



## 2025 Network 4 Goals



Quality  
Insights

Renal Network 4

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Approved:  
Medical Review Board  
January 16, 2025

### **BACKGROUND:**

The Centers for Medicare & Medicaid Services (CMS), which oversees the Medicare program, contracts with 18 End Stage Renal Disease (ESRD) Network Organizations throughout the United States to perform oversight activities to ensure appropriateness of services and protection for ESRD patients. Quality Insights Renal Network 4 (QIRN 4) is the ESRD Network contractor selected to serve Pennsylvania and Delaware.

### **REQUIRED NETWORK GOALS FOR ALL FACILITIES WITHIN NETWORK 4:**

- All facilities will participate in Network 4 initiatives/projects as assigned

### **RECOMMENDATIONS FOR ALL FACILITIES WITHIN NETWORK 4:**

- Increase patient and family engagement at the facility level by:
  - Identifying strategies to increase beneficiary participation in plan of care meetings
  - Ensuring the facility Quality Assessment and Performance Improvement (QAPI) program includes and measures patient and family participation in facility decision making related to ESRD care
  - All facilities shall make every effort to recruit at least one patient peer mentor
- Promote patient-appropriate access to in-center dialysis care at the facility level by:
  - Avoiding involuntary discharges (IVDs) and involuntary transfers (IVTs)
  - Assisting in the placement of patients at risk for IVDs or IVTs
- Maintain expected levels of clinical performance to meet or exceed the CMS ESRD Quality Incentive Program (QIP) standards for the clinical indicators and reporting measures for Performance Year 2025 (Payment Year 2027) in the tables below:

## Performance Standards for the ESRD QIP Clinical Measures for Payment Year 2027

Measure	Achievement Threshold (15 <sup>th</sup> Percentile of National Performance)	Median (50 <sup>th</sup> Percentile of National Performance)	Benchmark (90 <sup>th</sup> Percentile of National Performance)
Vascular Access Type (VAT)			
Long-Term Catheter Rate	18.35%*	11.04%*	4.69%*
Kt/V Dialysis Adequacy Measure Topic**			
Adult Hemodialysis (HD) Kt/V	95.79%	98.34%	99.68%
Pediatric Hemodialysis (HD) Kt/V	81.25%	92.37%	100.00%
Adult Peritoneal Dialysis (PD) Kt/V	87.34%	94.85%	99.04%
Pediatric Peritoneal Dialysis (PD) Kt/V	66.49%	82.06%	95.18%
Standardized Readmission Ratio <sup>a</sup>	34.27*	26.50*	16.18
NHSN BSI	0.642	0.215	0
Standardized Hospitalization Ratio <sup>b</sup>	166.60*	129.14*	87.98*
Standardized Transfusion Ratio <sup>b</sup>	48.29*	26.19*	8.46
PPPW	8.12%*	16.73%*	33.90%*
Clinical Depression	88.21%	94.34%	100.00%
ICH CAHPS: Nephrologists' Communication and Caring	58.20%*	67.90%*	79.15%*
ICH CAHPS: Quality of Dialysis Center Care and Operations	55.68%	63.83%	74.22%
ICH CAHPS: Providing Information to Patients	74.49%*	81.09%*	87.80%*
ICH CAHPS: Overall Rating of Nephrologists	49.33%*	62.22%*	76.57%*
ICH CAHPS: Overall Rating of Dialysis Center Staff	51.78%	65.18%	79.68%
ICH CAHPS: Overall Rating of the Dialysis Facility	55.76%	69.69%	84.10%
<p>*Values are the same final performance standards for those measures for PY 2026. In accordance with our longstanding policy, we are using those numerical values for those measures for PY 2027 because they are higher standards than the PY 2027 numerical values for those measures.</p> <p>**We are finalizing our proposal to replace the Kt/V Dialysis Adequacy Comprehensive clinical measure with the Kt/V Dialysis Adequacy Measure Topic beginning with PY 2027, as discussed in section IV.B.2 of this final rule.</p>			

<sup>a</sup>Rate calculated as a percentage of hospital discharges

<sup>b</sup>Rate per 100 patient-years

Data sources: VAT measure: 2023 EQRS; SRR, SHR, STtR: 2023 Medicare claims; Kt/V: 2023 EQRS and 2023 Medicare claims; NHSN: 2023 CDC; ICH CAHPS: CMS 2023; PPPW: 2023 EQRS and 2023 Organ Procurement and Transplantation Network (OPTN); Clinical Depression: 2023 EQRS.

