

Network 4 News

ESRD Network 4, Inc.
is Working for you!

*A Newsletter for Chronic Dialysis and Transplant
Facilities Providing Care In Pennsylvania and Delaware*



Employer Recognition Project

Network 4 would like to take this opportunity to share our findings from the Employer Recognition Program. This program was designed to offer people with Chronic Kidney Disease the chance to to nominate their employers who made accommodations for them and their renal condition regarding their work schedule.

Network 4 recently spoke with a couple of the people who nominated their employers. These individuals are unique because not only do they have Chronic Kidney Disease, but they are employed in the renal community.

Because of this duality, the two patients were able to give us some insights that most individuals in the renal community do not have.

Ali Manolakis has been a social worker in Penn Hills, Pennsylvania for 13 years. Part of Ali's job is talking to new renal patients about the modality and transplant options they have as they begin their treatment for kidney disease.

Ali nominated two people that she works with at the Fresenius Medical Care facility: Dennis Himes and Henry Trzeciakowski. She expressed to us the amount of flexibility that has been given

to her by these two people. They were especially accommodating to Ali when she was having health problems and had to go to phreresis treatments.

"My phreresis treatments were something that definitely affected my work schedule," Ali expressed. "Dennis and Henry were able to ease my scheduling difficulties by working with me and my needs."

A second person, Rebecca Baranoff, is also both a renal patient and a social worker. She works at a DaVita facility in Bucks County, Pennsylvania. Rebecca nominated Lucy Enama of her DaVita unit because of Lucy's ongoing flexibility regarding Rebecca's schedule.

Lucy hired Rebecca about a year and a half ago with full knowledge of Rebecca's two

(Continued on page 2)

"My phreresis treatments were something that definitely affected my work schedule," Ali expressed. "Dennis and Henry were able to ease my scheduling difficulties by working with me and my needs."

PennDel CKD Partnership

Network 4 is proud to announce our participation in a new coalition called "The PennDel CKD Partnership."

This renal coalition was created in October 2005 to combine the time and talent of members in the renal community with the Network.

The Renal Coalition's focus is on the Fistula First Initiative. This initiative is something you have been hearing about from the Network for some time now.

The Renal Coalition has decided to advance this effort with a dual-focused drive. The Coalition will attempt to increase fistula rates for our Network by concentrating on two components: "Education" and "Champions".

The "Education" focus refers to the Coalition's goal of educating all parties in the renal community about fistulas. "Champions" is the Coalition's way of recognizing people and/or organizations that have made a conscious and successful effort in increasing fistula placements.

Through Coalition partnering on the "Education" initiative, Network 4 is working to get

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Employer Recognition Program

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kidney transplants, and the impact to her work schedule that these transplants would have.

“Lucy gives me the flexibility and understanding that I need, which has always been greatly appreciated,” said Rebecca.

We appreciate that both Ali and Rebecca were willing to share their personal stories with us. We also respect their choices for continued employment while dealing with the hurdles of Chronic Kidney Disease. As a dialysis facility health care worker, we invite you to participate in encouraging patients to find employment, become a volunteer, or engage vocational rehabilitation. These types of activities can help the patient feel an increased level of productivity and contribution and alter their mood. These activities do not have to impact their ability to receive social security benefits, a very valid concern for our patient population. ■

PennDel CKD Partnership

(Continued from Page 1)

educational materials about CKD to PCP offices throughout the Network. These members have connected us with agencies that are producing a brochure and are helping us to distribute this literature to appropriate PCPs. Before the Renal Coalition, efforts like these would not have been nearly as successful, if even possible.

Network 4 and The Renal Coalition will also be recognizing some of our most recent “Champions” from Fistula First. These Champions are being recognized for their steadfast efforts to increase fistula placement rates in Pennsylvania and Delaware. Every subsequent newsletter from this point on will feature these “Champions” and they will be featured on our website as well.

We encourage all members of the renal community to assist with materials distribution and become active participants in increasing fistula rates in Network 4. Not only will The Renal Coalition recognize these efforts, but also anyone making these strides will be providing the entire renal community with a great service. ■

Patient Safety Data Results

Last year, Network 4 created a bingo game in our newsletter that was designed to gather information from our patients that would be useful to our facilities in knowing the habits of patients and how we could better serve and educate them. Not surprisingly, there were habits that were commendable and habits that have to be improved upon.

