

Summary of H.R. 1298 the “Kidney Care Quality and Improvement Act of 2005”

Title I: Recognizing and Improving Quality for Patients

Sec. 101 – Modifies § 1833(i)(1) of the Social Security Act (Act) to provide for full coverage of vascular and other dialysis access procedures in the Ambulatory Surgical Center (ASC) setting for individuals with kidney failure entitled to Medicare benefits. Revises the resource-based relative value scale of physicians’ services for such procedures to reflect their difficulty.

Sec. 102 – Establishes a 5-year outcomes-based demonstration project linking payment to quality of care beginning January 1, 2007. The project will pay particular attention to improved patient safety; better vaccination rates; and improved care for diabetics. When determining whether patient outcomes have improved, the Secretary must take into account the case-mix of each provider. The incentive payments will reflect Part A and Part B interactions. The incentive payments will recognize improvements based on high quality outcomes during previous periods, as well recent changes in performance, to reward long-term improvements.

Sec. 103 – Amends § 1881 of the Act to require that, beginning Jan. 1, 2008, patient care dialysis technicians receive training and certification and are competent to provide dialysis-related services. These technicians must repeat training or become re-certified if 24 consecutive months pass during which they have not performed dialysis-related services. Service providers and renal dialysis facilities will provide performance reviews and in-service education to assure competency.

Title II: Ensuring Quality Through Improvements in the ESRD Payment System

Sec. 201 – Amends § 1881(b)(12)(F) of the Act by establishing a phase-in of an annual update mechanism. In 2006, the composite rate will be increased by 2.5 percent. For 2007 through 2014, the composite rate will increase by 1 percent. For 2015 and thereafter, the composite rate will increase by the full market basket amount.

Sec. 202 – Amends § 1862(b)(1)(C) of the Act by extending the Medicare Secondary Payer requirement by an additional three months.

Sec. 203 – Requires a GAO study on the impact of the new G-code requirements for nephrologists’ services.

Title III: Improving Quality Through Patient Education, Access, and Safety Initiatives

Sec. 301 – Provides \$2 million to fund a 5-year demonstration project in at least 3 States to increase public awareness of how to prevent and treat chronic kidney disease and to assess its prevalence and incidence. Provides \$2 million to fund a 5-year demonstration project in at least 3 States to help individuals with kidney disease develop self-management skills.

Sec. 302 – Amends § 1861(s)(2) of the Act to provide coverage for kidney disease education services furnished upon a managing physician’s referral to Medicare beneficiaries with chronic kidney disease

who will require dialysis or a kidney transplant. Limits the services to six educational sessions per individual.

Sec. 303 – Provides \$1 million for a 5-year demonstration project evaluating how blood flow monitoring affects the quality and cost of care for medicare beneficiaries with ESRD.

Title IV: Improving Quality Through Improved Coverage

Sec. 401 – Requires CMS to provide appropriate incentives to improve the home dialysis benefit. In developing these incentives, CMS should consider revising the fee schedule for physicians' services to equalize payments of ESRD services provided to home dialysis patients and to other patients with 4 or more face-to-face physician visits.

Sec. 402 – Provides for an Institute of Medicine study to evaluate and report on any barriers to increasing the number of individuals with ESRD who receive home dialysis services under Medicare, taking into consideration (1) the costs and payments of home dialysis versus in-center and hospital dialysis; (2) the incentives and disincentives in the reimbursement system to receiving home dialysis; (3) patient education services; and (4) other matters it finds appropriate.

Sec. 403 – Establishes an ESRD advisory committee to provide a forum for expert discussion. The committee will provide periodic reports to the Secretary of Health and Human Services with legislative and administrative recommendations.