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ESRD Network Coordinating Center 2010 Annual Report

July 1, 2009, through June 30, 2010

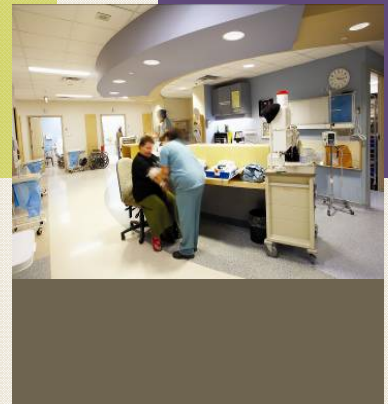




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FOREWORD

The Network Coordinating Center (NCC) began serving the 18 ESRD Networks in 2003 as a Centers for Medicare & Medicaid Services (CMS) Special Study, providing administrative support to the ESRD Network Organization Program.

The ESRD Network Program serves all 50 states, the District of Columbia, and the U.S. territories of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands. Graphic representation of the geographic areas can be found in Figure 1.

The ESRD Network Program encompasses more than 371,000 prevalent dialysis patients, receiving care in more than 5,400 facilities.¹

The NCC supports the 18 ESRD Networks and CMS by providing centralized coordination for the ESRD Network Organization Program. These activities include, but are not limited to, archiving Network Quarterly and Annual Reports, distribution of the New ESRD Patient Orientation Packet (NEPOP), and the annual distribution of the *Directory of ESRD Network Organizations*.

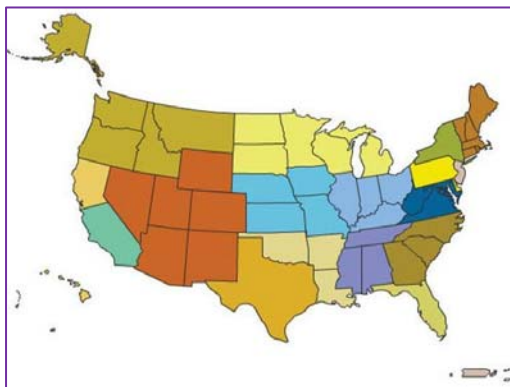


FIGURE 1 ESRD Network Areas	
Network	Geographic Area
1	CT, MA, ME, NH, RI, VT
2	NY
3	NJ, PR, VI
4	DE, PA
5	DC, MD, VA, WV
6	GA, NC, SC
7	FL
8	AL, MS, TN
9	IN, KY, OH
10	IL
11	MI, MN, ND, SD, WI
12	IA, KS, MO, NE
13	AR, LA, OK
14	TX
15	AZ, CO, MN, NV, UT, WY
16	AK, ID, MT, OR, WA
17	American Samoa, Guam, HI, Northern CA, Northern Mariana Islands
18	Southern CA

¹End Stage Renal Disease Network Organization Program 2008 Summary Annual Report.



IPRO ESRD Network of New York (Network 2) has served as the contractor for this project since 2007. We are pleased to present the 2009 NCC Annual Report, which covers the period July 1, 2009-June 30, 2010. We are proud of the progress we have made and hope to produce even greater accomplishments in the months ahead.



INTRODUCTION

The End Stage Renal Disease Network Organization Program (ESRD Network Program) is Medicare's quality improvement program for the ESRD patient population. The ESRD Network Program is funded by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.

CMS defines ESRD as permanent kidney failure that is treated with dialysis or kidney transplantation. The goal of the ESRD Network Program is to improve the quality of care for more than 371,000 renal patients who require dialysis or transplantation as a life-sustaining treatment.

Across the country, 18 ESRD Networks carry out quality improvement activities under contract with CMS. The Networks' activities focus on: supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment settings to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; providing educational information and technical assistance to patients, dialysis facilities, and transplantation centers; identifying providers that do not help achieve Network goals; and conducting onsite reviews as necessary.

The NCC supports the 18 ESRD Networks in these efforts by providing centralized coordination, including documenting Network Quarterly and Annual Reports, coordination of the monthly New ESRD Patient Orientation Packet (NEPOP) mailing, annual distribution of the *Directory of ESRD Network Organizations*, and general administrative functions.

The NCC responsibilities are organized into four major tasks:

Task 1: ESRD Network Program Efficiency and Effectiveness

The NCC provides support to the 18 ESRD Networks and CMS by coordinating and hosting conference calls and providing meeting services, in addition to tracking and compiling Network reports, including both Quarterly and Annual Reports. The NCC archives all materials relative to the aforementioned activities in a central repository. The NCC also provides educational resources to the ESRD community via its website.

Task 2: ESRD Network Training and Enhancement Initiatives

As directed by CMS, the NCC provides training and support to help the Networks meet Program goals. One key responsibility is coordination of the CMS/ESRD Networks Annual Meeting. As advised, the NCC, along with a Planning Committee, puts forth substantial effort into planning a successful meeting. This is done by offering sessions with information that can be utilized by the Networks as well as the external renal community.

Task 3: ESRD Information and Educational Support

The primary responsibility of the NCC in Task 3 is the collection and archiving of data obtained from individual Networks. An example of the use of such data is the New ESRD Patient Orientation Packet (NEPOP). This packet of ESRD information is distributed to new patients one month after facility submission of CMS Form-2728. To streamline the data collection process and increase the accuracy of reporting NEPOP returns, in 2008 the NCC launched a computer program called New ESRD Mailing Organizer (NEMO). NEMO is a Microsoft Access database that utilizes barcode scanners to increase the accuracy of processing patient returns. The tool tracks, organizes, and trends all NEPOP data.

