2016-2017
ANNUAL ACHIEVEMENT REPORT
THE RESOURCE AND VOICE FOR INDEPENDENT AND COMMUNITY-BASED DIALYSIS PROVIDERS
2017 NRAA YEAR IN REVIEW

We look back on some of our highlights of the 2016-2017 fiscal year.

MEMBERSHIP

NRAA MEMBERS IN 44 STATES

TOP 7 STATES FOR NRAA MEMBERSHIP

<table>
<thead>
<tr>
<th>State</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>97</td>
</tr>
<tr>
<td>Texas</td>
<td>81</td>
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<tr>
<td>California</td>
<td>59</td>
</tr>
<tr>
<td>Florida</td>
<td>55</td>
</tr>
<tr>
<td>Georgia</td>
<td>43</td>
</tr>
<tr>
<td>Illinois</td>
<td>41</td>
</tr>
<tr>
<td>Ohio</td>
<td>41</td>
</tr>
</tbody>
</table>

 PATIENTS

140,000+ SERVED BY NRAA FACILITIES

580,000+ TOTAL PATIENTS IN U.S. FACILITIES

EDUCATION

8 NEW EDUCATION WEBINARS LAUNCHED

1,021 TOTAL WEBINAR ATTENDEES

ADVOCACY

61 MEETINGS IN WASHINGTON D.C. ATTENDED BY MEMBERS

5 COMMENT LETTERS SUBMITTED TO CMS, CDC, WAYS & MEANS COMMITTEE

COMMUNITY

5 TOTAL NRAA COMMITTEES

200+ COUNCIL, COMMITTEE AND TASK FORCE MEETINGS

NRAA VOICES

89 DISCUSSIONS

356 TOTAL POSTS CREATED

1,331 TOTAL RESOURCE DOWNLOADS

SERVICES

NRAA HIE CROWNWEB USED BY 225 CONTRACTED ORGANIZATIONS

1,067 REGISTERED FACILITIES

216 DOWNLOADS OF THE RSE BENCHMARKING TOOL IN 2017
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Dear Members and Colleagues,

As this year marks our 40th anniversary, I must look back and reflect upon my time with NRAA as a whole. It has been incredible to see how far both the association and industry have come since our founding in 1977. Our core foundation of advocacy, education and services remains the same, but I am thrilled to see NRAA embrace the shift from being an organization for administrators only to servicing providers and kidney care professionals as a whole to strengthen our organization with different perspectives across the industry.

I am particularly proud of how we’ve honored NRAA’s original purpose as an opportunity to network with other independent dialysis providers. This past year, we launched a member-exclusive online community, NRAA Voices, to give our members the opportunity to access each other’s knowledge and experience 24/7. I believe this tool will enable the providers within our organization to continue improving patient care through close collaboration.

Like in 1977, we face an uncertain time in health care. This past year saw an increased need for advocacy efforts to protect both providers and patients. Throughout the year we continued to monitor and engage with congressional leaders on relevant legislation. In partnership with Mehman Castagnetti Rosen & Thomas, we regularly reviewed, assessed and provided comments back to CMS, CMMI and other agencies. In addition, we joined forces with other kidney organizations to share our perspective and learn about their issues, concerns and positions.

But to me, the true hallmark of advancement over the past 40 years is our increased data capabilities. It is my hope that we continue to use data in an intelligent manner to decipher if what we’re providing to our members meets its intended purpose. By having more meaningful data we will be able to make stronger decisions and provide the Board with more information on all aspects of NRAA and RSE product offerings.

Looking specifically upon the past three years, as our latest strategic plan ends, I am especially proud of how far we’ve come with education. Our Webinar Wednesday series has become the longest running series NRAA has offered and is the only series in the ESRD industry to offer ten educational webinars per year. We’ve also expanded the reach of our Nephrologist, Physician and Facility Leader Symposium through a strategic partnership with RPA. Finally, our Education Station portal enables providers who are unable to attend live webinars or in-person meeting to still take advantage of all NRAA offers.

