

**QUALITY IMPROVEMENT ORGANIZATION 7th SOW BUSINESS PROPOSAL SUMMARY**  
CENTERS FOR MEDICARE and MEDICAID SERVICES

|   |                   |  |  |                         |  |                          |                                   |                  |                 |  |
|---|-------------------|--|--|-------------------------|--|--------------------------|-----------------------------------|------------------|-----------------|--|
| 1. Name and Address of QIO Organization |                   |  |  |                         |  |                          | 3. RFP #                          |                  |                 |  |
|   |                   |  |  |                         |  |                          |                                   |                  |                 |  |
|   |                   |  |  |                         |  |                          | 4: Proposed Contract Period       |                  |                 |  |
| 2. QIO Area (State):                    |                   |  |  |                         |  |                          | From:                             |                  |                 |  |
|   |                   |  |  |                         |  |                          | To:                               |                  |                 |  |
|   | Medicare Contract |  |  |                         |  |                          |                                   |                  |                 |  |
|   |                   |  |  | 5. Total Proposed Costs |  | 6. CMS Recommended Costs |                                   | 7. \$ Difference | 8. % Difference |  |
| Direct Cost                             |                   |  |  |                         |  |                          |                                   |                  |                 |  |
| a. LABOR:                               |                   |  |  |                         |  |                          |                                   |                  |                 |  |
| 1. Professional                         |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| 2. Information Systems                  |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| 3. Corporate Management                 |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| 4. Support Staff                        |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| SUBTOTAL - Direct Labor                 |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| b. Leave                                |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| c. Fringe Benefits                      |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| SUBTOTAL - Leave/Fringe                 |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| d. Subcontractors                       |                   |  |  |                         |  |                          |                                   |                  |                 |  |
| 1. Physician Reviewers/Phys.Advisors    |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| 2. Other Consultants                    |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| 3. Other Subcontracts                   |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| SUBTOTAL - Subcontractors               |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| e. Travel                               |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| f. Other Direct Costs                   |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| SUBTOTAL - DIRECT                       |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| g. Indirect Costs                       |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| h. Pass-thru Costs                      |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| TOTAL COSTS                             |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| i. Fee                                  |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| TOTAL COST WITH FEE                     |                   |  |  | #REF!                   |  | \$0                      |                                   | #REF!            | #REF!           |  |
| 9                                       |                   |  |  |                         |  |                          |                                   |                  |                 |  |
| 10. Signature of Authorized Official:   |                   |  |  |                         |  |                          | CMS USE ONLY                      |                  |                 |  |
| Fringe Rate                             |                   |  |  |                         |  |                          | 14. Proposal Receipt Date:        |                  |                 |  |
| Indirect Rate                           |                   |  |  |                         |  |                          | 11. Type or Print Name and Title: |                  |                 |  |
| Other Rate                              |                   |  |  |                         |  |                          | 15. Review By:                    |                  |                 |  |
| 12. DATE:                               |                   |  |  |                         |  |                          | 13. Telephone #                   |                  |                 |  |
|   |                   |  |  |                         |  |                          | 16 Signature/Title:               |                  |                 |  |

