Comprehensive ESRD Care (CEC) Model

Overview

The Centers for Medicare & Medicaid Services (CMS) has begun a new accountable care organization model called the Comprehensive End-Stage Renal Disease (ESRD) Care Model (CEC Model). Through this new model, CMS will partner with groups of health care providers—ESRD Seamless Care Organizations (ESCOs) to test and evaluate a new model of payment and care delivery to improve Medicare ESRD beneficiary health outcomes and reduce Medicare spending.

Thirteen ESCOs are participating in the CEC Model that started October 1, 2015. These 13 ESCOs include 12 with dialysis facilities owned by large dialysis organizations (LDOs) and 1 ESCO with dialysis facilities owned by small dialysis organizations (SDOs). CMS conducted an open and competitive process from an applicant pool that included many qualified organizations.

The 13 organizations participating in the CEC Model are:

<table>
<thead>
<tr>
<th>Dialysis Organization</th>
<th>ESCO Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>DCI</td>
<td>Liberty Kidney Care Alliance, LLC</td>
<td>Newark, NJ</td>
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<tr>
<td>DCI</td>
<td>Palmetto Kidney Care Alliance LLC</td>
<td>Spartanburg, SC</td>
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<tr>
<td>DCI</td>
<td>Music City Kidney Care Alliance, LLC</td>
<td>Nashville, TN</td>
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<tr>
<td>DaVita</td>
<td>Phoenix-Tucson Integrated Kidney Care</td>
<td>Phoenix, AZ</td>
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Why Focus on Care for Beneficiaries with ESRD?

Beneficiaries with ESRD have significant care needs. Beneficiaries with ESRD are disproportionately poor, racially and economically diverse, and more likely to be dually eligible for Medicare and Medicaid than the rest of the Medicare beneficiary population. In 2012, ESRD beneficiaries comprised 1.1% of the Medicare population and accounted for an estimated 5.6% of total Medicare spending. These high costs often reflect underlying disease complications and multiple co-morbidities, which can lead to high rates of hospital admissions and readmissions, as well as a mortality rate that is much higher than the general Medicare population. Through enhanced care coordination, beneficiaries could have a more person-centered care experience, which may ultimately improve health outcomes and beneficiary satisfaction.

ESRD Seamless Care Organizations Can Improve Care through Collaboration
Participating ESCOs consist of groups of health care providers led by professionals experienced in providing care to beneficiaries with ESRD. ESCOs must include dialysis facilities and nephrologists and may include other Medicare providers and suppliers as well.

ESCOs are differentiated among those that include participation of at least one dialysis facility owned by a LDO -- defined as an organization that owns 200 or more dialysis facilities -- and those that include the participation of facilities owned by a SDO - defined as an organization that owns fewer than 200 dialysis facilities.

To be eligible, ESCOs with participating LDOs must have a minimum of 350 beneficiaries “matched” to their organization. The matching process uses historical data on beneficiaries who are receiving care from participating dialysis facilities. ESCOs with participating SDOs have the option, for the purposes of satisfying the minimum matched beneficiary requirement and for financial benchmarking and distribution of shared savings, to aggregate with one or more ESCOs whose participating dialysis facility or facility is owned by another SDO or SDOs. Please refer to the CEC Model Request for Applications (or the website) for more information.

**Quality Measures**

Under the CEC Model, participating organizations will be financially accountable for delivering high-quality care and improving the health outcomes of their matched beneficiaries. ESCOs will report on a variety of care delivery and health outcome measures across the continuum of care, which CMS will use to calculate the ESCO Total Quality Score. These measures align with the National Quality Strategy (NQS) priorities. The CEC Model will also incorporate the Kidney Disease Quality of Life (KDQOL) and the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS®) surveys. The KDQOL is a patient assessment tool used by dialysis facilities to assess the quality of life of patients with kidney disease. The ICH CAHPS® is part of the CAHPS family of surveys developed by the Agency for Healthcare Research and Quality (AHRQ). The survey measures the experiences of adults receiving in-center hemodialysis care with at least three months of experience on hemodialysis at their current Medicare-certified facility.

Only ESCOs that achieve a high standard of quality by meeting a minimum ESCO Total Quality Score will be eligible to share in savings.

For more information on the quality measures, please refer to Appendix D (Quality Performance) of the CEC Model Participation Agreement located at the Innovation Center website: [http://innovation.cms.gov/initiatives/comprehensive-ESRD-care/](http://innovation.cms.gov/initiatives/comprehensive-ESRD-care/)

**Payment Arrangement – Rewarding High Quality Care**

The payment arrangements included in the CEC Model are directly tied to the organizational size of the ESCO. The purpose of including different payment models is to acknowledge that LDOs have greater experience in risk-based arrangements and ensure that CMS is able to test this model across multiple provider types. All participants that include a LDO facility will be in the two-sided payment track in which they will be eligible for shared savings and will also be responsible for shared losses. Participants that include only non-LDO facilities (i.e., a combination of SDO facilities, hospital-based, and/or independent facilities) will be in the one-
sided payment track in which they will be eligible for shared savings but will not be responsible for shared losses.

**Beneficiary Protections**

The principal goal of the model is to provide an improved care experience for beneficiaries with ESRD in the following ways:

- **Putting the Beneficiary First** – The model creates new incentives for providers to work together to improve the care beneficiaries receive. Providers would be expected to continue to meet current standards required by the Medicare program.

- **Beneficiary Choice** – Beneficiaries matched to an ESCO will maintain all the rights and benefits of beneficiaries in Medicare fee-for-service, including the freedom to see any health care provider that accepts Medicare.

- **Active Monitoring** – CMS will closely and routinely analyze data about on beneficiaries’ utilization of services to ensure that beneficiaries maintain full access to all of the services to which they are entitled. Beneficiaries will be surveyed each year to assess their experience with the new model.

Beneficiaries can contact CMS to ask questions and relay any concerns. ESCOs will send a notice to beneficiaries informing them that they can call 1-800-MEDICARE at any time to ask questions about the model, alert CMS of any concerns they may have regarding a participating organization, or opt out of data sharing for the model.

To view more information about the CEC Model, please visit the [CEC Model website](https://www.cms.gov/CEC).

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