

Network Name

How Are We Doing?

We are committed to providing patients and dialysis facility staff with the best assistance and learning opportunities possible, so we welcome your comments. Please provide us feedback so we can improve our service to the ESRD community. Thank you.

Please rate the assistance and education received from the Network to decrease hospital admissions, hospital 30-day readmissions and emergency department visits. ☐ N/A

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Dissatisfied

Extremely Satisfied

Please rate the assistance and education received from the Network to decrease the need for blood transfusions, hemodialysis access infections, and peritonitis for patients receiving dialysis in a nursing home. ☐ N/A

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Dissatisfied

Extremely Satisfied

Please rate the assistance and education received from the Network to increase the use of a home modality. ☐ N/A

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Dissatisfied

Extremely Satisfied

Please rate the assistance and education received from the Network to increase the use of telehealth/telemedicine. ☐ N/A

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Dissatisfied

Extremely Satisfied

Please rate the assistance and education received from the Network to increase the number of patients that receive a transplant. ☐ N/A

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Dissatisfied

Extremely Satisfied

Please rate the assistance and education received from the Network to increase patient involvement in care planning, QAPI, and peer mentoring. ☐ N/A

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Dissatisfied

Extremely Satisfied

Please rate the customer service received from the Network during interactions. ☐ N/A

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Dissatisfied

Extremely Satisfied

J.9 Network Customer Satisfaction Tool

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 Christina Goatee.