



Comprehensive ESRD Care (CEC) Model

Welcome to Today's Webinar

Overview of the CEC RFA

We will begin promptly at **4 PM** EST

Dial-in: 1-800-832-0736

Meeting Room: *6291628#

*Note: All attendee phone lines
are muted to prevent audio feedback.*

Tuesday, May 31, 2016 4 - 5 PM EST

Overview of the CEC RFA



COMPREHENSIVE ESRD CARE MODEL
Better ESRD Care, Together

*Center for Medicare &
Medicaid Innovation (CMMI)*

*Centers for Medicare &
Medicaid Services (CMS)*

*U.S. Department of Health
and Human Services (HHS)*

May 31, 2016

Disclaimer

The comments made on this call are offered only for general informational and educational purposes. As always, the agency's positions on matters may be subject to change. CMS's comments are not offered as, and do not constitute legal advice or legal opinions, and no statement made on this call will preclude the agency and/or its law enforcement partners from enforcing any and all applicable laws, rules and regulations. ACOs are responsible for ensuring that their actions fully comply with applicable laws, rules and regulations, and we encourage you to consult with your own legal counsel to ensure such compliance.

Furthermore, to the extent that we may seek to gather facts and information from you during this call, we intend to gather your individual input. CMS is not seeking group advice.

Tips for a Successful Event

The screenshot shows a CMS Meeting window with a presentation slide on the left and a Q&A chat box on the right. The presentation slide contains the following text:

Telephone

- All attendee phone lines are muted
- This session will be recorded for posting online

Webinar Environment Features

- Please submit any questions you have in the Q & A box – Questions in the chat box will be answered in the order they are entered at the end of the presentation. If your question is unable to be addressed during this time, please email your questions following this webinar to ESRD-CMMI@cms.hhs.gov
- Download the slides in the box in the lower right corner of your screen
- A short survey will be available at the end of the presentation

The Q&A chat box on the right contains the text "charles: test" and a text input field. A blue callout box with a yellow border points to the input field, containing the text "Type questions here and hit 'Enter'". Below the input field is a "Download Materials" section with a table of files:

Name	Size
Presentation	22 KB
CEC RFA Factsheet	134 KB

Below the table is a "Download File(s)" button. At the bottom of the chat box is a "Feedback Survey" section with a "Survey" label and a "Browse To" button.

A blue callout box with a yellow border points to the "Download Materials" section, containing the text "Click here to download a PDF copy of the slides along with the CEC RFA Fact Sheet".

Introduction

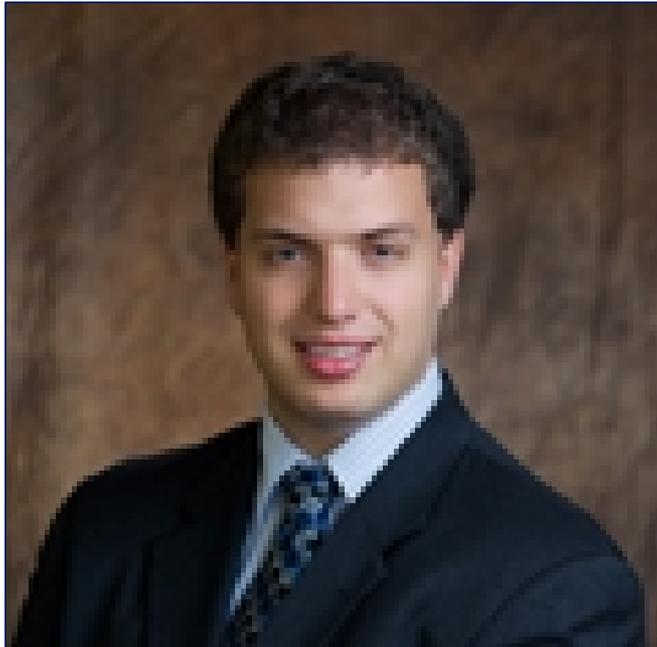
Begin Audience Poll

Today's Guest Speaker



Mai Pham, MD, MPH
Chief Innovation Officer,
Center for Medicare and
Medicaid Innovation