Task 4: ESRD NCC Reporting

Another way in which the NCC supports the renal community is by monitoring and archiving all Network Quarterly and Annual Reports. The archived Annual Reports are made available to all ESRD Networks, CMS representatives, and the ESRD community, upon request. In addition, standard reports are prepared under CMS guidelines. One such report is the Summary Annual Report (SAR) of the ESRD Network Program, which condenses patient and facility/provider data and the activities of the 18 ESRD Networks into one document. The SAR provides the renal community and government officials with up-to-date information on the state of ESRD care in the United States. The SAR also documents the efforts put forth by the Networks in accomplishing CMS goals to serve patients and facilities across the United States.

The NCC's performance of each of the aforementioned tasks aids the 18 ESRD Networks in their goal to improve the quality of life for patients with ESRD.

The objective of this Annual Report is to detail the activities of the NCC in accomplishing CMS goals, and to report on its service to the Networks and to the renal community as a whole.

This Report encompasses the contract period of July 1, 2009 through June 30, 2010.

TASK 1

ESRD NETWORK PROGRAM EFFICIENCY AND EFFECTIVENESS

Support to the ESRD Network Program

To assist in promoting ESRD Network Program efficiency and effectiveness, the NCC has established two conference lines for utilization by the ESRD Networks and CMS representatives. These conference lines provide the Networks with a cost-free resource for their conferencing needs. To schedule a conference call through the NCC, CMS requires the requester to provide an agenda upon scheduling, with the meeting minutes to follow.

Throughout 2009–2010 (Contract Year 3), the NCC facilitated 14 calls on behalf of Network Data Managers and Patient Services Coordinators. Of these calls, 71% represented the Data Managers group. The NCC also provided conferencing services to the 2008 SAR Development Team.

Early in contract year 3, the Contracting Officer Technical Representative requested the NCC obtain a print quote from the U.S. Government Printing Office (GPO), an authorized publisher and distributor of government publications that is utilized by the NCC. This request was for a possible reprinting of the Kidney Community Emergency Response (KCER) Coalition’s Disaster Preparedness Manual. This assistance included contacting the GPO and requesting price quotes for approximately 3,000-5,000 copies. The NCC also provided a review and edit of the document. This assistance was provided to Network 7, the KCER contractor. There was no further assistance required related to this request.

In the Fall of 2009, the NCC was contacted by Network 1 to contribute funds to the Spanish translation and subsequent reproduction of the “Patient Speaks” DVD. This contribution would offset the costs to the collaborating Networks. This request was discussed with the Contracting Officer Technical Representative and approved. The NCC funded 56% of the total cost for the project. This assistance significantly decreased the amount each Network needed to contribute.

Throughout the current contract period, the NCC has provided support to the ESRD Networks and CMS representatives in navigating and utilizing the NCC website.

Web support inquiries in contract year 3 included:

- Password information to access the secure portion of the site containing CROWN Memos/CyberWatch Newsletters;
- Contractor request for additional forms added to the CyberWatch section;
- Request for archived posting of specific CROWN Memos.

CMS/ESRD Networks Annual Meeting

In 2009, the NCC was advised that due to challenging economic times, CMS consolidated meeting efforts and expenses such as travel and materials to integrate the ESRD Network Meeting into the QualityNet Conference being held on December 1-3 in Baltimore, Maryland. With a goal of collaboration for a quality-driven conference focused to all provider types, the NCC worked to organize the ESRD track of the conference with the Quality Net Conference contractor. The support included planning sessions, speakers, room setup, AV needs, as well as accommodations.

(Please reference Task 2 for more specific information on the NCC's role and duties associated with the QualityNet Conference.)

Facilitate Exchange of ESRD Network Information, Tools, Resources, and Expertise

The Decreasing Dialysis Patient-Provider Conflict (DPC) Toolkit reprint was completed in September 2009. The Toolkit provides facilities with resources to decrease patient-provider conflict through education. The NCC began revisions to the Toolkit in contract year 2 (2008–2009), working with CMS and Network representatives to obtain updated and accurate content.

The DPC Toolkit includes:

- Two resource manuals for provider staff, containing tips for conflict resolution and the best approach when encountering a difficult situation within a facility;
- Tutorial DVDs;
- A poster consisting of tips for staying calm during challenging situations.

Actors and real patients, in some cases, appear in the DVDs to illustrate and provide examples of possible conflict situations, as well as resolutions.

Prior to distributing the final reprinted Toolkit, CMS notified the NCC that each Network would be required to submit a business plan for the Toolkit's utilization. As part of the business plan, a tracking tool to evaluate the facilities use and understanding of the materials was recommended. The NCC worked with CMS to create an e-blast communication that included a one-page questionnaire regarding the Networks' distribution plan. The NCC processed each Network's request for Toolkits with the respective Contracting Officer Technical Representative approval.

The NCC maintains accurate inventory and tracks the Networks' utilization of the Toolkits. This tracking includes monitoring distribution, inventory, and shipments. To date, of the 5,000 units included in the original order, the NCC has 36% remaining in inventory. A plan is in place for the NCC to contact each Network during September 2010, one year after initial distribution, to determine if additional quantities of Toolkits are required.

The NCC has worked to improve its services to the ESRD Networks while maintaining balance with CMS contractual requirements. At times, this role has presented challenges in accomplishing both. With the intention of improving upon existing relationships with the ESRD Networks, the NCC has developed two new communications to be launched in the fourth quarter of 2010.