As I look forward to the next three, and even forty years, I hope NRAA continues to embrace technology to better enable providers to service their patients. This becomes an even greater need as integrated care models continue to develop. I look forward to assisting NRAA in continuing their commitment to stand by their members as the ESRD industry evolves and provide them with strategic resources so the kidney care community can continue to thrive.

Sincerely,

Marc Chow
Executive Director
Dear Members and Colleagues,

I would like to thank all of NRAA’s members for giving me the incredible opportunity to serve as their President over the past year. This role has provided me with an exceptional opportunity to marvel at the strength of this association. Over my tenure on the Board, the changes in our structure from Regional Directors to Directors-At-Large and the expansion of support staff has exponentially increased NRAA’s capabilities in how we make a positive impact on the lives of the patients we serve.

I’ve been thrilled to see the implementation of the Initiative for Kidney Care Advancement this past year. It has proven to be an effective method of building and maintaining momentum around select activities. It is amazing to witness multiple Councils with separate Task Forces working in parallel to accomplish key projects that are of high priority to NRAA members.

One such project was evaluating who NRAA is and who we serve. This was an important initiative handed down to one of our Task Force’s. Since our founding 40 years ago, NRAA has grown beyond our roots as an organization solely designed for administrators. We now serve nurses, nephrologists, facility leaders and other professionals who service all aspects of kidney care. I am excited to further share the results of this assessment in the coming months.

I am also especially proud of NRAA’s advocacy efforts over the past year. During these uncertain times in health care, it is more critical than ever we remain vigilant and proactive in Washington D.C. and continue to support our members in influencing legislation on the state and local levels. The outcome of this year’s Day on the Hill was especially noteworthy. During this event, our members were able to voice their concerns on AKI patient reporting to NHSN. As a result, CMS released two instructions to help clarify their previously conflicting guidance.

Finally, I am excited about the launch of NRAA Voices along with our new website. Remaining relevant to our members and evolving along with the industry is always of top concern to us on the Board. This new tool enables our members to remain in constant communication with each other. It has been incredible to see our members regularly reach out to one another when needing answers to critical questions. It is my belief crowdsourcing ideas from our peers is paramount to ensuring we all continue to help each other improve patient care.

As my year as NRAA’s President comes to an end, I continue to be astounded how over the past 40 years we’ve been able to build a strong community of kidney care professionals. I look forward to seeing what the next four decades bring for the association and our members. Based on what I’ve witnessed in the past year alone, I know that together we will be able to persevere and progress through whatever comes our way.

Sincerely,

Karen Kelley, MHA, BSN, RN, CNN
NRAA President
OUR STRATEGIC PLAN

NRAA is committed to regularly developing and following a strategic plan in order to keep pace with today’s fast-changing kidney care environment. To fulfill the organization’s strategic goals, NRAA has launched a number of new and exciting initiatives.

In 2015, NRAA drafted a 2015 - 2017 Strategic Plan that outlines strategic goals across each of our four areas of focus: advocacy, membership, education and outreach. As this year marks the end of this three-year strategic plan, the NRAA Board will convene in early 2018 to develop the 2018 – 2020 strategic plan.
IV. NRAA AT WORK

ADVOCACY

NRAA represents the independent dialysis provider community in Washington D.C. by meeting with elected officials at the Federal level in the House, the Senate and the Administration, to make specific recommendations for political action.

2017 STRATEGIC GOALS

1. Participate in a minimum of 10 meetings with congressional offices, CMS, HHS, White House or other appropriate entities per year.

2. Explore possible ways for NRAA to engage in state affairs.

3. Increase the number of the PAC contributing members by 5% annually with a 3% increase in total PAC dollars from 2015-2017.
2017 ACHIEVEMENTS

DAY ON THE HILL EVENT

With the support of our advocacy firm, Mehlman Castagnetti Rosen & Thomas, program participants met with federal elected officials on both sides of the political aisle, across the House and the Senate for one-on-one conversations about legislative change. NRAA members attended a total of 61 meetings with political officials in Washington D.C.

