ESRD NETWORK OF TEXAS, INC.

Network Agreement Packet

Forms to return:

- Facility Details and Primary Contacts
- Network Agreement
- Acknowledgment of Receipt

Inside this packet:

Welcome from the ESRD Network of Texas

The ESRD Network of Texas, Inc. (ESRD Network 14 or the Network) welcomes your facility as a new provider of services in the End Stage Renal Disease Program. We look forward to working closely with you in Network activities that collect information and improve care for ESRD patients. Please complete the attached forms and return them to the Network office at least six weeks before the Texas Department of State Health Services (DSHS) survey. The attached forms include:

- A "New Facility Details" form: this form allows the Network to set your unit up in the system of record. All fields are required, and your paperwork will not be considered complete unless all fields are filled out.
- A "Primary Contacts" form: this form will provide the Network with the names and contact information for the main personnel whom the Network may need to contact.
- The "Network Membership Agreement": this form states that your unit agrees to participate in the activities of the Network Council in attaining the goals and objectives of the End Stage Renal Disease Program. When all forms have been received by the Network office and determined to be complete, you will receive back a copy of the Network Membership Agreement signed by the Executive Director. The Surveyor from DSHS will ask to review this agreement when your initial survey is conducted.
- The "ESRD Network 14 Information Acknowledgment": this form acknowledges that your unit has received and reviewed all information contained in this packet. Print two copies of this form and return one signed copy to the Network office and retain one for your files.

Once the Network receives your completed forms, we will send your unit a New Facility Packet and a Facility Handbook with materials and requirements as an ESRD service provider. Should you have any questions after reviewing this material, or if the Network can be of service in any way, please do not hesitate to contact us.

Get to Know the Network Staff

The Network staff is here to help you get started as a new provider of ESRD services, as well as ensure a seamless transition from a temporary facility to a certified one. For any questions you may have regarding the contents of this packet or your role as a care provider, please visit our staff page on the Network website and download the staff listing. The list provides the names, contact information, and areas of work for our Network staff: http://esrdnetwork.org/our-network/network-staff/.

Visit us online! Like us on Facebook! Follow us on Twitter!

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ESRD Network 14

Mission Statement:

We support equitable patient- and family-centered quality dialysis and kidney transplant health care through patient services, education, quality improvement, and information management.

Definition of Quality:

Quality of care is the degree to which health services to individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Institute of Medicine

We will:

The management, staff, and boards of ESRD Network of Texas, Inc. will work to assure the health care security and be a trustworthy partner for continual improvement of health and health care for ESRD patients in Texas. This includes access to equitable, appropriate, and quality patient/family-centered health care that achieves desired outcomes, protection of rights and dignity and consumer satisfaction, and dissemination of clear and useful information to assist with healthcare decisions.

Vision:

We will foster engaged patients and families that receive high quality and safe patient/family-centered care in welcoming environments for patients and family.

Values:

We strive to understand and act upon the needs of customers, employees, boards, and partners.

Our success is dependent on collaboration with providers, patients, and the volunteer Network Boards and committees.

We act with integrity in all we do.

Strategic Goals of the ESRD Networks

In keeping with the legislative mandate for the ESRD Network program, the goal of the Centers for Medicare & Medicaid Services (CMS) for ESRD Networks is to promote positive change relative to three AIMs outlined in the National Quality Strategy (NQS) and CMS priorities. CMS interprets the AIMs as:

AIM 1: Better Care for the Individual through Beneficiary- and Family-centered Care
AIM 2: Better Health for the ESRD Population
AIM 3: Reduce Costs of ESRD Care by Improving Care

CMS envisions the role of the Network as patient care navigators that lead transformation by:

- Serving as conveners, organizers, motivators, and change agents
- Leveraging technology to provide outreach and education
- Serving as partners in quality improvement with beneficiaries, practitioners, healthcare providers, other healthcare organizations, and other stakeholders
- Securing commitments to create collaborative relationships
- Achieving and measuring changes at the patient level through data collection, analysis, and monitoring for improvement
- Disseminating and spreading best practices, including those relating to clinical care, quality improvement techniques, and data collection through information exchange
- Participating in the development of a CMS national framework for providing emergency preparedness services

Network relationship with Medicare beneficiaries:

- Ensure representation of Medicare beneficiaries in shared decision-making related to ESRD care in order to promote *person-centeredness and family engagement (NQS Principle 1)*.
- Protect Medicare beneficiaries' *access to quality dialysis care*, especially among vulnerable populations *(NQS Principle 3)*.