Nearly 90% percent of patients polled responded that they tell their nurse or technician when they are feeling sick, dizzy or weak. Additionally, over 87% of patients responded that they knew why a flu shot was important to have every year. Patients seemed to be very knowledgeable about access procedures; approximately 83% said that they do not touch the skin or supplies when the nurse is working with the access and 82% responded they check to make sure the nurse or technician is wearing gloves and a mask when working with their access.

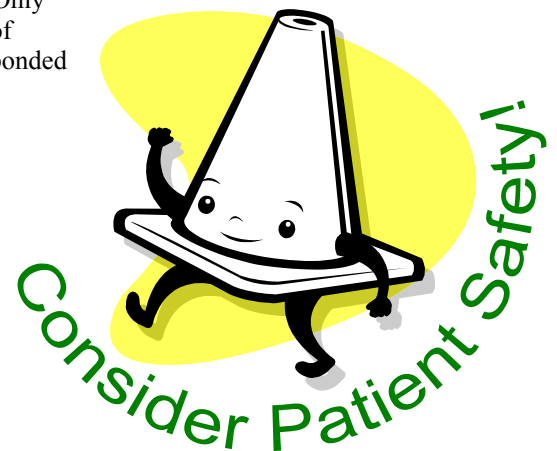
While the preceding numbers were encouragingly high, there were some low responses. Only about 37% of patients responded

that they have an emergency kit, with only approximately 68% knowing how to take themselves off dialysis in the event of an emergency. There were even more low responses that seemed to be in direct conflict with some of the higher responses with regard to access knowledge. For example, only 36% of catheter patients responded that they keep their catheter area clean, dry and covered.

The first question we should ask as caregivers is: What can we learn from these numbers? We clearly need to address the issue of emergency preparedness among our patients. It is troubling to see such low numbers of patients who are prepared for any type of emergency. From a small power outage to a large-scale disaster, we need to make sure that our patients know what to do in these situations. Educating our patients about these matters could end up saving lives.

We encourage all facilities to read the patient newsletter and reinforce the recommendations for emergency preparedness. ■

Need Ideas for Internal Quality Improvement?



Network 4 Appoints New Executive Director

ESRD Network 4 is pleased to announce the recent appointment of a new Executive Director, Ralph Biddle.

Mr. Biddle joins Network 4 following his tenure as the Senior Practice Improvement Consultant of the American College of Physicians (ACP) in Washington, D.C.

In this capacity, he provided technical services and assistance in quality improvement, office workflow re-engineering, and Electronic Health Record selection and implementation to the members of ACP.

Additionally, Mr. Biddle managed three CMS Performance Improvement contracts.

Prior to joining ACP, Mr. Biddle served as the operations manager for a national medical management, business development and clinical systems company. He executed onsite planning and implementation of new and improved management, quality, performance, and development programs for physician practices and hospitals throughout the United States and the Caribbean basin.

His background also includes senior administrative positions at the University of Pennsylvania and Temple University Medical Schools, and the United States Public Health Service.

Mr. Biddle holds a Masters of Health Administration degree, and among his professional associations are the Medical Group Management Association, the Health Information Management



Systems Society, and the Committee E31 on Healthcare Informatics of the American Society for Testing and Materials.

Mr. Biddle said, "I am grateful for this opportunity to serve the renal community of Network 4, a Network with a proven track record of successfully supporting facilities and patients." ■

Fistula First Update

As you know, Network 4 is actively participating in the Fistula First Project.

We would like to share with you some of our current prevalent fistula numbers and remind everyone that they can help increase fistula placement by becoming as educated as possible so you can inform patients to consider a fistula.

Network 4 had a Prevalent Fistula Rate of 41.12% as of March 31, 2006.

At the end of the first quarter of 2006, we had 137 units with a prevalent fistula rate of 40% or greater. The number of dialysis facilities that achieve this rate increases each quarter.

We have met the NKF-K/DOQI Goal of 40%, but we have plenty of room for improvement in order to achieve the Healthy People 2010 Goal of 66% by 2009.

