

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. 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	
# 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
<b>a. Direct Labor</b>																							
1. Name (Position)																							
2. Name (Position)																							
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16. Name (Position)																							
17. Name (Position)																							
18. Name (Position)																							
19. Name (Position)																							
20. Additional Staff (attach schedule)																							
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
<b>b. Leave</b>																							
c. Fringe Benefits																							
SUBTOTAL - Leave/Fringe																							
<b>d. Subcontracts:</b>																							
1. Other Consultants																							
a. Name																							
b. Name																							
c. Name																							
d. Name																							
2. Other Subcontractors																							
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
<b>e. Travel</b>																							
f. Other Direct Costs																							
1. Postage & Express Mail																							
2. Meetings & Conferences																							
3. Printing & Reproduction																							
4. Teleconferences																							
5. Other (attach schedule)																							
SUBTOTAL - Travel & ODCs		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
SUBTOTAL - Direct																							
g. Indirect Costs (if applicable)																							
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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0657 (Expires 02/29/2020). The time required to complete this information collection is estimated to average 3 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*\*CMS Disclosure\*\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Benjamin Bernstein (410)-786-6070.

ESRD Network Semi Annual Cost Report (June- November)  
 Centers for Medicare and Medicaid Services

Network Semi Annual Report June-November																									
1. Contract #:		2. Name and Address of ESRD Network:				3. ESRD Network #:				4. Reporting Period Covered:				5. Medicare Costs				15. BASE CONTRACT ONLY (Columns 5-13)		16. SPECIAL PROJECTS		18. CUMULATIVE TOTAL (December - November)		17. CUMULATIVE TOTAL (December - November)	
		3. Transition Costs (C-3)		6. General Requirements (C-4)		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. AIMS: 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 NIBN (C-4.3.B)							
		# 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
<b>A. Direct Labor</b>																									
1. Name (Position)																									
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18. Name (Position)																									
19. Name (Position)																									
20. Additional Staff (attach schedule)																									
<b>Subtotal Direct Labor</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	0	\$0.00
<b>b. Leave</b>																									
<b>c. Fringe Benefits</b>																									
<b>SUBTOTAL - Leave/Fringe</b>																									
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2. Other Subcontractors																									
a. Name																									
b. Name																									
c. Name																									
d. Name																									
<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	0	\$0.00
<b>e. Travel</b>																									
1. Other Direct Costs																									
1. Postage & Express Mail																									
2. Meetings & Conferences																									
3. Printing & Reproduction																									
4. Teleconferences																									
5. Other (attach schedule)																									
<b>SUBTOTAL - Travel &amp; ODCS</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>SUBTOTAL - Direct</b>																									
<b>c. Indirect Costs (if applicable)</b>																									
<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	0	\$0.00

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