



# HOW CMS GOALS, PAYMENT MODELS, AND QUALITY INCENTIVE PLANS ALIGN TO PROMOTE TRANSPLANT AND HOME MODALITIES

## 1. 2020 Advancing American Kidney Health (AAKH) Executive Order

### Goal 1: Reduce the Risk of Kidney Failure

### Goal 2: Improve Access to and Quality of Person-Centered Treatment Options

The goal is to provide patients who have kidney failure with more options for treatment, from both today's technologies and future technologies such as artificial kidneys, and make it easier for patients to receive care at home or in other flexible ways. The aim is to have 80% of new ESRD patients who were admitted to a facility after January 1, 2021 receiving dialysis in the home or receiving a transplant by 2025.

### Goal 3: Increase Access to Kidney Transplants

There is a need to deliver more organs for transplants, so we can help more Americans escape the burdens of dialysis altogether. The aim is to double the number of kidneys available for transplant by 2030.

<https://www.asn-online.org/policy/webdocs/page.aspx?code=220>



## 2. CMS ESRD Network Annual Transplant and Home Quality Improvement Goals

National Clinical Objectives and Key Results:

### Improve Education and Access to Empower Patient Choice of Home Modality and Transplant

- Patients on transplant waitlist: 20% cumulative increase by 2026 in the Network Service Area
- Patients transplanted: 30% cumulative increase by 2026 in the Network Service Area
- Incident or new ESRD patients starting on a home modality: 60% increase by 2026 in the Network Service Area
- Prevalent or existing ESRD patients moving to home modality: 30% increase by 2026 in the Network Service Area

<https://esrd.ipro.org/>



## 3. ESRD Quality Incentive Program Measures (ESRD QIP)

- Reduction in payment to renal dialysis facilities that do not meet performance standards or measures.
- Measures change annually and goals are calculated based on performance from 2 years ago.
- Percentage of Prevalent Patients Waitlisted (PPPW): Percentage of patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist averaged across patients on the last day of each month during the performance period. A higher rate is desired.
  - A prevalent patient includes a patient in the work-up phase pending full activation.
  - A patient deemed not eligible due to non-modifiable conditions as indicated by the transplant center is not counted in the percentages.

[ESRD QIP Educational Resources](#)



## 4. ESRD Treatment Choices (ETC) Payment Model

- Purpose: to encourage greater use of home dialysis and kidney transplant for Medicare beneficiaries
- Providers targeted by zip code to account for 30% of all providers in the nation.
  - List of Hospital Referral Regions found here: <https://innovation.cms.gov/media/document/etc-hrr-report>
- Payment adjustments for those ESRD facilities and Managing Clinicians selected will apply to select Medicare claims between January 1, 2021 through June 30, 2027.
- Incentivizes home dialysis and transplantation by financially rewarding ESRD facilities and clinicians based on use of home dialysis for patients and the facility transplant rate (sum of waitlist rate and living donor transplant rate).
- First CMS Innovation Center model to directly address health equity.

<https://innovation.cms.gov/innovation-models/esrd-treatment-choices-model>



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## 5. Kidney Care Choices (KCC) Models

- Began in January 2022 and will continue until December 2026.
- Comprised of 4 volunteer models that involve strong financial incentives for health care providers who manage patients with chronic kidney disease (CKD) stages 4 and 5 and ESRD to delay the onset of dialysis and promote kidney transplantation.
- The models incentivize pre-emptive transplants, improving the beneficiaries' transition to dialysis, and ensuring dialysis initiation is appropriately timed
- Key payment mechanisms and benefits included:
  - Adjusted monthly payments to equalize payments for managing a beneficiary who dialysis at home vs. in center
  - Kidney Transplant Bonus for every successfully transplanted beneficiary whose transplant remains healthy
  - Adjustments based on performance
  - Kidney Disease Education (KDE) benefits



<https://innovation.cms.gov/innovation-models/kidney-care-choices-kcc-model>

## 6. State Surveyor Measurement Assessment Tool (MAT)

- Survey and Certification Program that validates the care and services of each facility, also known as the Conditions for Coverage. The MAT is a summary of the standards used in assessing compliance. The following are requirements for the Conditions for Coverage as it pertains to home and transplantation:
  - » **494.80 Patient Assessment/V513**
    - The interdisciplinary team (IDT), patient/designee, RN, MSW, RD, and physician must provide each patient with an individualized and comprehensive assessment of need.
    - A chart review will be conducted to ensure documentation of the reason(s) why a patient is not a transplant candidate.
  - » **494.90 Plan of Care/ V554 & V562**
    - The IDT must collaboratively develop & implement a written, individualized plan of care that specifies the services necessary to address the patient's needs.
    - A chart review will be conducted to view whether a home dialysis referral or transplant referral has been placed based on candidacy or the reason for non-referral.
    - Documentation in chart must be present stating patient education and training was conducted regarding treatment options.



<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis>



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