Through our collaborative, the PennDel CKD Partnership, we will continue to make inroads on increasing our Fistula rate. ■

(See Page 6 for a list of our "Preferred Status" units)



FISTULA FIRST
National Vascular Access
Improvement Initiative

Hurricane Relief Drive

During the Network Coordinating Council Professional Education Workshop held on June 15th, the Network office accepted donations of non-perishable

food items, dry goods, clothing, and blankets. Thanks to your support, we will be sending a "Thinking of



You" care package down to one dialysis center for the staff members there to enjoy.

The theme to our donation table was "Mardi Gras" although the purpose of our project was to highlight the devastation experienced Louisiana, Texas, Mississippi, and Florida during last year's hurricane season.

The 2006 Atlantic Hurricane Season is predicted to be a close to the busiest one ever, with an estimated 17 tropical storms and 9 hurricanes (5 of them are expected have a major impact with winds exceeding 110 mph). These numbers may not be what most would consider alarming, however they are impressive when you consider that on average a hurricane

season consists of only 9.6 tropical storms, 5.9 hurricanes, and 2.3 major hurricanes.

Network 4 encourages everyone to have an emergency plan in place. In fact, we will be contacting each facility during the next few weeks for the names and contact information of "Disaster Coordinators" at your units. Remember: Be Safe, Be Prepared! ■

Why You May Need “Conflict”

Last year, a coordinated, national effort by the ESRD community was launched to understand, educate, and provide resources to the renal community for Decreasing Dialysis Patient Provider Conflict (DPC). The goals of this effort were safer dialysis facilities, improved staff/patient relationships and an increased awareness of conflict. This effort also emphasized an improvement of skills that will decrease conflict.

As a professional working with dialysis patients, it is likely that you have witnessed or experienced a conflict in your dialysis unit. Like many health care professionals, you may have felt unprepared to effectively address the conflict. Understanding, appropriately responding to, and resolving conflict is a difficult task that requires training, practice, and experience. This program was designed with you, the dialysis professional, in mind and gives you a framework to use when involved with a conflict. Network 4 endorses an 8-point approach called CONFLICT, which stands for:

Create a calm environment

Open yourself to understanding others

Need a non-judgmental approach

Focus on the issue

Look for solutions

Implement agreement

Continue to communicate

Take another look

Create a Calm Environment

- Be aware of the physical surroundings, as well as the thoughts and feelings you are experiencing because of the conflict.
- Does this situation need immediate attention, or can you meet with the patient after dialysis?
- Use a private setting, and avoid discussing the issue in front of other patients, uninvolved staff, or visitors.
- Calm yourself and organize your thoughts before engaging the patient. Your chances of a successful resolution are better if you are not frustrated or angry.
- Have an open attitude and avoid a threatening presence, such as standing over the patient, pointing a finger, or placing your hands on your hips.

Open Yourself to Understanding Others

- Listen to what the other person is telling you about the complaint or concern. Avoid being defensive.
- Show that you are trying to understand what the other person is saying about the conflict. Ask the patient questions to clarify what has been said.
- Recognize that the patient has a right to disagree with medical suggestions and even refuse medical recommendations, even if you believe the patient is making a poor decision.
- Remember the many factors that affect how people conflict, such as culture, age, race, gender, economic status, family situation and education level.

Need a Non-Judgmental Approach

- As a dialysis professional, it is important for you to maintain an objective and professional approach as you address a conflict. Remember that words exchanged in an argument are often not intended as personal attacks.
- Understand how you react to conflict. If conflict makes you uncomfortable, it becomes difficult to maintain a professional approach.
- Avoid using remarks toward the patient that are blaming, threatening or project guilt.
- Recognize your values and beliefs about people who might be of a different race, age, religion or culture than you.
- Avoid using your authority as a health care professional to impose your beliefs on a patient. Seek a shared decision and collaboration with the patient.
- Make no assumptions about a patient’s ability to understand or comprehend what you are trying to express.