LEGISLATIVE ENGAGEMENT

In addition to the Annual Spring Meeting and Day on the Hill event, NRAA represented its members on specific legislative issues related to dialysis and kidney care on an ongoing basis, through Mehlman Castagnetti, Rosen and Thomas’ engagement with key members of Congress.

To ensure the voice of organization members was heard, NRAA wrote five comment letters to various bodies, including CMS, CDC and the Ways & Means Committee. Comment letters addressed timely legislative issues, such as CMS’s IFR on Third Party Payments, AKI patient reporting to NHSN, the Quality Payment Program Proposed Rule and the Medicare Red Tape Project.

REGULATORY STRATEGY

NRAA prioritized and provided actionable recommendations to the Centers for Medicare & Medicaid Services (CMS). As a result of NRAA’s advocacy efforts, a federal judge blocked the implementation of CMS’s IRF on Third Party Payments.

In addition, NRAA expressed concern to CMS and the CDC regarding AKI patient reporting to NHSN (National Healthcare Safety Network). NRAA solicited clarification on the apparent conflicting guidance from the two organizations with respect to facility reporting of hemodialysis-related bloodstream infections (BSIs) in Medicare patients to the NHSN. As a result, CMS released two instructions to help clarify the instruction.
IV. NRAA AT WORK

ADVOCACY KEY PRINCIPLES

1. IMPROVE RENAL CARE QUALITY AND STREAMLINE QUALITY MEASUREMENT PROGRAMS
Medicare should align all quality improvement efforts and establish a new quality program to replace the current one. In addition, independent providers should receive funding for quality improvement activities and hospitals should share data with facilities to improve transition and coordination of care.

2. EXPAND EARLY INTERVENTION EFFORTS TO DELAY OR PREVENT ONSET OF END-STAGE RENAL DISEASE
Kidney Disease Education (KDE) should be expanded to benefit all beneficiaries with chronic kidney disease (CKD). Furthermore, the Center for Medicare and Medicaid Innovation (CMMI) within the Centers for Medicare and Medicaid Services (CMS) should test alternative payment models that evaluate treatment strategies to delay and prevent the onset of end-stage renal disease (ESRD).

3. IMPROVE CARE DELIVERY FOR DIALYSIS PATIENTS
Coverage of chronic care management (CCM) services for beneficiaries with CKD should be expanded to include any nephrologist-referred service authorized under the Physician Fee Schedule (PFS). Furthermore, alternative payment models for independent facilities that provide comprehensive and coordinated care should be developed. Medicare should also work to eliminate geographic restriction requirements for patients and incentivize use of home dialysis when appropriate.

4. IMPROVE PEDIATRIC CARE DELIVERY
The treatment of pediatric patients comes with a unique set of challenges. Medicare should provide additional payment to facilities for treating patients under one year old. Medicare should also adjust payment for treating young acute kidney injury (AKI) patients. Payment for facilities treating young patients should also be increased to ensure these patients complete school.

5. IMPROVE MEDICARE FEE-FOR-SERVICE PAYMENTS TO PROVIDERS
Medicare should adjust the existing ESRD Prospective Payment System (PPS) to better reflect the cost of treating patients with highly complex medical needs. CMS should also require all providers to use standardized cost reports to ensure more accurate payment. Furthermore, Medicare Advantage plans should maintain open networks and payments should adequately reimburse providers for the cost of care.

6. PROTECT PATIENT ACCESS TO PROVIDERS
To ensure patients can access unique facilities providing high-quality care, Medicare should implement a payment adjustment for independent facilities. CMS should also implement policies that discourage “patient dumping” and “patient avoidance” practices and better account for the distinctive needs and challenges rural and low-volume facilities face.
IV. NRAA AT WORK

MARKETING & MEMBERSHIP

It is the goal of the NRAA Membership Council to expand and diversify NRAA membership by identifying, creating and promoting the value proposition that appeals to each potential provider group to further strengthen the NRAA voice.