The first, titled *The Coordinating View*, is planned to be distributed electronically, on a quarterly basis to all ESRD Networks. The inaugural launch of this Newsletter will contain updates related to the efforts of the NCC in accomplishing its goals, as well as sound bites and statistics on the NEPOP process. The sound bites are included in a section titled, "Did You Know?" Upon its release, the NCC will elicit feedback from Network representatives for how improvements can be made for future issues.

A second communication developed for release during the fourth quarter is the *Information Exchange*, an electronic communication established to streamline information received by the Networks from various ListSers. This type of communication had previously been suggested as a way for the NCC to assist Networks in filtering listserv communications based on relevance to the ESRD Program.

The NCC subscribes to the following ListServes and screens materials to be included in the communication:

- Agency for Healthcare Research and Quality (AHRQ)
- American Association of Kidney Patients (AAKP)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- National Institutes of Health (NIH)
- National Kidney Foundation (NKF)
- Nephronline
- Renal Physicians Association (RPA)
- United Network for Organ Sharing (UNOS)
- US Department of Health and Human Services (HHS)
- US Food and Drug Administration (FDA)

TASK 2

ESRD NETWORK TRAINING AND ENHANCEMENT INITIATIVE

Annual Meeting and Conferences

After CMS' determination that the 2010 CMS/ESRD Networks Annual Meeting would not be held, CMS began working with the QualityNet Conference contractor and the NCC to organize an ESRD track for the conference taking place in Baltimore, Maryland, at the Marriott Waterfront Hotel on December 1–3, 2009.

The NCC was contacted by CMS' Central Office leadership through its Government Task Leader (GTL). The GTL requested speaker recommendations for ESRD program topics as part of the QualityNet Conference. The QualityNet Conference draws over 800 attendees from the ESRD Networks, CMS, Quality Improvement Organizations, and a number of renal associations.

At the time of the request, the NCC immediately reviewed its speaker database to determine appropriate recommendations for the CMS-requested topics. The NCC was able to recommend speakers for all requested sessions. Once speakers were approved by CMS, the NCC worked to confirm participation.

The NCC's role included:

- Obtaining a résumé and session objective from presenters for each topic;
- Arranging hotel accommodations;
- Providing communications to each presenter .
 - Updated agenda information
 - PowerPoint template
 - Verification of audiovisual requirements

During the planning process, it was determined that the QualityNet contractor was not funded for the ESRD speakers. Upon request, CMS approved the use of NCC funds to cover travel, honorariums, and hotel expenses for these presenters.

Additionally, CMS requested that the NCC be on site at the conference to moderate the ESRD sessions.

Although many challenges were faced in a tight timeframe, we appreciate the opportunity to serve as a liaison to the ESRD Program and look forward to our role in future meetings.

TASK 3

ESRD INFORMATION AND EDUCATION SUPPORT

Website

Under Task 3 of the NCC's Statement of Work (SOW), the NCC is responsible for maintaining an active Web presence. After Network 2 was awarded the contract in 2007, an immediate re-design of the NCC website took place. The NCC has continued to manage its site without interruption to users since September 2007. An additional re-design is expected for release during the first quarter of contract year 4.

The NCC website currently includes five major sections:

- About Us
- For Networks
- For Patients
- For Providers
- Resources.

Available on the site are accurate and up-to-date resources to include CROWN Memos and CyberWatch Newsletters, as well as postings of the Fistula First Dashboard and its listing of facilities with arteriovenous fistula rate calculations that either qualify or do not qualify for inclusion in the Dashboard.

Due to the sensitive nature of information contained in the CROWN Memos and CyberWatch newsletters, the NCC created a secure portion of its site requiring log-in credentials to access the information. The NCC continues to maintain this secure area, which restricts the public from accessing this proprietarily sensitive information. Network and CMS personnel continue to access these resources without incident.

In contract year 3, postings to the NCC website included:

- CROWN Memos, representing 84% of all website postings;
- Fistula First Dashboard and its components, 10% of website postings;
- CyberWatch newsletters, representing the remaining 6%.

The NCC maintains archives of materials posted to its site, examples of which are CROWN Memos dating from 2002 through present day.

In addition, the NCC makes available a Network and Renal Community Calendar that includes event details such as date and location, links to available registrations, flyers, and travel information. The NCC obtains and updates this information by regularly visiting Network and affiliated renal association websites.

