

Background:

On September 15, 2009, CMS released the long-awaited ESRD Bundling Proposed Rule, as mandated by Congress under the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. This marked the first time in 30 years that CMS will make major adjustments to its system for caring for patients with kidney disease, and it will likely have monumental effect on care of patients with renal disease and on the practice of nephrology nationwide.

Prior to issuing a Final Rule on ESRD Bundling, CMS solicits commentary from the medical community on the appropriateness and implications of the provisions in the Proposed Rule. Given the unprecedented importance of this CMS regulation, the Society determined it was important to conduct a comprehensive assessment of the Proposed Rule and to this end created the ASN ESRD Bundled Payment Task Force. The Task Force members listed below, represent a diverse range of clinical and research backgrounds.

- Alfred Cheung, MD
- Emily Schopick, MD
- John Sedor, MD
- Jula Inrig, MD
- Rajnish Mehrotra, MD, FASN
- Suzanne Watnick, MD
- Uptal Patel, MD
- William Harmon, MD

Process:

After a careful review of the 547-page Proposed Rule, the ASN policy staff and the ESRD Task Force identified eleven sections, listed below, appropriate for in-depth review and possible comment based on our primary concerns of physician autonomy, protecting the physician-patient relationship, and safety and quality of patient care.

- Composite Rate Services & The Proposed Bundle
 - ESAs and their oral forms; other drugs and biologicals; diagnostic labs and services; home dialysis and training; physician services
- Unit of Payment
- Budget-Neutral ESRD Bundled Base Rate
 - 98% budget neutrality requirement; proposed base rate
- Payment Adjustment Factors: Patient-Level Adjustments
 - Patient characteristics; onset of dialysis; co-morbidities; race/ethnicity; modality
- Payment Adjustment Factors: Facility-Level Adjustments
 - Wage index; low volume facilities; rural facilities
- Pediatric Adjustors (collaborated with the American Society of Pediatric Nephrology (ASPEN))
- Outlier Adjustors
- ESRD Market Basket
- Proposed Implementation
 - Transition period; new facilities; operational issues; claims processing
- Evaluation of Existing ESRD Policies
- Quality Incentives Program
 - Pay for performance; adequacy measures and methodology

In conjunction with ASN's Public Policy Board, the Task Force analyzed and developed a comment letter on the Proposed Rule, focusing on the Rule's potential effect on patient care, the patient-physician relationship, and physician autonomy. This letter was also reviewed by the members of the ASN Practicing Nephrologists Advisory Group (PNAG) and the Dialysis Advisory Group (DAG) as well as ASN Council. ASN submitted the letter to CMS early the week of December 14, 2009. ASN thanks the members of the Task Force and the Public Policy Board for dedicating immense time, effort, and expertise to the analysis of the Proposed Rule and to the crafting of the comment letter.