

**American Nephrology Nurses' Association
Comprehensive ESRD Care Model
Frequently Asked Questions**

On February, 4, 2013, the Centers for Medicare & Medicaid Services (CMS) announced a new Comprehensive End-Stage Renal Disease (ESRD) Care Model. The following provide additional information about CMS' project.

- **What is CMS' Comprehensive ESRD Care Model?**

CMS will allow dialysis facilities, nephrologists, and other Medicare providers to enter into shared financial risk arrangements to create ESRD Seamless Care Organizations (ESCOs--pronounced "s-co's"). These ESCOs will test whether a more coordinated system would improve the quality of care for ESRD beneficiaries while at the same time reduce costs for the ESRD program.

- **Is the ESCO Comprehensive Care Model the same as an Accountable Care Organization (ACO)?**

The ESCO and ACO programs share similar characteristics – if providers can demonstrate that they are able to improve health care quality for beneficiaries and decrease health care costs, they can share in some of the savings realized by their efforts. However, unlike ACOs which must cover a minimum of 5,000 beneficiaries, ESCOs must have a minimum of 500 beneficiaries.

- **What does this mean for nephrology nurses?**

Nephrology nurses who are part of a group practice participating in the ESRD Comprehensive Care Model will be critical in ensuring "seamless" care for these patients by smoothing transitions from one care setting to another, as well as in reducing the need for hospital admissions and readmissions. As the ESCOs become operational, some nurses may see other changes – like additional quality reporting requirements.

- **How will CMS monitor the quality of care provided to beneficiaries?**

While the specific measures have not yet been defined, CMS will measure ESCOs based on five quality measurement areas:

- Preventive Health
- Chronic Disease Management
- Care Coordination and Patient Safety
- Patient and Caregiver Experience
- Patient Quality of Life

ESCOs who are unable to meet these standards will not be allowed to participate in the shared savings and risk being terminated from participation in the ESCO project..

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- **What beneficiaries are eligible to enroll in the ESCOs?**

ESCOs may enroll only beneficiaries who meet certain characteristics:

- must be enrolled in Medicare Parts A and B;
- can't be in a Medicare Advantage (MA) plan;
- must be receiving dialysis services;
- must receive at least 50 percent of their services in the ESCO's geographic area;
- must be 18 years or older; and
- can't be participating in another Medicare shared savings model (like an ACO).

Beneficiaries who have Medicare as a secondary payer are not eligible to participate in the program.

- **I am a nephrology nurse. Can I start my own ESCO?**

Nephrology nurses can – and should – participate in the ESCOs. However, under CMS rules, while ESCOs participants can vary, they must include at least one dialysis facility; one independent nephrologist/nephrology group practice, and at least one other Medicare provider (like a hospital or another medical or surgical physician or non-physician practitioner).

- **How does one become an ESCO?**

Entities that meet the requirements can apply to CMS to become an ESCO. CMS will award three-year grants to qualifying entities. Letters of intent are due March 15, 2013 and applications are due May 1, 2013.

- **Where can I get additional information on the CMS announcement?**

The American Nephrology Nurses' Association (ANNA) will provide updates as more information is known. Continue to visit the ANNA website (www.annanurse.org) for more information.

In addition, CMS will be providing additional information. Visit <http://innovation.cms.gov/initiatives/comprehensive-ESRD-care/> for more information.