

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS		PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-1
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Check applicable box:		<input type="checkbox"/> Renal Dialysis Department	<input type="checkbox"/> Home Program Dialysis		
		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours
		1	2	3	4
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	Capital Related Costs-Bldgs. & Fixtures		Square Feet		11
12	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	Capital Related Costs-Bldgs. & Fixtures		Square Feet		18
19	Capital Related Costs-Mov. Equip.		Percentage of Time		19
20	Employee Benefits <i>Department</i>		Salary		20
21	Administrative and General		Accumulated Cost		21
22	Maint./Repairs-Operation-Housekeeping		Square Feet		22
23	Medical Education Program Costs				23
24	Central Services & Supplies		Requisitions		24
25	Pharmacy		Requisitions		25
26	Other Allocated Costs		Accumulated Cost		26
27	Subtotal (sum of lines 17-26)*				27
28	Laboratory (see instructions)		Charges		28
29	Respiratory Therapy (see instructions)		Charges		29
30	Other (see instructions)		Charges		30
31	Total costs (sum of lines 27-30)				31

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	PROVIDER CCN: _____	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 BENEFITS		MEDICAL	ROUTINE ANCILLARY	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)
		BUILDING	EQUIPMENT	RNs	OTHER	<i>DEPARTMENT</i>	DRUGS	SUPPLIES	SERVICES			
		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
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

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	PROVIDER CCN: _____	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	<i>Number of Program Treatments</i>	<i>Number of Program Treatments</i>	Total Program Expenses (see instructions)	Total Program Payment	<i>Total Program Payment</i>	<i>Total Program Payment</i>	Average Payment Rate (col. 6 ÷ col. 4)	<i>Average Payment Rate (col. 6.01 ÷ col. 4.01)</i>	<i>Average Payment Rate (col. 6.02 ÷ col. 4.02)</i>	
		1	2	3	4	<i>4.01</i>	<i>4.02</i>	5	6	<i>6.01</i>	<i>6.02</i>	7	<i>7.01</i>	<i>7.02</i>	
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	Patient Weeks			Patient Weeks	<i>Patient Weeks</i>	<i>Patient Weeks</i>								9
10	Home Program - Continuous Cycling Peritoneal Dialysis														10
11	Totals (sum of lines 1 through 8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6)														11
12	<i>Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))</i>														<i>12</i>

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-5
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Description

Description		1	2	
1	Total expenses related to care of program beneficiaries (see instructions)			1
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)			2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments			2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)			3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)			4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)			4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries			5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)			5.05
6	Allowable bad debts (see instructions)			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)			8
9	Program payment (see instructions)			9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE

12	Total allowable expenses (see instructions)			12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)			13
14	Facility specific composite cost percentage (line 13 divided by line 12)			14