

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS		PROVIDER NO. _____	PERIOD: FROM _____ TO _____	WORKSHEET I-1
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Check applicable box: Renal Dialysis Department Home Program Dialysis

	TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
1	Registered Nurses	Hours of Service			1
2	Licensed Practical Nurses	Hours of Service			2
3	Nurses Aides	Hours of Service			3
4	Technicians	Hours of Service			4
5	Social Workers	Hours of Service			5
6	Dieticians	Hours of Service			6
7	Physicians	Accumulated Cost			7
8	Non-patient Care Salary	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)				9
10	Employee Benefits	Salary			10
11	Old & New Capital Related Costs-Bldgs. & Fixtures	Square Feet			11
12	Old & New Capital Related Costs-Mov. Equip.	Percentage of Time			12
13	Machine Costs & Repairs	Percentage of Time			13
14	Supplies	Requisitions			14
15	Drugs	Requisitions			15
16	Other	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*				17
18	Old Capital Related Costs-Bldgs. & Fixtures	Square Feet			18
19	Old Capital Related Costs-Mov. Equip.	Percentage of Time			19
20	New Capital Related Costs-Bldgs. & Fixtures	Square Feet			20
21	New Capital Related Costs-Mov. Equip.	Percentage of Time			21
22	Employee Benefits	Salary			22
23	Administrative and General	Accumulated Cost			23
24	Maint./Repairs-Operation-Housekeeping	Square Feet			24
25	Medical Education Program Costs				25
26	Central Services & Supplies	Requisitions			26
27	Pharmacy	Requisitions			27
28	Other Allocated Costs	Accumulated Cost			28
29	Subtotal (sum of lines 17-28)*				29
30	Laboratory (see instructions)	Charges			30
31	Respiratory Therapy (see instructions)	Charges			31
32	Other (see instructions)	Charges			32
33	Total costs (sum of lines 29-32)				33

* Line 17, column 1 should agree with Worksheet A, column 7 for line 57 or line 64 as appropriate, and line 29, column 1 should agree with Worksheet B, Part I, column 27 for line 57 or line 64 as appropriate.

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 COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS						
		1	2	3	4	5	6	7	8	9	10	11
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
14.01	ARANESP (included in Renal Department)											14.01
15	Other											15
16	Total (sum of lines 2-15)											16
17	Medical Educational Program Costs											17
18	Total Renal Costs (line 16 + line 17)											18

FORM CMS-2552-96 (05/2008) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3652)

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
14.01	ARANESP										14.01
15	Other										15
16	Total Statistical Basis										16
17	Unit Cost Multiplier (line 1 ÷ line 16)										17

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					
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	Payment Rate	Total Program Payment (col. 4 x col. 6)	
		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 - Continous Ambulatory Peritoneal Dialysis								5
6	Training - Continous 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

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 7, 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
5.01	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		5.01
6	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)		6
7	Program payment (line 2 less line 3, times 80 percent)		7
8	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 6 and 7. If negative, enter zero and do not complete line 9.)		8
9	Reimbursable bad debts (lesser of line 8 or line 5) (transfer to Worksheet E, Part B, line 26)		9