

COST ALLOCATION - SNF-BASED HOSPICE GENERAL SERVICE COST 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-Facility Days )	HOUSE- KEEPING ( Square Feet )	DIETARY ( In-Facility Days )	
	1	2	3	4A	4	5	6	7	8	
<b>GENERAL SERVICE COST CENTERS</b>										
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
<b>LEVEL OF CARE</b>										
50 Hospice Continuous Home Care										50
51 Hospice Routine Home Care										51
52 Hospice Inpatient Respite Care										52
53 Hospice General Inpatient Care										53
<b>NONREIMBURSABLE COST CENTERS</b>										
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 Telehealth/Telemonitoring										68
69 Thrift Store										69
70 Nursing Facility Room & Board										70
71 Other Nonreimbursable										71
99 Negative Cost Center										99
101 Cost to be allocated (per Wkst. O-6, Part I)										101
102 Unit cost multiplier										102

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

COST ALLOCATION - SNF-BASED HOSPICE GENERAL SERVICE COST 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 ADMINISTRATIVE SVCS (Patient Days)	OTHER GENERAL SERVICE (Specify Basis)	PATIENT / RESIDENTIAL CARE SVCS (In-Facility Days)	TOTAL
	9	10	11	12	13	14	15	16	17	18
<b>GENERAL SERVICE COST CENTERS</b>										
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
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102 Unit cost multiplier										102