
CMS Manual System

Pub. 100-14 Medicare End Stage Renal Disease Network Organizations

Department of Health &
Human Services (DHHS)
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I. SUMMARY OF CHANGES:

We have revised Chapter 2 –Administration, to add new sections and subsections to the Table of Contents, revise Section 80 on Internal Quality Control Program, add new material in Section 110 - Performance Improvement Plans, make a new Section 120 for Exhibits, and revise the Vocational Rehabilitation Table in Exhibit 2-1. We have established new hyperlinks and have revised some hyperlinks.

Chapter 2, Section 40 – Medical Review Board (MRB), corrects a statutory citation for a hyperlink in [§1126\(a\) and \(b\)](#) and added a new hyperlink [§1881\(c\)\(1\)\(C\)](#).

Chapter 2, Subsection 70.1 – Quarterly Progress and Status Reports, establishes a hyperlink to [Exhibit 2-2](#) to include the reporting format.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 27, 2003

IMPLEMENTATION DATE: October 27, 2003

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	2/ Table of Contents
R	2 / 10 / Organizational Structure
R	2 / 20 / 20.1 / Establishing the NC
R	2 / 30 / Board of Directors (BOD)
R	2 / 40 / Medical Review Board (MRB)
R	2 / 50 / Other Committees
R	2 / 60 / Network Staff
R	2 / 70 / Required Administrative Reports/Activities
R	2 / 70 / 70.1 / Quarterly Progress and Status Reports
R	2 / 70 / 70.2 / Annual Report
N	2 / 70 / 70.3 / Semi Annual Report of Network Operating Costs
N	2 / 70 / 70.4 / New ESRD Patient Orientation Package Activities
R	2 / 80 / Internal Quality Control (IQC) Program
R	2 / 80 / 80.2 / IQC Program Requirements

R	2 / 80 / 80.3 / IQC Methodology
R	2 / 80 / 80.4 / Reporting Requirements
R	2 / 90 / CMS Meetings
R	2 / 100 / Cooperative Activities With State Survey Agencies and Quality Improvement Organizations (QIOs)
N	2 / 110 / Performance Improvement Plans (PIPs)
N	2 / 110 / 110.1 / Purpose of PIPs
N	2 / 110 / 110.2 / Monitoring Responsibilities
N	2 / 110 / 110.3 / PIP Format
R	2 / 120 / Exhibit 2-1 / Annual Report Format
R	2 / 120 / Exhibit 2-1 / ESRD Network Table 8 –Vocational Rehabilitation
R	2 / 120 / Exhibit 2-2 / Quarterly Progress and Status Report Format
R	2 / 120 / Exhibit 2-2 / Table 1 – Quarterly Reporting Format - Complaints/Concerns and Grievances

Medicare ESRD Network Organizations Manual

Chapter 2 - Administration

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10 - Organizational Structure

(Rev. 3, 09-12-03)

ENO 200

The ESRD Network must have an organizational structure, basic administrative staff, *and* infrastructure to *support its operations and meet its* statutory requirements, and other work activities as set forth in the ESRD Statement of Work (SOW) at <http://www.cms.hhs.gov/esrd/2.asp>. *It is* required to:

- Establish various boards or committees;
- Specify appropriate roles and functions for these entities; and
- Maintain minutes or documentation of committee meetings and actions.

20 - Network Council (NC)

(Rev. 1, 07-11-03)

ENO 205

20.1 - Establishing the NC

(Rev. 3, 09-12-03)

ENO 205.A

The Network establishes and maintains an NC that meets the statutory requirements of [§1881\(c\)](#) of the Act. The NC must:

- Be composed of members from renal dialysis and transplant *facilities or* providers located in the network area;
- Be representative of the geography and the types of *facilities/*providers in the network area; and
- Have at least one patient representative. (A patient representative can be a dialysis patient and/or a transplant patient within the network area.)

20.2 - Functions of the NC

(Rev. 1, 07-11-03)

ENO 205.B

At a minimum, the NC will provide input into the activities of the Network and serve as a liaison between the Network and the provider membership. The Network supports and coordinates the activities of the NC.

