



Nonprofit Kidney Care Alliance

November 20, 2017

Ms. Amy Bassano
Acting Director
Center for Medicare and Medicaid Innovation
Centers for Medicare and Medicaid Services
2810 Lord Baltimore Drive
Baltimore, Maryland 21244

Re: Comments in response to CMMI Request for Information on patient-centered care and market-driven reforms

Dear Ms. Bassano:

On behalf of the Nonprofit Kidney Care Alliance (NKCA), thank you for the opportunity to respond to the Innovation Center's September 20, 2017, Request for Information (RFI) regarding strategies to "promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes." We commend CMS for providing stakeholders with an opportunity for input as CMS considers the development of new payment models and improvements to existing models to achieve these goals.

The NKCA represents five nonprofit dialysis providers: Centers for Dialysis Care; Dialysis Clinic, Inc.; Independent Dialysis Foundation, Inc.; Northwest Kidney Centers; and The Rogosin Institute. Collectively, NKCA members serve approximately 20,000 end-stage renal disease (ESRD) patients at more than 280 facilities in 30 states. Consistent with our belief that we can do more to keep patients *off dialysis*, we also serve more than 5,400 patients with chronic kidney disease (CKD), with the goals of avoiding or delaying the onset of ESRD and increasing the number of patients who can benefit from kidney transplants. Approximately 85 percent of our patients are covered by Medicare, including Medicare Advantage.

Notably, four of our five members also participate in the Comprehensive ESRD Care (CEC) Model through CMMI. Collectively, we are responsible for nine ESRD Seamless Care Organizations (ESCOs) across the country in both one-sided and two-sided risk models. Four of these ESCOs are now in their second year of operation. Given this, NKCA believes we are uniquely positioned to offer a useful perspective for the Innovation Center on effective strategies for refining the targets and improving the success of the Center's objectives

CEC Model results from the first year were positive for all thirteen ESCOs. Each, in its own market, is testing strategies for cost-effective improvements in patient care. The CEC model is yielding new insights, practice patterns, and improved outcomes. We believe this success is in part attributable to the voluntary nature of the CEC model, as well as the collaborative approach which CMMI has taken in the CEC. Building on progress to date, we recommend, below, that CMMI consider additional improvements in the CEC model.

Comments on the Innovation Center’s Guiding Principles

The NKCA commends the Innovation Center for the guiding principles set forth in its RFI and believes that many relate directly to the delivery of improved care for dialysis patients and patients with chronic kidney disease (CKD). Patient-centered care and competition in the dialysis market are critically important in our sector, particularly given the high degree of market concentration that can limit patient choice, diminish quality of care, and increase costs.

With respect to small-scale testing, we would observe that not only should demonstrations still be at a scale such that they can satisfy the requirements under Sec. 1115 A—including the possible certification by the CMS Actuary—but also that they encompass a sufficiently broad and diverse set of providers. This was a critical aspect of CMMI’s implementation of the CEC model, i.e., the ability of small dialysis providers to participate in the CEC model. We commend CMMI for taking specific steps to enable participation of small providers.

Comments on Advanced APMs

With respect to the Innovation Center’s expressed interest in expanding opportunities for participation in Advanced APMs and requests for comments on ways to increase opportunities for eligible clinicians to participate in Advanced APMs, NKCA would like to offer the following comments.

ESCOs with two-sided risk can qualify as Advanced APM’s, and nephrologists and other clinicians with whom they partner can then meet the requirements for Qualifying Participants (QPs). We believe the opportunity to qualify as a QP is an important incentive in encouraging physicians to participate in the CEC and other models. However, not all providers can bear the financial risk of a two-sided model. Not only do participating entities make a significant up-front investment in personnel, systems, and support, but the high cost of care in dialysis can mean that even a few “outliers” can undermine an otherwise effective participating provider.

NKCA would also recommend that CMMI build on the current CEC focus on ESRD to include chronic kidney disease (CKD) and transplant. By “going upstream” to address CKD earlier, CMS could promote care that reduces the number of beneficiaries on dialysis—or at least delay it—as well as leading to better outcomes for those on dialysis. At the same time, including a focus on transplant, CMS can increase the number of patients who receive a transplant, including preemptive transplant. Expanding the CEC to CKD and transplant would go a long way towards CMS principle #3, to “empower beneficiaries ...”.

We would also welcome the further expansion of the CEC model to include a third track with full capitation for those organizations that can bear the financial risk, in which beneficiaries could enroll if

they so choose. Doing so would allow both for increased participation and drive additional innovation in terms of cost savings and patient care. But the expansion of the CEC model should be considered in an open and transparent process with stakeholder input and serve as a complement to, not substitute for, efforts to increase participation through the existing one-sided and two-sided risk tracks.

Conclusion

Thank you for this opportunity to respond to the Innovation Center's recent RFI. We would be glad to discuss any of these comments in greater detail at any time. If you have any questions, please feel free to contact Martin Corry at 202-580-7707 or info@nonprofitkidneycare.org.

Sincerely,

A handwritten signature in blue ink that reads "Martin Corry". The signature is written in a cursive, flowing style.

Martin Corry
Executive Director