## Semi Annual Cost Report Form for ESRD Networks

Centers for Medicare and Medicaid Services

|  |  |             |             |                                |             |             |  |  |
|--|--|-------------|-------------|--------------------------------|-------------|-------------|--|--|
| 1. RFP Number:                               | 2. Name and Address of ESRD Network    |             |             |                                |             |             |  |  |
|  |  |             |             |                                |             |             |  |  |
|  |  |             |             |                                |             |             |  |  |
|  | 5. NETWORK QUALITY IMPROVEMENT PROGRAM |             |             | 6. COMMUNITY INFO. & RESOURCES |             |             |  |  |
| MEDICARE COSTS                               |  |             |             |                                |             |             |  |  |
|  |  | (Task 1)    |             |                                | (Tasks 2)   |             |  |  |
|  | # of HOURS                             | HOURLY RATE | _ COSTS     | # of HOURS                     | HOURLY RATE | _ COSTS     |  |  |
| <b>a. Direct Labor</b>                       |  |             |             |                                |             |             |  |  |
| 1. Project Director/Executive Director       | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 2. Quality Improvement Manager (RN)          | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 3. RN (Nephrology exp.)                      | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 4. Office Mgr/Bookkeeper                     | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 5. Data/Info Systems Manager                 | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 6. Data Entry & Tracking Clerical Supp.      | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 7. Community Outreach Coordinator            | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 8. Admin Assistant/Secretary                 | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 9. Clerical (non-data clerks, receipt., etc) | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 10. Patient Services Coordinator             | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| <b>ADDITIONAL POSITIONS</b>                  |  |             |             |                                |             |             |  |  |
| 11.  | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 12.  | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 13.  | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 14.  | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| <b>TEMP. LABOR</b>                           |  |             |             |                                |             |             |  |  |
| a.   | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| b.   | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| c.   | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| <b>Subtotal Direct Labor</b>                 | <b>0</b>                               |             | <b>\$ -</b> | <b>0</b>                       |             | <b>\$ -</b> |  |  |
| b. Leave                                     | 0                                      |             | \$ -        | 0                              |             | \$ -        |  |  |
| c. Fringe Benefits                           |  |             | \$ -        |                                |             | \$ -        |  |  |
| SUBTOTAL - Leave / Fringe                    | 0                                      |             | \$ -        | 0                              |             | \$ -        |  |  |
| <b>d. Subcontracts:</b>                      |  |             |             |                                |             |             |  |  |
| 1. Physician/MRB Reviewers                   | 0                                      | \$ -        | \$ -        | 0                              |             | \$ -        |  |  |
| 2. Other Consultants                         |  |             |             |                                |             |             |  |  |
| a. NAME                                      | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| b. NAME                                      | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| c. NAME                                      | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| d. NAME                                      | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| e. NAME                                      | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| 3. Other Subcontractors                      | 0                                      | \$ -        | \$ -        | 0                              | \$ -        | \$ -        |  |  |
| SUBTOTAL - Subcontracts                      | 0                                      |             | \$ -        | 0                              |             | \$ -        |  |  |
| e. Travel                                    |  |             | \$ -        |                                |             | \$ -        |  |  |
| f. Other Direct Costs                        |  |             | \$ -        |                                |             | \$ -        |  |  |
| SUBTOTAL - DIRECT                            | 0                                      |             | \$ -        | 0                              |             | \$ -        |  |  |
| <b>g. G&amp;A</b>                            |  |             |             |                                |             |             |  |  |
| 1. Rent                                      |  |             | \$ -        |                                |             | \$ -        |  |  |
| 2. Furniture & Equipment                     |  |             | \$ -        |                                |             | \$ -        |  |  |
| 3. Telephone Expenses                        |  |             | \$ -        |                                |             | \$ -        |  |  |
| 4. Insurance                                 |  |             | \$ -        |                                |             | \$ -        |  |  |
| 5. Other (attach schedule)                   |  |             | \$ -        |                                |             | \$ -        |  |  |
| <b>TOTAL COSTS</b>                           | <b>0</b>                               |             | <b>\$ -</b> | <b>0</b>                       |             | <b>\$ -</b> |  |  |
| <b>TOTAL COSTS WITH FEE</b>                  |  |             | <b>\$ -</b> |                                |             | <b>\$ -</b> |  |  |