30 - Board of Directors (BOD)

(Rev. 3, 09-12-03)

ENO 210

The ESRD Network Organization must be governed by a BOD composed of representatives from the network area including at least one patient representative. The BOD, or Executive Committee (EC) of the Board, will meet as necessary (suggest quarterly by teleconference or face-to-face meeting) to ensure the successful operation of the Network.

At a minimum, the BOD or EC will:

- Supervise and be responsible for the performance of the Network's administrative staff in meeting contract deliverables and requirements *as well as responding to CMS' requests*;
- Supervise and be responsible for the financial operation of the Network including the Internal Quality Control (IQC) program (see [§80](#));
- Review and approve the Annual Report prior to submission to the project officer (PO);
- Approve requests for modifications to the Network's contract that involve requests for additional funding; and
- Review and approve any recommendations from the medical review board to sanction ESRD facilities (prior to submission to CMS).

40 - Medical Review Board (MRB)

(Rev. 3, 09-12-03)

ENO 215

The Network establishes a committee that meets the statutory requirements of [§1881\(c\)](#) of the Act to function as the Network's MRB. The MRB must be composed of at least one patient representative and representatives of each of the professional disciplines (e.g., physician, registered nurse, and social worker), engaged in treatment related to ESRD. MRB members must be qualified to evaluate the quality and appropriateness of care delivered to patients with ESRD. This committee must meet *as necessary* (by teleconference or face-to-face meeting).

The functions of the MRB include the following:

- The MRB will serve as an advisory panel to the Network on the care and appropriate placement of ESRD patients on dialysis in the network area.
- The MRB will also serve as the primary advisory panel for all Network quality improvement activities, including the analyses of local data on the Clinical Performance Measures (CPMs) and *for* ESRD grievances.
- The MRB will assist the Networks staff in the development, implementation and evaluation of quality improvement projects.
- *The MRB will serve as the clearinghouse for all Network projects by reviewing and evaluating whether Institutional Review Board (IRB) approval or involvement is required according with the Office of Human Research Protection regulations. (See Chapter 5, §§40.5 and 40.7.)*
- *The MRB will, at a minimum, on an annual basis, review Network prepared profile reports of facilities based on glomerular filtration rates of patients at their initiation of therapy to ensure the appropriateness of renal replacement therapy. MRB members will be compensated as a consultant for this task at a rate not to exceed \$100 per hour and at a frequency of no more than 2 hours per member per month on average.*

NOTE: A MRB member must not review the ESRD services of a provider in which he or she has a direct or indirect financial interest (as described in [§1126\(a\) and \(b\)](#) of the Act), has or had, any professional involvement, received reimbursement, or supplied goods. (*See [§1881\(c\)\(1\)\(C\)](#) of the Act.*)

50 - Other Committees

(Rev. 3, 09-12-03)

ENO 220

The Network establishes other committees (or subcommittees) as appropriate, to meet the requirements in the SOW. To the fullest extent possible, *these* committees must be composed so as to represent the diversity of the patient and practitioner community. The Network's BOD or bylaws determine the appropriate committee member compositions.

60 - Network Staff

(Rev. 3, 09-12-03)

ENO 225

The Network must have an administrative staff that performs the work requirements of the ESRD SOW. At a minimum, the staff must include:

- The Executive Director/Project Director who, under the general direction of the BOD, is responsible for the overall management, supervision, and coordination of the contract requirements between the Network and CMS, including meeting deliverable due dates. The Executive Director/Project Director is responsible for *the overall operation of the Network including*, program development, business and fiscal management, the IQC program, personnel staffing (including staff training, hiring, and firing), and liaison with Network committees, external agencies, QIOs, and renal related agencies/organizations.
- A Quality Improvement Manager/Coordinator who is responsible for the development, implementation, evaluation, and management of your quality improvement projects and other related quality improvement activities such as the collection of data on the CPMs.
- A Data Manager who is responsible for overseeing and/or assisting the Executive Director/Project Director in managing the daily operations, maintenance, and integrity of the Network's database and data systems.
- Sufficient support staff (including a registered nurse with nephrology experience) to conduct the activities and responsibilities in the Network's contract and in other CMS directives.
- A *full time* individual with a Masters in Social Work or an equally qualified individual (i.e., experienced nephrology nurse or counselor) who is responsible for resolving patient and/or facility complaints or grievances, and conducting educational training on managing difficult patients, mediation, and conflict

resolution. *In the event a Network is unable to find an individual with the above listed qualifications, or wants to retain current staff with proven capabilities, the Project Officer must approve the exception.*

