Medicare
End Stage Renal Disease Network Organizations Manual

Department of Health and Human Services (DHHS)

HEALTH CARE FINANCING ADMINISTRATION (HCFA)

Transmittal 10 **Date: JUNE 2000**

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
210 - 245	2-5 - 2-11 (7 pp.)	2-5 - 2-11 (7 pp.)
Exhibit 2-1 - Exhibit 2-1 (Cont.)	2-31 - 2-32 (2 pp.)	2-31 - 2-32 (2 pp.)
Title Page - Part 6	(1 p.)	(1 p.)
Table of Contents - Part 6	6-1 (1p.)	6-1 (1 p.)
605 - 615	6-5 - 6-7 (3 pp.)	6-5 - 6-6 (2 pp.)

NEW/REVISED MATERIAL--EFFECTIVE DATE: July 24, 2000

Section 200, Organizational Structure, is revised to advise you that your organizational structure is set forth in your contract with HCFA as part of your Statement of Work (SOW).

Section 215, Medical Review Board (MRB), is revised to delete the MRB's review of the ESRD medical evidence profile reports and to include the review of data on the clinical performance measures and the appropriate placement of ESRD patients on dialysis in the network area.

Section 220, Other Committees, adds that your committees must be composed so as to represent the diversity of the patient and practitioner community.

Section 225, Network Staff, revises your staff requirements to include a quality improvement project (QIP) development consultant and a social worker.

Section 230, Administrative Reports, changes the managed care organizations designation to Medicare+Choice (M+C) organizations. This section also requires that you provide a brief summary of meetings in your quarterly report, a draft of your annual report to your project officer (PO) by May 15 of each calendar year, a final Annual Report by June 30 of each calendar year, and a copy to the ESRD Network Clearinghouse for compilation within 2 weeks after your PO approves the report.

Section 240, HCFA Meetings, clarifies that the Network's Executive Director/Project Director will recommend which staff will attend HCFA meetings.

Section 245, Cooperative Activities With State Survey Agencies and Peer Review Organizations, clarifies the types of quality of care issues that you may assist with or refer to the State survey agencies and PROs when carrying out their legislative activities.

Exhibit 2-1, Annual Report Format, clarifies that ESRD facility owners, professional groups, and patient organizations should also be included when establishing and improving cooperative activities, and that you are to use data tables using your 1998 calendar year format as guidelines.

In Part 6, the title page is revised to add an "s" after Resource to indicate that there are many additional resources available to and for the ESRD beneficiaries, facilities and providers.

Section 600, Introduction, requires you to take a proactive role in the prevention, facilitation, and resolution of difficult patient and/or provider situations.

Section 605, Provision of Educational Information, **deletes** reference to resolution of patient issues/concerns from this section and incorporates it in §615. In addition, this section is revised to require that as part of the educational/informational materials you distribute, you include your plan for monitoring facility compliance with your goals, any special mailings as directed by HCFA, your process for reporting and resolving grievances, vocational rehabilitation programs, new ESRD technology or treatment options available to patients, and a letter of introduction to each new ESRD patient in your network area.

Section 610, Provision of Technical Assistance, is revised to require that you promote patient education regarding kidney transplantation, encourage and assist facilities and providers to do timely patient assessments, and address impediments to referrals and/or transplantation.

Section 615, Resolution of Difficult Situations and Grievances, contains revised information formerly in §605 and requires that you assume a proactive role in the prevention, facilitation, and resolution of difficult patient and/or facility situations.

Workload and Costs

These instructions do not represent any increase in workload or costs.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

200. ORGANIZATIONAL STRUCTURE

As an ESRD Network you must have an organizational structure, basic administrative staff, infrastructure to operate your * statutory requirements, and other work activities as set forth in the ESRD Statement of Work (SOW). You are required to:

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

205. NETWORK COUNCIL (NC)

A. Establishing the NC.--Establish and maintain an NC that meets the statutory requirements of §1881(c) of the Act. The NC must:

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

B. Functions of the NC.--At a minimum, the NC will provide input into the activities of your Network and serve as a liaison between your Network and the provider membership. Support and coordinate the activities of the NC.