**Semi Annual Cost Report Form for ESRD Networks**

*Centers for Medicare and Medicaid Services*

|  |                     |             |             |                              |             |             |
|--|---------------------|-------------|-------------|------------------------------|-------------|-------------|
| 1. RFP Number:                               | 3. ESRD Network # : |             |             | 4. Reporting Period Covered: |             |             |
|  |                     |             |             |                              |             |             |
|  |                     |             |             |                              |             |             |
|  |                     |             |             |                              |             |             |
|  | 7. ADMINISTRATION   |             |             | 8. INFORMATION               |             |             |
| MEDICARE COSTS                               |                     |             |             | MANAGEMENT                   |             |             |
|  |                     |             |             |                              |             |             |
|  |                     | (Task 3)    |             |                              | (Task 4)    |             |
|  | # of HOURS          | HOURLY RATE | COSTS       | # of HOURS                   | HOURLY RATE | COSTS       |
|  |                     |             |             |                              |             |             |
| <b>a. Direct Labor</b>                       |                     |             |             |                              |             |             |
| 1. Project Director/Executive Director       | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 2. Quality Improvement Manager (RN)          | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 3. RN (Nephrology exp.)                      | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 4. Office Mgr/Bookkeeper                     | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 5. Data/Info Systems Manager                 | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 6. Data Entry & Tracking Clerical Supp.      | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 7. Community Outreach Coordinator            | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 8. Admin Assistant/Secretary                 | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 9. Clerical (non-data clerks, receipt., etc) | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 10. Patient Services Coordinator             | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| <b>ADDITIONAL POSITIONS</b>                  |                     |             |             |                              |             |             |
| 11.  | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 12.  | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 13.  | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 14.  | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| <b>TEMP. LABOR</b>                           |                     |             |             |                              |             |             |
| a.   | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| b.   | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| c.   | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| <b>Subtotal Direct Labor</b>                 | <b>0</b>            |             | <b>\$ -</b> | <b>0</b>                     |             | <b>\$ -</b> |
| b. Leave                                     | 0                   |             | \$ -        | 0                            |             | \$ -        |
| c. Fringe Benefits                           |                     |             | \$ -        |                              |             | \$ -        |
| SUBTOTAL - Leave / Fringe                    | 0                   |             | \$ -        | 0                            |             | \$ -        |
|  |                     |             |             |                              |             |             |
| <b>d. Subcontracts:</b>                      |                     |             |             |                              |             |             |
| 1. Physician/MRB Reviewers                   | 0                   |             | \$ -        | 0                            |             | \$ -        |
| 2. Other Consultants                         |                     |             |             |                              |             |             |
| a. NAME                                      | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| b. NAME                                      | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| c. NAME                                      | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| d. NAME                                      | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| e. NAME                                      | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| 3. Other Subcontractors                      | 0                   | \$ -        | \$ -        | 0                            | \$ -        | \$ -        |
| SUBTOTAL - Subcontracts                      | 0                   |             | \$ -        | 0                            |             | \$ -        |
|  |                     |             |             |                              |             |             |
| e. Travel                                    |                     |             | \$ -        |                              |             | \$ -        |
| f. Other Direct Costs                        |                     |             | \$ -        |                              |             | \$ -        |
| SUBTOTAL - DIRECT                            | 0                   |             | \$ -        | 0                            |             | \$ -        |
|  |                     |             |             |                              |             |             |
| <b>g. G&amp;A</b>                            |                     |             | \$ -        |                              |             | \$ -        |
| 1. Rent                                      |                     |             | \$ -        |                              |             | \$ -        |
| 2. Furniture & Equipment                     |                     |             | \$ -        |                              |             | \$ -        |
| 3. Telephone Expenses                        |                     |             | \$ -        |                              |             | \$ -        |
| 4. Insurance                                 |                     |             | \$ -        |                              |             | \$ -        |
| 5. Other (attach schedule)                   |                     |             | \$ -        |                              |             | \$ -        |
|  |                     |             |             |                              |             |             |
| <b>TOTAL COSTS</b>                           | <b>0</b>            |             | <b>\$ -</b> | <b>0</b>                     |             | <b>\$ -</b> |
|  |                     |             |             |                              |             |             |
| <b>TOTAL COSTS WITH FEE</b>                  |                     |             | <b>\$ -</b> |                              |             | <b>\$ -</b> |