70 - Required Administrative Reports/Activities

(Rev. 3, 09-12-03)

ENO 230

The Network must submit the following administrative reports to its PO:

- *Quarterly Progress and Status Reports of Network contractual activities as instructed in §70.1;*
- *Annual Report of Network activities as instructed in §70.2; and*
- *Semi-annual report of Network operating costs as instructed in §70.3.*

The Network must also perform the following administrative activities:

- *Provide a letter of introduction for the New ESRD Patient Orientation Package as instructed in §70.4; and*
- *Follow up on all returned mail for the Network Coordinating Center when New ESRD Patient Packages are undeliverable. (See §70.4.)*

70.1 - Quarterly Progress and Status Reports

(Rev. 3, 09-12-03)

ENO 230.A

The Quarterly Progress and Status Reports are used to:

- Provide a summary of Network activities conducted during the previous quarter;
- Alert the PO of potential quality of care or other problems in the network area;
- Alert the PO of problems encountered in fulfilling contract requirements; and
- *Allow the PO to monitor the Network's performance in meeting contract requirements.*

The Network *must* submit one *hard* copy *and an electronic copy* of the report to its PO and to CMS Central Office by the 15th working day after the beginning of each calendar

quarter. *The electronic version must be in Word format. The Quarterly Progress and Status Reports should include the information in [Exhibit 2-2](#).*

70.2 - Annual Report

(Rev. 3, 09-12-03)

ENO 230.B

Include in the *Annual* Report a statement of the Network goals and the activities conducted to meet the CMS goals for the ESRD Network program during the previous calendar year, an assessment as to whether those activities were effective in meeting the goals, and a summary of the impact these goals had on the ESRD population, which includes the comparative performance *of facilities and providers* regarding the placement of patients in appropriate settings for self-care, transplants, and vocational rehabilitation programs, as required by [42 CFR 405.2112\(f\)](#). Identify those facilities that failed to cooperate with the Network goals *or to follow the recommendations of the medical review board*, and identify those facilities and providers that are not providing appropriate medical care. Provide any recommendations for additional or alternative ESRD services and/or facilities in the network area.

The Annual Report covers the reporting period for the preceding calendar year of January 1 through December 31. A member(s) of the Network's BOD must review and approve the report before it is submitted to the Network's PO. The Network submits a draft of its Annual Report for review to its PO by May 15 of each calendar year (*see NOTE below*) and forwards the final Annual Report (original) to its PO on or before *July 1* of each calendar year following the instructions and format in [Exhibit 2-1](#). Reference and cite the CMS contract number and identify CMS as the sponsoring agency.

After the PO approves the Network's report, the Network distributes the Annual Report to the facilities/providers in the network area and to the renal community or other individuals upon request. The Network *must* submit one copy of the Annual Report to CMS central office and one copy to the ESRD Network *Coordinating Center* for compilation of the Networks' annual reports within 2 weeks of approval of the final report to CMS PO. Within 90 days after PO approval, the Network makes the report available on its Web site *and notifies its PO of the effective date*.

NOTE: The Network may discuss with the PO the option of not submitting a draft Annual Report if the Network does not anticipate major changes to its report.

The Network's Annual Report should include the contents found in [Exhibit 2-1](#).

70.3 - Semi Annual Report of Network Operating Costs

(Rev. 3, 09-12-03)

The Network must submit its semi-annual report of Network operating costs to its PO and CMS central office by the 15th working day of the second calendar month following the closing date of the cost reporting period it covers as specified in C.3.D.1. Task 3.c. of its Statement of Work and H.5 of its contract.