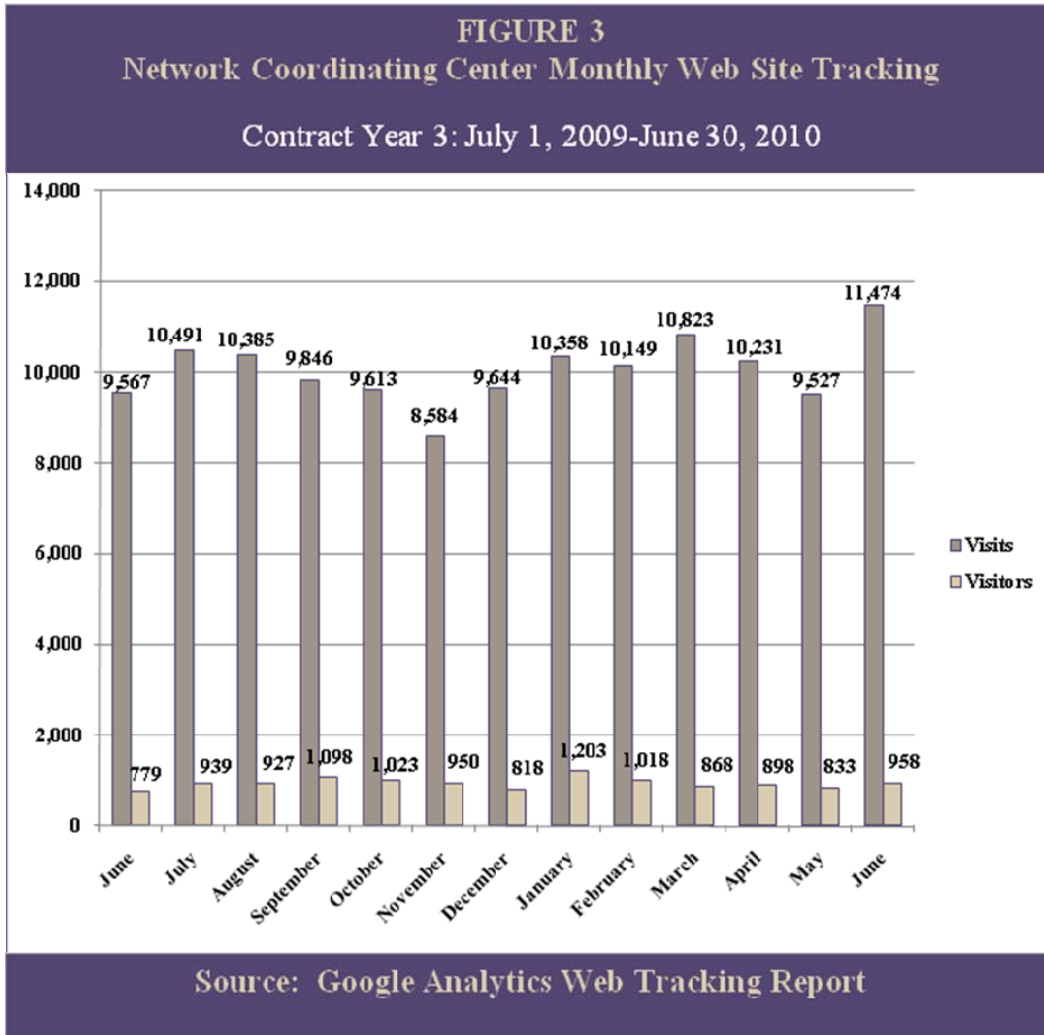
The NCC website averages over 800 visitors per year. In contract year 3, the NCC increased visits to its website by 4% compared to contract year 2 (2008–2009). Visitor tracking reports determine whether a visit to the site is one-time (Visitor) or a frequent occurrence (Visits).

Figure 2 represents website activity tracking comparisons for a period of two contract years.

<p style="text-align: center;">FIGURE 2 Network Coordinating Center Website Total Visits Tracking July 2008 – June 2010</p>			
Type	July 1, 2008–June 30, 2009	July 1, 2009–June 30, 2010	% Change
Visitors	7,939	8,810	+10.97%
Visits	95,870	121,125	+26.34%

Source: Google Analytics Web Tracking Report.

Figure 3 represents NCC website activity tracking by month for contract year 3.



Directory

The *Directory of ESRD Network Organizations* is a well-received and anticipated annual publication. This Directory contains contact information for the 18 ESRD Networks, CMS Central Office/Regional Office personnel, and members of the renal community. As the contractor, the NCC has sought out various enhancements to this process. We have streamlined the format and design to include six new Tab sections for ease of reference.

These sections include

- Section 1 – ESRD Network Contact Information
- Section 2 – CMS Representatives
- Section 3 – KCER Coalition Contacts and Details
- Section 4 – CMS-Funded Special Projects
- Section 5 – Renal-Related Organizations and Corporate Dialysis Organizations
- Appendix
 - Ability to reorder bound copies for nominal fee (order form available)
 - Evaluation form
 - Index of all contacts in the Directory.

Figure 4 tracks the cost and distribution quantities for the *Directory of ESRD Network Organizations* compared over a period of 3 contract years.

FIGURE 4			
Network Coordinating Center Costs			
<i>2008, 2009, 2010 Directory of ESRD Network Organizations</i>			
	2008 Directory	2009 Directory	2010 Directory
Total Print Cost	\$7,089.58	\$6,069.16	\$3,210.00
Quantity Ordered	300	225	150
% Change Compared to Previous Year	—	-14.39%	-54.72%

Source: Network Coordinating Center Budget Tracking 2008–2010

Note: Network 2 was awarded the NCC Special Study in 2007. The 2008 Directory of ESRD Network Organizations was the first Directory to be produced by Network 2.

Each year, the NCC with assistance from its Contracting Officer Technical Representative determines the final distribution roster, ensuring that those who would benefit from the Directory receive it. These include the ESRD Networks, CMS representatives, as well as key contacts from the renal community.

In years past, the NCC has provided hard copies to various representatives; we have since streamlined these efforts by supplying limited hard copies to the selected distribution list with a note of availability of the Directory in print format via the NCC website for any additional units required.

Routinely monitoring its inventory has allowed the NCC to dramatically reduce overall costs associated with this project. Since contract award in 2007, the NCC has reduced total costs for producing the annual *Directory of ESRD Network Organizations* by 55%.

In contract year 4 (2010-2011), the NCC will form a small committee to review the effectiveness of the Directory in order to identify areas that might be improved or enhanced. As this publication is viewed and utilized nationally, the NCC continues to determine ways to improve its content and design and, most importantly, its usefulness to the ESRD community.