210. BOARD OF DIRECTORS (BOD)

Your ESRD Network organization must be governed by a BOD composed of representatives from your 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:

- o Supervise the performance of your Network's administrative staff in meeting contract deliverables and requirements;
- o Supervise the financial operation of the Network including the Internal Quality Control (IQC) program (see §235);
- o Review and approve the Annual Report prior to submission to the project officer (PO);
- o Approve requests for modifications to your Network's contract that involve requests for additional funding; and
- o Review and approve any recommendations from the medical review board to sanction ESRD facilities (prior to submission to HCFA).

215. MEDICAL REVIEW BOARD (MRB)

Establish a committee that meets the statutory requirements of §1881(c) of the Act to function as your Network's MRB. Your MRB must be composed of at least one patient representative and representatives of each of the professional disciplines (e.g., physician, registered nurse, dietitian, 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 at least quarterly (by teleconference or face-to-face meeting).

The functions of the MRB include the following:

* o The MRB will serve as an advisory panel to your 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 ESRD grievances.
*

o The MRB will assist Network staff in the development, implementation and evaluation of quality improvement projects.

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)(1) of the Act), has or had, any professional involvement, received reimbursement, or supplied goods.

220. OTHER COMMITTEES

* Establish other committees (or subcommittees) as appropriate, to meet the requirements in the SOW. To the fullest extent
* possible, your committees must be composed so as to represent the diversity of the patient and practitioner community. Your BOD or Network by-laws determine the appropriate committee member compositions.

225. NETWORK STAFF

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

* o 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 HCFA,
* including meeting deliverable due dates. The Executive Director/Project Director is responsible for program development, business and fiscal management, the IQC program, personnel staffing (including staff training, hiring, and firing), and liaison with Network committees, external agencies, PROs, and renal related agencies/organizations.

* o 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.

* o 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.

o Sufficient support staff (including a registered nurse with nephrology experience) to conduct the activities and responsibilities in your contract and in other HCFA directives.

* o A quality improvement project development consultant with an advanced degree (MS, Ph.D., or DrPH) in epidemiology or an equivalent advanced health care research/evaluation degree. Alternatively, you may use a consultant with sufficient work experience in developing and conducting health care quality improvement efforts that demonstrates an equivalent level of expertise. You must plan on utilizing the consultant during all stages of your QIP, including project development, data analyses, and final report preparation; and
*
* o An individual with a Masters in Social Work (a minimum .5 FTE) 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.

230. REQUIRED ADMINISTRATIVE REPORTS

Submit the following administrative reports to your PO:

A. Quarterly Progress and Status Reports.--The Quarterly Progress and Status Reports are used to:

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

* Submit one copy of the report to your PO and a copy to HCFA Central Office by the 15th working day after the beginning of each calendar quarter. You may provide an electronic or hardcopy submission of your report at your or the PO's discretion. Include the following information:

- o A summary of quality improvement project activities;
- o A summary report of ESRD grievances which includes:
  - New grievances received during the quarter (number and issues);
  - Status of grievances under investigation;
  - Grievances that have been resolved; and
  - Grievances that were not resolved by your Network.
- o Potential quality of care problems identified or suspected that may affect the care provided by the facility/provider or the facility's Medicare certification;
- o Policy and/or other concerns to be addressed by the PO;
- o Number and type/name of United States Renal Data System (USRDS) special study data collection forms completed or received, and the date the forms were mailed to the USRDS, when applicable;

* o Number of inquires from Medicare+Choice (M+C) Organizations regarding:

  - Form HCFA-2728;

  - The transplant status of beneficiaries; and

  - All other inquiries received during the quarter;

o Notice of meetings to be held in the following quarter (e.g., MRB, ESRD-related workshop or seminar, etc.);

* o Brief summary of meetings attended in the previous quarter;

o Community Information and Resource activities conducted during the quarter, when applicable;

o A cost and expenditures report (i.e., the total amount spent for the reporting quarter and the amount that remains of the annual contract award);

o Any problems you encountered that affected the meeting of contract requirements including deliverables; how the problem(s) are to be/or were resolved, and if extensions for meeting due dates are required (e.g., unexpected computer failure, unexpected illness of key staff, etc.);

* o Additional information/meeting minutes requested by the PO; and

o Other information that you believe is important.