Note: Achievement Threshold – the 15<sup>th</sup> percentile of performance rates nationally (the facility performed better than 15% of facilities nationally)  
 Median – The 50<sup>th</sup> percentile of performance rates national (the median score of all facilities nationally)  
 Benchmark – the 90<sup>th</sup> percentile of performance rates nationally (the facility performed better than 90% of facilities nationally)

## Requirements for Successful Reporting for the Payment Year 2027 ESRD QIP Reporting Measures

Measure	Reporting Frequency	Data Elements
MedRec	Monthly	<ul style="list-style-type: none"> <li>• Date of the medication reconciliation.</li> <li>• Type of eligible professional who completed the medication reconciliation: <ul style="list-style-type: none"> <li>o physician,</li> <li>o nurse,</li> <li>o advanced registered nurse practitioner (ARNP),</li> <li>o physician assistant (PA),</li> <li>o pharmacist, or</li> <li>o pharmacy technician personnel</li> </ul> </li> <li>• Name of eligible professional</li> </ul>
Hypercalcemia	Monthly	Total uncorrected serum or plasma calcium lab values
COVID-19 Vaccination Coverage Among HCP	At least one week of data each month, submitted quarterly	Cumulative number of HCP eligible to work in the facility for at least one day during the reporting period and who are up to date on their COVID-19 vaccination.
Facility Commitment to Health Equity	Annually	Domains to which facility must attest affirmatively: <ul style="list-style-type: none"> <li>• Equity is a Strategic Priority</li> <li>• Data Collection</li> <li>• Data Analysis</li> <li>• Quality Improvement</li> <li>• Leadership Engagement</li> </ul>
Screening for Social Drivers of Health	Annually	Number of eligible patients who were screened for all five HRSNs: <ul style="list-style-type: none"> <li>• Food insecurity,</li> <li>• Housing instability,</li> <li>• Transportation needs,</li> <li>• Utility difficulties, or</li> <li>• Interpersonal safety.</li> </ul>
Screen Positive Rate for Social Drivers of Health	Annually	Number of eligible patients with 'Yes' or 'No' (non-missing) screening responses for each of the five HRSNs.

- Identify opportunities for improvement through data analysis and development of a comprehensive improvement plan to meet or exceed CMS and Network goals for patient vascular access by:
  - o Reducing long term (in use >90 days) catheter rates in prevalent patients
- All National Healthcare Safety Network (NHSN) eligible facilities will report 12 months of data in order to meet the CMS ESRD QIP NHSN clinical measures
- Participate in the Centers for Disease Control and Prevention's (CDC) Health-Associated Infection (HAI) trainings and/or quality improvement activities as required by QIRN4
- Increase the number of dialysis patients receiving vaccinations: COVID-19, influenza and pneumococcal
- Improve dialysis care coordination with a focus on:
  - o reducing hospital admissions for certain primary diagnoses categories
  - o decreasing outpatient emergency department visits for certain primary diagnoses categories
- Increase the percentage of patients added to a kidney transplant waiting list and patients receiving a kidney transplant

- Increase the number of incidents ESRD patients starting dialysis using a home modality and the number of prevalent ESRD patients moving to a home modality
- Follow the EQRS Data Management Guidelines to meet CMS and Network timelines  
[https://mycrownweb.org/wp-content/uploads/2023/09/EQRS-Data-Management-Guidelines\\_2023\\_Final\\_9.12.23\\_vFINAL508.pdf](https://mycrownweb.org/wp-content/uploads/2023/09/EQRS-Data-Management-Guidelines_2023_Final_9.12.23_vFINAL508.pdf)
- Maintain accurate facility demographic and unit personnel data including facility administrator, medical director, nurse manager, social worker, dietitian, nephrologist and emergency contact

### **FACILITY ADMINISTRATION**

- Network goals will be revised annually and distributed to every facility for acknowledgement.  
*Note: The Network reserves the right to update or revise goals based on CMS contractual and regulatory requirements*
- The Facility Administrator must click the link below and attest that he/she has received and understands the **2025 Network Goals**

**[ATTESTATION LINK](#)**