New Patient Orientation Packet (NEPOP)

The NEPOP is a mailing distributed to all newly diagnosed ESRD patients nationwide one month after their start of service. This packet contains important information for new patients, including literature on dialysis treatment options, preparing for emergencies, locating a facility in the patient's area, and transplant services. The NCC is responsible for the distribution and maintenance of inventory for NEPOPs.

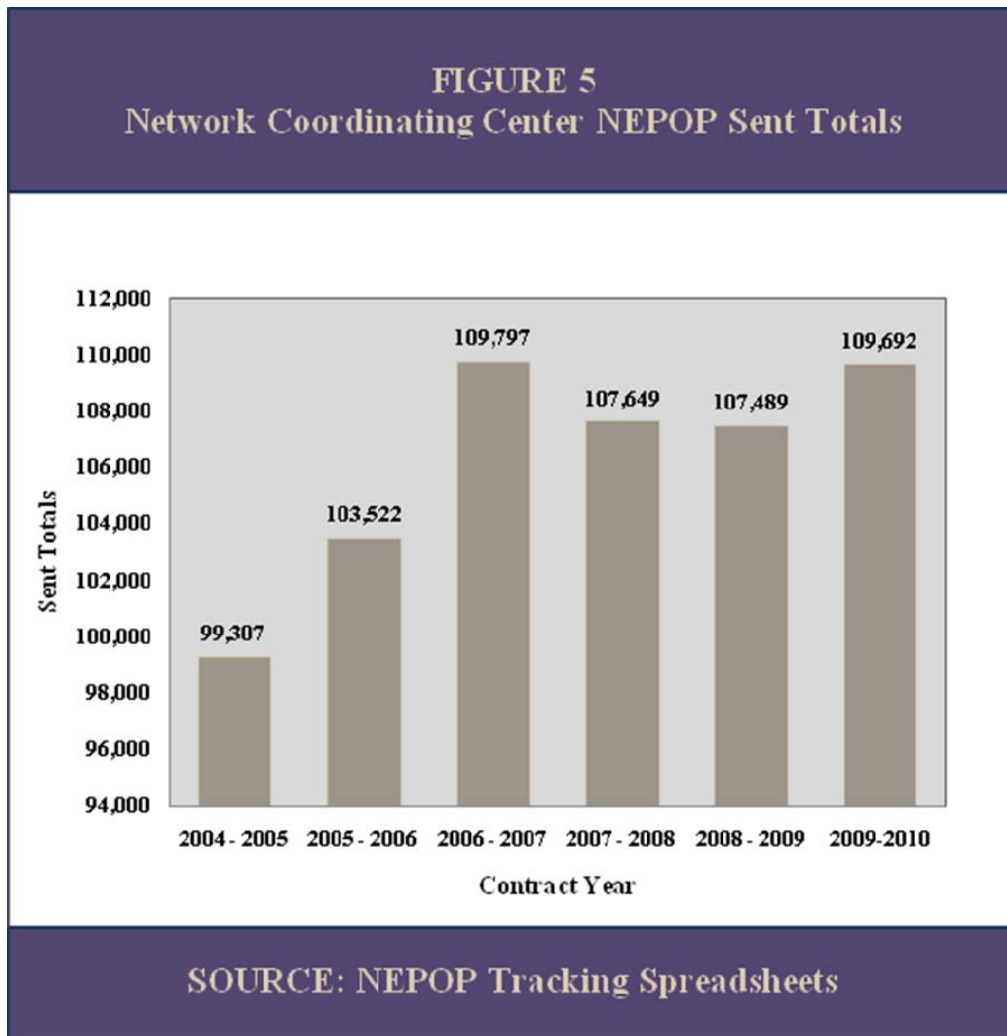
The following is a listing of the materials included in the NEPOP:

- A Medicare beneficiary letter from the CMS Administrator
- A letter from the Network Executive Director
- “Medicare Coverage of Kidney Dialysis and Kidney Transplant Services” (CMS booklet)
- “You Can Live” (CMS booklet)
- “Knowledge, Choice, Control!” (NKF brochure)
- “Vascular Access is an HD Patient’s Lifeline” (CMS brochure)
- “Dialysis Facility Compare” (CMS brochure)

- “Preparing for Emergencies: A Guide for People on Dialysis” (CMS booklet).

The NCC launched the New ESRD Mailing Organizer (NEMO) in September 2008. NEMO is a software application that runs on a Microsoft Access platform and utilizes barcode scanners to increase accuracy in tracking returns. The tool tracks, organizes, and trends all NEPOP data. While NEMO was created to streamline and automate many existing manual NEPOP processes, NEMO itself does not replace or restructure the existing deliverable schedule. NEMO was created to ensure that all data collected during the NEPOP process is accurately tracked and available within a central repository.

Figure 5 shows the total number of NEPOP packets distributed since 2004, by contract year.

