

BETTER Kidney Care Act Summary

In the U.S., 37 million Americans suffer from chronic kidney disease (CKD) and more than 726,000 have end-stage renal disease (ESRD). Approximately twenty percent of dollars in traditional Medicare—\$114 billion a year—are spent on Americans with kidney disease.¹ Beneficiaries with kidney disease often have complex needs, multiple comorbidities, and nearly half are dually eligible. This population stands to benefit the most from the support offered by integrated care.

Senators Todd Young (R-IN) and Kyrsten Sinema (D-AZ) and Congressmen Earl Blumenauer (D-OR) and Jason Smith (R-MO) have revealed the BETTER Kidney Care Act to establish a Medicare Integrated Care Demonstration to deliver high-quality, integrated, and coordinated care to ESRD beneficiaries receiving dialysis and those that transition to transplant or hospice care.

The ESRD Integrated Care Organization: The interdisciplinary care team would be led by a nephrologist and assisted by the dialysis facility team. The Organization would also have the ability to further coordinate care by partnering with Medicare Advantage (MA) plans, Medicaid managed care organizations, hospitals or academic medical centers, or any other entity determined appropriate by the Secretary.

Eligible beneficiaries must:

- (1) Be identified as having ESRD and enrolled in Medicare Parts A and B;
- (2) Receive dialysis services under Medicare Fee-For-Service (FFS);
- (3) Receive renal dialysis services primarily from a facility that participates in this demonstration;
- (4) *Beneficiaries who elect hospice or receive a kidney transplant remain eligible for the program*

Beneficiaries will have choices in the Demonstration:

- (1) Beneficiaries can continue to see any provider that accepts Medicare Fee-for-Service (FFS).
- (2) Beneficiaries have multiple opportunities opt out of the demonstration.
- (3) Beneficiaries may have access to supplemental benefits exceeding Medicare FFS.
- (4) Beneficiaries can rely on a nephrologist-led care team to coordinate all of their health needs.
- (5) Beneficiaries will have access to transition and education for transplant, palliative, and hospice care.

General Overview of ESRD Integrated Care Organizations:

Value to Beneficiaries: Beneficiaries will have no change in their current benefits or access to Medicare-enrolled providers. They will continue using their Medicare card, receive the added support of a coordinated care team, and may be eligible for supplemental benefits offered by an Organization.

Promotion of High-Quality Providers and Integrated Care: Organizations can implement performance-based incentives with physicians and other providers, based on clinical and non-clinical measures. The BETTER Kidney Care Act prohibits Organizations from actions and incentives that would reduce or limit medically necessary care.

Quality and Reporting Requirements: To assess the quality of care provided, Organizations are required to submit specific clinical measure data, as well as report on quality performance standards. When developing these requirements and standards, the Secretary would consider stakeholder input from a variety of experts including nephrologists, renal dialysis facilities, patients, transplant providers, and beneficiary advocates. Organizations must also submit information on transplant wait lists and transplant recipients.

The BETTER Kidney Care Act will provide a new care option for dialysis patients to receive high-quality, integrated, and coordinated care.

For questions or to co-sponsor this legislation, contact Jaymi Light (Sen. Young) at Jaymi_Light@young.senate.gov or Sylvia Lee (Sen. Sinema) at Sylvia_Lee@sinema.senate.gov.