

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	PROVIDER NO. _____	PERIOD: FROM _____ TO _____	WORKSHEET I-I
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Check applicable box: Renal Dialysis Department Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours
		1	2	3	4
1	Registered Nurses		Hours of Service		
2	Licensed Practical Nurses		Hours of Service		
3	Nurses Aides		Hours of Service		
4	Technicians		Hours of Service		
5	Social Workers		Hours of Service		
6	Dieticians		Hours of Service		
7	Physicians		Accumulated Cost		
8	Non-patient Care Salary		Accumulated Cost		
9	Subtotal (sum of lines 1-8)				
10	Employee Benefits		Salary		
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet		
12	Capital Related Costs-Mov. Equip.		Percentage of Time		
13	Machine Costs & Repairs		Percentage of Time		
14	Supplies		Requisitions		
15	Drugs		Requisitions		
16	Other		Accumulated Cost		
17	Subtotal (sum of lines 9-16)*				
18	Capital Related Costs-Bldgs. & Fixtures		Square Feet		
19	Capital Related Costs-Mov. Equip.		Percentage of Time		
20	Employee Benefits		Salary		
21	Administrative and General		Accumulated Cost		
22	Maint./Repairs-Operation-Housekeeping		Square Feet		
23	Medical Education Program Costs				
24	Central Services & Supplies		Requisitions		
25	Pharmacy		Requisitions		
26	Other Allocated Costs		Accumulated Cost		
27	Subtotal (sum of lines 17-26)*				
28	Laboratory (see instructions)		Charges		
29	Respiratory Therapy (see instructions)		Charges		
30	Other (see instructions)		Charges		
31	Total costs (sum of lines 27-30)				

* Line 17, column 1 should agree with Worksheet A, column 7 for line 71 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 71 or line 94 as appropriate.

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-2
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Check applicable box:		<input type="checkbox"/> Renal Dialysis Department <input type="checkbox"/> Home Program Dialysis										
OUTPATIENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)
COMPOSITE PAYMENT RATE		BUILDING	EQUIPMENT	RNs	OTHER							
1	Total Renal Department Costs											1
MAINTENANCE												
2	Hemodialysis											2
3	Intermittent Peritoneal											3
TRAINING												
4	Hemodialysis											4
5	Intermittent Peritoneal											5
6	CAPD											6
7	CCDP											7
HOME												
8	Hemodialysis											8
9	Intermittent Peritoneal											9
10	CAPD											10
11	CCDP											11
OTHER BILLABLE SERVICES												
12	Inpatient Dialysis											12
13	Method II Home Patient											13
14	EPO (included in Renal Department)											14
15	ARENESP (included in Renal Department)											15
16	Other											16
17	Total (sum of lines 2-16)											17
18	Medical Educational Program Costs											18
19	Total Renal Costs (line 17 + line 18)											19

DRAFT

FORM CMS-2552-10

4090 (Cont.)

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-3
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Check applicable box:		<input type="checkbox"/> Renal Dialysis Department		<input type="checkbox"/> Home Program Dialysis								
COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS (SALARY)	DRUGS (REQUIST.)	MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB-TOTAL	OVERHEAD (ACCUM. COST)		
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHERS (HOURS)								
	1	2	3	4								
1	Total Renal Department Costs											1
	MAINTENANCE											
2	Hemodialysis											2
3	Intermittent Peritoneal											3
	TRAINING											
4	Hemodialysis											4
5	Intermittent Peritoneal											5
6	CAPD											6
7	CCDP											7
	HOME											
8	Hemodialysis											8
9	Intermittent Peritoneal											9
10	CAPD											10
11	CCDP											11
	OTHER BILLABLE SERVICES											
12	Inpatient Dialysis Treatments _____											12
13	Method II Home Patient											13
14	EPO											14
15	ARENESP											15
16	Other											16
17	Total Statistical Basis											17
18	Unit Cost Multiplier (line 1 ÷ line 17)											18

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4050)

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-4
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Check applicable box:		<input type="checkbox"/> Renal Dialysis Department	<input type="checkbox"/> Home Program Dialysis
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	Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
	1	2	3	4	5	6	7	
1 Maintenance - Hemodialysis								1
2 Maintenance - Peritoneal Dialysis								2
3 Training - Hemodialysis								3
4 Training - Peritoneal Dialysis								4
5 Training - Continuous Ambulatory Peritoneal Dialysis								5
6 Training - Continuous Cycling Peritoneal Dialysis								6
7 Home Program - Hemodialysis								7
8 Home Program - Peritoneal Dialysis								8
9 Home Program - Continuous Ambulatory Peritoneal Dialysis	<u>Patient Weeks</u>			<u>Patient Weeks</u>				9
10 Home Program - Continuous Cycling Peritoneal Dialysis								10
11 Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 7)								11

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-5
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Description

1	Total expenses related to care of program beneficiaries (see instructions)		1
2	Total payment (from Worksheet I-4, column 6, line 11)		2
3	Deductibles billed to Medicare (Part B) patients		3
4	Coinsurance billed to Medicare (Part B) patients		4
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries		5
6			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)		8
9	Program payment (line 2 less line 3, times 80 percent)		9
10	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 7 and 8. If negative, enter zero and do not complete line 11.)		10
11	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)		11