03-1	8				FORM CMS-2:	540-10					4190 ((Cont.)
COST	ALLOCATION - SNF-BASED HOSPICE G			PROVIDER CCN: HOSPICE CCN:		PERIOD: FROM TO		WORKSHEET O-6 PART I				
		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	PLANT OP & MAINT	LAUNDRY & LINEN	HOUSE- KEEPING	DIETARY	
	Descriptions	0	1	2	3	3A	4	5	6	7	8	
GENE	RAL 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
	Laundry & Linen Service											6
	Housekeeping										-	7
	Dietary											8
	Nursing Administration											9
	Routine Medical Supplies											10
	Medical Records											11
	Staff Transportation											12
	Volunteer Service Coordination											13
	Pharmacy											14
	Physician Administrative Services											14
	Other General Service											15
	Patient/Residential Care Services											10
	L OF CARE											1/
												50
	Hospice Continuous Home Care	_										50
	Hospice Routine Home Care											51
	Hospice Inpatient Respite Care											52
	Hospice General Inpatient Care											53
	EIMBURSABLE COST CENTERS											
	Bereavement Program											60
	Volunteer Program											61
	Fundraising											62
	Hospice/Palliative Medicine Fellows											63
	Palliative Care Program											64
	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
	Other Nonreimbursable											71
	Negative Cost Center							l				99
	Total	1		1				1				100

FORM CMS-2540-10 (03/2018) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4164.3)

41-403

4190	(Cont.)				FORM CMS-2	540-10						03-18
COST ALLOCATION - SNF-BASED HOSPICE GENERAL SERVICE COSTS							PROVIDER CCN: HOSPICE CCN:		PERIOD: FROM TO		WORKSHEET O-6 Part I	
		NURSING ADMINIS- TRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANS- PORTATION	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMINISTRA- TIVE SVCS	OTHER GENERAL SERVICE	PATIENT / RESIDENTIAL CARE SVCS	TOTAL	
	Descriptions	9	10	11	12	13	14	15	16	17	18	
	RAL SERVICE COST CENTERS											
	Cap Rel Costs-Bldg & Fixt											1
	Cap Rel Costs-Mvble Equip											2
	Employee Benefits											3
	Administrative & General											4
5	Plant Operation and Maintenance											5
6	Laundry & Linen Service											6
7	Housekeeping											7
8	Dietary											8
9	Nursing Administration		1									9
10	Routine Medical Supplies			1								10
11	Medical Records											11
12	Staff Transportation											12
	Volunteer Service Coordination											13
	Pharmacy											14
15	Physician Administrative Services											15
	Other General Service									-		16
17	Patient/Residential Care Services											17
LEVE	L OF CARE											
50	Continuous Home Care											50
51	Routine Home Care											51
52	Inpatient Respite Care											52
53	General Inpatient Care											53
NONE	REIMBURSABLE COST CENTERS											
60	Bereavement Program											60
	Volunteer Program											61
	Fundraising											62
63	Hospice/Palliative Medicine Fellows											63
	Palliative Care Program					1	1					64
	Other Physician Services					l						65
	Residential Care											66
	Advertising					1	1					67
	Telehealth/Telemonitoring					1	1					68
	Thrift Store						1					69
	Nursing Facility Room & Board											70
	Other Nonreimbursable											71
	Negative Cost Center					1	1	1	1			99
	Total			1				1	1		1	100

FORM CMS-2540-10 (03/2018) (INSTRUCTIONS FOR THIS WORKSHEET	f ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4164.3)
41-404	

Rev. 8