Network relationship with ESRD facilities *(NQS Principle 4)*:

- Identify opportunities for *quality improvement* at the individual facility level and provide technical assistance *(NQS Principle 5)*.
- Promote all modalities of care, including home modalities and transplantation, as appropriate, *to promote patient independence and improve clinical outcomes (NQS Principle 5)*.
- Facilitate processes *to promote care coordination* between different care settings *(NQS Principle 8)*.
- Ensure accurate, complete, consistent, and timely data collection, analysis, and reporting by facilities in accordance with *national standards* and the ESRD QIP *(NQS Principle 6)*.

AIM 1: Better Care for the Individual through Beneficiary- and Family-centered Care

- Promote patient and family engagement through fostering patient and family engagement at the facility level, involving patients/families in CMS Meetings, and convening a Patient Engagement Learning and Action Network (LAN).
- Improve patient experience of care through evaluating and resolving grievances, promoting use of In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) and/or any similar survey identified by CMS, and address issues identified through data analysis.
- Assist with patient-appropriate access to in-center dialysis care, decrease Involuntary Discharges (IVDs) and Involuntary Transfers (IVTs), address patients at risk for IVD/IVT and failure to place, and report to CMS on access to dialysis care monthly.
- Improve vascular access management, improve arteriovenous (AV) fistula rates for prevalent patients, reduce catheter rates for prevalent patients, support facility vascular access reporting, spread best practices, provide technical support in the area of vascular access, and recommend sanctions to CMS for failure to improve.
- Improve patient safety through reduction of Healthcare-Acquired Infections (HAIs), support the National Healthcare Safety Network (NHSN), establish an HAI LAN, and reduce rates of Dialysis Facility Events.
- Facilitate patient and family knowledge of transplantation and organ donation and appropriate referrals for transplantation options.
- Facilitate patient and family knowledge of home therapy and referrals for home dialysis.

AIM 2: Better Health for the ESRD Population

- Conduct a Population Health Focused Pilot Project (PHFPP) that reduces disparities and increases Hepatitis B (HBV), Influenza, and Pneumococcal Vaccination Rates, including staff influenza vaccination.

AIM 3: Reduce Costs of ESRD Care by Improving Care

- Provide support for the ESRD Quality Incentive Program (QIP) and performance improvement on QIP measures, assist facilities in understanding and complying with QIP processes and requirements, assist facilities in improving their performance on QIP measures, assist CMS in monitoring the quality of and access to dialysis care, and assist beneficiaries and caregivers in understanding the QIP.
- Support Facility Data Submission to CROWNWeb, NHSN, and/or Other CMS-designated Data Collection System(s).

ESRD Network of Texas, Inc. Goals and Objectives

- Continuously strive to deliver care to each patient that is patient- and family-centered, individualized, consistent with current professional knowledge, and that achieves desired outcomes, which includes less than 10% of patients with a catheter >90 days and >68% patients with an AVF for vascular access and achieves CMS thresholds for the QIP measures.
- Assess and refer in a timely manner medically-suitable patients to treatment modalities that increase habilitation and independence, including in-center self-care, home self-care, and transplantation.
- Establish and maintain a dynamic quality assessment and performance improvement program that evaluates the care provided and identifies opportunities and continuously works to improve care delivered.
- Clearly delineate and respect the rights and responsibilities of BOTH the patient, family, significant others AND the facility while promoting patient- and family-centered care and engagement.
- Submit data timely and accurately in CROWNWeb, as is required by law and regulation. Facilities are expected to complete the following (including but not limited to) via CROWNWeb for ALL patients: CMS forms, Vascular Access data, vaccination status, and QIP required fields. When available, aggregate data may be shared with corporate owners and administration. Register for QIMS timely.
- Facilities should submit data timely and accurately for ALL Network AIM projects and/or CMS directives.
- Register in NHSN, enroll in the Network 14 group, and submit dialysis event data and information timely and accurately on a monthly basis.
- Utilize EMResource by completing the required provider information, updating monthly on a regular basis and daily or more frequently when needed during emergency situations that disrupts dialysis delivery. Designate two disaster representatives for the facility and provide off-facility contact information.
- Appoint and support at least one Facility Patient Representative (FPR). Representative role is attached.
- Utilize the National Decreasing Dialysis Patient-Provider Conflict Tools to educate staff.
- Make available to patients Network-provided information on its Quality Improvement Projects, the national QIP, the Annual Report, Regional and National profiles of care, the importance of vaccination, information on how to access and use Medicare's Dialysis Facility Report, information on the CROWNWeb system developed by CMS, and other information as directed by project.
- Cooperate in meeting the Network Goals and Objectives delineated above, as required by law and regulation. For more information, visit our website at www.esrdnetwork.org.

