Comprehensive ESRD Care Model: RFA Fact Sheet

Better ESRD Care, Together

PERIOD OF PERFORMANCE: JANUARY 1, 2017 - DECEMBER 31, 2020

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Key Dates

Application deadline:
July 15, 2016

Selection announcement:
Fall 2016

Second round start date:
January 1, 2017

The Centers for Medicare & Medicaid Services (CMS) Innovation Center announced a Request for Applications (RFA) for a second round of participants for the Comprehensive ESRD Care (CEC) Model. ESRD Seamless Care Organizations (ESCOs) that are accepted through this second application round will begin the model in January 2017.

Model Purpose

The purpose of the CEC Model is to improve outcomes and reduce costs for Medicare beneficiaries with end-stage renal disease (ESRD). The model collaboratively and comprehensively addresses the full spectrum of Medicare ESRD beneficiary health care needs by creating financial incentives for dialysis facilities, nephrologists, other Medicare providers, and ESRD stakeholders to coordinate care for these beneficiaries.

Goals and Objectives

To promote seamless care, the CEC Model creates financial incentives for participants to integrate care and reduce the total cost of care for beneficiaries, emphasizing coordination across the full range of clinical and non-clinical support services and across providers and settings.

ESRD Seamless Care Organizations

The CEC model is seeking formation of ESCOs committed to transforming their business and care delivery models to support improved outcomes for patients with ESRD. By establishing a patient- centered approach and creating incentives for delivering high quality, coordinated care, ESCO's will corroboratively address the complex needs of beneficiaries.

How to Request an Application

To request an application, email ESRD-CMMI@cms.hhs.gov and include:

1. The name(s) of the applicant
2. The ESCO name*
3. The email address of the applicant.

For questions related to the RFA process or requirements, please email the Help Desk. Note: Please allow up to 7 business days to receive applicant log in credentials.

* Applicants will not be expected to have the ESCO legal entity formed until afterapplication selection and prior to the execution of the CEC Model Participation

Why is this model important?

More than 600,000 Americans have ESRD and require life sustaining dialysis treatments several times per week.

In 2013, ESRD beneficiaries comprised 1.2% of the Medicare population and accounted for an estimated 6.3% of total Medicare spending, totaling over $30.9 billion.

These high costs are often the result of underlying disease complications and multiple co-morbidities, which can lead to high rates of hospital admission and readmissions, as well as a mortality rate that is much higher than the general Medicare population.

Upcoming Informational Events

To learn more about upcoming informational events, please visit the CEC website.




Eligibility Requirements to Apply

ESCOs must be located within a single market. Applicants to the CEC Model will not be expected to have the ESCO legal entity formed until after application selection. However, ESCOs must be formed prior to the execution of the CEC Model Participation Agreement. ESCOs must include a nephrologist and/or nephrology practice and a dialysis facility.

Together, the following providers are eligible to form an ESCO which may apply to participate in the CEC Model:

- Nephrologists and/or nephrology practices
- Medicare certified dialysis facilities including:
  - Facilities owned by large dialysis organizations (LDOs)
  - Facilities owned by non-Large dialysis organizations (non-LDOs)
  - Hospital-based facilities
  - Independently-owned dialysis facilities
- Other Medicare enrolled providers and suppliers such as, but not limited to:
  - Primary care and other preventative services
  - Specialty care for co-morbidities or non-renal acute conditions (e.g., podiatry, cardiology, orthopedics, etc.)
  - Vascular access
  - Laboratory testing and diagnostic imaging
  - Pharmacy care management
  - Patient, family and/or caregiver education
  - Psychiatric, behavioral therapy and counseling services
  - Non-nephrology physicians and non-physician practitioners
  - Non-clinical support services (such as transportation services)

Key ESCO Requirements

Each ESCO must have at least one of each of the following included as participant owners:

- A dialysis facility; and
- A nephrologist and/or nephrology practice.

The ESCO must be capable of:

- Receiving and distributing shared savings payments
- Repaying shared losses, if applicable
- Establishing reporting mechanisms and ensuring ESCO participant compliance with program requirements, including but not limited to quality performance standards

Other Medicare enrolled providers and suppliers (except durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers, ambulance suppliers, and/or drug/device manufacturers) are able to join the ESCO as participant owners, but are not mandatory participants required for eligibility.

Nephrologist Incentives

- The potential to earn shared savings
- Physician Quality Reporting System (PQRS) credit and waiver from the Value Modifier
- Potential incentive payment eligibility*

Dialysis Center Incentives

- The potential to shape the future of a new ERSD payment approach
- PQRS credit and waiver from the Value Modifier

**MACRA encourages participation in payment models like CEC and potentially will give eligible physicians an exemption from MIPS payment adjustments*

How This Model Will Improve ESRD Care

- Implement continuous, and data-driven learning among model participants
- Improve quality of life and functional status for ESRD beneficiaries
- Coordinate clinical practices resulting in more efficient and higher quality care
- Standardize quality performance metrics and parameters to benchmark progress
- Minimize unnecessary beneficiary visits to the emergency department
- Enhance and coordinate patient-centered care
- Improve beneficiary access to services
- Reduce the number of dialysis-related complications, such as infections
- Promote freedom for beneficiaries to continue to seek services and providers of their choice