B. Annual Report.--Include in the report a statement of Network goals and the activities conducted to meet the HCFA 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 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 Network goals, 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 your Network's BOD must review and
* approve the report before it is submitted to your PO. Submit a draft of your Annual Report for review to your PO
* by May 15 of each calendar year and forward the final Annual Report (original and three copies) to your PO on or before June 30 of each calendar year following the instructions and format in Exhibit 2-1. Reference and cite the HCFA contract number and identify HCFA as the sponsoring agency. After your report is approved by your PO, distribute the Annual Report to the facilities/providers in your Network area and make the report available to
* the renal community or other individuals upon request. Submit a copy of your Annual Report to the ESRD
* Network Clearinghouse for compilation of the Network annual reports within two weeks of approval of your final
* report to HCFA.

* **NOTE:** You may discuss with your PO the option of not submitting a draft Annual Report if you do not
* anticipate major changes to your report.

Follow the general instructions below for formatting the Annual Report. (See Exhibit 2-1 for content.)

o Include a Network identifier on each page of the report;

- Include page numbers in the table of contents;

- Paginate (throughout the entire report) with consecutive numbers (do not re-number the pages in each section);

- Use only one side of a page to allow for reproducing the report;

- Address each section (1 through 6), shown in the report, starting a new page with each section (do not skip any sections; report that the Network has not conducted an activity, or whatever is appropriate rather than skipping over the section); and

- Format with a one inch left margin, use a standard three-hole punch in the left margin, and submit in a three ring binder to allow for reproducing the report.

235. INTERNAL QUALITY CONTROL (IQC) PROGRAM

A. Objectives of the IQC Program.--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 Network activities run efficiently, comply with the contract, and are consistent with HCFA's goals and objectives for the HCQIP and the SOW;

- Maintain 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.

B. IQC Program Requirements.--Each Network must have an IQC program that encompasses the major SOW activities of the HCQIP. The major activities are:

- Quality improvement projects;

- ESRD complaints;

- Community information and resource activities;

- Information management; and

- Administration (including financial management).

Not all sub-activities within the major activities must be monitored continuously or simultaneously. You must have a plan to evaluate each major area at least once during the contract and more often, as performance indicates.

C. IQC Control Process.--Your IQC program should use a control process. The following instructions under each step are intended to provide guidance in formulating your plan:

o Identify what you are controlling and the elements measured:

- Monitor the organization's and individual's performance;

- Monitor specific inputs, processes, and/or outcomes; and

- Identify the most vital elements that account for most of the major variations in performance;

o Set the control standards (including tolerance limits):

- Use measures that allow you to determine if performance is acceptable, and if the quality and quantity of the output is adequate to support organizational and Network program objectives;

o Identify the information to be collected and how performance is to be measured, i.e., what is being done and what should be done;

o Determine the reason for deviations:

- Determine the causes of any deviations from the standards and provide feedback on performance; and

o Identify and monitor improvement actions:

- Decide on the best course of action for eliminating deviations or for exceeding current performance.

D. Analysis and Reporting Requirements.--At a minimum:

o Analyze the areas of deviation in performance (identified through internal as well as external monitoring), and develop plans to continuously improve operations. In particular, continually evaluate HCQIP activities and identify how analysis, feedback and education techniques/processes can be made more effective;

o Monitor your plans to improve performance;

o Generate periodic progress reports (based on activity being monitored and your IQC plan) on all IQC activities listed in §235.B.; and

o Retain and make available reports for HCFA monitoring purposes.

