical Equipment/Oxygen											25	
26 Durable Medical Equipment/Oxygen 27 Patient Transportation											26	
27 Patient Transportation 28 Imaging Services											27	
28 Imaging Services 29 Labs and Diagnostics						1				1	28	
30 Medical Supplies			I								30	
31 Outpatient Services (including E/R Dept.)						1				1	31	
32 Radiation Therapy			I								31	
33 Chemotherapy	-		1		1	1	1				33	
34 Other								1		1	34	
HOSPICE NONREIMBURSABLE SERVICE											54	
35 Bereavement Program Costs											35	
36 Volunteer Program Costs										1	36	
37 Fundraising						1				1	37	
38 Other Program Costs										1	38	
39 Total (sum of lines 1 through 38)	-		1		1	1	1				39	
57 Total (sum of mos T unough 56)	1	1	1	1	1	1	1	1			39	

FORM CMS-2540-10 (11/2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4157)