

ANALYSIS OF SNF - BASED HOSPICE CONTINUOUS HOME CARE

PROVIDER CCN: _____

PERIOD: FROM: _____

WORKSHEET K-1

HOSPICE CCN: _____

TO: _____

		SALARIES	OTHER	SUBTOTAL	RECLASS- IFICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL	
		1	2	3	4	5	6	7	
DIRECT PATIENT CARE SERVICES COST CENTERS									
25	INPATIENT CARE - CONTRACTED								25
26	PHYSICIAN SERVICES								26
27	NURSE PRACTITIONER								27
28	REGISTERED NURSE								28
29	LICENSED PRACTICAL NURSE								29
30	PHYSICAL THERAPY								30
31	OCCUPATIONAL THERAPY								31
32	SPEECH-LANGUAGE PATHOLOGY								32
33	MEDICAL SOCIAL SERVICES								33
34	SPIRITUAL COUNSELING								34
35	DIETARY COUNSELING								35
36	COUNSELING - OTHER								36
37	HOSPICE AIDE & HOME MAKER SERVICES								37
38	DURABLE MEDICAL EQUIPMENT/OXYGEN								38
39	PATIENT TRANSPORTATION								39
40	IMAGING SERVICES								40
41	LABS & DIAGNOSTICS								41
42	MEDICAL SUPPLIES-NON-ROUTINE								42
43	DRUGS CHARGED TO PATIENTS								43
44	OUTPATIENT SERVICES								44
45	PALLIATIVE RADIATION THERAPY								45
46	PALLIATIVE CHEMOTHERAPY								46
47	OTHER DIRECT PATIENT CARE SERVICE COST CENTER								47
100	TOTAL								100