**Semi Annual Cost Report Form for ESRD Networks**

*Centers for Medicare and Medicaid Services*

|  |                       |               |             |                      |             |             |
|--|-----------------------|---------------|-------------|----------------------|-------------|-------------|
| 1. RFP Number:                               |                       |               |             |                      |             |             |
|  |                       |               |             |                      |             |             |
|  |                       |               |             |                      |             |             |
|  |                       |               |             |                      |             |             |
|  | 9. BASE CONTRACT ONLY |               |             | 10. SPECIAL PROJECTS |             |             |
| MEDICARE COSTS                               |                       |               |             |                      |             |             |
|  |                       | (Tasks 1 - 4) |             |                      | (Task 5)    |             |
|  | # of HOURS            | HOURLY RATE   | COSTS       | # of HOURS           | HOURLY RATE | COSTS       |
| <b>a. Direct Labor</b>                       |                       |               |             |                      |             |             |
| 1. Project Director/Executive Director       | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 2. Quality Improvement Manager (RN)          | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 3. RN (Nephrology exp.)                      | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 4. Office Mgr/Bookkeeper                     | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 5. Data/Info Systems Manager                 | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 6. Data Entry & Tracking Clerical Supp.      | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 7. Community Outreach Coordinator            | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 8. Admin Assistant/Secretary                 | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 9. Clerical (non-data clerks, receipt., etc) | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 10. Patient Services Coordinator             | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| <b>ADDITIONAL POSITIONS</b>                  |                       |               |             |                      |             |             |
| 11.  | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 12.  | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 13.  | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 14.  | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| <b>TEMP. LABOR</b>                           |                       |               |             |                      |             |             |
| a.   | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| b.   | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| c.   | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| <b>Subtotal Direct Labor</b>                 | <b>0</b>              |               | <b>\$ -</b> | <b>0</b>             |             | <b>\$ -</b> |
| b. Leave                                     | 0                     |               | \$ -        | 0                    |             | \$ -        |
| c. Fringe Benefits                           |                       |               | \$ -        |                      |             | \$ -        |
| SUBTOTAL - Leave / Fringe                    | 0                     |               | \$ -        | 0                    |             | \$ -        |
| <b>d. Subcontracts:</b>                      |                       |               |             |                      |             |             |
| 1. Physician/MRB Reviewers                   | 0                     |               | \$ -        | 0                    |             | \$ -        |
| 2. Other Consultants                         |                       |               |             |                      |             |             |
| a. NAME                                      | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| b. NAME                                      | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| c. NAME                                      | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| d. NAME                                      | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| e. NAME                                      | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| 3. Other Subcontractors                      | 0                     | \$ -          | \$ -        | 0                    | \$ -        | \$ -        |
| SUBTOTAL - Subcontracts                      | 0                     |               | \$ -        | 0                    |             | \$ -        |
| e. Travel                                    |                       |               | \$ -        |                      |             | \$ -        |
| f. Other Direct Costs                        |                       |               | \$ -        |                      |             | \$ -        |
| SUBTOTAL - DIRECT                            | 0                     |               | \$ -        | 0                    |             | \$ -        |
| <b>g. G&amp;A</b>                            |                       |               | \$ -        |                      |             | \$ -        |
| 1. Rent                                      |                       |               | \$ -        |                      |             | \$ -        |
| 2. Furniture & Equipment                     |                       |               | \$ -        |                      |             | \$ -        |
| 3. Telephone Expenses                        |                       |               | \$ -        |                      |             | \$ -        |
| 4. Insurance                                 |                       |               | \$ -        |                      |             | \$ -        |
| 5. Other (attach schedule)                   |                       |               | \$ -        |                      |             | \$ -        |
| <b>TOTAL COSTS</b>                           | <b>0</b>              |               | <b>\$ -</b> | <b>0</b>             |             | <b>\$ -</b> |
| <b>TOTAL COSTS WITH FEE</b>                  |                       |               | <b>\$ -</b> |                      |             | <b>\$ -</b> |

