



## 2026 Network 4 Goals



Quality  
Insights

Renal Network 4

1586 Sumneytown Pike #1470  
Kulpsville, PA 19443

Approved:  
Medical Review Board  
January 15, 2026

**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
  - Making 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 2026 (Payment Year 2028) in the tables below:

Performance Standards for the ESRD QIP Clinical Measures for Payment Year 2028

Measure	Achievement threshold (15th percentile of national performance)	Median (50th percentile of national performance)	Benchmark (90th 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 .....	96.08%	98.52%	99.73%
Pediatric Hemodialysis (HD) Kt/V .....	* 81.25%	98.29%	* 100.00%
Adult Peritoneal Dialysis (PD) Kt/V .....	87.37%	95.20%	* 99.04%
Pediatric Peritoneal Dialysis (PD) Kt/V .....	* 66.49%	83.04%	98.91%
Standardized Readmission Ratio <sup>a</sup> .....	* 34.27	* 26.50	* 16.18
NHSN BSI .....	* 0.642	* 0.215	* 0.000
Standardized Hospitalization Ratio <sup>b</sup> .....	* 166.60	* 129.14	* 87.98
Standardized Transfusion Ratio <sup>b</sup> .....	* 48.29	* 26.19	8.07
PPPW .....	* 8.12%	* 16.73%	* 33.90%
Clinical Depression .....	89.11%	95.12%	* 100.00%
ICH CAHPS: Quality of Dialysis Center Care and Operations** .....	55.82%	64.90%	76.18%
ICH CAHPS: Providing Information to Patients .....	71.09%	77.84%	85.11%
ICH CAHPS: Overall Rating of Dialysis Center Staff .....	52.57%	65.70%	80.74%
ICH CAHPS: Overall Rating of the Dialysis Facility .....	56.24%	69.41%	83.83%

\* Values are the same final performance standards for those measures for PY 2027. In accordance with our longstanding policy, we are using those numerical values for those measures for PY 2028 because they are higher standards than the PY 2028 numerical values for those measures.

\*\* We are finalizing our proposal to update the ICH CAHPS clinical measure beginning with PY 2028, as discussed in section IV.C.2. of this final rule.

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

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

Data sources: VAT measure: 2024 EQRS; SRR, SHR, STtR: 2024 Medicare claims; Kt/V: 2024 EQRS and 2024 Medicare claims; NHSN: 2024 CDC; ICH CAHPS: CMS 2024; PPPW: 2024 EQRS and 2024 Organ Procurement and Transplantation Network (OPTN); Clinical Depression: 2024 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 of ESRD QIP Reporting Measures for Payment Year 2027 & 2028

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>○ physician,</li> <li>○ nurse,</li> <li>○ advanced registered nurse practitioner (ARNP),</li> <li>○ physician assistant (PA),</li> <li>○ pharmacist, or</li> <li>○ 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.

\* We are finalizing our proposal to remove the Facility Commitment to Health Equity reporting measure beginning with PY 2027, as discussed in section IV.B.1. of this final rule. We are also finalizing our proposal to remove the Screening for Social Drivers of Health reporting measure and the Screen Positive Rate for Social Drivers of Health reporting measure beginning with PY 2027, as discussed in section IV.B.2. of this final rule.

- 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:
  - 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 to meet the CMS ESRD QIP NHSN clinical measures
- Participate in the Centers for Disease Control and Prevention's (CDC) Health-Associated Infection (HAI) training and/or quality improvement activities as required by QIRN4
- Increase the number of dialysis patients receiving vaccinations: influenza and pneumococcal
- Improve dialysis care coordination with a focus on:
  - Reducing hospital admissions
  - Decreasing outpatient emergency department visits
  - Increase the percentage of patients added to a kidney transplant waiting list and patients receiving a kidney transplant
  - Increase the number of incident 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://eqrs.cms.gov/resources>
- 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 **2026 Network Goals**

[Attestation Link](#)