List of Network Services (*available upon request*)

- Identification of available providers and/or facilities for patients seeking ESRD services, including transient and displaced disaster patients

- Technical assistance, guidance, and/or appropriate referrals regarding ESRD regulations and recommended practices
    - Links to ESRD federal and state regulations, Centers for Disease Control and OSHA Recommendations, and Practice Guideline Information are available on the website.

- Technical assistance, guidance, and/or appropriate referrals regarding the provision of services to ESRD patients

- Facility/provider support in the resolution of patient issues or concerns before they become grievances
    - The Intensive Intervention Booklet revised in 2012 is available on our website. Decreasing Dialysis Patient-Provider Conflict Toolkit mailed to all units in 2005 and to all units at opening since. DPC is also available on our website.

- Technical assistance in development of local disaster plans that include such emergencies as floods, earthquakes, hurricanes, etc.
    - Numerous Disaster Planning Resources for professionals and patients are available on our website.

- Assistance in the development of patient and family meetings (e.g., patient council, support groups, vocational rehabilitation groups, new patient adjustment groups, advocacy groups)
    - Guides and Tips are posted on our website.

- Resources and assistance in utilizing ICH CAHPS, NHSN, and QIP (including the Performance Score Report) data for improving patient experience of care and outcomes (*available on our website*)

- Assistance in establishing, defining, and promoting facility-specific:
    - Patient/Family-centered Care and Engagement (information available on our website)
    - Goals and procedures to assess patients for placement in treatment modalities that improve independence, quality of life, and rehabilitation
    - Quality Assessment and Performance Improvement Programs and Quality Improvement Projects and Plans
    - Patient education regarding kidney transplantation and self-care modalities (a New Patient Orientation Packet is sent to each new ESRD patient upon receipt of the Medical Evidence Report and is available upon request)
    - Advanced Care Planning and End of Life Programs
    - Vaccination Programs, including patient education

- Mentor facility partnerships for quality improvement projects

Other available information found on the Network website (www.esrdnetwork.org)or by phone request include: Annual Reports, Project Reports, Quality Improvement Tools, and links to renal-related organizations and information.

Dialysis Facility Compare

What is it? Dialysis Facility Compare is a Medicare website with information about:

- **Dialysis Facility Characteristics**
  - Address and telephone number of the facility
  - Facility's initial date of Medicare certification
  - Availability of shifts after 5PM (if patients need treatments in the evening)
  - Number of treatment stations
  - Types of dialysis offered (in-center hemo, peritoneal dialysis, and home hemodialysis training)
  - Facility ownership type (profit or non-profit)
  - Chain name (if applicable)
- **Quality Measures**
  - Anemia—how many patients at a facility had an average hemoglobin level greater than 12g/dL
  - Hemodialysis Adequacy—how many adult patients at a facility had enough waste removed from their blood during dialysis treatments (Urea Reduction Ratio (URR) of 65 or greater) and Kt/V of 1.2 or higher and how many pediatric patients had enough waste removed from their blood during dialysis treatments and Kt/V greater than or equal to 1.2
  - Peritoneal Dialysis—how many patients at a facility had enough waste removed from their blood during dialysis treatments and Kt/V of 1.7 or higher
  - Standard Mortality Rate/Patient Survival—if the patients treated at a facility generally live longer than expected, as long as expected, or not as long as expected
  - Standard Hospitalization Rate—if the patients treated at a facility are generally hospitalized less than expected, as expected, or more than expected
  - Vascular Access Type

How do you get to it? You can access the Dialysis Facility Compare website through the Network website by following these steps:

- Navigate to www.esrdnetwork.org in your web browser.
- Hover over the **Provider Directory** link on the left-hand menu (the menu will expand).
- Click on **Dialysis Facility Compare**.

