

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)	
		# 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)																			
2. Name (Position)																			
3. Name (Position)																			
4. Name (Position)																			
5. Name (Position)																			
6. Name (Position)																			
7. Name (Position)																			
8. Name (Position)																			
9. Name (Position)																			
10. Name (Position)																			
11. Name (Position)																			
12. Name (Position)																			
13. Name (Position)																			
14. Name (Position)																			
15. Name (Position)																			
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
b. Leave																			
c. Fringe Benefits																			
SUBTOTAL - Leave/Fringe																			
d. Subcontractors:																			
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
e. Travel																			
f. Other Direct Costs																			
1. Postage & Express Mail																			
2. Meetings & Conferences																			
3. Printing & Reproduction																			
4. Teleconferences																			
5. Other (attach schedule)																			
SUBTOTAL - Travel & ODCs																			
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

[illegible]