70.4 – New ESRD Patient Orientation Package Activities

(Rev. 3, 09-12-03)

Perform the following administrative activities:

- 1. Provide, for duplication and use by the contractor designated by CMS to distribute in the New ESRD Patient Orientation Package to new ESRD patients in its network area, a letter introducing the Network organization to the new patient. The letter shall be written on Network stationery and shall be provided to the Network Coordinating Center for the designated subcontractor to distribute in the ESRD new patient packages with a copy to the Network's project officer when:*
 - a. Directed by CMS;*
 - b. Requested by the designated contractor; and/or*
 - c. Upon any changes to the letter's content information.*
 - d. The Network organization's letter of introduction should include, at a minimum:*
 - Information on the Network's grievance procedure;*
 - Network specific information, including the Network organization's toll-free number, and a way to request/obtain additional educational materials on ESRD, patient care, treatment options, and services; and*
 - Information about the function of State agencies (SA) to include addresses and phone numbers of each SA in the Network contract area, and the fact that the SA receives and investigates complaints.*
- 2. Follow up on all returned mail for the Network Coordinating Center when New ESRD Patient Packages are undeliverable. The Network shall:*
 - a. Determine whether the patient is deceased or is still alive and has a current address;*
 - b. Provide the Network Coordinating Center with the patient's name and current address;*

- c. *In cases where the patient is deceased, update its patient database to the Standard Information Management System (SIMS); and*
- d. *Report monthly to the Network Coordinating Center the number of returns due to death and address changes.*

Report on all these administrative activities in its Quarterly Progress and Status Report.

80 -Internal Quality Control (IQC) Program

(Rev. 3, 09-12-03)

ENO 235

Networks are required to have an IQC Program. A strong IQC Program should help the Network meet contract requirements and continually improve areas where performance does not achieve Network and/or CMS goals. A strong IQC Program does not guarantee that a Network will successfully meet performance-based contract requirements, but it will help the Network demonstrate to CMS the quality of the work conducted.

Requirements for the IQC Program are delineated below. A model format for the IQC Program, which does include the requirements, was provided to all Networks in September 2002. Networks are not required to use this model, but must meet the requirements specified below. Project Officer (PO) evaluation of the IQC program is based on whether or not the program meets minimum requirements. "Passing" on these minimum criteria during annual evaluations in no way indicates that the PO or any panel that will review Network performance considers the IQC Program a strong one. Any interaction between the regional PO or Scientific Officer (SO) regarding the content or quality of the IQC plan and its products above and beyond the minimum requirements are merely intended to be helpful suggestions. They in no way, explicitly or implicitly, represent an approval, nor confirmation of quality, of the IQC plan and its products.

80.1 - Objectives of the IQC Program

(Rev. 1, 07-11-03)

ENO 235.A

The objectives of the IQC program, at a minimum, are to:

- Support and foster continuous quality improvement within the Network in support of the Health Care Quality Improvement Program (HCQIP) and other SOW activities;
- Develop and implement a plan that ensures all aspects of the Network activities run efficiently, comply with the contract, and are consistent with CMS' goals and objectives for the HCQIP and the SOW;

- Maintain the Network activities within a permissible range of deviation with minimum effort;
- Ensure the financial integrity of the contract by actively monitoring and staying within the total fixed price of the contract;
- Improve the reliability, accuracy, consistency, and timeliness of data processing and data reports; and
- Ensure the support, understanding, and participation of all beneficiaries, facilities, providers, and other constituencies that are affected by the HCQIP.

80.2 - IQC Program Requirements

(Rev. 3, 09-12-03)

ENO 235.B

Each Network must have an IQC program that encompasses *each of the following tasks in the SOW. Not all tasks must be monitored continuously or simultaneously. The Network's plan must evaluate each Task at least annually and more often, as the activity and performance indicate. Networks are free to develop measures in other tasks that have not been specified.*

- *Task 1* Quality Improvement
 - *Task 1.a. CPM Quality Improvement Projects (QIP) – Performance Based*
 - *Task 1.b. Other CPM Quality Improvement Projects – Non-Performance Based*
 - *Task 1.c. Clinical Performance Measures (CPMs) Collection*
- *Task 2* Community Information and Resources
 - *Task 2.c. Provision of Technical Assistance*
 - *Task 2.d. Resolution of Difficult Situations and Grievances*
- *Task 3* Administration
 - *Task 3.c. Required Administrative Reports*
- *Task 4* Information Management