From this website, you can search for facilities by name, proximity (city or zip code), and geography (county). The data is updated quarterly. Facilities/providers may submit corrections about the address or demographic information to the ESRD Network by sending a letter. The clinical data is handled directly by the CMS central office in Baltimore, MD. Each year this clinical data is available for preview, comment, and correction at the facility level through the Dialysis Facility Report before it is posted to the Dialysis Facility Compare website.

ESRD Network of Texas, Inc. Facility Compliance Policy

The Network has always enjoyed a high degree of compliance and cooperation from facilities within the Network. Mutually beneficial relationships have been developed through the years, and there is every expectation that this type of relationship will continue in the future. To maintain and foster the cooperative ongoing relationship that currently exists, the Network will keep the facilities well informed of Network activities, criteria and standards, policies and procedures, as well as having competent, knowledgeable staff available to answer questions and provide guidance and assistance as required for all phases of Network operations.

Depending on the area of activity involved with compliance, different approaches will be used. Facilities will know exactly what is expected of them in the areas where compliance could be a problem—data, quality improvement, and patient services.

Facilities are responsible for data and CMS form submission in CROWNWeb. The Network staff is here to support facilities in meeting data submission requirements. Each area of data has its own submission requirements. The Network periodically generates a facility specific summary of each facility's data noting any missing data elements. The facility is then given a specific response time to provide the missing information. The frequency of these notices may increase as important deadlines approach and is changing as CMS directs increased goals for facilities to submit data.

To achieve quality improvement compliance, the Network will work directly with the facility director and medical director and provide educational opportunities to enhance understanding of quality activities.

It is a statutory requirement for all Medicare certified ESRD facilities to participate in Network activities and pursue Network goals as a condition for Medicare coverage. The Network will make every effort to achieve and expects to have voluntary compliance

ESRD Network of Texas, Inc. Facility Compliance Policy (cont.)

from the facilities in ESRD Network 14's geographical area, but if recalcitrant facilities are found, they will be reported to CMS. The Network has established a CMS Watch List:

Accrual to the CMS Watch List is the first in a sequence of steps that may lead to a request to CMS for a financial sanction. Facilities that are non-compliant with project deliverables will receive one verbal and one written notice with a requirement for submission within seven business days. If the information is not received in that timeframe, a formal notification will be sent to the Facility Administrator with a copy to the Medical Director and corporate representatives, if applicable, with a 10 business day timeframe for submission of the required data/information. Facilities that remain on the CMS Watch List past the response date listed above will be reported to the CMS Regional Office, the Medical Review Board, and the Texas Department of State Health Services (DSHS) as an alert for any future surveys. CMS monitors reports of non-compliance and requires routine surveillance to determine if other Conditions for Coverage are being met. CMS Watch List facilities will have all of their Network requirements scrutinized at a more intense level to determine if the current non-compliance is an indicator of system-wide non-compliance.

If the Network identifies a facility that is not cooperating with the Network in meeting the goals and objectives and is considering reporting non-compliance to the CMS Regional Office, the proposal will first be discussed with the Network's CMS Project Officer. The CMS Regional Office has the responsibility for the actual implementation of an alternative sanction. The Regional Office will make the determination whether to sanction the facility.

The Network will only report a recalcitrant facility if it fully documents that the facility:

- Consistently fails to cooperate with Network plans or goals as specified in the Network's contract with CMS
- Consistently fails to follow recommendations of the Medical Review Board, which have been approved by CMS
- Fails to permit the Network Medical Review Board, without just cause, to conduct an onsite review
- Fails to submit data as required to prepare the Network annual report.

The following general guidelines will be followed and documentation compiled when the Network determines that an ESRD facility should be reported for failing to cooperate with the Network goals and objectives:

- Documentation that the facility was notified of the Network's goals and objectives.
- The Network will document that it has informed the facility of the Network's goals and objectives; specifically, the goal, objective, or plan that the facility has failed to meet. This will be in the form of written correspondence between the facility and the Network.
- Documentation that the facility failed to meet Network goals, objectives, or plans.
- The Network will document the actions it took to inform the facility that a) it was not complying with the Network's goals, objectives, or plans, and b) what actions the Network would take if the facility refuses to cooperate. This will be in the form of written correspondence, sent by certified return receipt mail.
- Documentation that the facility was provided the opportunity to make corrections.
- The Network will document the actions it took to assist the facility in resolving the problem. Documentation of all follow-up actions taken by the Network to resolve the problem (e.g., documentation of phone calls to the facility asking for specific information), will demonstrate the Network's attempt to work with the facility to resolve the problem. Documentation that the facility failed to submit a Corrective Action Plan or submitted an unacceptable Corrective Action will be maintained.