These techniques can also be applied to handling conflicts in many situations in your everyday life. We encourage you to utilize the provider manual and the teaching modules located in the Decreasing Dialysis Patient Provider Conflict (DPC) Packet. Post this sheet somewhere visible in your office in the hopes that it will be read and utilized often by all facility employees. Watch for a review of the DPC Packet on our website, or contact Dean Morris, Network 4 Patient Services Coordinator at 412/325-2259, with any questions. ■

Focus on the Issue

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- Remember that when a conflict occurs it is easy to lose sight of the main issue of the argument. Stick to the issue at hand.
- Use positive communication skills, including repeating or clarifying what has been said in an effort to understand what the conflict is about.
- Seek patient agreement on what the conflict is about.
- Demonstrate a willingness to address the conflict, telling the patient that you are committed to addressing his or her concerns.
- Continue to focus on the agreed issue. If other complaints enter the conversation, indicate to the patient that you will address those issues at a later time.

Look for Solutions

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- Not all conflicts will be resolved or are based on valid complaints. But by collaborating with the patient, you will be increasing the odds of a positive outcome.
- Ask the patient what he or she hopes to accomplish.
- Hold a care conference and enlist family members, friends, staff, or other trusted individuals in an effort to openly discuss and solve the problem.
- Be creative and flexible. Consider all available options to resolve the conflict.
- Let the patient know that even if the entire problem cannot be fixed, there are parts of the conflict that can be resolved.
- Only make promises you can keep.

Implement Agreement

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- If you work through the argument, you should come to a stage of agreement when changes need to be put into action.
- Use action statements to describe agreement. For example, “In the future, I will tell you the name of the medication I am giving you before administering it.”
- Document and communicate to the necessary parties the agreement that has been reached.
- Be consistent with any agreements that have been made. Agreeing to change some aspect of normal clinic operations but not following through will likely lead to more conflict.

Continue to Communicate

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- Effective resolution requires follow-up communication. This will allow you to monitor the progress being made and will demonstrate your commitment to resolving the conflict.
- Set a specific timeframe for a future meeting with the patient in order to look at the changes that were made and evaluate the effectiveness of the changes.
- Be ready to deal with the fact that not all conflict is easily resolved and that you may have to repeat some of the steps in this model. Remember that not satisfying someone does not mean that your attempt to resolve the conflict has failed.
- If it is evident that the conflict is going to continue, consider the use of a third party to help mediate the conflict.

Take Another Look

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- Handling a conflict requires practice, understanding, education and monitoring. Regardless of whether a conflict is minor or major, reviewing the steps used in addressing the conflict will be beneficial.
 - Meet with other staff members to discuss other ways of responding to the conflict.
 - Seek additional training in communication skills, conflict resolution, or other skills that you may find beneficial in managing conflict.
 - Take a close look at the role you have played in the conflict. Ask yourself if you could have done something different or better in diffusing the conflict.
 - Evaluate and understand the root of the conflict. It might be related to clinic policies or practices that could be changed to prevent future conflicts.
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Fistula First “Preferred Status” Units