2017 STRATEGIC GOALS

1. By 2018, increase the number of small to midsize dialysis facilities and independent providers.

2. Increase Active Member retention rate to 88%.

3. Increase Active Additional Contacts rate to 80%.
IV. NRAA AT WORK

2017 ACHIEVEMENTS

MEMBERSHIP HIGHLIGHTS

As of August 2017, NRAA had 1,256 total members, as represented in the following categories.

<table>
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<tr>
<th>Membership Category</th>
<th>Number</th>
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<tr>
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<tr>
<td>Past President (not added to total)</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,256</strong></td>
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WEBSITE ANALYTICS

This year marked the launch of a new, interactive NRAA website. The goal of the new site was to improve the overall user experience, highlight NRAA’s latest news and events and build an interactive forum for members, NRAA Voices.

The new website resulted in an overall increase in site engagement. Visitors viewed 22% more pages per session and spent 128% more time on the site. In addition, the site saw a 13% increase in returning visitors.
In the education arena, NRAA has maintained successful programs and the substantial growth made in 2016. The organization has continued its work in 2017 toward achieving established goals.

NRAA continues to provide quality education to the independent provider community, from innovative dialysis management solutions presented through the popular Webinar Wednesday program, live meetings, and growing online content.

**2017 STRATEGIC GOALS**

1. Increase the Annual Conference attendance to 600 or more and decrease losses to the fall and spring meetings by 10%.

2. Increase the number of participants that state the educational activity exceeded and/or greatly exceeded expectations by 10%.

3. Encourage ESRD and dialysis experts outside of NRAA to participate in Webinar Wednesdays and other educational activities.
IV. NRAA AT WORK

EDUCATION

2017 ACHIEVEMENTS

NRAA continues to provide education on demand to dialysis providers through its Education Station. The platform currently contains audio content from the 2016 Fall Conference, previous Webinar Wednesdays, and much more. Both members and non-members can access this online education portal.

After launching last year, NRAA continued to see strong attendance for their monthly webinar series, Webinar Wednesday. Topics throughout the year included mental health, obesity and CKD, quality measurement and new AKI regulations.

Throughout the year, 875 people joined Webinar Wednesday programs.

THE 2016 NRAA ANNUAL CONFERENCE

(COMPRISED OF THE FOLLOWING EVENTS)

WORKSHOP ON DIALYSIS MANAGEMENT

A one-day workshop for dialysis managers, this event is designed for hospital directors and facility leaders who want to improve their leadership skills, operational knowledge and clinical expertise.

2017 ANNUAL CONFERENCE & EXHIBIT HALL

The largest gathering of dialysis health care leaders in the United States, this event brings together the dialysis and kidney care community. It also provides attendees an unparalleled conference experience.

NRAA/RPA DIALYSIS, NEPHROLOGIST AND FACILITY LEADER SYMPOSIUM

This event features leading nephrology and ESRD experts sharing their expertise on patient care in dialysis facilities and vision of the future landscape of kidney care. The program content is designed to assist medical directors and facility administrators with fulfilling their roles and improving care delivery.
It is the goal of the NRAA External Relations/Outreach Council to establish relationships with ESRD and non-ESRD specific associations and organizations to develop a population health infrastructure.