- *Task 4.b. Database Management*
- *Task 4.c. Collection, Completion, Validation and Maintenance of CMS ESRD Forms*
- *Task 4.g. CMS ESRD Forms Data Discrepancies and Data Corrections*
- *Task 4.h. Renal Transplant Data*
- *Task 4.i. Reporting on Renal Status of Medicare ESRD Beneficiaries*

80.3 - IQC *Methodology*

(Rev. 3, 09-12-03)

ENO 235.C

The Network's IQC program should use an improvement methodology. Though the exact methodology may vary between Networks, it must identify what the Networks are monitoring and the indicators (measures) to be used for measurement. The IQC methods must:

- *Set performance goals for each measure that allow the Network to:*
 - *Determine if performance is acceptable, and*
 - *Determine if the quality and quantity of the output is adequate to support organizational and Network program objectives.*
- *Identify the information to be collected, the frequency of collection, and when and how it will be shared with other Network staff.*
- *Delineate the system to be used for establishing priorities if the number of indicators that fail to meet goals exceeds the resources of the Network.*
- *Determine the reason for failure to meet goals. (Note: if several indicators fail to meet established goals the Network may need to prioritize its improvement efforts via the system spelled out in the previous bullet.)*
- *Identify, implement, and monitor improvement actions.*

80.4 - *Reporting Requirements*

(Rev. 3, 09-12-03)

ENO 235.D

At a minimum, the Network:

- Generates periodic progress reports (based on activity being monitored and the IQC plan) on all IQC activities listed in [§80.2](#); and
- Retains and makes available reports for CMS monitoring purposes.

90 - CMS Meetings

(Rev. 3, 09-12-03)

ENO 240

Networks are expected to attend all CMS-sponsored/sanctioned meetings when requested. At a minimum, Networks are required to attend annually *two* CMS-sponsored/sanctioned meetings, and two meetings at their respective regional offices. CMS or the Network Executive Director/ Project Director, as appropriate, will recommend which Network staff members are to participate at the CMS-sponsored/sanctioned meetings. Networks are also expected to attend at least one national renal meeting *annually*.

100 - Cooperative Activities With State Survey Agencies and Quality Improvement Organizations (QIOs)

(Rev. 3, 09-12-03)

ENO 245

In addition to quality improvement activities outlined in Part 5 of this manual, the Network works with the appropriate CMS RO(s), State survey agency(ies) and QIOs in other areas that will assist each organization to improve the quality of care for ESRD patients. These activities should include, but are not limited to, the following:

- Sharing information to assist the State survey agencies and/or QIOs in carrying out *both federal and State* responsibilities (i.e., sharing facility/patient specific information so that surveys and quality improvement activities can be targeted to those needing additional interventions); and

- Referring quality of care issues, as appropriate, and assisting the State survey agency or QIO in the investigation of the quality of care issues upon request, which may include:
 1. Conducting reviews cooperatively (e.g., site visits, *such as* sequential reviews, as needed);
 2. *Conducting joint State/Network onsite visits only with the approval of CMS;*
 3. Providing technical assistance;
 4. Providing information regarding expected outcomes; and/or
 5. Reporting patterns of complaints or grievances.
- Coordinating and collaborating with the State survey agency in regards to QI interventions when a provider is uncooperative or unable to implement and maintain improvements, whether in compliance with the conditions for coverage or in the provision of care, that is consistent with current professional knowledge.

Suggestions for other activities include the following:

- Sharing data/information such as the Clinical Performance Measures Reports, standardized mortality ratios, standardized hospitalization ratios, ESRD complaints/grievances, and other educational type materials;
- Collaborating in quality improvement projects;
- Providing technical assistance or training on dialysis-related patient care issues;
- Assisting State survey agencies in focusing survey resources; and
- Assisting State surveyors in understanding how to interpret and utilize the Network, CMS, and/or USRDS data.

