March 11, 2021

Elizabeth Fowler, J.D., PhD., Director, CMMI
Director, Center for Medicare and Medicaid Innovation
WB-06-05
7500 Security Boulevard
Baltimore, MD 21244-8013

Dear Dr. Fowler,

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with kidney disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with kidney disease. RPA is writing to express our deep disappointment regarding CMMI’s decision to delay the start date of the Kidney Care Choices payment models’ first performance year until January 1, 2022.

All of the nephrology practices who submitted applications to participate in the models had in good faith spent substantial time and financial resources over the last 18 months to gear up for participation, including hiring staff, creating workflows to manage the activities associated with the models, and in some cases contracting with external consultants to ensure successful participation. RPA has heard from dozens of nephrology practices who are exceptionally frustrated by not only the delay but what it means for their involvement in CMS quality measurement activities for the balance of 2021. On behalf of those practices RPA is urging CMS to act on the recommendations below to mitigate the negative impact of CMMI’s decision:

- For all applicants in an implementation period participation agreement for the Kidney Care Choices Model, which includes Kidney Care First (KCF) and the three Comprehensive Kidney Care Contracting (CKCC) options, CMS should allow automatic qualification for a Merit-based Incentive Payment System (MIPS) hardship exception for CY 2021. Many of these practices have taken resources away from supporting MIPS to prepare for CKCC and KCF. Requiring them to reorganize their quality measure data processes for MIPS during the 3rd month of the performance year when everyone else across the country (all providers, not just nephrologists) started preparing for this in late 2020 is simply not reasonable.
• For those applicant practices who were transitioning from the ESRD Seamless Care Organization (ESCO) models to the KCC models, CMS should allow the ESCO participation in the first quarter of 2021 to fulfill their MACRA/Advanced Alternate Payment Models requirement for the purposes of the MACRA bonus. Many of these practices have been participating in the ESCOs since performance year 2015, having in good faith made the decision to support the Innovation Center’s efforts to integrate value-based models in the care of Medicare beneficiaries with ESRD. In fact, some of these early adopter practices have never participated in MIPS, having given their full commitment to CMMI’s vision for value-based kidney care. If this is not possible, CMS should ensure that ESCO practices have two years of access to the MACRA bonus beyond the conclusion of the ESCOs, since CMMI’s decision eliminates one of the two years that would have otherwise been available.

• Nephrology practices across the country have devoted substantial time, resources, and funds to prepare for an April 1, 2021 start date. These are now sunk costs which these practices will not recoup. CMMI could lessen the negative impact its decision has had on these practices by taking the following steps:
  
  o In the KCF and CKCC models, implement the patient activation and depression measures as pay for reporting in 2022 and 2023 rather than pay for performance to allow applicant practices to garner experience with these measures in the patient population under study while minimizing potential negative financial impact.
  
  o For CKCC, mirror the Direct Contracting model approach to the quality withhold so as to not expose the practices to a 2.5% (graduated option) or 5% (professional and global options) withhold in year 1 (recalling that the direct contracting model phases this in such that it is a 1% withhold during the first 2 years).

As always, RPA welcomes the opportunity to work collaboratively with CMS in its efforts to improve the quality of care provided to the nation’s kidney patients, and we stand ready as a resource to CMMI in its future work on innovative care delivery models in kidney disease care. Any questions or comments regarding this correspondence should be directed to RPA’s Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at rblaser@renalmd.org.

Sincerely,

Jeffrey A. Perlmutter, MD
President

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