When the Network Board of Directors determines that a facility is recalcitrant in cooperating with and meeting the Network goals and objectives, a cover letter will be sent to the appropriate CMS Regional Office Associate Regional Administrator for Health Standards and Quality. The letter will include the name, address, and Medicare provider number of the facility, the Network goal or objective that the facility failed to comply with, and a brief summary of the basis for the report of recalcitrance. An outline of what documentation/action the facility must submit/follow in order to be in compliance, the individual in the Network whom the Regional Office can contact for further information/assistance, and the name and phone number of the Network's CMS Project Officer will be included with the letter.

Copies of all documentation listed above and any Network policies/procedures that are applicable will be enclosed in the correspondence. The Regional Office will determine if it has sufficient information to process a sanctioning action and the type of sanction to impose. The Regional Office will contact the Network if additional information and/or assistance is needed to process the case. The Regional Office will notify the facility of the sanction imposed, the facility's appeal rights and the procedure for the removal of the sanction. The effective date of the sanction is at least thirty days after the date of the notice to the facility.

An alternative sanction remains in effect until the facility is in substantial compliance with the requirements to participate in the Network's activities and pursue the Network's goals, or the facility is terminated from the Medicare program for lack of compliance by CMS Regional Office. The Regional Office will remove the sanction when the facility demonstrates and documents that the reason for the sanction is eliminated. The Regional Office may ask for the Network's assistance in verifying the facility's compliance with the requirements.

ESRD Network of Texas, Inc. Guide to Timely Assessments and Appropriate Referrals of ESRD Patients for Kidney Transplant

The following guidelines have been developed in addition to the Network Criteria and Standards to encourage timely and appropriate assessment for referral of patients for consideration for kidney transplantation. The goal of the Network is to promote access to transplantation for every individual who may be eligible for such a procedure.

Assessment for Transplantation

- All patients should be thoroughly assessed for transplant referral during completion of the initial and three month follow-up comprehensive assessment and plan of care in the ESRD facility and when a change in status occurs that would impact their suitability for transplantation.[1]
- Transplant center guidelines for selection of appropriate candidates vary. Patients that are unsuitable for referral may include: patient refusal, positive (+) HIV status, pediatric patients with small size or malnutrition, cancer, active TB, and against justifiable medical judgment.[2] If the patient is not suitable for transplant, the basis for non-referral must be documented in the patient's medical record.
- After referral, follow-up of transplant evaluation and waiting list status should occur as part of the comprehensive assessment and plan of care process. Any barriers to the patient's transplant eligibility should be addressed with the patient by the team.
- Transplant status and staff efforts in this area should be documented on each care plan.

Access to Care

- Individuals considered candidates for transplantation may be referred by their primary care nephrologist, dialysis unit, or by self-referral.
- All transplant centers require financial clearance prior to the patient being evaluated. A patient's insurance coverage and a transplant center's selection criteria may dictate which transplant center(s) the patient can access.
- If a patient is denied transplant by one center, the patient has the right to be referred to another center for evaluation or second opinion. Being denied by one center does not necessarily mean that the patient will be denied by another center.
- Patients may be multi-listed, that is, listed at more than one transplant center at the same time, as long as the second center is served by a different OPO (organ procurement agency).

