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CMS ANNOUNCES NEW INITIATIVE TO IMPROVE END-STAGE RENAL DISEASE CARE

NEW MODEL WILL SUPPORT PROVIDERS AND SUPPLIERS IN TESTING INNOVATIVE WAYS TO IMPROVE CARE FOR BENEFICIARIES WITH END-STAGE RENAL DISEASE

The Centers for Medicare & Medicaid Services (CMS) today announced a new initiative designed to identify, test, and evaluate new ways to improve care for Medicare beneficiaries with End-Stage Renal Disease (ESRD). Through the Comprehensive ESRD Care initiative, CMS will partner with health care providers and suppliers to test the effectiveness of a new payment and service delivery model in providing these beneficiaries with patient-centered, high-quality care.

“This initiative puts Medicare beneficiaries living with End-Stage Renal Disease at the center of their care,” said CMS Acting Administrator Marilyn Tavenner. “Through enhanced care coordination, these beneficiaries will have a more patient-centered care experience, which will ultimately, improve health outcomes.”

Those with ESRD have significant health care needs. These beneficiaries constituted 1.3% of the Medicare population and accounted for an estimated 7.5% of Medicare spending, totaling over \$20 billion in 2010. These high costs are often the result of underlying disease complications and multiple co-morbidities, such as coronary artery disease and hypertension, which often lead to high rates of hospital admission and readmissions, as well as a mortality rate that is much higher than the general Medicare population.

Through the Comprehensive ESRD Care Initiative, CMS will enter into agreements with groups of health care providers and suppliers called ESRD Seamless Care Organizations who will work together to provide beneficiaries with a more patient-centered, coordinated care experience. Participating organizations must include at least a dialysis facility, a nephrologist, and one other Medicare provider or supplier. This initiative is being run through the CMS Innovation Center, which was created by the Affordable Care Act to test new models of delivering health care that can potentially lower costs and improve patient care.

Participating organizations will assume clinical and financial responsibility for a group of beneficiaries with ESRD, based on where these beneficiaries receive services. Beneficiaries will retain the right to see any Medicare provider they choose and these organizations will be evaluated on their performance on quality measures, which include beneficiary health and experience. Those organizations successful in improving beneficiary health outcomes and lowering the per capita cost of care for beneficiaries will have an opportunity to share in Medicare savings with CMS.

This initiative was developed through consultation with advocates and beneficiaries living with ESRD, health care providers, and nonprofit organizations, among others.

To provide more information about the model, CMS will host an Open Door Forum on Tuesday, February 5 at 1:00 PM EST. Information about how to participate is available at innovation.cms.gov/initiatives/comprehensive-ESRD-care.

Interested applicants are required to file non-binding letters of intent, which are due on March 15, 2013. Applications to participate in the model are due May 1, 2013. For more information, and to see the request for application, visit innovation.cms.gov/initiatives/comprehensive-ESRD-care.

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