

**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:	3. ESRD Network # :			4. Reporting Period Covered:		
	7. ADMINISTRATION			8. INFORMATION MANAGEMENT		
MEDICARE COSTS						
		(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 NCC

1. RFP Number: 0	2. Name and Address of ESRD Network 0 0 0					
MEDICARE COSTS	5. DEVELOPMENT, TRAINING INITIATIVES & COORDINATION OF NATL. ACTIVITIES			6. COALITION, MAINTENANCE & DISTRIBUTION OF ESRD INFO.		
	# of HOURS	(Task 1) HOURLY RATE	COSTS	# of HOURS	(Tasks 2) 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: 0	3.ESRD Network # : 0	4.Reporting Period Covered: 0				
MEDICARE COSTS	7. NETWORK COORDINATING CENTER ADMINISTRATIVE	8. ANNUAL REPORT OF COORDINATING CENTER				
	# of HOURS	(Task 3) HOURLY RATE COSTS		# of HOURS	(Task 4) 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. 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)				\$	-	\$
TOTAL COSTS	0			\$	-	\$
TOTAL COSTS WITH FEE				\$	-	\$



Semi Annual Cost Report Form for NCC

1. RFP Number: 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: 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>