**Semi Annual Cost Report Form for ESRD Networks**  
Centers for Medicare and Medicaid Services

|   |                          |             |                          |                       |
|---|--------------------------|-------------|--------------------------|-----------------------|
| 1. RFP Number:                              |                          |             |                          |                       |
|   |                          |             |                          |                       |
|   |                          |             |                          |                       |
|   |                          |             |                          |                       |
|   |                          |             |                          | <b>12. CUMULATIVE</b> |
| MEDICARE COSTS                              | <b>11. MONTHLY TOTAL</b> |             | <b>TOTAL TO DATE</b>     |                       |
|   | <b>TASK BY TASK ONLY</b> |             | <b>TASK BY TASK ONLY</b> |                       |
|   | HOURS                    | COSTS       | HOURS                    | COSTS                 |
| <b>a. Direct Labor</b>                      |                          |             |                          |                       |
| 1. Project Director/Executive Director      | 0                        | \$ -        | 0                        | \$ -                  |
| 2. Quality Improvement Manager (RN)         | 0                        | \$ -        | 0                        | \$ -                  |
| 3. RN (Nephrology exp.)                     | 0                        | \$ -        | 0                        | \$ -                  |
| 4. Office Mgr/Bookkeeper                    | 0                        | \$ -        | 0                        | \$ -                  |
| 5. Data/Info Systems Manager                | 0                        | \$ -        | 0                        | \$ -                  |
| 6. Data Entry & Tracking Clerical Supp.     | 0                        | \$ -        | 0                        | \$ -                  |
| 7. Community Outreach Coordinator           | 0                        | \$ -        | 0                        | \$ -                  |
| 8. Admin Assistant/Secretary                | 0                        | \$ -        | 0                        | \$ -                  |
| 9. Clerical (non-data clerks, receipt, etc) | 0                        | \$ -        | 0                        | \$ -                  |
| 10. Patient Services Coordinator            | 0                        | \$ -        | 0                        | \$ -                  |
| <b>ADDITIONAL POSITIONS</b>                 |                          |             |                          |                       |
| 11.   | 0                        | \$ -        | 0                        | \$ -                  |
| 12.   | 0                        | \$ -        | 0                        | \$ -                  |
| 13.   | 0                        | \$ -        | 0                        | \$ -                  |
| 14.   | 0                        | \$ -        | 0                        | \$ -                  |
| <b>TEMP. LABOR</b>                          |                          |             |                          |                       |
| a.  | 0                        | \$ -        | 0                        | \$ -                  |
| b.  | 0                        | \$ -        | 0                        | \$ -                  |
| c.  | 0                        | \$ -        | 0                        | \$ -                  |
| <b>Subtotal Direct Labor</b>                | <b>0</b>                 | <b>\$ -</b> | <b>0</b>                 | <b>\$ -</b>           |
| b. Leave                                    | 0                        | \$ -        | 0                        | \$ -                  |
| c. Fringe Benefits                          |                          | \$ -        |                          | \$ -                  |
| SUBTOTAL - Leave / Fringe                   | 0                        | \$ -        | 0                        | \$ -                  |
| <b>d. Subcontracts:</b>                     |                          |             |                          |                       |
| 1. Physician/MRB Reviewers                  | 0                        | \$ -        | 0                        | \$ -                  |
| 2. Other Consultants                        |                          |             |                          |                       |
| a. NAME                                     |                          | \$ -        |                          | \$ -                  |
| b. NAME                                     |                          | \$ -        |                          | \$ -                  |
| c. NAME                                     |                          | \$ -        |                          | \$ -                  |
| d. NAME                                     |                          | \$ -        |                          | \$ -                  |
| e. NAME                                     |                          | \$ -        |                          | \$ -                  |
| 3. Other Subcontractors                     |                          | \$ -        |                          | \$ -                  |
| SUBTOTAL - Subcontracts                     | 0                        | \$ -        | 0                        | \$ -                  |
| e. Travel                                   |                          | \$ -        |                          | \$ -                  |
| f. Other Direct Costs                       |                          | \$ -        |                          | \$ -                  |
| SUBTOTAL - DIRECT                           | 0                        | \$ -        | 0                        | \$ -                  |
| <b>g. G&amp;A</b>                           |                          |             |                          |                       |
| 1. Rent                                     |                          | \$ -        |                          | \$ -                  |
| 2. Furniture & Equipment                    |                          | \$ -        |                          | \$ -                  |
| 3. Telephone Expenses                       |                          | \$ -        |                          | \$ -                  |
| 4. Insurance                                |                          | \$ -        |                          | \$ -                  |
| 5. Other (attach schedule)                  |                          | \$ -        |                          | \$ -                  |
| <b>TOTAL COSTS</b>                          | <b>0</b>                 | <b>\$ -</b> | <b>0</b>                 | <b>\$ -</b>           |
| <b>TOTAL COSTS WITH FEE</b>                 |                          | <b>\$ -</b> |                          | <b>\$ -</b>           |