Chairman Preferred: Prevalent Fistula Rate of 50% or greater

63 Units as of March 31, 2006!

75.00	ALLEGHENY KIDNEY TREATMENT CENTER
74.29	RENEX DIALYSIS CLINIC OF SHALER
72.73	FMC DIALYSIS SERVICES OF SOUTHWESTERN PENNSYLVANIA, INC.
71.43	DAVITA WAYNESBURG DIALYSIS
71.15	DUNMORE DIALYSIS
70.73	FMC DIALYSIS SERVICES OF PITTSBURGH, INC.
70.00	ALLEGHENY GENERAL HOSPITAL
70.00	DAVITA OF EPHRATA
65.45	DIALYSIS CENTER AT ST. MARY'S
64.71	CHILDS DIALYSIS
63.79	DAVITA - NEWPORT DIALYSIS CENTER
63.75	DCI OF MONROEVILLE
63.04	FMC DIALYSIS SERVICES OF WILKES-BARRE, INC.
62.67	FMC DIALYSIS SERVICES OF WILMINGTON, INC.
62.50	FMC DIALYSIS SERVICES OF FIRST STATE, INC.
62.16	DAVITA RADNOR DIALYSIS
61.76	DCI OF SEVEN FIELDS
61.22	FMC DIALYSIS SERVICES OF ALTOONA, INC.
61.11	DCI OF HILLPOINTE
60.87	FMC DIALYSIS SERVICES OF ELLWOOD CITY, INC.
60.38	THORN RUN DIALYSIS CENTER
60.00	DCI OF WILKINSBURG
59.57	DCI OF HARMAR VILLAGE
59.43	WILMINGTON DIALYSIS CENTER
59.26	FMC DIALYSIS SERVICES OF BERWICK, INC.
59.09	RENAL CARE GROUP - MILLERSBURG
58.77	FMC DIALYSIS SERVICES OF WESTERN PENNSYLVANIA, INC.
58.76	RENAL CARE CENTER OF CHRISTIANA
57.89	DCI OF PARKS BEND
57.14	CHRISTIANA CARE HEALTH SYSTEM
57.14	DCI OF SQUIRREL HILL
56.86	RENEX DIALYSIS CLINIC OF PITTSBURGH
56.52	DCI OF PUNXSUTAWNEY
56.52	DCI OF NORTH BOROUGH CLINIC
56.00	ALLEGHENY VALLEY DIALYSIS CENTER
56.00	OLD FORGE DIALYSIS
56.00	FMC DIALYSIS SERVICES OF STATE COLLEGE, INC.
56.00	DAVITA JEFFERSON DIALYSIS
54.55	FMC DIALYSIS SERVICES OF HAZLETON, INC.
54.41	FMC DIALYSIS SERVICES OF OHIO VALLEY, INC.
53.62	LIBERTY DIALYSIS - BANKSVILLE

53.38	LANCASTER GENERAL HEALTH CAMPUS
52.78	RENAL CARE GROUP - HERMITAGE
52.63	FMC DIALYSIS SERVICES OF CRANBERRY, INC.
52.54	DCI OF INDIANA
52.38	DCI OF BEAVER FALLS / CHIPPEWA
52.17	DIALYSIS CENTER OF YORK
51.85	DAVITA OF LANCASTER
51.72	DAVITA HUNTINGDON VALLEY DIALYSIS
51.61	DOYLESTOWN DIALYSIS CENTER
51.52	MOSES TAYLOR HOSPITAL RENAL UNIT
51.32	LIBERTY DIALYSIS - HOPEWELL
51.16	DCI OF SHENANGO VALLEY
51.02	LEWISTOWN DIALYSIS CENTER
50.98	FMC DIALYSIS SERVICES OF PITTSBURGH, INC.
50.34	DAVITA PHILADELPHIA PMC DIALYSIS
50.00	WASHINGTON DIALYSIS CLINIC, INC.
50.00	LITTLESTOWN DIALYSIS CENTER
50.00	DAVITA CLEARFIELD DIALYSIS
50.00	VA PITTSBURGH HEALTHCARE SYSTEM
50.00	ALFRED I. DUPONT HOSPITAL FOR CHILDREN DIALYSIS CENTER
50.00	FMC DIALYSIS SERVICES OF MILFORD, INC.
50.00	NEW CASTLE DIALYSIS CENTER

