Trump Administration Finalizes Transformative Medicare Payment Changes to Support Innovation in Kidney Care and Incentivize Dialysis in the Home

Final Rule improves the determination process for an add-on payment adjustment to incentivize innovative dialysis equipment and supports home dialysis for Medicare’s most vulnerable population

Today, under President Trump’s leadership, the Centers for Medicare & Medicaid Services (CMS) finalized policies that allow certain new and innovative equipment and supplies used for dialysis treatment of patients with End-Stage Renal Disease (ESRD) in the home to qualify for an additional Medicare payment. The final rule encourages the development of new and innovative home dialysis machines that give Medicare beneficiaries with ESRD more dialysis treatment options in the home that can improve their quality of life. This final rule builds upon President Trump's Executive Order on Advancing American Kidney Health by increasing access to home dialysis as well as supporting the agency’s key priorities in strengthening Medicare and fostering innovation.

“Medicare beneficiaries with ESRD have long been ill-served by a system that too often fails to incentivize the types of care that yield the best health outcomes for their quality of life,” said CMS Administrator Seema Verma. “Fortunately, they have found an advocate in President Trump, who is delivering on his promise to put patients first. By promoting innovation in ESRD, today’s announcement furthers the bold, transformative improvements initiated by this Administration.”

CMS is expanding eligibility for the transitional add-on payment adjustment for new and innovative equipment and supplies (TPNIES) that was introduced last year to now cover qualifying new dialysis machines when used in the home. This provides an additional Medicare payment when qualifying innovative equipment and supplies are used, in order to expand
access to new home dialysis machines and facilitate quicker availability to Medicare beneficiaries.

Currently, more than 85 percent of Medicare fee-for-service beneficiaries with ESRD travel to a facility to receive their dialysis at least 3 times per week. There, they spend, on average, 12 hours each week attached to a dialysis machine away from home. Additionally, as ESRD patients are among the most vulnerable population covered by Medicare, due to multiple chronic conditions and comorbidities, they have had the highest hospitalization rates due to COVID-19 among Medicare beneficiaries. The risk of hospitalization and complications highlight the importance that this population stay at home during the public health emergency to reduce risk of exposure to the virus. In order to give dialysis patients more options to get needed care at home, CMS is finalizing innovative changes to encourage home dialysis treatment.

Today’s announcement builds on previous actions taken by CMS to improve care for beneficiaries with kidney disease including:

- CMS announcing the ESRD Treatment Choices (ETC) Model that goes into effect January 1, 2021, that promotes greater use of home dialysis and kidney transplants for Medicare beneficiaries with ESRD in order to preserve or enhance their quality of care while reducing Medicare expenditures.
- Approximately 68 percent of Medicare beneficiaries with ESRD also suffer from diabetes. These Medicare beneficiaries can join a prescription drug plan that will offer many types of insulin at a maximum copayment of $35 for a 30-day supply. More than 1,600 Medicare Advantage and Part D prescription drug plans are participating in the Part D Senior Savings Model for 2021.
- The Kidney Care First (KCF) and Comprehensive Kidney Care Contracting (CKCC) Options of the Kidney Care Choices (KCC) Model that will test whether new care delivery and Medicare payment options can improve the quality of care and reduce the total cost of care for patients with kidney disease.

For a fact sheet on the CY 2021 ESRD PPS final rule (CMS-1732-F), please visit: https://www.cms.gov/newsroom/fact-sheets/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-renal-dialysis-services

To view the final rule, please visit: https://www.federalregister.gov/public-inspection/2020-24485/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis

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