Today's Speaker



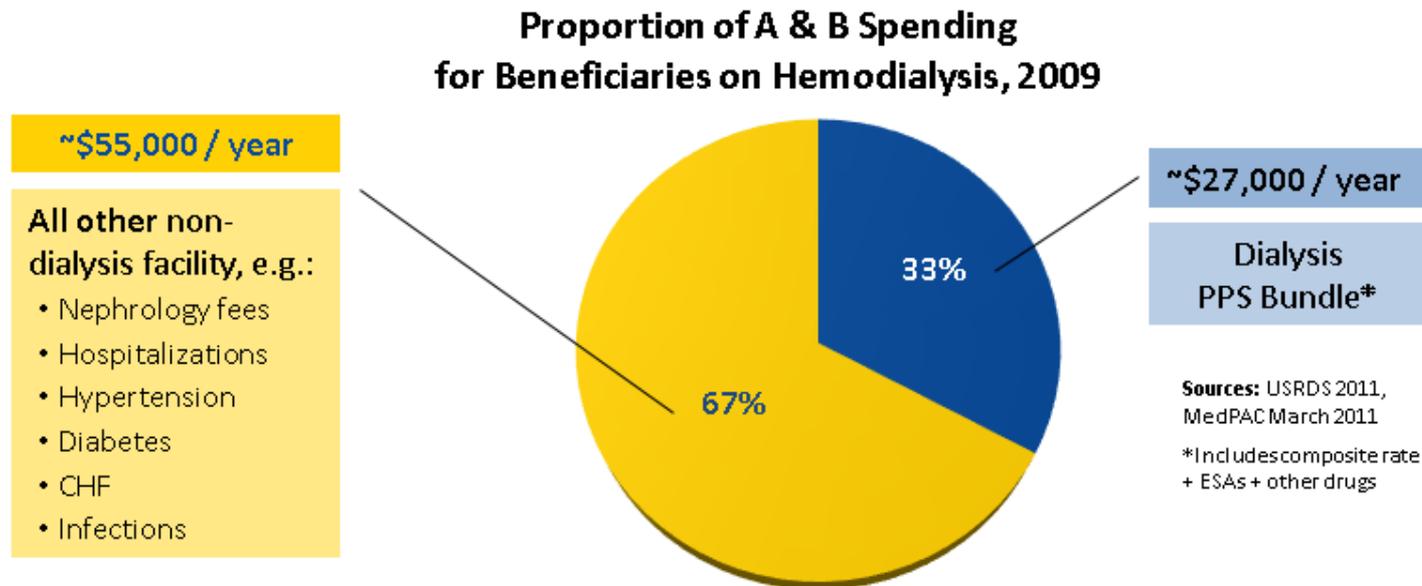
Tom Duvall, MBA
Operations Analyst,
Center for Medicare and
Medicaid Innovation

Presentation Goals



- Provide the current status of the CEC Model
- Provide an overview of the model
- Describe the proposed solicitation
- Answer questions from attendees

Financial Accountability: Moving from 33% to Total Cost of Care

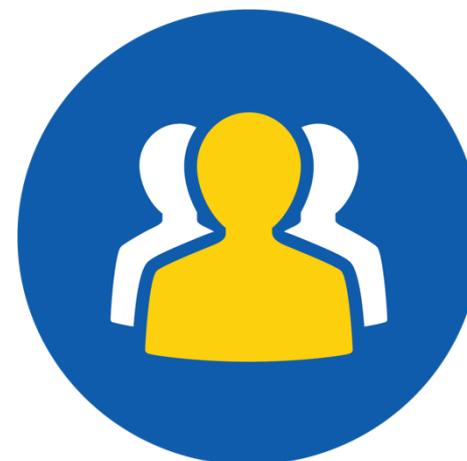


- ESRD is 1% of Medicare beneficiaries, but 8% of Medicare payments
- Stakeholders (providers and ESRD patients) report generally good coordination of dialysis care but poor coordination of care outside of dialysis
- ESRD patients generally view nephrologists and dialysis staff as their primary caregiver

CEC Model Background

- Establishes a new Medicare model of payment to test for:
 - **improving** care for beneficiaries with ESRD
 - **reducing** costs to the Medicare program
- Developed under the authority of the Center for Medicare & Medicaid Innovation (the Innovation Center) within CMS
 - Section 3021 of the Affordable Care Act
- Coordinated care effort where...
 - dialysis providers
 - nephrologists, and
 - other clinical providers

come together in an ESCO (ESRD Seamless Care Organization) to coordinate all Medicare benefits for ESRD beneficiaries



Accountable Care Organizations (ACOs) at CMS

Program	Launch Date	Target Population	Levels of Risk
Pioneer ACO	2012	All Medicare FFS	Upside and downside (2-sided)
Medicare Shared Savings Program	2012	All Medicare FFS	Mostly upside only (1-sided)
Comprehensive ESRD Care Model	Fall 2015	ESRD Population	Mostly 2-sided
Next Generation ACO	January 2016	All Medicare FFS	All 2-sided

Which Providers are Able to Form an ESCO?