240. HCFA MEETINGS

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

245. COOPERATIVE ACTIVITIES WITH STATE SURVEY AGENCIES AND PEER REVIEW ORGANIZATIONS

In addition to quality improvement activities outlined in Part 5 of this manual, work with the appropriate HCFA RO(s), State survey agency(ies) and Peer Review Organization(s) (PROs) 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:

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

o Referring quality of care issues, as appropriate, and assisting the State survey agency or PRO
* in the investigation of the quality of care issues upon request, which may include:
*
* - Conducting reviews cooperatively (e.g., off site visits, parallel reviews, or sequential
* reviews, as needed);
*
* - Providing technical assistance;
*
* - Providing information regarding expected outcomes; and/or
*
* - Reporting patterns of complaints or grievances.
*
* o Coordinating and collaborating with the State survey agency in regards to QI interventions when
* a provider is non-cooperative 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.

Some other suggestions for other activities should include the following:

* o Sharing data/information such as the Clinical Performance Measures Reports, standardized mortality ratios, standardized hospitalization ratios, ESRD complaints/grievances, and other educational type materials;

o Collaborating in quality improvement projects;

o Providing technical assistance or training on dialysis-related patient care issues;

o Assisting State survey agencies in focusing survey resources; and

o Assisting State surveyors in understanding how to interpret and utilize Network, HCFA, and/or USRDS data.

EXHIBIT 2-1

ANNUAL REPORT FORMAT

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 your Network area and the general population characteristics.

B. Structure

1. Staffing

- Names and titles of staff;

- Brief description of key responsibilities; and

2. Committees

- Describe the function of each committee and any special accomplishments or activities conducted by the committees.

3. HCFA NATIONAL GOALS AND NETWORK ACTIVITIES

Describe your Network's performance (activities conducted) in meeting the goals listed in section C.1.C. of the SOW of your contract (also see below) and provide an evaluation/analysis of your accomplishment of the goals, and what impact, if any, these goals had on the ESRD population, which includes the comparative performance 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 that failed to cooperate with Network goals and those facilities and providers that are not providing appropriate medical care.

o 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.

o Improving data reliability, validity, and reporting between ESRD facilities/providers, Networks, and HCFA (or other appropriate agency).

Include under this goal a summary of information management related activities.

EXHIBIT 2-1 (Cont.)

ANNUAL REPORT FORMAT

* o Establishing and improving partnerships and cooperative activities among and between the ESRD Networks, PROs, 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, PROs, other Networks, professional groups, and patient organizations.

* o 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(s), 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 your CY 1999 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.

PART 6

* # COMMUNITY INFORMATION AND RESOURCES

PART 6

* COMMUNITY INFORMATION AND RESOURCES

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600. INTRODUCTION

Coordinate and participate in activities with the renal community in your network area. Your role is to provide informational material, technical assistance and guidance, and/or referrals to the appropriate resources to the * facilities/providers and patients to improve the quality of care and the life of ESRD patients. Assume a proactive * role in the prevention, facilitation, and resolution of difficult patient and/or facility situations, including implementing * educational programs that will assist facility staff in handling difficult situations. Be sensitive to the local needs of the renal community and continually familiarize that community, including organ procurement organizations, with your role.

605. PROVISION OF EDUCATIONAL INFORMATION

To ensure that the renal community is apprised of the activities in your network area, distribute, at least annually, the following informational and/or educational materials to your facilities/providers:

- o ESRD program goals and your activities to meet these goals;
- * o Your plan for monitoring facility compliance with the goals;
- * o Regional patterns or profiles of care as provided in the Clinical Performance Measures Annual Report;
- o Your annual report;
- o Results of your quality improvement projects;
- * o Special mailings (assume two per year and 5-10 pages per mailing) as directed by HCFA, * including duplicating the materials, as necessary;
- o Other materials (such as journal articles or pertinent research information) that facilities/providers can use in their quality improvement programs;
- * o The process for reporting and resolving patient grievances;
- o Treatment options and new ESRD technologies available for patients;
- * o State/regional vocational rehabilitation programs available in the network area; and
- * o At a minimum, a letter of introduction to each new ESRD patient in your network area that * includes:
  *
  * - Information on the grievance procedure;

* - Network specific information;
*
* - A way to request/obtain additional educational materials on ESRD, patient care, treatment
* options, and services; and
*
* - Information about the function of your State agency, its address and phone number, and
* the fact that it receives and investigates complaints.
*
* **NOTE:** The information to be distributed to new ESRD patients is subject to change by HCFA in response
* to recommendations from the workgroup established to examine the creation of a national new ESRD
* patient orientation package.

