Network Semi Annual Report January-June

1. Contract #:		2. Name and Address of ESRD Network:		3. ESRD Network #:		4. Reporting Period Covered:																					

Medicare Costs	5. Transition Costs		6. General Requirements (C.3)		7. Patient and Family Engagement (C.4.1.A)		8. Evaluate and Resolve Grievances (C.4.1.B.1)		9. Promote Use of ICH CAHPSs (C.4.1.B.3)		10. Address Issues Identified through Data Analysis (C.4.1.B.4)		11. Patient Appropriate Access to in Center Dialysis Care (C.4.1.C)		12. Vascular Access Management (C.4.1.D)		13. Patient Safety: HAIs (C.4.1.E)		14. Population Health Innovation Projects (C.4.2)		15. Support for ESRD QIP & Performance Improvement on QIP Measures (C.4.3.A)		16. Support for Facility Data Submission to CROWN Web and NHSN (C.4.3.B)		17. BASE CONTRACT ONLY (Columns 5 -16)		18. SPECIAL PROJECTS	
	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS	# of HOURS	COSTS
a. Direct Labor																												
1. Name (Position)																							0	$0.00		
2. Name (Position)																							0	$0.00		
3. Name (Position)																							0	$0.00		
4. Name (Position)																							0	$0.00		
5. Name (Position)																							0	$0.00		
6. Name (Position)																							0	$0.00		
7. Name (Position)																							0	$0.00		
8. Name (Position)																							0	$0.00		
9. Name																							0	$0.00		
10. Name (Position)																							0	$0.00		
11. Name (Position)																							0	$0.00		
12. Name (Position)																							0	$0.00		
13. Name (Position)																							0	$0.00		
14. Name (Position)																							0	$0.00		
15. Name (Position)																							0	$0.00		
16. Name (Position)																							0	$0.00		
17. Name (Position)																							0	$0.00		
18. Name (Position)																							0	$0.00		
19. Name (Position)																							0	$0.00		
20. Additional Staff (attach Schedule)																							0	$0.00		
21. OT and Bonuses (attach Schedule)	Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		(Black	
Subtotal Direct Labor	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00
b. Leave	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black		
c. Fringe Benefits	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black		Black
SUBTOTAL - Leave/Fringe	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	$0.00	0	$0.00
d. Subcontracts:	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
1. Physician/MRB Reviewers																							0	$0.00		
2. Other Consultants	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
a. Name																							0	$0.00		
b. Name																							0	$0.00		
c. Name																							0	$0.00		
d. Name																							0	$0.00		
3. Other Subcontractors																							0	$0.00		
SUBTOTAL - Subcontracts	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00
e. Travel	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	$0.00	Black	
f. Other Direct Costs	Black	Black	Black		Black		Black		Black	Black	Black		Black		Black		Black		Black		Black		Black	$0.00	Black	
SUBTOTAL - Direct	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	0	$0.00	0	$0.00
g. G&A	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	G&A	Black	Black
1. Rent	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
2. Furniture & Equipment	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
3. Telephone Expenses	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
4. Insurance	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
5. Other (attach Schedule)	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
G&A Subtotal	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	$0.00	Black	$0.00
	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
TOTAL COSTS	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	0	$0.00	0	$0.00

Network Semi Annual Report July-December

Medicare Costs	1. Contract #:	2. Name and Address of ESRD Network:	3. ESRD Network #:	4. Reporting Period Covered:

| Medicare Costs | 5. Transition Costs | 6. General Requirements (C.3) | 7. Patient and Family Engagement (C.4.1.A) | 8. Evaluate and Resolve Grievances (C.4.1.B.1) | 9. Promote Use of ICH CAHPSs (C.4.1.B.3) | 10. Address Issues Identified through Data Analysis (C.4.1.B.4) | 11. Patient Appropriate Access to in Center Dialysis Care (C.4.1.C) | 12. Vascular Access Management (C.4.1.D) | 13. Patient Safety: HAIs (C.4.1.E) | 14. Population Health Innovation Projects (C.4.2) | 15. Support for ESRD QIP & Performance Improvement on QIP Measures (C.4.3.A) | 16. Support for Facility Data Submission to CROWNWeb and NHSN (C.4.3.B) | 17. BASE CONTRACT ONLY (Columns 5 -16) | 18. SPECIAL PROJECTS | 19. CUMULATIVE TOTAL (January - December) Base Contract (Only) | 20. CUMULATIVE TOTAL (January - December) Base & Special Projects |