Gold Preferred: Prevalent Fistula Rate greater than or equal to 40%

74 Units as of March 31, 2006!

44.07	NORTHEAST PHILADELPHIA DIALYSIS CENTER
43.94	ST. LUKE'S HOSPITAL DIALYSIS CENTER
43.84	LIBERTY DIALYSIS - WASHINGTON
43.75	FRESENIUS MEDICAL CARE OF MIDDLETOWN
43.75	THE KIDNEY CENTER OF GREATER HAZLETON
43.75	FMC DIALYSIS SERVICES OF PENN HILLS, INC.
43.48	HONESDALE DIALYSIS CENTER
43.35	DAVITA PHILADELPHIA 42ND STREET DIALYSIS
43.33	CAMP HILL DIALYSIS CENTER
43.18	RENAL CARE GROUP - HARRISBURG
43.18	FMC DIALYSIS SERVICES OF MT. OLIVER, INC.
42.86	DAVITA ELIZABETH DIALYSIS
42.55	PALMER DIALYSIS CENTER
42.50	DCI OF NORTH VERSAILLES
42.27	DAVITA ELKINS PARK DIALYSIS
42.22	POTTSTOWN MEMORIAL MEDICAL CENTER
42.22	DCI OF OAKLAND
42.11	BELMONT COURT DIALYSIS - NORTHEAST CAMPUS
42.11	FMC DIALYSIS SERVICES OF NANTICOKE, INC.
42.00	FMC DIALYSIS SERVICES OF MOUNT PLEASANT, INC.
42.11	ROBERT PACKER HOSPITAL - TOWANDA SATELLITE UNIT
41.94	M.S. HERSHEY MEDICAL CENTER
41.94	FMC DIALYSIS SERVICES OF SOUTH HILLS, INC.
41.79	DAVITA ABINGTON DIALYSIS
41.77	FMC DIALYSIS SERVICES OF GREENSBURG, INC.
41.67	FMC DIALYSIS SERVICES OF REDSTONE, INC.
41.67	TUNKHANNOCK DIALYSIS CENTER OF MONTGOMERY - EAST
41.46	RENEX DIALYSIS CLINIC OF PHILADELPHIA
41.44	ALTOONA REGIONAL HEALTH SYSTEM
41.30	DAVITA BRADFORD DIALYSIS
41.18	RENAL CARE CENTER OF BRANDYWINE
41.03	FRANKLIN DIALYSIS CENTER - DAVITA
40.98	ST. LUKE'S NORTH DIALYSIS CENTER, L.P.
40.91	LIBERTY DIALYSIS - SOUTHPOINTE
40.91	DAVITA ELIZABETHTOWN DIALYSIS
40.85	DCI OF GROVE CITY
40.85	DCI AT MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL
40.74	KIDNEY TREATMENT CENTER - SLATEBELT
40.38	SOUTH PHILADELPHIA DIALYSIS CENTER
40.00	RENAL CARE GROUP - LIMERICK DIALYSIS



Customer Service Survey Results

During the Network Coordinating Council Professional Education Workshop held on June 15th, Network 4 received your responses to our Customer Service Survey.

We would like to thank all the facilities for your extremely helpful participation. We were happy to see that in general, most of the facilities were pleased with our performance,

but (as we expected) there were plenty of areas for improvement on the Network's part.

The first area of improvement we recognized was our website. Over the next couple of months we will be taking dramatic steps to make our website better and easier to use. Some of the changes will be better organization, a more consistent look and feel as

well as better navigation.

The feedback we received to the question, "Is Network 4 a useful resource for facility policy and procedure issues," suggests that we need to slightly improve our level of service concerning support for our facilities on these issues.

Network 4 is dedicated to providing top-level support for all of our facilities and will take

special care to improve as we build upon these recommendations.

Please feel free to call us anytime with any recommendations that will allow us to serve your facility better. Thank you again for your feedback and help and we look forward to continuing our work together. ■

Data Department Update

Thank you for your continued participation in the data collection efforts for CMS and Network 4.

Your submission of non-reimbursement forms provides and validates valuable patient information that is used for accurate recording of current patient events. This data is used for a variety of purposes from coverage determinations to emergency preparedness planning.

Our Network has routinely achieved and excelled at

meeting all CMS contract deliverables, and we recognize that this could only be accomplished through the hard work you provide.

Here are just a few highlights to illustrate the work involved:

- In 2005, the Network processed 5,729 CMS-2728 forms!
- Also in 2005, the Network processed 4,061 CMS-2746 forms!
- The 2006 National Clinical Performance Measures Project is well underway with 557

Hemodialysis Collection Forms (CMS-820) and 94 Peritoneal Dialysis Collection Forms (CMS-821) which the Network will track and data enter.

- Each month 75 non-LDO units submit Fistula First Vascular Access Data which is entered by the Network.
- In 2005, the Network completed 246 Annual ESRD Facility Surveys.
- We process the validated Quarterly Patient Rosters.
- By the 10th of each month, the Network receives 246

Monthly Patient Activity Reports.

- With regard to our electronic data interchange capabilities, over 360 CMS-2728 forms, 220 CMS-2746 forms, and 1,040 patient event elements were imported directly into the Network's software from the 20 dialysis facilities using VISION in 2005.

Please keep up this great work by continuing to share this information with the Network office. ■

Word Search Game Update and the RSN Meeting

Network 4 is very pleased to announce that the Patient Word Search Game which was included in the "Spring 2006 Network News Edition for Patients and Family Members" was another huge success.

