

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET S-5
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RENAL DIALYSIS STATISTICS

DESCRIPTION	Outpatient		Training	Home			
	Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis CAPD CCPD		
	1	2	3	4	5	6	
1 Number of patients in program at end of cost reporting period							1
2 Number of times per week patient receives dialysis							2
3 Average patient dialysis time including setup							3
4 CAPD exchanges per day							4
5 Number of days in year dialysis furnished							5
6 Number of stations							6
7 Treatment capacity per day per station							7
8 Utilization (see instructions)							8
9 Average times dialyzers re-used							9
10 Percentage of patients re-using dialyzers							10

ESRD PPS

	1	2	
10.01 Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)			10.01
10.02 Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)			10.02
10.03 If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)			10.03

TRANSPLANT INFORMATION

11 Number of patients on transplant list			11
12 Number of patients transplanted during the cost reporting period			12

EPOETIN

13 Net costs of Epoetin furnished to all maintenance dialysis patients by the provider			13
14 Epoetin amount from Worksheet A for home dialysis program			14
15 Number of EPO units furnished relating to the renal dialysis department			15
16 Number of EPO units furnished relating to the home dialysis department			16

ARANESP

17 Net costs of ARANESP furnished to all maintenance dialysis patients by the provider			17
18 ARANESP amount from Worksheet A for home dialysis program			18
19 Number of ARANESP units furnished relating to the renal dialysis department			19
20 Number of ARANESP units furnished relating to the home dialysis department			20

PHYSICIAN PAYMENT METHOD (Enter "X" for applicable method(s))

21	MCP _____	INITIAL METHOD _____				21
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
	1	2	3	4	5	
22	Erythropoiesis-Stimulating Agents (ESA) Statistics: Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)					22

LOW VOLUME

	CCN	Treatments	
	1	2	
23	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		23