

QIRN3 Goals and Recommendations

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 3 (QIRN 3) is the ESRD Network contractor selected to serve New Jersey, Puerto Rico and the US Virgin Islands.

REQUIRED NETWORK GOALS FOR ALL FACILITIES:

- Establish and maintain a quality assessment and performance improvement program that evaluates the care provided and identifies opportunities for and continuously works to improve care delivered.
- Participate in and meet deadlines for Network led activities. Notify the ESRD Network of key personnel changes.
- Access the Network ESRD Facility Dashboard and work toward achieving the assigned goals. Topics include:
 - Increase Home Dialysis (Incident (≤ 90 days) and Prevalent transitions (>90 days) from start of dialysis)
 - Increase Transplant (Waiting list and Receiving Transplant)
 - Increase Patient Vaccinations (Influenza and Pneumococcal)
 - Reduce Hospital Admissions and Outpatient Emergency Visits
 - Increase Patient Engagement (Patient-to-Patient Support, Inclusion in QAPI meetings, use of a Life Plan to develop the patient's plan of care)
 - Meet the CMS goals for Forms Reporting Deadlines (2728 within 45 days, 2746 within 14 days)

RECOMMENDATIONS FOR ALL FACILITIES:

Adequacy

- Residual renal function should be incorporated into adequacy measures when appropriate.

Data and Reporting Systems

- Submit data and information timely and accurately as defined by project to the Network and in End Stage Renal Disease Quality Reporting System (EQRS) as is required by law and regulation.
- Register in NHSN, enroll in the Network 3 group and submit dialysis event data and information timely and accurately on a monthly basis.

Emergency Preparedness

- Designate two disaster representatives for the facility and provide alternate contact information in EQRS for primary and secondary disaster personnel.
- NJ facilities- Submit reportable events, including emergencies that disrupt dialysis delivery to DOH's NoviSurvey <https://healthsurveys.nj.gov/NoviSurvey/Login.aspx> . For guidance with NoviSurvey, email NonLTC.Reportables@doh.nj.gov
- PR facilities- During emergency events, update operational status and needs in the DOH's EMResource <https://emresource.juware.com/login>
- All, notify the Network if facility activates contingency plans due to an emergency, plans to close or alter treatments and/or there is impact to facility operations: <https://esrdqiaforms.qualityinsights.org/nw3/emergencyevent/create>

Health Equity

- Adopt relevant social and structural determinants of health (SDOH) screening tools.
- Make use of Network tools and training—video-based microlearns, technical assistance, tip sheets—to appropriately screening for, collecting, and reporting SDOH data.
- Promote language equity and inclusivity by:
 - Implementing a Culturally and Linguistically Appropriate Services (CLAS) Action Plan
 - Providing health literate patient and family materials

Modality Education

- Assess and refer in a timely manner medically suitable patients to treatment modalities that increase rehabilitation and independence including in-center self-care, home self-care and transplantation.
- NJ specific- NJ state regulations require a transplant surgeon or designee is a part of the plan of care interdisciplinary team. (N.J.A.C Title 8 Chapter 43 8:43A-24.13 Patient care plan).

Patient Experience of Care

- Clearly delineate and respect the rights and responsibilities of both the patient, family, significant others and the facility while promoting patient/family centered care and engagement.
- Actively consult with the Network regarding difficult patient situations prior to any situation escalating to the consideration of an involuntary discharge.
- 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

Patient Education

- Make available to patients all Network-provided information on its Quality Improvement Projects, the CMS ESRD QIP, Regional and National profiles of care, the importance of immunization, information on how to access and use CMS Dialysis Facility Compare.
- Educate patients about all treatment options at initiation of renal replacement therapy annually, and at additional times if indicated by changes in clinical condition.

Patient Engagement

- Welcome, seek and respect the involvement of patients and, as requested, their family in all aspects of life and medical care planning to enhance shared decision making. Patients should have the opportunity to define who they consider members of their family.
- Integrate patient and/or an active family member into the Interdisciplinary Team's (IDT) monthly Quality Assessment and Performance Improvement (QAPI) meetings.
- Actively promote the Network's [Patient to Patient Mentoring Program](#) to foster connection and support among patients.
- Encourage patients to become Subject Matter Experts (SMEs) to the Network to provide their patient perspective in quality improvement activities.