To date, the Network received game pieces from 221 individuals.

As a special "thank you", each participant will receive a small gift from the Network, like what we did for the Patient Safety Bingo Game.

As a bonus, one Network 4 patient will be randomly selected to win a Grand Prize: a trip for the patient and a family member to attend the

Renal Support Network's (RSN) Annual National Patient Meeting held at the Philadelphia Marriott from October 5-7, 2006.

The cost of transportation, accommodations and meeting fees will be provided by the Network for the Grand Prize winner and family member.

The focus of the 2006 RSN Annual Patient Meeting will be "Heath, Happiness and Hope". ■

Please visit RSN's website for additional information about this meeting:

www.rsnhope.org

Medicare Improves Customer Service by Drug Plans

The following is an excerpt taken from a CMS Press Release entitled, "Medicare Details Steps Taken to Improve Customer Service by Drug Plans - Data Shows Improvements in Plan Call Center Wait Times." This press release was made available on Thursday, June 29, 2006.

Since January, Medicare has taken more than 1,000 compliance actions to improve prescription drug plan service to beneficiaries, and in most cases, these actions have resulted in timely responses by the drug plans. Cases when plans did not resolve issues promptly have resulted in

further enforcement actions to achieve compliance, such as restricting plans' ability to enroll beneficiaries. One plan with recurrent service problems has been placed on a track that may result in termination.

"People with Medicare should be confident that their prescription drug plans are providing the highest level of care available," HHS Secretary Mike Leavitt said. "While most beneficiaries report satisfaction with their coverage, we want to make sure that beneficiary complaints are being addressed and resolved quickly."

Mark B. McClellan, M.D., Ph.D., Administrator of the Centers for Medicare & Medicaid Services (CMS) said "We are taking actions to find and fix any problems that beneficiaries may have with their drug plan delivering the level of service required by Medicare. We have tens of millions of beneficiaries with drug coverage, we are filling millions of prescriptions a day at a much lower cost than expected, and we will remain vigilant about quality service throughout the Medicare program."

Medicare's oversight has included monitoring the performance of plans' call

centers. In a review of drug plan centers conducted in April and May 2006, CMS and HHS found:

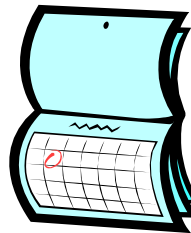
- 92 percent of all calls made to Medicare prescription drug plans are answered within five minutes.
- The average wait time for a beneficiary help line is less than one and a half minutes.

CMS will continue to monitor plans to assure that they maintain low wait times. Updated plan-by-plan reports on call center performance will be reported by CMS ahead of the next open enrollment period in the fall.

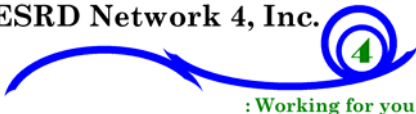
The remainder of this Press Release may be read at the following web address:
<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1890>

Calendar of Events

- September 19
Cannulation Camp, Radisson Hotel, Monroeville, Pennsylvania
- September 23-24
Horizons in Dialysis: Western Pennsylvania Renal Round Table Meeting, Seven Springs Mountain Resort, Champion, Pennsylvania
- October 4
The Access of Choice: An Arteriovenous Fistula (half-day Nephrology-Surgical course), Omni William Penn Hotel, Pittsburgh, Pennsylvania
- October 4-7
National Renal Administrators (NRAA) Annual Fall Conference, Philadelphia, Pennsylvania
- October 5-7
Renal Support Network's 3rd Annual RSN Patient Meeting, Philadelphia, Pennsylvania
- October 25
Network Meetings! - Hilton Philadelphia Airport
Medical Review Board
Rehabilitation Committee
Advisory Council
Board of Directors
- October 26
Network Meetings! - Hilton Philadelphia Airport
Organ Procurement/Transplantation Committee
Workshop for People with Chronic Kidney Disease
Network Coordinating Council Professional Education Workshop



This Newsletter was brought to you by:

ESRD Network 4, Inc.

 : Working for you

40 24th Street, Suite 410
Pittsburgh, PA 15222

main (412) 325-2250
fax (412) 325-1811

www.esrdnetwork4.org

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