110 - Performance Improvement Plans (PIPs)

(Rev. 3, 09-12-03)

110.1 - Purpose of PIPs

(Rev. 3, 09-12-03)

When the Network fails to meet contract requirements, CMS may require a PIP to ensure that the Network will be taking appropriate steps to remedy contract performance deficiencies.

110.2 - Monitoring Responsibilities

(Rev. 3, 09-12-03)

The PO is responsible for ongoing monitoring of each ESRD Network. When deficiencies in Network performance are identified, the PO issues a request for a PIP. When this occurs, the Network must submit a PIP within the required timeframe (generally 10 days), unless the Network requests, and is granted, an extension.

A fully acceptable PIP:

- 1. Responds to all identified issues;*
- 2. Is measurable by the Network and the RO;*
- 3. Pinpoints the deficiency/problem source;*
- 4. Can realistically be completed within 30 days; and*
- 5. Provides reasonable assurances that the PIP initiatives will prevent recurrences of the identified deficiency.*

Once the Network submits a PIP to the RO and it is approved, the PO monitors the PIP through written reports and on-site visits as necessary. The PO verifies and validates that the deficiency that triggered the PIP is corrected.

110.3 - PIP Format

(Rev. 3, 09-12-03)

A request for corrective action clearly identifies the specific deficiency in the Network's contract performance. The PO:

- 1. Specifies how and when the deficiency was identified;*
- 2. Specifies how the deficiency adversely affects contract performance;*
- 3. Specifies the authority that requires the correction (i.e., Statement of Work, Network Proposal, ESRD Manual);*
- 4. Specifies that if the total estimated costs of the contract are increased by the correction proposed, the Network must submit a contract modification request with the PIP;*
- 5. Allows the Network latitude to develop a PIP, which meets the needs of its organization;*

6. *Does not tell the Network how to correct the deficiency (but informs the Network of a specific action, if required, so that the PO's comments are capable of being followed successfully).*

The PIP request includes a statement that notifies the Network that if a fully acceptable PIP is not submitted within 10 working days from the date RO notification is received, a recommendation to the Contracting Officer to withhold contract funds may be initiated. If the Network fails to comply with an approved PIP within the CMS required timeframes, the RO requests additional corrective action and considers recommending withholding of funds or termination.

Once the PIP is submitted to the RO and it is approved, the Network has 30 days to correct the deficiency unless justification for an extension is submitted and granted. When an RO requests a PIP, the information provided by the Network may contain proprietary information. Proprietary information is defined as "information the release of which would cause substantial harm to the Network's competitive position." In order to expedite FOIA requests for PIPs, the RO, in its PIP request, instructs the Network to identify any proprietary data contained in its response.

120 - Exhibits

Exhibit 2-1 - Annual Report Format

(Rev. 3, 09-12-03)

(This exhibit is under review and subject to revision at a later date.) The content of the annual report will include the following:

1. Preface
 - a. An introductory statement signed by the Board or Council Chairperson
 - b. Table of Contents
2. Introduction
 - a. Network Description - A brief narrative describing the States in the network area and the general population characteristics.
 - b. Structure
 - 1) Staffing
 - 2) Names and titles of staff, and
 - 3) Brief description of key responsibilities, and

4) Committees

- 5) *Description of the function* of each committee and any special accomplishments or activities conducted by the committees.

3. CMS National Goals and Network Activities

Describe the Network's performance (activities conducted) in meeting the goals listed in section C.1.C of the [SOW](#) of the contract (also see below) and provide an evaluation/analysis of *the Network's* accomplishment of the goals, and what impact, if any, these goals had on the ESRD population, which includes the comparative performance *of facilities and providers* regarding the placement of patients in appropriate settings for self-care, transplants, and vocational rehabilitation programs, as required by [42 CFR 405.2112\(f\)](#). Include under this section those facilities *and providers* that *consistently* failed to cooperate with Network goals *or to follow the recommendations of the MRB* and those facilities and providers that are not providing appropriate medical care. *Goals to be addressed include.*