- **Together**, the following providers are eligible to form an ESCO that may apply to participate in the Model:
 - Medicare Certified dialysis facilities, including:
 - facilities owned by large dialysis organizations (LDOs),
 - facilities owned by small dialysis organizations (Non-LDOs),
 - hospital-based facilities, and
 - independently-owned dialysis facilities;
 - Nephrologists and/or nephrology practices; and
 - Certain other Medicare enrolled providers and suppliers

Quality Measures

- ESCOs must report on 26 quality measures around:
 - patient safety
 - patient experience
 - care coordination
 - clinical quality of care, and
 - population health
- Includes results from ESRD Quality Incentive Program (QIP) and Dialysis Facility Compare (DFC)
- Financial results are adjusted by quality performance and ESCOs **must** meet minimum quality thresholds to achieve shared savings



Financial Model

- ESCOs are measured based on their performance relative to an annual benchmark
- Financial baseline is based on ESCO historical performance in 2012, 2013, and 2014 trended forward annually and risk adjusted using the CMS-HCC risk adjustment model
- Financial benchmark includes cost of all Medicare A and B benefits for beneficiaries, not just dialysis costs



LDOs and Non-LDOs

- LDOs are companies with ***no less than 200*** dialysis facilities and
- Non-LDOs have ***fewer than 200*** facilities
 - This is defined by the US Renal Data Survey and is subject to change if their definition changes
- Separate financial models for each
- LDOs face two-sided risk with upside and downside and higher sharing rates and caps
- Non-LDOs now have the option of one or two-sided risk



LDOs = Large dialysis organizations

Non-LDOs = Non-Large dialysis organizations

Aggregation for Non-LDOs

- In order for Non-LDOs to reach minimum of **350 beneficiaries** for financial evaluation.
 - ESCOs can combine their financial performance in the process of aggregation
- ESCO financial performance is **aggregated**, while quality is evaluated **individually**
- More beneficiaries leads to a lower minimum savings rate



Calculated Shared Savings

- If an ESCO's performance year expenditures are ***less than*** the applicable benchmark and quality performance minimums are met, the ESCO shares in a portion of savings if the total savings meet or exceed the minimum savings rate (one-sided and two-sided)
- If an ESCO's performance year expenditures are ***greater*** than the benchmark, the ESCO is required to pay back a portion of the losses if they are greater than the minimum losses rate (two-sided only)
- Minimum Loss Rate determined by payment arrangement selected
- Payment/Loss Limit determined by payment arrangement
- Capped Expenditures to protect against high-cost outlier patients

Beneficiary Alignment

- Beneficiaries are aligned to ESCOs using a “**first touch**” methodology based on where they seek their first dialysis visit from an ESCO dialysis provider
- Beneficiaries stay aligned for the remainder of the performance year, with the following exceptions:
 - Death
 - Kidney transplant
 - Moving out of the service region
- Beneficiaries will now be removed at the end of the performance year if they did not visit an ESCO dialysis facility during the performance year

CEC Model Round 2 Solicitation

CEC Model Status

- Model launched October 1, 2015 (Round 1)
- Currently have 13 ESCOs, with a mix of LDOs and non-LDOs in different markets across the country with approximately 16,000 beneficiaries
- Model will run until December 31, 2020



ESCOs Participating in the Model

ESCO Name	Location	Company	Size
Rogosin Kidney Care Alliance, LLC	New York, NY	Rogosin	Non-LDO
South Florida Integrated Kidney Care	Miami, FL	DeVita	LDO
Philadelphia-Camden Integrated Kidney Care	Philadelphia, PA	DaVita	LDO
Phoenix-Tucson Integrated Kidney Care	Phoenix, AZ	DaVita	LDO
Fresenius Medical Seamless Care of Columbia, LLC	Columbia, SC	Fresenius	LDO
Fresenius Medical Seamless Care of Philadelphia, LLC	Philadelphia, PA	Fresenius	LDO
Fresenius Medical Seamless Care of Chicago, LLC	Chicago, IL	Fresenius	LDO
Fresenius Medical Seamless Care of Charlotte, LLC	Charlotte, NC	Fresenius	LDO
Fresenius Medical Seamless Care of San Diego, LLC	San Diego, CA	Fresenius	LDO
Fresenius Medical Seamless Care of Dallas, LLC	Dallas, TX	Fresenius	LDO
Liberty Kidney Care Alliance, LLC	Newark, NJ	DCI	LDO
Music City Kidney Care Alliance, LLC	Nashville, TN	DCI	LDO
Palmetto Kidney Care Alliance, LLC	Spartanburg, SC	DCI	LDO

Solicitation Process

Why is There Another Solicitation?