Semi Annual Cost Report Form for NCC

|   |   |                         |             |  |                          |             |
|---|---|-------------------------|-------------|--|--------------------------|-------------|
| 1. RFP Number:<br>0                         | 2. Name and Address of ESRD Network<br>0<br>0<br>0                      |                         |             |  |                          |             |
| MEDICARE COSTS                              | 5. DEVELOPMENT, TRAINING INITIATIVES & COORDINATION OF NATL. ACTIVITIES |                         |             | 6. COALITION, MAINTENANCE & DISTRIBUTION OF ESRD INFO. |                          |             |
|   | # of HOURS  | (Task 1)<br>HOURLY RATE | COSTS       | # of HOURS   | (Tasks 2)<br>HOURLY RATE | COSTS       |
| <b>a. Direct Labor</b>                      |   |                         |             |  |                          |             |
| 1. Project Director/Executive Director      | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 2. Quality Improvement Manager (RN)         | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 3. RN (Nephrology exp.)                     | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 4. Office Mgr/Bookkeeper                    | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 5. Data/Info Systems Manager                | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 6. Data Entry & Tracking Clerical Supp.     | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 7. Community Outreach Coordinator           | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 8. Admin Assistant/Secretary                | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 9. Clerical (non-data clerks, recept., etc) | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 10. Patient Services Coordinator            | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| <b>ADDITIONAL POSITIONS</b>                 |   |                         |             |  |                          |             |
| 11.   | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 12.   | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 13.   | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 14.   | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| <b>TEMP. LABOR</b>                          |   |                         |             |  |                          |             |
| a.  | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| b.  | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| c.  | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| <b>Subtotal Direct Labor</b>                | <b>0</b>  |                         | <b>\$ -</b> | <b>0</b>   |                          | <b>\$ -</b> |
| b. Leave                                    | 0   |                         | \$ -        | 0  |                          | \$ -        |
| c. Fringe Benefits                          |   |                         | \$ -        |  |                          | \$ -        |
| SUBTOTAL - Leave / Fringe                   | 0   |                         | \$ -        | 0  |                          | \$ -        |
| <b>d. Subcontracts:</b>                     |   |                         |             |  |                          |             |
| 1. Physician/MRB Reviewers                  | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 2. Other Consultants                        |   |                         |             |  |                          |             |
| a. NAME                                     | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| b. NAME                                     | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| c. NAME                                     | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| d. NAME                                     | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| e. NAME                                     | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| 3. Other Subcontractors                     | 0   | \$ -                    | \$ -        | 0  | \$ -                     | \$ -        |
| SUBTOTAL - Subcontracts                     | 0   |                         | \$ -        | 0  |                          | \$ -        |
| e. Travel                                   |   |                         | \$ -        |  |                          | \$ -        |
| f. Other Direct Costs                       |   |                         | \$ -        |  |                          | \$ -        |
| SUBTOTAL - DIRECT                           | 0   |                         | \$ -        | 0  |                          | \$ -        |
| <b>g. G&amp;A</b>                           |   |                         |             |  |                          |             |
| 1. Rent                                     |   |                         | \$ -        |  |                          | \$ -        |
| 2. Furniture & Equipment                    |   |                         | \$ -        |  |                          | \$ -        |
| 3. Telephone Expenses                       |   |                         | \$ -        |  |                          | \$ -        |
| 4. Insurance                                |   |                         | \$ -        |  |                          | \$ -        |
| 5. Other (attach schedule)                  |   |                         | \$ -        |  |                          | \$ -        |
| TOTAL COSTS                                 | 0   |                         | \$ -        | 0  |                          | \$ -        |
| TOTAL COSTS WITH FEE                        |   |                         | \$ -        |  |                          | \$ -        |

Semi Annual Cost Report Form for NCC

|   |   |   |
|---|---|---|
| 1. RFP Number:<br>0                         | 3. ESRD Network # :<br>0                      | 4. Reporting Period Covered:<br>0       |
| MEDICARE COSTS                              | 7. NETWORK COORDINATING CENTER ADMINISTRATIVE | 8. ANNUAL REPORT OF COORDINATING CENTER |
|   | (Task 3)                                      | (Task 4)                                |
|   | # of HOURS    HOURLY RATE    COSTS            | # of HOURS    HOURLY RATE    COSTS      |
| <b>a. Direct Labor</b>                      |   |   |
| 1. Project Director/Executive Director      | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 2. Quality Improvement Manager (RN)         | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 3. RN (Nephrology exp.)                     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 4. Office Mgr/Bookkeeper                    | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 5. Data/Info Systems Manager                | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 6. Data Entry & Tracking Clerical Supp.     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 7. Community Outreach Coordinator           | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 8. Admin Assistant/Secretary                | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 9. Clerical (non-data clerks, receipt, etc) | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 10. Patient Services Coordinator            | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| <b>ADDITIONAL POSITIONS</b>                 |   |   |
| 11.   | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 12.   | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 13.   | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 14.   | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| <b>TEMP. LABOR</b>                          |   |   |
| a.  | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| b.  | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| c.  | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| <b>Subtotal Direct Labor</b>                | <b>0 \$ - \$ -</b>                            | <b>0 \$ - \$ -</b>                      |
| b. Leave                                    |   |   |
| c. Fringe Benefits                          |   |   |
| SUBTOTAL - Leave / Fringe                   | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| <b>d. Subcontracts:</b>                     |   |   |
| 1. Physician/MRB Reviewers                  | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 2. Other Consultants                        |   |   |
| a. NAME                                     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| b. NAME                                     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| c. NAME                                     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| d. NAME                                     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| e. NAME                                     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| 3. Other Subcontractors                     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| SUBTOTAL - Subcontracts                     | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| e. Travel                                   |   |   |
| f. Other Direct Costs                       |   |   |
| SUBTOTAL - DIRECT                           | 0 \$ - \$ -                                   | 0 \$ - \$ -                             |
| <b>g. G&amp;A</b>                           |   |   |
| 1. Rent                                     |   |   |
| 2. Furniture & Equipment                    |   |   |
| 3. Telephone Expenses                       |   |   |
| 4. Insurance                                |   |   |
| 5. Other (attach schedule)                  |   |   |
| <b>TOTAL COSTS</b>                          | <b>0 \$ - \$ -</b>                            | <b>0 \$ - \$ -</b>                      |
| <b>TOTAL COSTS WITH FEE</b>                 |   |   |