OUTREACH

2017 STRATEGIC GOALS

1. Continue to maintain and grow relationships with renal professional organizations.

2. By 2017, formalize three collaborative relationships with non-renal professional organizations.

3. By 2018, increase ongoing education about coordinated care delivery models, tools and resources that can be used by independent and hospital-based dialysis facilities.
IV. NRAA AT WORK

2017 ACHIEVEMENTS

AAKP KIDNEYWORKS™ INITIATIVE

AAKP’s KidneyWorks™ Initiative is a unique program designed to help kidney patients retain their jobs while undergoing treatment. To kick off this initiative, a group of patients, non-profits, professionals, members of the industry and representatives from the Federal government met to address challenges facing employed people with CKD and discuss strategies to help them keep their jobs. NRAA participated in this panel as an expert stakeholder to provide the perspective of independent dialysis providers.

MAKING DIALYSIS SAFER COALITION

In 2017, NRAA continued their partnership with the Making Dialysis Safer Coalition, founded by the Centers for Disease Control and Prevention (CDC). The purpose of the coalition is to expand awareness for CDC best practices for preventing blood infections. As a coalition member, NRAA provided a unique perspective on the connection between dialysis care and infection prevention.

OTHER NRAA MEMBERSHIPS

NRAA is also proud to maintain participatory and influential memberships in the following organizations:

• Alliance for Home Dialysis
• American Nephrology Nurses’ Association (ANNA)
• American Society of Nephrologists (ASN)
• American Society of Pediatric Nephrology (ASPN)
• Annual Dialysis Conference (ADC)
• Joint Commission Task Force
• Kidney Care Partners (KCP)
• Kidney Community Emergency Response Group
• Kidney Health Initiative (KHI)
• The National Kidney Foundation (NKF)
• NRAA/RPA Physician Symposium
BOARD TESTIMONIALS

When asked to reflect on their experience operating in a leadership role within NRAA, a number of board members shared what they gleaned about leadership, advocacy and the future of independent and small dialysis providers.

Serving on the NRAA board has enabled me and my organization to stay current on legislative and clinical quality initiatives that impact my facility. At NRAA, I truly appreciate the strong commitment between leadership and membership as well as the unwavering dedication of the association to enhance the voice of small, independent providers. That’s why I’ve remained a member for over 26 years.

Sue Rottura
CEO, Specialty Physician Partners Management LLC
Secretary

I admire how NRAA always listens to the needs of their members and works diligently to meet those needs through services, advocacy and education. Serving on the board has given me the opportunity to develop and implement new ways to enhance our community. I’ve been especially impressed with how NRAA has expanded their education offerings over the past few years. Playing an active role in selecting our Director of Education and forming the education council has been a highlight in my time with the association.

Debbie Cote
Administrator, Dialysis Programs at University of Virginia Health System
Director

Through being an NRAA member and serving on the board I am always able to learn something new. People think that dialysis is very systematic, but I learn something new every day in this industry. I cherish the support and comradery of my fellow NRAA members that are always willing to share their knowledge to improve patient care.

Julie Williams
Administrator, Owner of Branson Dialysis, Harrison Dialysis & Heartland Kidney Centers
Director
CHARITABLE GIVING

To better promote its mission, NRAA provides funding to select industry partners. In 2017, NRAA carefully selected key initiatives and organizations to receive support. Every dollar donated translates directly to increased education, support or access to care for dialysis patients nationwide.

RENAL SUPPORT NETWORK
Both NRAA and RSE support Renal Support Network initiatives each year with generous individual donations. RSN is a nonprofit, patient-run organization that holds a number of events each year to educate and support CKD patients.

AAKP KIDNEYWORKS™ INITIATIVE
NRAA provided a generous donation to the movement, and former NRAA President for 2015-2016, Helen Currier, attended the initiative's Consensus Conference on behalf of NRAA.

AMERICAN KIDNEY FUND (AKF) HOPE AFFAIR
NRAA was proud to be a Crystal Sponsor last year. Also, ten NRAA board members attended the 2016 American Kidney Fund's National Gala.