Continuity of Care

- Active and ongoing communication is required between the transplant team, the nephrologist, and dialysis facility staff to maintain continuity of care throughout the transplant process, from initial referral to long-term care of the transplanted kidney.
- When the patient requests to be referred for transplant evaluation, the patient should sign appropriate authorization for release of dialysis records. The dialysis facility should respond promptly to all requests by the transplant center for medical records or other referral information to avoid any delay in the evaluation or duplication of tests.
- Transplant evaluation may result in the discovery of a condition that requires corrective action prior to elective transplant procedure. The transplant center should consult with the patient and the primary physician responsible for that patient's care to manage these conditions.
- Dialysis facilities should assist kidney transplant candidates with factors that might affect their eligibility for transplant. These factors might include addressing severe obesity, reinforcing adherence to prescribed medication or therapy, and addressing social/emotional/financial factors related to ability to function post transplant as part of the patient plan of care and assessment.
- The dialysis facility should notify the transplant center immediately if the patient has an adverse event that would prevent him from receiving a kidney should he/she be called.
- Dialysis facilities and transplant centers should encourage patients to consider living donor kidney transplant and seek to identify a suitable living donor when possible, as well as educate patients about paired donation programs.
- New developments that may facilitate obtaining a transplant, such as living donor assistance programs, paired live donor exchange, and new national kidney allocation policies, should prompt reassessment of all eligible patients.

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[1] ESRD Network 14 Medical Review Board 2006 Physician Standards for Care of ESRD Patients in the Outpatient Setting
[2] ESRD Network 14 Medical Review Board 2006 Physician Standards for Care for the Appropriateness of Modality of ESRD Patients in the Outpatient Setting

Facility Patient Representative (FPR)

Every dialysis clinic in Texas should have a Facility Patient Representative (FPR) who will act as a link between the other patients and the center's managers and staff. To improve patient- and family-centered care in the state of Texas, every dialysis center is asked to pick at least one patient to serve as a Facility Patient Representative (FPR).

The Network's Patient Advisory Committee (PAC) developed the FPR responsibilities listed below. These responsibilities are only minimal guidelines. Each clinic is free to expand this list by adding other duties to improve communication between patients and staff and to expand the facility's patient and staff education opportunities.

The FPR can assume the following responsibilities where they do not already exist:

- Be a role model to other patients by:
  - Learning about the latest dialysis and transplantation information from his/her facility, the Network, and other sources
  - Following his/her treatment plan
- Receive and distribute ESRD Network 14 patient mail-outs addressed to the FPR.
- Be available to assist the staff with the patient bulletin board.

Optional responsibilities to be carried out when agreed upon by the FPR and appropriate clinic staff:

- Be available to facilitate communication between patients and facility staff when needed or requested.
- Be familiar with information provided by the facility and the Network and be available to answer patient questions about this information.
- Be available to assist with the orientation and support of new patients to the facility and introduce them to other patients.
- Be available to assist the facility social worker with patient support groups.
- Be available to assist with the coordination of patient activities, such as educational meetings and social events.
- Be available to help organize phone calls or visits (where appropriate) to patients who are in the hospital or who would benefit from a call or visit.
- Be available to write and distribute a patient newsletter for the facility with the aid of clinic staff.

Suggestions to Assist the Facility Staff and FPR Relationship

- It is best to have a staff member serve as a co-worker. The staff member can then assume responsibility for informing the Network if the FPR leaves the clinic or decides to step down from the position.
- If your clinic runs six days a week rather than three, there should be more than one FPR. The primary FPR can appoint an assistant FPR for each shift to ensure that all shifts/days are covered.
- If your clinic does not already have one or more subscriptions to the popular renal patient magazines or newspapers (e.g., AAKP Renal Life, NKF Family Focus, Nephrology News and Issue—For Patients Only), please contact the Network for information on how to get these subscriptions for your clinic.
- Patients who are already serving in other capacities (e.g., Network Patient Advisory Committee member, NKF Patient Services Committee, AAKP officer) are eligible to be FPRs.
- Inform candidates that they do not have to be responsible for all activities listed above. Start with one simple task to have the candidate(s) in charge of for a few weeks/months, and then revisit any of the above activities to see if the patient(s) would like to take on more.

ESRD Network 14 has created a Facility Patient Representative (FPR) Toolkit in both English and Spanish for use in training the patients who you approach and who agree to be the FPR. Visit the Network's Patient Engagement and Patient- and Family-centered Care page to learn more.

New Facility Details (All Fields Required)

Facility Demographics

Facility Legal Name: _____

Facility DBA Name: _____
(Same as Legal Name ☐)

Facility NPI: _____ (**NOT** the NPI for Med Director or other physician)
(NOTE: All facilities **must** have an organizational NPI.)

