



1586 Sumneytown Pike
PO Box 1470
Kulpsville, PA 19443
610-265-2418
1-800-548-9205 (patients only)
www.qirn4.org

Agreement between

Facility name
and

Federal NPI number

Quality Insights Renal Network 4 (QIRN 4)

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 the Quality Insights Renal Network 4 as provided in 42 CFR § 482.104 (c) of the regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) and any updates or revisions thereto.

Specifically, the regulation states

Standard: Participation in network activities: *The kidney transplant center must cooperate with the ESRD network designated for its geographic area, in fulfilling the terms of the Network's current statement of work.* (42 CFR § 482.104 (c), published March 30, 2007)

It is understood that participation in QIRN 4 activities and pursuit of QIRN 4 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

Christopher Brown

SIGNATURE of Executive Director

Date