

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATAPROVIDER CCN:
_____PERIOD:
FROM _____
TO _____

WORKSHEET S-5

RENAL DIALYSIS STATISTICS							
DESCRIPTION	Outpatient		Training		Home		
	Regular 1	High Flux 2	Hemo- dialysis 3	CAPD CCPD 4	Hemo- dialysis 5	CAPD CCPD 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 1	Net Cost of ESAs for Renal Patients 2	Net Cost of ESAs for Home Patients 3	Number of ESA Units - Renal Dialysis Dept. 4	Number of ESA Units - Home Dialysis Dept. 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 1	Treatments 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