PRODUCTS & SERVICES VIA RSE

ICH-CAHPS PREFERRED VENDOR PROGRAM
RSE ESRD PPS CALCULATOR
RSE BENCHMARK REPORTS
NRAA HIE FOR CROWNWEB OFFERED BY RENAL SERVICES EXCHANGE

2017 NUMBERS FOR NRAA HIE CROWNWEB

CONTRACTED ORGANIZATIONS: 225
REGISTERED FACILITIES: 1,067
WHO WE ARE TODAY

MISSION
It is the mission of NRAA to serve as the resource and voice for independent, regional and community based dialysis providers.

VISION
NRAA’s vision is to be the preeminent national organization advocating for and addressing the legislative, regulatory, educational, financial, purchasing, and clinical interests of independent kidney care providers, ensuring ongoing provider viability, patient choice and access to optimal quality care.
## V. WHO WE ARE TODAY

### BOARD OF DIRECTORS  2016 - 2017

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Karen Kelley, MHA, BSN, RN, CNN</td>
<td>Director of Dialysis</td>
</tr>
<tr>
<td>President Elect</td>
<td>William Poirier, MBA, BSN, BA, RN</td>
<td>Regional Administrator</td>
</tr>
<tr>
<td>Past President</td>
<td>Helen Currier, MA, BSN, CENP, CNN</td>
<td>Director, Renal Services</td>
</tr>
<tr>
<td>Secretary</td>
<td>Sue E. Rottura</td>
<td>COO</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Rob Bomstad, MS, BSBA, RN</td>
<td>Administrator</td>
</tr>
<tr>
<td>Director</td>
<td>Debbie Cote, MSN, RN, CNN, NE-BC</td>
<td>Administrator</td>
</tr>
<tr>
<td>Director</td>
<td>Chris Lovell, MSN, RN, CNN</td>
<td>Director of Medical Informatics &amp; Systems</td>
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<tr>
<td>Director</td>
<td>David Oppenlander</td>
<td>Chief Financial Officer</td>
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<tr>
<td>Director</td>
<td>Bridget Pfaff, MS</td>
<td>Administrative Director</td>
</tr>
<tr>
<td>Director</td>
<td>Maria Regnier, MSN, RN, CNN</td>
<td>Director, Dialysis Services</td>
</tr>
<tr>
<td>Director</td>
<td>Lynn Riesenber, MSLA, BSN, CPA, RN</td>
<td>Director of Dialysis</td>
</tr>
<tr>
<td>Director</td>
<td>Katrina Russell</td>
<td>COO</td>
</tr>
<tr>
<td>Director</td>
<td>Caprice Vanderkolk, MS, BS, RN, BC-NE</td>
<td>Nurse Manager</td>
</tr>
<tr>
<td>Director</td>
<td>Julie Williams</td>
<td>Administrator</td>
</tr>
<tr>
<td>Director</td>
<td>Cindy LaMunyon</td>
<td>Senior Director of Reimbursement</td>
</tr>
<tr>
<td>Executive Director</td>
<td>Marc Chow, MS</td>
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</table>
## V. WHO WE ARE TODAY

### RSE BOARD OF DIRECTORS 2016 - 2017

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Title and Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Larry Jones</td>
<td>President</td>
</tr>
<tr>
<td>Vice President</td>
<td>Jeff Lehman</td>
<td>President</td>
</tr>
<tr>
<td>Secretary/Treasurer</td>
<td>Ellen R. Davis</td>
<td>Vice President</td>
</tr>
<tr>
<td>Board Member</td>
<td>Gary L. Cellini, PharmD, MBA</td>
<td>Health Care Management Consultant at Large</td>
</tr>
<tr>
<td>Board Member</td>
<td>Maria Regnier, RN, MSN, CNN</td>
<td>Director, Dialysis Services</td>
</tr>
<tr>
<td>Board Member</td>
<td>Larry Emerson</td>
<td>Chief Executive Officer</td>
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<tr>
<td>Board Member</td>
<td>Mark Hamilton, FACHE</td>
<td>Vice President, UWHC</td>
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<tr>
<td>Board Member</td>
<td>Glenn Davis</td>
<td>Chief Innovation &amp; Commercial Officer</td>
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<tr>
<td>Board Member</td>
<td>Joseph J. Lee, MD</td>
<td>President</td>
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<tr>
<td>Board Member</td>
<td>Dan Nye</td>
<td>VP Controller</td>
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<td>Board Member</td>
<td>Sue Rottura</td>
<td>COO</td>
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<tr>
<td>Board Member</td>
<td>Diane Wish, RN, MBA</td>
<td>President/ CEO</td>
</tr>
<tr>
<td>Executive Director</td>
<td>Marc Chow, MS</td>
<td></td>
</tr>
</tbody>
</table>
WHO WE ARE TODAY