1. Goal is to increase model participation overall to improve the ability of the model to detect any cost savings or improvements in quality
2. Bring more non-LDO ESCOs into the program to improve ability to receive shared savings and to test out non-LDO track
3. Recognize the changed landscape since 2014 and increased incentives to participate in alternative payment models



Key Dates

Solicitation Announced

- May 19, 2016

Request for Applications Due

- July 15, 2016

CMS notify finalists of selection

- September 2016

New ESCOs will begin

- January 1, 2017



Application Process

- To access the RFA, applicants must email the potential ESCO name, along with the email and name of the main ESCO contact to ESRD-CMMI@cms.hhs.gov
- The RFA is also posted on the CEC Model website: <https://innovation.cms.gov/initiatives/comprehensive-esrd-care/>

Key Differences from the Previous Solicitation

1. Model is up and running
2. Final Participation Agreement and Waivers have been completed
3. Benefit of Operational Experience
4. MACRA* encourages physician participation in models like CEC by giving bonuses for participating in alternative payment models
5. **Note:** New participants will have the same policies and participation agreement and waivers as existing participants, with the exception that the first year of quality reporting in PY 2 will be pay-for-reporting

Additional Resources

- **CEC Website:** <https://innovation.cms.gov/initiatives/comprehensive-esrd-care/>
 - Press Release
 - Fact Sheet
 - Full Request for Applications
 - PY 1 financial methodology
 - Quality methodology
- **Waivers for model participants:** <https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Fraud-and-Abuse-Waivers.html>

Upcoming Learning Event

- **Webinars:**
 - ***The ESRD Seamless Care Organization (ESCO) Experience***
June 8 (12-1:30 pm ET)
 - ***RFA and the Application***
June 16 (12-1 pm ET)
 - ***Finance and Quality Methodologies***
June 29 (4-5 pm ET)
- **Office Hours: Application Questions & Support**
 - July 6 (1 – 2 pm ET)
 - July 12 (3 – 4 pm ET)
 - July 14 (12 – 1 pm ET)



** Registration links for the above webinars, as well as the link to connect to office hours during the above times will be emailed to the email address you used to register for this webinar*

Next Steps:

Begin outreach to providers potentially interested in joining an ESCO

Questions for the CEC Team?

Tom Duvall, MBA
Operations Analyst

Magda Barini-Garcia, MPH, MD
Improvement Advisor/Medical Officer

Emma Oppenheim, MPH
Social Science Research Analyst

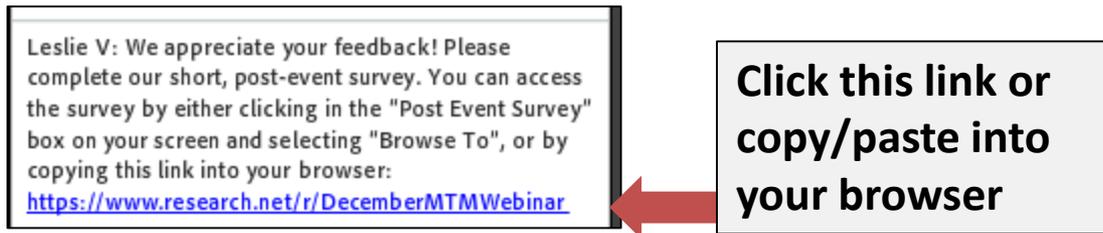
Thank You for Participating in Today's Learning Event!

- The recording, transcript and slides from today's event will be available on the CMMI website: <https://innovation.cms.gov/initiatives/comprehensive-esrd-care/>
- Also visit the CEC model website to access model-specific details, including, recordings and slides from previous learning events, a copy of the updated RFA and the new RFA fact sheet
- For future questions pertaining to today's event or the model please email: ESRD-CMMI@cms.hhs.gov

***We appreciate your feedback on this webinar!
You will now have the opportunity to complete a brief survey:***

Please Provide Your Feedback

- You can access the feedback survey two ways:
 - Option 1: Use the link that will be posted in the chat window



- Option 2: Use the Feedback Survey pod to the bottom right of your screen

