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Agreement between

CCN#

Federal NPI number

and

Quality Insights Renal Network 4 (QIRN4)

The undersigned, as an individual authorized to commit the facility to such an agreement, and on behalf

of _____ hereby agrees to join other Medicare-
(Facility name)

certified End-Stage Renal Disease facilities in the ESRD Network 4 geographic area and participate in activities of Quality Insights Renal Network 4 (QIRN4) as provided in 42 CFR §494.180(i) of the regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) and any updates or revisions thereto.

Specifically, the regulation states
Standard: Relationship with the ESRD network. *The governing body receives and acts upon recommendations from the ESRD network. The dialysis facility must cooperate with the ESRD network designated for its geographic area, in fulfilling the terms of the Network's current statement of work. Each facility must participate in ESRD network activities and pursue network goals.* (annual Network goals are posted to website in 1Q of each year)

It is understood that participation in QIRN4 activities and pursuit of QIRN4 goals is a condition of approval to receive Medicare reimbursement for the provision of end-stage renal disease services and failure to comply could result in sanction imposition by the Secretary as stated in 42 CFR §488.604(a)(b).

The regulation states
(a) *Except as otherwise provided in this subpart, failure of a supplier to meet one or more of the conditions for coverage set forth in part 494 of this chapter will result in termination of Medicare coverage of the services furnished by the supplier.*
(b) *If termination of coverage is based solely on a supplier's failure to participate in network activities and pursue network goals...coverage may be reinstated when CMS determines that the supplier is making reasonable and appropriate efforts to meet that condition.*

As attestation to the aforementioned requirements and understandings, the undersigned does acknowledge and state the intention to comply.

SIGNATURE of authorized facility representative

PRINT Facility representative name

Date

SIGNATURE of Executive Director

Christopher Brown

Date