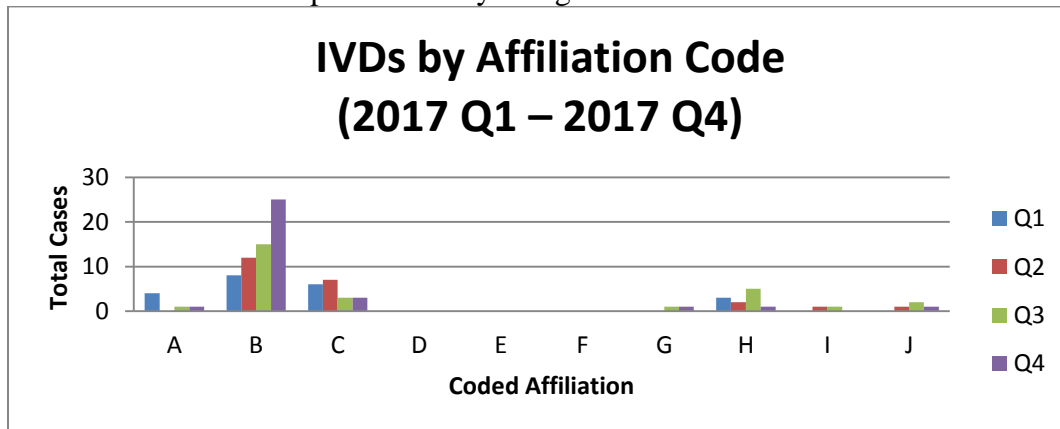




2017 Annual Report from Patient Services Department

The End Stage Renal Disease (ESRD) Network works closely with Centers for Medicare & Medicaid Services (CMS) to resolve grievances. A written or oral communication from an ESRD patient, and/or an individual represent the ESRD Network organization authorized by the Medicare Program to receive and to the extent possible, resolve grievances filed by or on behalf of ESRD patients in Texas. We look into grievances relating to the quality of dialysis and transplant services and care provided to Medicare patients or in Medicare certified facilities. A grievance is a written or oral communication from an ESRD patient, and/or an individual representing an ESRD patient, and/or another party, alleging that an ESRD service received from a Medicare-certified provider did not meet the grievant's expectations with respect to safety, civility, patient rights, and/or clinical standards of care. The grievant is not required to explicitly state that the care did not meet professionally recognized standards.



As another year comes to a close, the Patient Services Department at the ESRD Network 14 would like to give a review of the past year. Of the 1,092 non-patient calls received at the Network, over 70% of the calls were from service providers. Other non-patient calls were from the following callers or reasons for call:

- IVD notification
- Hospital
- CROWNWeb (Coding) Question
- Grievance QIA
- Possible IVD
- Texas DSHS
- Bed Bug
- Rehab, LTAC (Post-Acute)
- PAC Question
- Doctor Calling
- Insurance Company
- Patient Engagement
- QIA other than GR Question
- CMS

Of the 362 patient calls received at the Network, over 70% were from patients. Other patient calls were from the following callers or reasons for call:

- Patient Advocate
- Clinical Questions
- Transportation



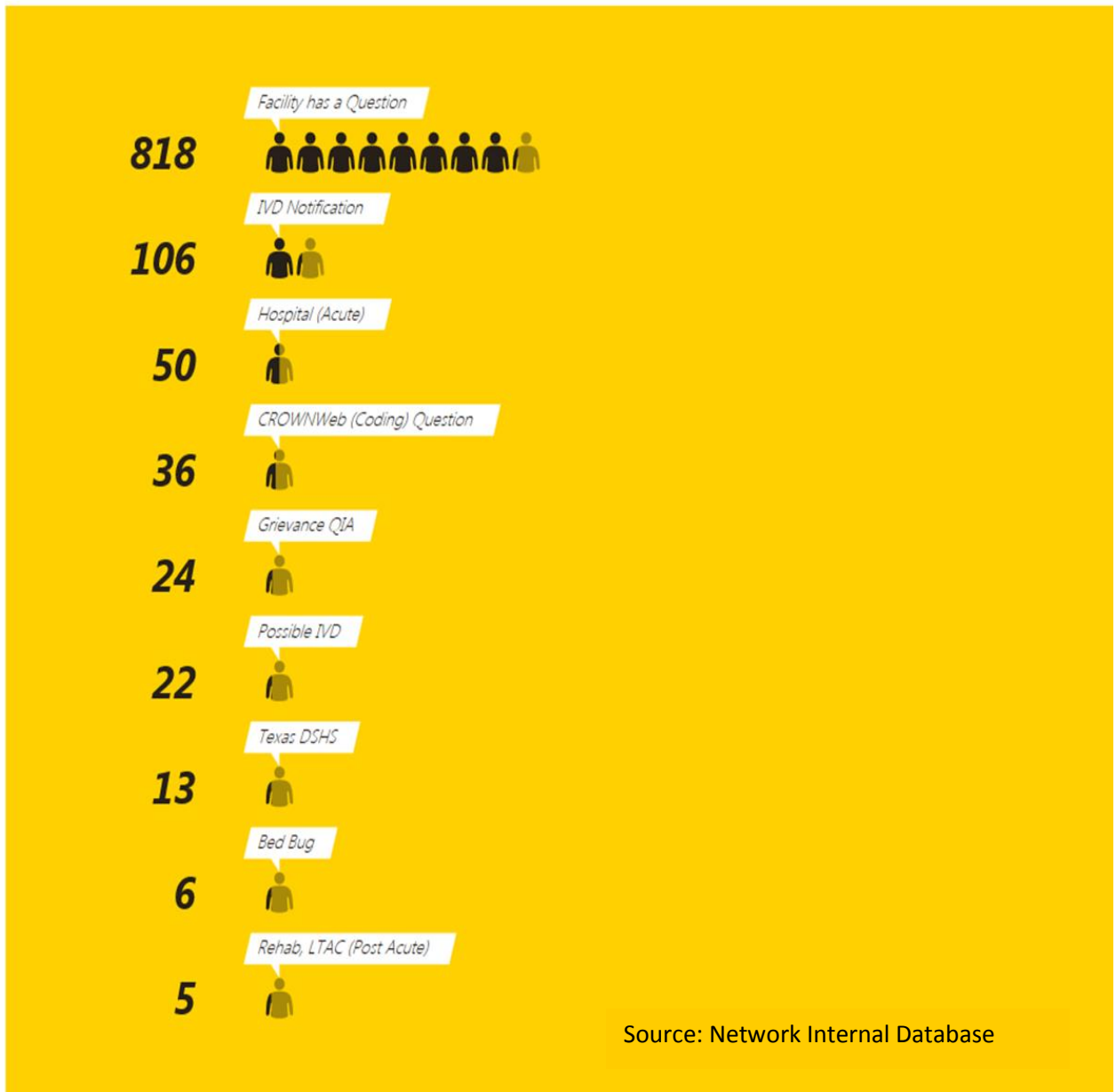
The End Stage Renal Disease Network of Texas, Inc.

4099 McEwen Rd, Suite 820, Dallas, TX 75244, phone 972-503-3215 fax 972-503-3219 www.esrdnetwork.org

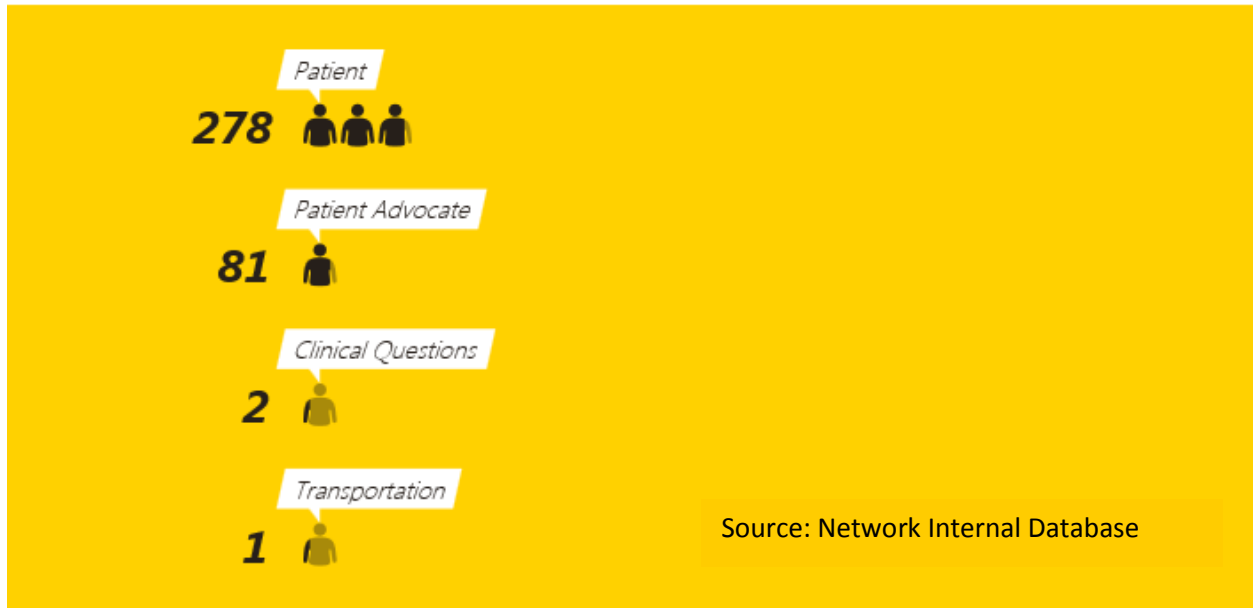
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Over 100 facilities' outreached to the Network regarding involuntary discharges during all four quarters of the CMS contract year. Please see the charts below for a graphical representation of this information.

NON-PATIENT CALLS: 1/1/2017-12/7/2017 (N=1,092)



PATIENT CALLS: 1/1/2017-12/7/2017 (N=362)



If you would like more detailed information, please reach out to Network 14, Patient Services Department.