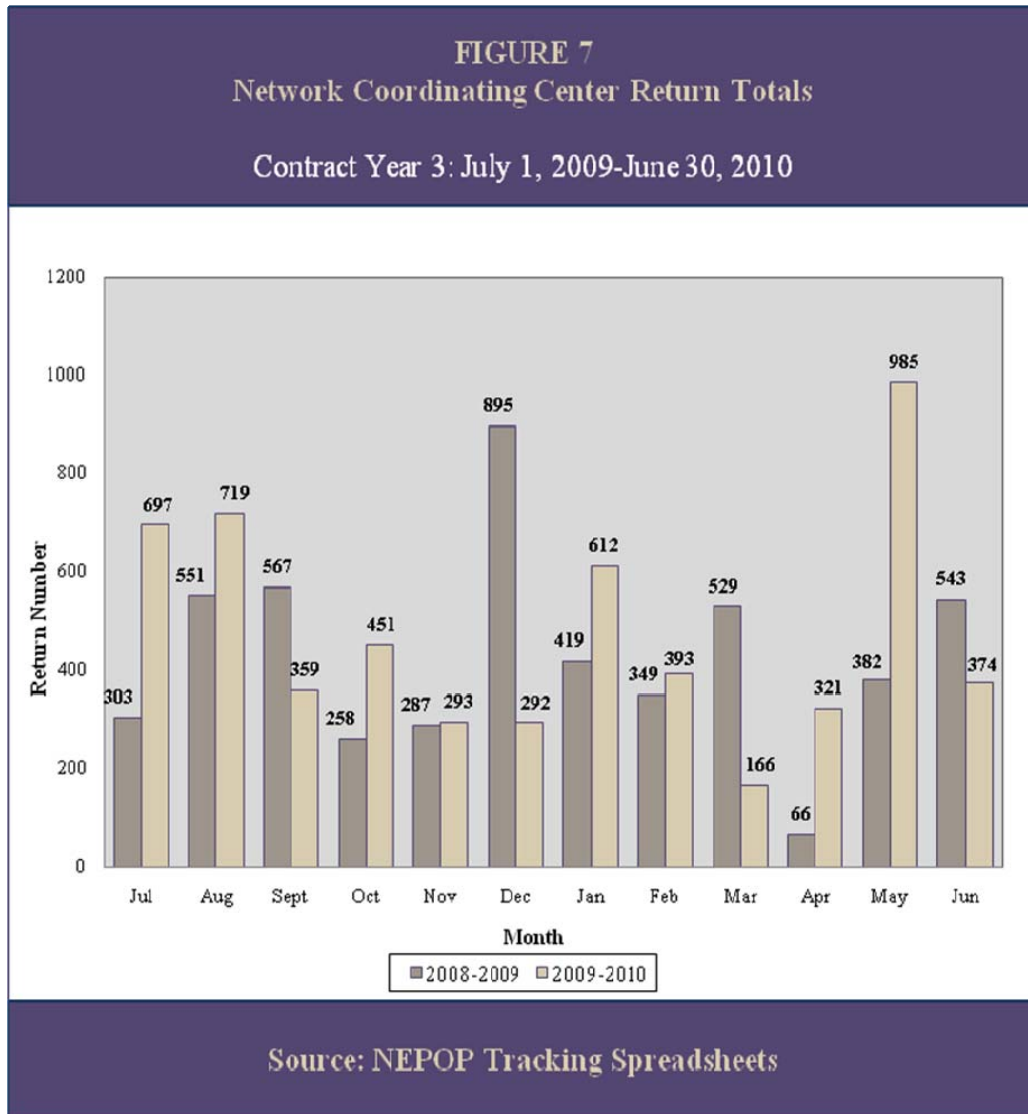


As indicated by Figure 6, address corrections have decreased by nearly 18%, and the NEPOP packet return rate has decreased 22% within contract year 3. Also noted in Figure 6 is a 10% decrease in patient death notifications in year 3 compared to contract year 2 (2008–2009).

FIGURE 6 Network Coordinating Center Yearly NEPOP Tracking* 2006 –2010				
	PRE-ESRD Network 2	Contract Year 1 *	Contract Year 2	Contract Year 3
Total Packets Mailed Annually	101,451	70,187	107,439	109,692
% of Packets Mailed Increase/Decease	—	–30.82%	53.08%	2.10%
Total Packets Returned	6,406	3,827	5,149	5,662
% of Packets Returned Increase/Decease	—	–40.26%	34.54%	9.96%
Address Corrections	2,484	1,880	2,130	2,470
% of Packets Requiring Address Corrections Increase/Decease	—	–24.32%	13.30%	15.96%
Death Notifications	182	125	137	183
% of Packets Reporting Death Notifications Increase/Decease	—	–31.32%	9.60%	33.58%

Source: The New ESRD Patient Mailing Organizer (NEMO) Tracking
** Contract Year 1 encompasses a 10 month contract period from September 30, 2007–June 30, 2008.*
NEMO was released nationally on September 11, 2008.

Figure 7 shows NEPOP returned packets tracked by month in contract year 3, with comparisons to contract year 2 (2009-2010).



Since 2008, the Networks have continued to utilize NEMO to process and track patient returns, address corrections, and patient death notifications.

On occasion, an error in processing was noted, and the NCC staff immediately focused on rectifying the situation. The causes have included:

- Edits to NEMO implemented on the Network level were not copied to the main NEMO warehouse.
- The monthly NEMO database was not received by the NCC from the Network.
- Work performed on the Network level was not subsequently saved in NEMO.

To maintain consistency and maximize the effectiveness of the monthly NEPOP mailing, the NCC has maintained the existing file submission delivery date for the Networks' Returned Mail File (RMF), receipt by the NCC on or before the 10th of each month. This timeline has been in place since the NEPOP was established in 2003. A major benefit of this deliverable date is the inclusion of the greatest amount of patient data changes within each month's mailing period.

A disadvantage of late or missed submission of a Network's NEMO database is that patient updates noted within that period are not included in the current month's new patient file that is provided to Mailing Services Inc. (MSI). To facilitate the submission process and avoid potentially missing monthly data updates, we encourage the Networks to contact us with any problems, concern, or anticipated delays in meeting the monthly submission timeline.