* As required of Health and Human Services (HHS) providers and contractors that receive funds from HHS, you
* must comply with §504 of the Rehabilitation Act of 1973; Title VI of the Civil Rights Act of 1964; the Age
* Discrimination Act of 1975; and the Community Service Assurance provisions of the Hill Burton Act. These laws
* prohibit excluding or denying individuals with disabilities an opportunity to receive the same information and
* assistance you provide other beneficiaries. Although these are not new laws, it is important that you are aware of
* them because you are required to accommodate disabled ESRD patients (e.g., a deaf ESRD patient who requires
* a signer) who want to attend Network sponsored educational programs.

* Direct the facilities/providers in your network area to make the information available to their patients or inform patients about contacting you to obtain this information. The above materials can be distributed by mailings, handouts at your meeting(s), newsletters, etc.

Report quarterly to your project officer (PO) through the Quarterly Progress and Status Report the activities you have conducted to distribute the above types of material. If more resources than you allocated are needed to conduct these activities, contact your PO for guidance in prioritizing work activities.

610. PROVISION OF TECHNICAL ASSISTANCE

Upon request, provide technical assistance, guidance, and/or appropriate referrals to facilities/providers and patients in your network area. At a minimum, notify facilities/providers annually that you are available to assist them in these areas:

- o Identifying available providers for patients seeking ESRD services (including transient patients);

NOTE: Your role is complementary to the efforts of the local facility staff in making transient dialysis arrangements for the facility's patients.

*

- o Aiding in the development of local disaster plans that include planning for such emergencies as floods, earthquakes, hurricanes, etc.;

- o Assisting in the development of community and patient education programs;

- o Assessing the functional status of patients through the dissemination of established tools designed specifically for that purpose;

* - o Promoting patient education regarding kidney transplantation and self-care home dialysis;
*
* - o Encouraging and assisting providers/facilities to do timely patient assessments and appropriate
* referrals for evaluation of kidney transplant;
*
* - o Addressing impediments to referrals and/or transplantation, as appropriate and feasible; and

- o Defining or establishing rehabilitation goals for referring suitable candidates to vocational rehabilitation programs.

You are required to assist facilities/providers and patients (or provide the appropriate referral) upon request. If you are unable to assist all or some requestors because of resource limitations, contact your PO to discuss the situation(s) and obtain guidance for prioritizing work activities.

Report quarterly to your PO through the Quarterly Progress and Status Report the activities or assistance that you conducted or provided.

615. RESOLUTION OF DIFFICULT SITUATIONS AND GRIEVANCES

Assume a proactive role in the prevention, facilitation, and resolution of difficult patient and/or facility situations, including implementing educational programs that will assist facility staff in handling difficult situations. Conduct trend analysis of reported situations to detect patterns of greater concern. You are responsible for, but are not limited to, the following activities:

- Implementing educational programs designed to provide facility staff with an understanding of the issues and skills to prevent, intervene, or mitigate difficult patient and/or facility situations;
- Upon request, assisting in the resolution of patient, provider, and/or facility concerns, before they become formal grievances by counseling, mediating, and facilitating solutions, which address the issue(s) involved;
- Describing and reporting in your Quarterly Progress and Status Report, patient and facility concerns/grievances and Network actions and interventions in a narrative format;
- Annually analyzing facility-specific data to identify patterns of concern at the facility or Network level, and opportunities to improve;
- Implementing interventions aimed at reducing complaints or the numbers of difficult situations;
- Collecting and appropriately categorizing concerns, complaints, and/or grievance data using the Standard Information Management System (SIMS); and
- Utilizing grievance data to plan new training modules, provide facilities with feedback and/or make recommendations to HCFA.

See Part 7 of this manual for evaluating, resolving and reporting patient grievances and facility concerns. Refer immediate and serious grievances to the appropriate HCFA regional office and State survey agency, within 24 hours of receipt. On request, assist the State survey agency with the investigation of a complaint.

Report on these activities in your Quarterly Progress and Status Report as required in §230.