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Birchwood, WI

March 12, 2021

Shalon Quinn, PhD, MPH, Director
Division of Kidney Health, Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Liz Fowler, JD, PhD, Deputy Administrator and Director
Center for Medicare and Medicaid Innovation
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Quinn and Dr. Fowler,

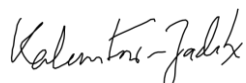
The Medical Advisory Council (MAC) for the National Forum of ESRD Networks is composed of the respective Medical Review Board Chairs for each of the eighteen ESRD Networks. The nephrology community has been active and enthusiastic supporters of quality improvement and value-based care for many decades since the enactment of the ESRD act in 1973 to continue to improve patients' outcomes. The ESRD Networks were created to oversee quality and appropriate expenditure for the rapid growth in dialysis and transplantation in 1978. Our commitment to value-based care and patient-centeredness was enshrined in the creation of the dialysis Quality Incentive Program by legislation in 2008 with enactment in 2010 and this remains one of the most mature programs in the CMS Quality Payment Program.

We embraced a further commitment to value-based care with the creation of the ACO specific to dialysis in the Comprehensive ESRD Care (CEC) or ESRD Seamless Care Organization (ESCO) model in 2015. Many of us have been active participants in this model and embraced the Advancing American Kidney Health initiative to include the creation of a mandatory payment model focused on the acceleration of home dialysis and transplantation. We have active plans to also participate in the next phase of voluntary models for the care of beneficiaries with both ESRD and advanced CKD in both Kidney Care Choices models including the Kidney Care First (KCF) and Comprehensive Kidney Care Contracting (CKCC) models. We were expecting these voluntary models to begin on April 1, 2021 with the end of the ESCO model on March 31, 2021. Following the announcement by CMMI on March 5, 2021 that the start date for the voluntary models would be delayed until January 1, 2022, many of us were faced with an unplanned and delayed entry into the MIPS program.

In light of the very late announcement of the delay in the start of the new voluntary models, we would request that consideration be given to an extension of the ESCO model until December 31, 2021 to allow a smooth transition into the new voluntary models. This would avoid an unplanned “gap” year given our steadfast and enthusiastic support of efforts to accelerate value-based care for advanced CKD. The ESCO program has been an excellent first step and we are committed to continuing to build on this with the new models to follow. We are aware that the Next Generation ACO model was extended through December 31, 2021 and the unintended impacts that the PHE related to COVID has had on performance in value-based care and the delivery of care in general by health care providers.

An unplanned and delayed entry into MIPS will present yet another unexpected burden to the delivery of patient-centered care to our vulnerable population.

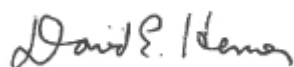
Sincerely,



Kam Kalantar-Zadeh, MD, MPH, PhD
MAC Chair, Forum of ESRD Networks



Ralph Atkinson III, MD
President, Forum of ESRD Networks



David E. Henner, DO
President-Elect, Forum of ESRD Networks



Andrew Howard, MD, FACP
Special Advisor to the MAC, Forum of ESRD Networks

cc:

Elizabeth Richter, Acting Administrator CMS
Lee Fleisher, M.D., CMS Chief Medical Officer and Director Center for Clinical Quality and Standards
Anita Monteiro, Acting, Director iQuality Improvement and Innovation Group