Facility Phone Number: _____ Facility Fax Number: _____

Facility E-mail: _____ Website: _____

Physical Address (from state license)

Line 1: _____

Line 2: _____

Zip Code: _____

City: _____

State: **Texas**

County: _____

Mailing Address (if different from physical)

Line 1: _____

Line 2: _____

Zip Code: _____

City: _____

State: **Texas**

County: _____

New Facility Details (All Fields Required)

Facility Details

Program Type (circle one): **Dialysis** or **Transplant**

Approximate Open Date: _____ (mm/dd/yyyy)
(Do not leave blank; if unknown, give best estimate or target date.)

Profit Status (circle one): **Profit** or **Non-profit**

Authorized Batch Submitting Organization (circle one): **DaVita** **DCI** **FMC** **NRAA** **None**

Ownership/Management Affiliations and Location

Owned by: _____
(For example: DaVita, Renal Ventures Management, Independent)

Other Owner: _____

Managed by: _____

Location Type: ☐ Free-standing
☐ Hospital-based (operating on hospital grounds)
☐ Hospital satellite (owned by hospital, but not on hospital grounds)
☐ Other: _____

Station Counts

Number of Stations: _____ Number of Isolation Stations: _____ Total Number of Stations: _____

Services Offered (check all that apply)

☐ Accepts Pediatrics	☐ Accepts Transients	☐ CAPD	☐ CCPD
☐ Frequent Dialysis at Home	☐ Frequent Dialysis In-center	☐ Home IPD	☐ In-center PD
☐ Isolation Stations	☐ Nocturnal Hemodialysis	☐ Practices Dialyzer Reuse	
☐ Shift start after 5PM	☐ In-center Hemodialysis	☐ Home Hemodialysis	

Hours and Shifts

	Open Time	Close Time	Number of Shifts
Monday, Wednesday, Friday:	_____	_____	_____
Tuesday, Thursday, Saturday:	_____	_____	_____

Primary Contacts

Facility Name: _____

Facility Phone Number: _____

Position	Name	Facility Phone/ Extension	E-mail Address
Medical Director			
Facility Administrator/ Clinic Manager			
Social Worker			
Data Contact			
Disaster Coordinator		Non-facility Phone Number:	
Back-up Disaster Coordinator		Non-facility Phone Number:	
Facility Patient Representative		Non-facility Phone Number:	

Providing these primary contacts will allow the Network to communicate with your unit. Please provide all the information above, where available. Please note that the **Data Contact** is the person with whom the Network can communicate about CMS forms (CMS-2728, CMS-2746, and CMS-2744), CROWNWeb, and treatment information, and the **Disaster Coordinator** is the person with whom the Network can communicate about evacuations and transient evacuee placement and treatments during natural and man-made disasters. Please also note that the **Facility Patient Representative** is a role filled by a patient.

Once this unit begins to use the CROWNWeb system, it is the unit's responsibility to make sure that these and other positions are entered into the Personnel section of CROWNWeb.

END STAGE RENAL DISEASE NETWORK OF TEXAS

MEMBERSHIP AGREEMENT

Between

_____

Name of Facility (PRINT or TYPE above this line)

_____, **Texas**

City (PRINT or TYPE above this line)

And the

ESRD NETWORK OF TEXAS, INC.

The undersigned, on behalf of _____ (Name of Facility), _____ (City), Texas, hereby joins in membership with the ESRD Network of Texas, Inc. and agrees to participate in the activities of the Network Council in attaining the goals and objectives of the End Stage Renal Disease Program.

Signed: _____

Facility Administrator or Clinic Manager

Date: _____/_____/_____

DO NOT complete this section; for Network use only.

The undersigned acknowledges this document as an agreement between _____ _____, _____, Texas, and the End Stage Renal Disease Network of Texas, Inc., to become effective _____.

Signed: _____

Network Executive Director

Date: _____/ _____/ _____

END STAGE RENAL DISEASE NETWORK OF TEXAS

ESRD NETWORK 14 INFORMATION ACKNOWLEDGEMENT

Facility Name: _____

Facility Administrator: _____

Your signature below acknowledges that this facility has received and reviewed the following information:

- ESRD Network 14 Goals and Objectives
- ESRD Network 14 Compliance Policy
- ESRD Network 14 Transplant Assessment and Referral Guide
- Facility Patient Representative description
- New Facility Details form
- Primary Contacts form
- ESRD Network 14 Membership Agreement

Date: _____ Signature: _____

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