V.

WHO ARE OUR MEMBERS?

NRAA supports members from all types of providers, including freestanding, hospital-based and national chains.

Our members include dialysis facilities, renal administrators, medical directors, nephrologists, dialysis nurses, dialysis administrators, medical administrators, nurses, medical social workers, physicians, dietitians, dialysis consultants, as well as CMOs, CEOs and CFOs of dialysis facilities nationwide.

Currently, NRAA has members from 44 states. NRAA offers the following membership categories: Active Member, Affiliate Member and Associate Member.

WHO ARE OUR SPONSORS?

As of July 2017, NRAA had eight Corporate Sponsor Members, represented by sponsorship level in the chart below:

<table>
<thead>
<tr>
<th>PLATINUM</th>
<th>Abbvie, Amgen, Ascend Clinical, Renal Purchasing Group</th>
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<tbody>
<tr>
<td>GOLD</td>
<td>Baxter, Keryx</td>
</tr>
<tr>
<td>SILVER</td>
<td>NxStage Medical</td>
</tr>
<tr>
<td>PARTNER</td>
<td>Nephrology News &amp; Issues</td>
</tr>
</tbody>
</table>
VI. THE FUTURE OF NRAA

While NRAA has undergone a number of changes in recent years, our greatest asset is our members, who dedicate their time to leadership development and strategic planning.

We have seen great results from our 2015-2017 Strategic Plan and look forward to expanding these results with a new Strategic Plan to be developed in 2018. Our three pillars of Advocacy, Education and Services will continue to be a central focus and driving force of this plan.

Through our advocacy efforts, NRAA will continue driving policies that positively impact independent providers and their patients. We will also foster a more proactive approach toward shaping federal policy and improve the integration between our PR and grassroots efforts. As the regulatory environment in health care becomes increasingly uncertain, we look forward to expanding our advocacy efforts to better benefit our members.

For education, NRAA will continue to focus on providing new educational opportunities, through our Webinar Wednesdays, Annual Conference, Education Station and our work with pediatric providers and community supporters, such as ASPN, KHI and RSE.

NRAA will also expand and diversify our member body by attracting new potential provider groups. We will further strengthen the voice of NRAA through an increasingly diverse network of dialysis and kidney care experts.

LOOKING AHEAD

As we end our current strategic plan, we look forward to identifying new areas of opportunity for our association to work toward over the next three years. We will continue seeking out the tools, resources, people and innovative ideas we need to help our members and build our community.

In particular, we look forward to expanding our advocacy and education pillars in addition to continuing to adopt new technologies so we can better serve our members.

JOIN THE CAUSE!

Be a part of the great work NRAA is doing for renal health!

Whether through donation, membership, active participation in a committee, event planning, or an educational partnership, NOW is the time!

NOW is the time to join the effort to support independent and community-based dialysis care providers nationwide!
<table>
<thead>
<tr>
<th>Position</th>
<th>Name/Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>Marc Chow (Kidney Collaborative)</td>
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<tr>
<td>ASSOCIATION MANAGEMENT COMPANY</td>
<td>Fernley &amp; Fernley, Inc.</td>
</tr>
<tr>
<td>DIRECTOR OF EDUCATION</td>
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