

ESRD Network Semi Annual Cost Report (December - May)  
Centers for Medicare and Medicaid Services

Network Semi Annual Report December-May																							
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 Engagement (C.4.1.A)		8. Patient Experience of Care (C.4.1.B)		9. Vascular Access Management (C.4.1.C)		10. Patient Safety: Healthcare Associated Infections (C.4.1.D)		11. AIM2: Better Health for the ESRD Population (C.4.2)		12. Support for ESRD QIP & Performance Improvement on QIP Measures (C.4.3.A)		13. Support for Facility Data Submission to CROWNweb and NHSN (C.4.3.B)		14. BASE CONTRACT ONLY (Columns 5-13)		15. 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	
<b>a. Direct Labor</b>																							
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 (Position)																				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		
<b>Subtotal Direct Labor</b>	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
b. Leave	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	
<b>SUBTOTAL - Leave/Fringe</b>	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
<b>d. Subcontracts:</b>	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
1. Other Consultants	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
a. Name																				#VALUE!	Black	Black	Black
b. Name																				0	\$0.00		
c. Name																				0	\$0.00		
d. Name																				0	\$0.00		
2. Other Subcontractors																				0	\$0.00		
<b>SUBTOTAL - Subcontracts</b>	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>e. Travel</b>	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
1. Postage & Express Mail	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
2. Meetings & Conferences	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
3. Printing & Reproduction	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
4. Teleconferences	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	
<b>SUBTOTAL - Travel &amp; ODCs</b>	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	
<b>SUBTOTAL - Direct</b>	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
<b>g. Indirect Costs (if applicable)</b>	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	
<b>TOTAL COSTS</b>	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	

Network Semi Annual Report June-November																											
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 Engagement (C-4.1.A)		8. Patient Experience of Care (C-4.1.B)		9. Vascular Access Management (C-4.1.C)		10. Patient Safety, Healthcare Associated Infections (C-4.1.D)		11. AM2: Better Health for the ESRD Population (C-4.2)		12. Support for ESRD QIP & Performance Improvement on QIP Measures (C-4.3.A)		13. Support for Facility Data Submission to CROWNWeb and NHSN (C-4.3.B)		14. BASE CONTRACT ONLY (Columns 5-13)		15. SPECIAL PROJECTS		16. Base Contract Only		17. Base & 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	HOURS	COSTS	HOURS	COSTS	
1. Name (Position)																											
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17. Name (Position)																											
18. Name (Position)																											
19. Name (Position)																											
20. Additional Staff (attach schedule)																											
Subtotal Direct Labor	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	Black
b. Leave																											
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	Black	Black
2. 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	Black	Black	Black	Black
3. 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	Black
1. Other Consultants																											
a. Name																											
b. Name																											
c. Name																											
d. Name																											
2. Other Subcontractors																											
a. Name																											
b. Name																											
c. Name																											
d. Name																											
3. SUBTOTAL - Subcontractors	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
4. Travel	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	Black
5. Other Direct Costs	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	Black
1. Postage & Express Mail	Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black
2. Meetings & Conferences	Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black
3. Printing & Reproduction	Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black		Black
4. Teleconferences	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
6. Other (attach schedule)	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black
7. SUBTOTAL - Travel & ODCs	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black	\$0.00	Black
8. SUBTOTAL - Direct	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	Black
9. Indirect Costs (if applicable)	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	Black
TOTAL COSTS	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