Semi Annual Cost Report Form for NCC

|   |  |             |             |
|---|--|-------------|-------------|
| 1. RFP Number:<br>0                         |  |             |             |
| MEDICARE COSTS                              | 9. ESRD NETWORKS ANNUAL REPORT SUMMARY |             |             |
|   | (Task 5)                               |             |             |
|   | # of HOURS                             | HOURLY RATE | COSTS       |
| <b>a. Direct Labor</b>                      |  |             |             |
| 1. Project Director/Executive Director      | 0                                      | \$ -        | \$ -        |
| 2. Quality Improvement Manager (RN)         | 0                                      | \$ -        | \$ -        |
| 3. RN (Nephrology exp.)                     | 0                                      | \$ -        | \$ -        |
| 4. Office Mgr/Bookkeeper                    | 0                                      | \$ -        | \$ -        |
| 5. Data/Info Systems Manager                | 0                                      | \$ -        | \$ -        |
| 6. Data Entry & Tracking Clerical Supp.     | 0                                      | \$ -        | \$ -        |
| 7. Community Outreach Coordinator           | 0                                      | \$ -        | \$ -        |
| 8. Admin Assistant/Secretary                | 0                                      | \$ -        | \$ -        |
| 9. Clerical (non-data clerks, receipt, etc) | 0                                      | \$ -        | \$ -        |
| 10. Patient Services Coordinator            | 0                                      | \$ -        | \$ -        |
| <b>ADDITIONAL POSITIONS</b>                 |  |             |             |
| 11.   | 0                                      | \$ -        | \$ -        |
| 12.   | 0                                      | \$ -        | \$ -        |
| 13.   | 0                                      | \$ -        | \$ -        |
| 14.   | 0                                      | \$ -        | \$ -        |
| <b>TEMP. LABOR</b>                          |  |             |             |
| a.  | 0                                      | \$ -        | \$ -        |
| b.  | 0                                      | \$ -        | \$ -        |
| c.  | 0                                      | \$ -        | \$ -        |
| <b>Subtotal Direct Labor</b>                | <b>0</b>                               |             | <b>\$ -</b> |
| b. Leave                                    | 0                                      |             | \$ -        |
| c. Fringe Benefits                          |  |             | \$ -        |
| SUBTOTAL - Leave / Fringe                   | 0                                      |             | \$ -        |
| <b>d. Subcontracts:</b>                     |  |             |             |
| 1. Physician/MRB Reviewers                  | 0                                      |             | \$ -        |
| 2. Other Consultants                        |  |             |             |
| a. NAME                                     | 0                                      | \$ -        | \$ -        |
| b. NAME                                     | 0                                      | \$ -        | \$ -        |
| c. NAME                                     | 0                                      | \$ -        | \$ -        |
| d. NAME                                     | 0                                      | \$ -        | \$ -        |
| e. NAME                                     | 0                                      | \$ -        | \$ -        |
| 3. Other Subcontractors                     | 0                                      | \$ -        | \$ -        |
| SUBTOTAL - Subcontracts                     | 0                                      |             | \$ -        |
| e. Travel                                   |  |             | \$ -        |
| f. Other Direct Costs                       |  |             | \$ -        |
| SUBTOTAL - DIRECT                           | 0                                      |             | \$ -        |
| <b>g. G&amp;A</b>                           |  |             |             |
| 1. Rent                                     |  |             | \$ -        |
| 2. Furniture & Equipment                    |  |             | \$ -        |
| 3. Telephone Expenses                       |  |             | \$ -        |
| 4. Insurance                                |  |             | \$ -        |
| 5. Other (attach schedule)                  |  |             | \$ -        |
| <b>TOTAL COSTS</b>                          | <b>0</b>                               |             | <b>\$ -</b> |
| <b>TOTAL COSTS WITH FEE</b>                 |  |             | <b>\$ -</b> |