(Each numbered column has sub-columns: # of HOURS | COSTS)

a. Direct Labor

Line	17. Base Contract HOURS	17. COSTS	19. HOURS	19. COSTS	20. HOURS	20. COSTS
1. Name (Position)	0	$0.00	0	$0.00	0	$0.00
2. Name (Position)	0	$0.00	0	$0.00	0	$0.00
3. Name (Position)	0	$0.00	0	$0.00	0	$0.00
4. Name (Position)	0	$0.00	0	$0.00	0	$0.00
5. Name (Position)	0	$0.00	0	$0.00	0	$0.00
6. Name (Position)	0	$0.00	0	$0.00	0	$0.00
7. Name (Position)	0	$0.00	0	$0.00	0	$0.00
8. Name (Position)	0	$0.00	0	$0.00	0	$0.00
9. Name (Position)	0	$0.00	0	$0.00	0	$0.00
10. Name (Position)	0	$0.00	0	$0.00	0	$0.00
11. Name (Position)	0	$0.00	0	$0.00	0	$0.00
12. Name (Position)	0	$0.00	0	$0.00	0	$0.00
13. Name (Position)	0	$0.00	0	$0.00	0	$0.00
14. Name (Position)	0	$0.00	0	$0.00	0	$0.00
15. Name (Position)	0	$0.00	0	$0.00	0	$0.00
16. Name (Position)	0	$0.00	0	$0.00	0	$0.00
17. Name (Position)	0	$0.00	0	$0.00	0	$0.00
18. Name (Position)	0	$0.00	0	$0.00	0	$0.00
19. Name (Position)	0	$0.00	0	$0.00	0	$0.00
20. Additional Staff (attach Schedule)	0	$0.00	0	$0.00	0	$0.00
21. OT and Bonuses (attach Schedule)	Black	$0.00	Black	$0.00	Black	$0.00
Subtotal Direct Labor	0	$0.00	0	$0.00	0	$0.00
b. Leave	Black	Black	Black	Black	Black	$0.00
c. Fringe Benefits	Black	Black	Black	Black	Black	$0.00
SUBTOTAL - Leave/Fringe	0	$0.00	Black	$0.00	Black	$0.00
b. Subcontracts:	Black	Black	Black	Black	Black	Black
1. Physician/MRB Reviewers	0	$0.00			0	$0.00
2. Other Consultants	Black	Black	Black	Black	Black	Black
a. Name	0	$0.00			0	$0.00
b. Name	0	$0.00			0	$0.00
c. Name	0	$0.00			0	$0.00
d. Name	0	$0.00			0	$0.00
3. Other Subcontractors	0	$0.00			0	$0.00
SUBTOTAL - Subcontracts	0	$0.00	0	$0.00	0	$0.00
Travel	Black	$0.00	Black		Black	$0.00
Other Direct Costs	Black	$0.00	Black		Black	$0.00
SUBTOTAL - Direct	0	$0.00	0	$0.00	Black	Black
c. G&A	Black	Black	Black	Black	Black	Black
1. Rent	Black	Black	Black		Black	$0.00
2. Furniture & Equipment	Black	Black	Black		Black	$0.00
3. Telephone Expenses	Black	Black	Black		Black	$0.00
4. Insurance	Black	Black	Black		Black	$0.00
5. Other (attach Schedule)	Black	Black	Black		Black	$0.00
G&A Subtotal	Black	$0.00	Black	$0.00	Black	$0.00
	Black	Black	Black	Black	Black	Black
TOTAL COSTS	0	$0.00	Black	$0.00	Black	$0.00