Patient Safety

- All facilities are urged to embrace a "culture of safety" and initiate specific measures to enhance safety, and prevent/reduce medical errors, such as:
 - Use a standardized abbreviation list
 - Use stickers to warn of allergies, of like or similar names and anticoagulation therapy
 - Post a list of drug dialyze-ability, or drugs to avoid during dialysis
 - Track adverse events/incidents
 - Identify and track healthcare-associated infections (HAIs) that develop during the course of care in the facility, and report such infections in NHSN
 - Identify, track and use preventative measures against central line-associated blood stream infections (CLABSIs) that include:
 - ✓ Routine review of central venous line care procedures with healthcare workers and patients
 - ✓ Removal of non-essential central venous lines
- All facilities are encouraged to participate in the Quality Insights [5-Diamond Patient Safety Program](#)
- Follow the CDC's Recommendations for **Preventing Transmission of Infections Among Chronic Hemodialysis Patients.**

Centers for Medicare and Medicaid (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP)

CfC Interpretative Guidelines, § 494.110 Condition: Quality assessment and performance improvement (V628) states, *Where minimum outcome values have been determined, facilities are expected to provide care directed at achievement of at least the minimum outcome value by all patients.*

Facilities that have achieved the minimum goals shall strive to meet or exceed the top 10% goals.

Measure	Minimum Goal** (50% Percentile)	Top 10% Nationwide***
Vascular Access Type (VAT)		
Long Term Catheter Rate	11.04%	4.69%
Kt/V Dialysis Adequacy Measure Topic		
Adult Hemodialysis (HD) Kt/V	98.34%	99.68%
Pediatric Hemodialysis (HD) Kt/V	92.37%	100.00%
Adult Peritoneal Dialysis (PD) Kt/V	94.85%	99.04%
Pediatric Peritoneal Dialysis (PD)	82.06%	95.18%
Standardized Readmission Ratio (SRR) ^a	26.50	16.18
NHSN BSI	0.215	0
Standardized Hospitalization Ratio (SHR) ^b	129.14	87.98
Standardized Transfusion Ratio (STrR) ^b	26.19	8.46
Percent of Prevalent Patients Waitlisted (PPPW)	16.73%	33.90%
Clinical Depression	94.34%	100.00%
ICH CAHPS	50th percentile	90th percentile
Nephrologists' Communication and Caring	67.90%	79.15%
Quality of Dialysis Center Care and Operations	63.83%	74.22%
Providing Information to Patients	81.09%	87.80%
Overall Rating of Nephrologists	62.22%	76.57%
Overall Rating of Dialysis Center Staff	65.18%	79.68%
Overall Rating of the Dialysis Facility	69.69%	84.10%
Additional Quality Measure (Source: Dialysis Facility Report)		
Standardized Mortality Ratio (Regional Averages (2020-2023))	0.94(NW3)	1.00 (US)

Source: [Federal Register](#)

* On these measures, a lower rate indicates better performance.

****Minimum Goal**- This is the CMS ESRD QIP Final PY 2027 Performance Standard, which is the 50th percentile of performance rates nationally Data sources: VAT measure: 2023 EQRS; SRR, SHR, STrR: 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.

*****Top 10% Nationwide**- This is the CMS ESRD QIP Final PY 2027 Benchmark, which is the 90th percentile (Best 10% of units) of performance rates nationally during CY 2023. Facilities that meet or exceed these rates will likely earn the full points for the specified measure.

^a Rate calculated as a percentage of hospital discharges. ^b Rate per 100 patient-years.

Resources:

- **Fact Sheet:** [CY 2025 ESRD PPS Final Rule Fact Sheet | CMS](#)
- CY 2025 Technical Specifications: <https://www.cms.gov/files/document/cy-2025-final-technical-specifications.pdf>
- KDOQI Guidelines: <https://www.kidney.org/professionals/guidelines>
- NHSN CDC Dialysis Component: <https://www.cdc.gov/nhsn/dialysis/event/index.html>
- Dialysis Facility Report: <https://dialysisdata.org/>

Appendix 1: The following tables extract from the Federal Register is included as references for the measure reporting requirements.

