

End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model

Disclaimer

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Renal Replacement Modality Choice

- Home dialysis rates in the U.S. (12%) are far below other countries
- Beneficiaries report poor education about home dialysis and transplant options
- The current payment system tries to treat home dialysis and in-center dialysis equally, but there are financial incentives for in-center treatment:
 - Easier for nephrologists to maximize payment by seeing in-center patients
 - ESRD facilities can see more patients per dialysis machine by seeing patients in a dialysis center
- In-center hemodialysis is, for many beneficiaries, the default form of renal replacement rather than an active choice

The ETC Model

- Mandatory payment model for ESRD facilities and Managing Clinicians in 30% of the country, implemented through the Medicare Program; Specialty Care Models To Improve Quality of Care and Reduce Expenditures, CMS-5527-F.
- Goal: Improve or maintain quality of care while reducing Medicare expenditures by increasing rates of home dialysis and transplantation for Medicare beneficiaries with ESRD
- Two payment adjustments:
 - Home Dialysis Payment Adjustment (HDP)
 - Performance Payment Adjustment (PPA)

Home Dialysis Payment Adjustment (HDP A)

- Positive adjustment on all home dialysis and home dialysis-related claims for participants during the initial years of the ETC Model, to incentivize investment in home dialysis infrastructure
 - ESRD facilities: Adjusted ESRD PPS per Treatment Base Rate
 - Managing Clinicians: adjust payment on the PFS MCP
- Decreases in magnitude over time as the magnitude of the PPA increases:

Year	CY2021	CY2022	CY2023
Magnitude	+3%	+2%	+1%

Performance Payment Adjustment (PPA)

- Upward or downward payment adjustment for ESRD facilities and Managing Clinicians based on the participant's rate of home dialysis, and rate of transplant waitlisting and living donor transplant.
 - Participant achievement is assessed in relation to performance by ESRD facilities and Managing Clinicians located outside of the selected geographic areas.
 - Participants will also be assessed in relation to their own past performance, and can earn improvement points.

Performance Payment Adjustment (PPA)

- The magnitude of PPA adjustments increase over the course of the Model
- Maximum adjustments by PPA Period:

		PPA Period				
		1 and 2	3 and 4	5 and 6	7 and 8	9 and 10
Managing Clinician	Positive Adjustment	4%	5%	6%	7%	8%
	Negative Adjustment	-5%	-6%	-7%	-8%	-9%
ESRD Facility	Positive Adjustment	4%	5%	6%	7%	8%
	Negative Adjustment	-5%	-6%	-7%	-9%	-10%

Other Tools to Help with Modality Choices

- Kidney Disease Education (KDE) Benefit Waiver – Waiving certain requirements for furnishing and billing the KDE benefit, to allow model participants to use to better manage beneficiary care under the model
- ETC Learning Collaborative – Learning collaborative operated by CCSQ and HRSA for model participants and transplant providers; focused on increasing utilization of deceased donor organs