Semi Annual Cost Report Form for NCC

|   |                                      |             |             |                   |             |                              |             |
|---|--------------------------------------|-------------|-------------|-------------------|-------------|------------------------------|-------------|
| 1. RFP Number:<br>0                         |                                      |             |             |                   |             |                              |             |
| MEDICARE COSTS                              | 10. COMPREHENSIVE DIALYSIS STUDY: IA |             |             | 11. MONTHLY TOTAL |             | 12. CUMULATIVE TOTAL TO DATE |             |
|   | (Task 6)                             |             |             |                   |             |                              |             |
|   | # of HOURS                           | HOURLY RATE | COSTS       | HOURS             | COSTS       | HOURS                        | COSTS       |
| <b>a. Direct Labor</b>                      |                                      |             |             |                   |             |                              |             |
| 1. Project Director/Executive Director      | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 2. Quality Improvement Manager (RN)         | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 3. RN (Nephrology exp.)                     | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 4. Office Mgr/Bookkeeper                    | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 5. Data/Info Systems Manager                | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 6. Data Entry & Tracking Clerical Supp.     | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 7. Community Outreach Coordinator           | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 8. Admin Assistant/Secretary                | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 9. Clerical (non-data clerks, receipt, etc) | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 10. Patient Services Coordinator            | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| <b>ADDITIONAL POSITIONS</b>                 |                                      |             |             |                   |             |                              |             |
| 11.   | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 12.   | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 13.   | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 14.   | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| <b>TEMP. LABOR</b>                          |                                      |             |             |                   |             |                              |             |
| a.  | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| b.  | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| c.  | 0                                    | \$ -        | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| <b>Subtotal Direct Labor</b>                | <b>0</b>                             |             | <b>\$ -</b> | <b>0</b>          | <b>\$ -</b> | <b>0</b>                     | <b>\$ -</b> |
| b. Leave                                    | 0                                    |             | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| c. Fringe Benefits                          |                                      |             | \$ -        |                   | \$ -        |                              | \$ -        |
| SUBTOTAL - Leave / Fringe                   | 0                                    |             | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| <b>d. Subcontracts:</b>                     |                                      |             |             |                   |             |                              |             |
| 1. Physician/MRB Reviewers                  | 0                                    |             | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| 2. Other Consultants                        |                                      |             |             |                   |             |                              |             |
| a. NAME                                     | 0                                    | \$ -        | \$ -        |                   | \$ -        |                              | \$ -        |
| b. NAME                                     | 0                                    | \$ -        | \$ -        |                   | \$ -        |                              | \$ -        |
| c. NAME                                     | 0                                    | \$ -        | \$ -        |                   | \$ -        |                              | \$ -        |
| d. NAME                                     | 0                                    | \$ -        | \$ -        |                   | \$ -        |                              | \$ -        |
| e. NAME                                     | 0                                    | \$ -        | \$ -        |                   | \$ -        |                              | \$ -        |
| 3. Other Subcontractors                     | 0                                    | \$ -        | \$ -        |                   | \$ -        |                              | \$ -        |
| SUBTOTAL - Subcontracts                     | 0                                    |             | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| e. Travel                                   |                                      |             | \$ -        |                   | \$ -        |                              | \$ -        |
| f. Other Direct Costs                       |                                      |             | \$ -        |                   | \$ -        |                              | \$ -        |
| SUBTOTAL - DIRECT                           | 0                                    |             | \$ -        | 0                 | \$ -        | 0                            | \$ -        |
| <b>g. G&amp;A</b>                           |                                      |             | <b>\$ -</b> |                   | <b>\$ -</b> |                              | <b>\$ -</b> |
| 1. Rent                                     |                                      |             | \$ -        |                   | \$ -        |                              | \$ -        |
| 2. Furniture & Equipment                    |                                      |             | \$ -        |                   | \$ -        |                              | \$ -        |
| 3. Telephone Expenses                       |                                      |             | \$ -        |                   | \$ -        |                              | \$ -        |
| 4. Insurance                                |                                      |             | \$ -        |                   | \$ -        |                              | \$ -        |
| 5. Other (attach schedule)                  |                                      |             | \$ -        |                   | \$ -        |                              | \$ -        |
| <b>TOTAL COSTS</b>                          | <b>0</b>                             |             | <b>\$ -</b> | <b>0</b>          | <b>\$ -</b> | <b>0</b>                     | <b>\$ -</b> |
| <b>TOTAL COSTS WITH FEE</b>                 |                                      |             | <b>\$ -</b> |                   | <b>\$ -</b> |                              | <b>\$ -</b> |