TABLE 16: Requirements for Successful Reporting of ESRD QIP Reporting Measures for PY 2027

Measure	Reporting Frequency	Data Elements
MedRec	Monthly	<ul style="list-style-type: none"> • Date of the medication reconciliation. • Type of eligible professional who completed the medication reconciliation: <ul style="list-style-type: none"> o physician, o nurse, o advanced registered nurse practitioner (ARNP), o physician assistant (PA), o pharmacist, or o pharmacy technician personnel • Name of eligible professional
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"> • Equity is a Strategic Priority • Data Collection • Data Analysis • Quality Improvement • Leadership Engagement
Screening for Social Drivers of Health	Annually	Number of eligible patients who were screened for all five HRSNs: <ul style="list-style-type: none"> • Food insecurity, • Housing instability, • Transportation needs, • Utility difficulties, or • Interpersonal safety.
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.

6. Eligibility Requirements for the PY 2027 ESRD QIP

In the proposed rule, we proposed to update eligibility requirements as part of our proposal to replace the Kt/V

Dialysis Adequacy Comprehensive clinical measure with a Kt/V Dialysis Adequacy Measure Topic beginning with PY 2027 (89 FR 55819). Our previously finalized and proposed new

minimum eligibility requirements are described in Table 16 of the CY 2025 ESRD PPS proposed rule (89 FR 55820) and provided in Table 17 of this final rule.

Appendix 2: The following tables extract from the Federal Register is included as reference for the eligibility requirements for scoring on ESRD QIP measures.

TABLE 17: Previously Finalized and Proposed New Eligibility Requirements for Scoring on ESRD QIP Measures Beginning with PY 2027

Measure	Minimum data requirements	CCN open date	Small facility adjuster
Kt/V Dialysis Adequacy Measure Topic: Adult HD Kt/V (Clinical)*	11 qualifying patients	N/A	11-25 qualifying patients
Kt/V Dialysis Adequacy Measure Topic: Pediatric HD Kt/V (Clinical)*	11 qualifying patients	N/A	11-25 qualifying patients
Kt/V Dialysis Adequacy Measure Topic: Adult PD Kt/V (Clinical)*	11 qualifying patients	N/A	11-25 qualifying patients
Kt/V Dialysis Adequacy Measure Topic: Pediatric PD Kt/V (Clinical)*	11 qualifying patients	N/A	11-25 qualifying patients
VAT: Long-term Catheter Rate (Clinical)	11 qualifying patients	N/A	11-25 qualifying patients
Hypercalcemia (Reporting)	11 qualifying patients	Before September 1 of the performance period that applies to the program year.	N/A
NHSN BSI (Clinical)	11 qualifying patients	Before October 1 prior to the performance period that applies to the program year.	11-25 qualifying patients
SRR (Clinical)	11 index discharges	N/A	11-41 index discharges
STR (Clinical)	10 patient-years at risk	N/A	10-21 patient-years at risk
SHR (Clinical)	5 patient-years at risk	N/A	5-14 patient-years at risk
ICH CAHPS (Clinical)	Facilities with 30 or more survey-eligible patients during the calendar year preceding the performance period must submit survey results. Facilities would not receive a score if they do not obtain a total of at least 30 completed surveys during the performance period	Before October 1 prior to the performance period that applies to the program year.	N/A
Depression Screening and Follow-Up (Clinical)	11 qualifying patients	Before September 1 of the performance period that applies to the program year.	N/A
MedRec (Reporting)	11 qualifying patients	Before September 1 of the performance period that applies to the program year.	N/A
PPPW (Clinical)	11 qualifying patients	N/A	11-25 qualifying patients
COVID-19 Vaccination Coverage Among HCP (Reporting)	N/A	Before September 1 of the performance period that applies to the program year.	N/A
Facility Commitment to Health Equity (Reporting)	11 qualifying patients	Before September 1 of the performance period that applies to the program year.	N/A
Screening for Social Drivers of Health (Reporting)	11 qualifying patients	Before September 1 of the performance period that applies to the program year.	N/A
Screen Positive Rate for Social Drivers of Health (Reporting)	11 qualifying patients	Before September 1 of the performance period that applies to the program year.	N/A

* We are finalizing our proposal to replace the Kt/V Dialysis Adequacy Comprehensive clinical measure with a Kt/V Dialysis Adequacy Measure Topic beginning with PY 2027, as discussed in section IV.B.2 of this final rule.

** We are finalizing our proposal to remove the NHSN Dialysis Event reporting measure beginning with PY 2027, as discussed in section IV.B.3 of this final rule.