- **Improving the quality of care of health care services and quality of life for ESRD beneficiaries** - Include under this goal a summary of quality improvement projects in progress or completed, a summary of educational and other materials provided to facilities and/or patients, a summary of technical or other assistance provided to facilities and/or patients, and other activities related to improving the quality of care. Also include a summary of how these projects affected the ESRD population.
- **Improving data reporting, reliability and validity among ESRD facilities/providers, Networks, and CMS (or other appropriate agency)** - Include under this goal a summary of information management related activities.
- **Establishing and improving partnerships and cooperative activities among and between the ESRD Networks, QIOs, State survey agencies and ESRD facilities/providers, ESRD facility owners, professional groups, and patient organizations** - Include under this goal a summary of activities conducted with State survey agencies, QIOs, other Networks, professional groups, and patient organizations.
- **Evaluating and resolving patient grievances as categorized in the Standard Information Management System (SIMS)** - Include under this activity the total number of grievances received during the year, total number resolved, total number unresolved, total number referred and to what agency/or to whom, and the status of grievances under investigation.

4. Sanction Recommendations

Summarize any sanctions that have been imposed, identifying the facility(*ies*), the reason(s) for the sanction(s), and any remedial action or post sanction action undertaken by the facility, if known.

5. Recommendations For Additional Facilities

Provide any recommendations for additional or alternative ESRD services and/or facilities in the network area.

6. Data Tables

Supply the following tables, using the SIMS template for your data table formats as guidelines:

- a. Table 1: ESRD Incidence - One year statistics;
- b. Table 2: ESRD Dialysis Prevalence - One year statistics;
- c. Dialysis Patients Modality and Setting - Status on 12/31:
 - 1) Table 3: Home;
 - 2) Table 4: In-Center;
- d. Renal Transplants:
 - 1) Table 5: Number by transplant State;
 - 2) Table 6: Number by transplant type, age, race, sex, and primary diagnosis;
- e. Table 7: Dialysis Deaths;
- f. Table 8: Vocational Rehabilitation; *and*
- g. Table 9: GFR Profile Results.*

ESRD Network Table 8 – Vocational Rehabilitation

VOCATIONAL REHABILITATION BY DIALYSIS FACILITY PATIENTS AGED 18 through 54 AS OF DECEMBER 31, ____						
<i>Provider number (list all facilities)</i>	<i>1. Number of dialysis patients aged 18 through 54 (from Network list)</i>	<i>2. Number of dialysis patients receiving services from voc rehab and other voc rehab related service providers (public or private)</i>	<i>3. Number of dialysis patients employed full-time or part-time</i>	<i>4. Number of dialysis patients attending school full-time or part-time</i>	<i>5. Offers dialysis shift starting at 5 PM or later</i>	
					<i>Yes</i>	<i>No</i>

SOURCE OF INFORMATION:

DATE OF PREPARATION:

- 1. Number of dialysis patients aged 18 through 54 (from Network list).
 From list provided by the Network of dialysis patients aged 18 through 54 receiving dialysis as of December 31 of the reporting year, as reported by each dialysis facility.*
- 2. Number of dialysis patients receiving services from Vocational Rehabilitation and other Vocational Rehabilitation related Service Providers (public or private).
 Includes any dialysis patient aged 18 through 54 for whom any of the following apply:*

- *Talked with VR personnel AND agreed to be evaluated for services by completing an application, having medical records requested, or being assigned a counselor.*
 - *Received evaluation services by participating in testing (for example: interest inventories, skills testing, aptitude testing, work readiness inventories) or by attending an evaluation/testing center.*
 - *Received vocational counseling, training at a community facility, Ticket to Work program, private or public educational/training center or school.*
 - *Received assistance with job seeking skills, with job placement, or with retaining or modifying a job through a VR counselor, job placement specialist, Ticket to Work program, or private or public agencies.*
3. *Number of dialysis patients employed full-time or part-time.
Includes any dialysis patient aged 18 through 54 who received taxable wages from an employer or who was self-employed and paid taxes on earnings. **(This count may be duplicated in #4.)***
4. *Number of dialysis patients attending school full-time or part-time.
Includes any dialysis patient aged 18 through 54 who was enrolled in any training program or formal educational program (for example: college, technical school, GED program, community facility training). **(This count may be duplicated in #3.)***
5. *Offers dialysis shift starting at 5 PM or later. The **Yes** block is marked only if the following applies:
The facility offers a dialysis shift that **BEGINS** at 5:00 PM or later.*

Exhibit 2-2 - Quarterly Progress and Status Report Format

(Rev. 3, 09-12-03)

I. Quality Improvement

A. Narrative status of CMS approved quality improvement project. Include the following information:

1. Name of project;
2. Primary contact at the Network and phone number;
3. Report on progress made during quarter, comparing to the approved timeline;
4. Report on any problems in meeting approved timeline; and
5. Report on changes made to the originally approved QIP.