To avoid disruption to the NEPOP process, the NCC in a few instances has provided extensions to specific Networks due to staff changes/shortages, or personal conflicts that prohibited timely submission.

If a data upload is not completed for the mailing period by the Network, the NCC first contacts the Network to determine the cause for the delay or omission and works with the Network to receive the relevant information. The NCC is required to contact the respective Contracting Officer Technical Representative when a deadline has not been met.

Printing of ESRD Materials

In its efforts to maintain inventory of the brochures included in the NEPOP, the NCC receives a monthly roster providing material quantities from MSI. Upon review of this roster, the NCC identifies the quantity to be ordered.

During contract year 3, we reprinted a total of 90,000 Network letters and 57,500 CMS Administrator letters for the monthly patient mailing. When reprints are necessary, the NCC provides the Network or CMS representative with an electronic file of the letter in circulation. In general, the Networks are granted 1 week for editing. Typical updates to letters include changes to:

- Mailing address;
- Company name;
- Phone number; and/or
- Personnel.

If changes are required, the Network is asked to implement the required edits and return the revised file to the NCC. If the Network determines that the letter is accurate as is, the NCC forwards the file to its printer.

In addition to the administrative letters, we have maintained inventory of over 600,000 brochures included in the NEPOP packet.

Recently, the NCC was contacted by the Fistula First Breakthrough Initiative (FFBI), recommending the addition of a new flyer to the NEPOP. FFBI is seeking to replace the existing vascular access reference card with a flyer that includes illustrations and additional detail on vascular access options. The NCC determined that additional costs associated with its replacement are estimated to be \$5,000 annually; this includes printing of the flyer on weighted stock.

The NCC also determined that a 4-month supply of the existing reference card was on hand. The NCC reached out to the FFBI lead as well as the ESRD Executive Directors seeking alternate uses for the remaining inventory. Recommendations provided by the Networks included utilization of the reference card at various patient meetings and as handouts at ESRD community professional meetings.

The FFBI contractor requested the flyer to be implemented as soon as possible. With CMS approval in May 2010, the NCC initiated its use beginning with the June 2010 patient mailing.

During the fourth quarter of this contract year, at the direction of its Contracting Officer Technical Representative, the NCC began researching availability of NEPOP materials in Spanish. The NCC began work with the Network Information Technology Support (NWITS) contractor and its subcontractor; Computer Sciences Corporation (CSC). CSC is utilized by the NCC for extracting the monthly new patient roster and was contacted to determine if SIMS has the ability to extract the information necessary for this targeted mailing. Through communication with CSC, the NCC was able to determine that although SIMS tracks ethnicity, there is no specific indicator of the patient's preferred language. Additionally, the NCC sought the opinion of several Network Executive Directors.

Based on these conversations, the following plan was devised:

- Immediate distribution of Spanish NEPOP materials to patients in Puerto Rico;
- All Network introduction letters will contain both English and Spanish text.
 - If Spanish materials are required, the patient is advised to contact his or her local Network for assistance.

The NCC determined that printing of Spanish materials to be distributed to patients in Puerto Rico would generate an additional annual cost of:

- 1-year inventory = \$6,600.00 (1,500 NEPOPs)
- 2-year inventory = \$9,100.00 (2,500 NEPOPs)
- 3-year inventory = \$11,000.00 (3,500 NEPOPs)

With Contracting Officer Technical Representative approval, the NCC purchases a year supply of Spanish materials, and will implement the Spanish NEPOP mailing in the first quarter of contract year 4 (2010–2011). With CMS approval, any changes to the NEPOP process are communicated to the ESRD Networks prior to implementation.

TASK 4

ESRD NETWORK PROGRAM AND NCC REPORTING

Network Quarterly and Annual Report Tracking

Under Task 4 of the NCC's SOW, the NCC is responsible for cataloging and recording receipt of all Network Quarterly and Annual Reports, in addition to the creation of several individual reports. The NCC creates and maintains the following reports within this Task:

- ESRD Network Organization Program Summary Annual Report
- ESRD Network Annual Report and Quarterly Progress and Status Report
- NCC Monthly Status Report
- Post-Conference Report
- Network Coordinating Center Annual Report.

The NCC tracks receipt of the approved Network Quarterly and Annual Reports and is required to report receipt to CMS. This information is then utilized by the ESRD Contracting Officer Technical Representatives for the purpose of self evaluation relative to the timeliness of approvals and submissions for the ESRD Network Annual Report and Quarterly Progress and Status Report.

To document the process used to record and catalog the various reports archived by the NCC, we have created an Excel worksheet that contains three unique tabs:

- Tab one includes receipt information for Network Quarterly Reports (encompassing all 18 Networks) for the four quarters within this contract period.
- Tab two provides separate tracking of Network Annual Report submissions, which the NCC begins to receive in late July/early August.
- Tab three combines the information contained in Tabs one and two for high-level comparisons.

The documented information includes date of receipt, name of representative submitting report, and Contracting Officer Technical Representative comments that might have been included with the submission.

The NCC shares this information with all ESRD Contracting Officer Technical Representatives on a monthly basis, in addition to bi-weekly notifications to its CMS Contracting Officer Technical Representative.

NCC Monthly Status Update

Included in this task is a Monthly Status Report submitted to the NCC's Contracting Officer Technical Representative within 15 business days of the first of each month.