Attach a copy of any changes to timelines, data abstraction tools and new interventions, etc.

B. Narrative status of other quality management activities. Include the following information:

1. Description of activity;
2. Primary contact at the Network and phone number;
3. If quality management activity was initiated in reporting quarter, provide the following information:
 - a. Purpose;
 - b. Objectives;
 - c. Methods (these could include proposed baseline measurement, sampling, data sources, data analysis, potential Network interventions and evaluation strategies); and
 - d. Timeline.
4. If activity was initiated in a prior quarter, provide the following information:
 - a. Progress of activity;

- b. Changes in activity design from prior report period; and
 - c. Problems meeting original timeline.
- C. Narrative on collaborations and other activities (e.g., working with QIOs and State agencies, other outside organizations, or Network MRBs).

II. Challenging Situations and Grievances

- A. Narrative description of proactive activities (see [Chapter 6, §30](#)).
- B. Report on any complaints/concerns and grievances initiated in the reporting period, and provide update/status on current open caseload and any resolution/closure of caseload during reporting period. Provide the following information:
 - 1. Case number;
 - 2. Open date;
 - 3. Current status;
 - 4. Area of concern (report using the following SIMS Contact Categories, i.e., formal grievance, beneficiary complaint, and facility concerns);
 - 5. Type of contact/caller (e.g., beneficiary, facility staff, other);
 - 6. Description: Be specific enough so that the PO understands the issue and concern. Do not provide patient or facility name;
 - 7. Resolution: Provide information on the Network's action towards resolution or closure of this case; and
 - 8. Date closed.
- C. Aggregate contact information for complaints/concerns and grievances (Contact Category and Classification of Complaints) by (1) total contacts for the reporting contract quarter (e.g., July, August, September, or October, November, December); and (2) total contacts for the current contract year to date (see Table 1 - Quarterly Reporting Format - Complaints/Concerns and Grievances).

III. Community Information and Resources

- A. Provide narrative highlights of educational information provided, such as requests for:
 - 1. QI information;

2. Data research information;
 3. Grievance information;
 4. Treatment options;
 5. Transient patient/care;
 6. Vocational rehabilitation information;
 7. Reimbursement/financial issues; and
 8. Miscellaneous requests.
- B. Provide narrative highlights of technical assistance provided.
- C. Provide the following information on the new ESRD Patient Packages:
1. The number of returns due to death of the beneficiary; and
 2. The number of returns due to incorrect/change in address for the beneficiary.

IV. Data

- A. Number of 2728 forms processed in the reporting quarter
- B. Number of 2746 forms processed in the reporting quarter
- C. Number of inquiries from Medicare+Choice organizations regarding:
1. CMS-2728 forms; and
 2. Transplant status of beneficiaries.
- D. CMS Special Studies:
1. Provide narrative description of CPM activity.
 2. Provide a narrative description of USRDS requests for information and the Network's participation in the study.
 3. Provide narrative on any other CMS approved special studies.
- E. SIMS/*VISION* issues.
- F. Other.

V. General Administrative Information

A. Administrative Issues/Information

B. Other Information

1. Meeting schedule
 - a. Summary of meetings attended/held in the reporting quarter; and
 - b. Notice of meetings in the next quarter.
2. Potential quality of care problems that the Network has identified
3. Policy and/or concerns to be addressed by PO
4. Cost expenditure report, in following format:
 - a. Contract Award;
 - b. Contract Modification during the reporting quarter;
 - c. Quarterly Expenditures;
 - d. Percent Expended to Date; and
 - e. Amount of Award Remaining.
5. Additional information requested by PO.