This Report details the NCC's efforts in providing services to the ESRD Networks during each month and includes the following subject matter:

- NCC Contract Deliverable schedule with updates including project completion dates
- Support services provided to the ESRD Networks
- NEPOP counts for the month
 - Total packets sent
 - Returned packages
 - Patient death notifications
- Summary Annual Report
 - Updates on process
 - Challenges
 - Progress report
- NCC website updates
 - Postings (content and quantity)
 - Page/link additions to the site
 - Figure showing monthly visits

The Report incorporates an Appendix, consisting of three items:

- Website update tracking
 - Date of posting or update
 - Content category, i.e., CROWN, CMS, and 2010 *Directory of ESRD Network Organizations*
- NCC communication tracking
 - Details of eblast communications
 - Date of distribution
 - Subject matter
 - Persons included in distribution
- Requests received for information by phone or e-mail.

As per the existing NCC deliverable schedule, the Monthly Status Reports for contract year 3 have been submitted on time.

Post-Conference Report

As mentioned under Task 2, in lieu of an annual CMS/ESRD Networks Meeting, the NCC was asked by CMS Central Office leadership to assist the QualityNet Conference contractor in securing additional ESRD-related speakers for its conference. The Conference took place December 1–3, 2009, in Baltimore, Maryland, at the Marriott Waterfront Hotel.

The NCC produced a comprehensive QualityNet Post-Conference Report that detailed the NCC's role in securing the requested speakers, as well as the additional steps taken to obtain all appropriate materials. The NCC also provided detail regarding its on-site support and provision of moderation services.

This Report was submitted for approval 30 days post-conference. The Contracting Officer Technical Representative provided feedback and comments. Upon submission of the second version, the NCC received Contracting Officer Technical Representative approval. An electronic communication was drafted and the report was distributed to the CMS ESRD program lead as well as the NCC's Government Task Leader.

2008 Network Program SAR

Each year, the NCC is required to create a consolidated Summary Annual Report (SAR). This Report encompasses information submitted separately by each of the 18 ESRD Networks. Annually, the NCC receives the approved individual Network Annual Reports in which the Networks document their efforts taken in providing support, educational offerings, and guidance to patients and facilities in their geographic regions. The NCC then works to extract pertinent data such as patient incident rates, demographics, and treatment modalities from each Report.

When undertaking this task in contract year 1 (2007–2008) the NCC was tasked to re-create the 2006 Report, which had previously been in development from the prior contractor. With direction from CMS, the NCC revamped this Report to include additional statistical analysis and the overall tone of the Report was changed so that the information could be understood across many channels.

To accomplish the creation of the 2007 SAR, the NCC formed a Development Team that has continued to be utilized for production of the 2008 SAR. The Development Team consists of the NCC staff and CMS representatives from the Boston Regional Office, in addition to the Lead Consultant brought in by the NCC,

Professor Joseph Merighi (Boston University School of Social Work). Dr. Merighi has been instrumental in taking the SAR to this new level. The 2007 SAR was submitted for CMS clearance in April 2009 during contract year 2 (2008–2009); it was subsequently approved in January 2010, during contract year 3 (2009–2010). The 2007 SAR was published to the NCC website on January 27, 2010.

As the information contained in the SAR is derived from the 18 ESRD Network Annual Reports, and is reported differently from each, the 2008 Development Team created a Data Overview form for completion by the Networks.

The Data Overview form was created as a Microsoft Word template and includes fields such as:

- Patient Summary
 - Incident Rate
 - Prevalent Population
 - Renal Transplants
- Age Distribution
 - Number of Incident Dialysis Patients by Age (i.e., 0-19 yrs, 20-29 yrs, etc.)
 - Number of Prevalent Dialysis Patients by Age (i.e., 0-19 yrs, 20-29 yrs, etc.)

CMS provided 2 weeks for each Network to complete the Data Overview Form. In the past, the Development Team noted discrepancies in the way in which the information had been reported. The form was created to ensure accuracy of the Network-specific information included in the SAR. This new form would also assist CMS in the future if a Network Annual Report redesign were to take place.

The 2008 SAR was provided to CMS Central Office in May of this contract year to begin the clearance process. The Report, once approved, will be posted to the NCC website, with a notification to the ESRD community. Final approval of this Report is anticipated for August 2010.

Financial Report

Contract guidelines specify that the NCC provides its Contracting Officer Technical Representative with detailed financial breakdowns of contract expenditures on a monthly basis. Contractually, a comprehensive Financial Report is submitted to CMS within 45 days of closing the cost reporting period.

The Financial Report includes all NCC expenses and outlines the funds that have been expended and are remaining for the contract period. In addition, the NCC tracks all invoices, check/purchase requests, and travel expenditures in its reporting.

Project Management Plan (PMP)/Internal Quality Improvement (IQI) Plan

In the first quarter of contract year 3, the NCC submitted as part of its deliverable schedule a Project Management Plan (PMP). After review by our Contracting Officer Technical Representative and subsequent discussions, it was determined that evaluation of this deliverable and its effectiveness in monitoring the NCC deliverables was required.

During the annual CMS Contracting Officer Technical Representative on-site evaluation, the expectations for the PMP were discussed. At that time, it was determined that the Microsoft Excel-based PMP would better serve if executed in a different format, such as a Gantt chart. Beginning in contract year 4, the NCC will implement use of such charts to outline task timeframes and monitor/track contract deliverables.

In addition, the Internal Quality Improvement (IQI) Plan was discussed. At this time, its intent and usefulness for the NCC contract is under consideration by the Contracting Officer Technical Representative.