

Advising the Congress on Medicare issues

# Assessing payment adequacy and updating payments: Outpatient dialysis services Nancy Ray, Grace Oh December 13, 2024

### **Presentation roadmap**

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- 2 Beneficiaries' access to outpatient dialysis services
- (3) Quality of outpatient dialysis care
- (4) Dialysis providers' access to capital
- (5) FFS Medicare payments and dialysis providers' costs
- $\begin{pmatrix} 6 \end{pmatrix}$  Chair's draft recommendation

### Overview of outpatient dialysis services under FFS Medicare

- Outpatient dialysis services are used to treat individuals with ESRD
- Dialysis facilities are paid:
  - For each treatment they furnish using a defined "ESRD bundle" that includes drugs, laboratory tests, and other ESRD items and services
  - Add-on payments for qualifying new equipment, supplies, and drugs

Note: FFS (fee-for-service), ESRD (end-stage renal disease).

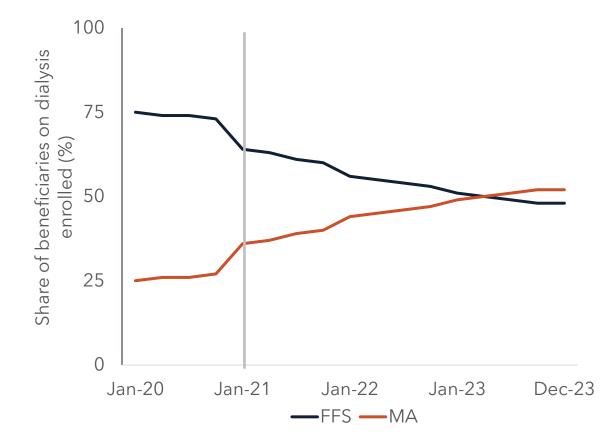
## Overview of outpatient dialysis services under FFS Medicare, 2023

FFS beneficiaries on dialysis	262,000
FFS dialysis treatments per beneficiary per week	2.8
Dialysis facilities	7,700
\$ Medicare FFS outpatient dialysis spending	\$8.1 billion

Note: Source: FFS (fee-for-service). Medicare FFS outpatient dialysis spending includes program spending and beneficiary cost sharing. MedPAC analysis of 100 percent claims submitted by dialysis facilities to CMS.

## The share of beneficiaries on dialysis enrolling in MA plans continued to increase between 2021 and 2023

- The 21st Century Cures Act permitted beneficiaries with ESRD to enroll in MA as of January 1, 2021
- From December 2020 through 2023, FFS enrollment declined from 73% to 48% and MA enrollment increased from 27% to 52%
- Increasing MA enrollment by beneficiaries on dialysis is likely linked to:
  - Availability of extra benefits
  - Lower cost-sharing liability



Note:

ESRD (end-stage renal disease), MA (Medicare Advantage), FFS (fee-

for-service).

Source:

MedPAC analysis of CMS's enrollment files, outpatient dialysis claims,

and risk score file.

## Payment adequacy framework: Outpatient dialysis providers



### Beneficiaries' access to care

- Capacity and supply
- Volume of services
- FFS Medicare marginal profit



#### **Quality of care**

- Dialysis adequacy and anemia management
- Use of inpatient hospital, emergency department services
- In-center hemodialysis patient experience
- Home dialysis
- Mortality



#### **Access to capital**

- Financial reports
- All-payer operating margin



### FFS Medicare payments and costs

- FFS Medicare margin
  - Aggregate
  - By groups
- Projected FFS Medicare margin

#### Update recommendation for outpatient dialysis base rate

**Note:** FFS (fee-for-service).

#### Access: Dialysis capacity remained steady in 2023





 Growth of in-center treatment stations (+0.3%) exceeded growth in the total number of Medicare beneficiaries on dialysis (-1%)



### Factors linked to slowdown in capacity growth in 2023 compared to 2019-2022:

- Excess mortality due to the coronavirus pandemic
- Decline in the incidence rates of ESRD between 2012 and 2022
- Increased use of home dialysis

**Note:** ESRD (end-stage renal disease).

Source: MedPAC analysis of CMS's enrollment files, outpatient dialysis claims, and freestanding outpatient dialysis cost reports. Data on incidence of ESRD between 2012

and 2022 derived from the U.S. Renal Data System, 2024.

## Access: Outpatient dialysis facilities have a strong financial incentive to serve FFS beneficiaries



#### FFS Medicare marginal profit

**Note:** FFS (fee-for-service).

**Source:** MedPAC analysis of CMS's freestanding cost reports and outpatient dialysis claims.

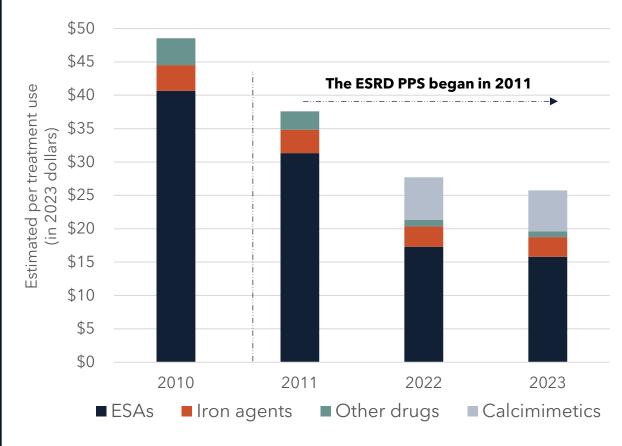
### Declining use of ESRD drugs under PPS but no adverse effect on beneficiaries' health status

#### • Under the ESRD PPS:

- Providers more judicious about the provision of services
- Competition for market share fostered among drugs with similar health effects
- Change in anemia management linked to lower risk of adverse cardiovascular events

Note:

ESRD (end-stage renal disease), PPS (prospective payment system), ESA (erythropoietin-stimulating agents). Use of ESRD drugs is estimated by multiplying each drug's units reported on claims by its 2023 drug pricing data. Drugs included are ESAs (epoetin alfa reference product, epoetin alfa biosimilar, epoetin beta, darbepoetin); iron agents (iron sucrose, sodium ferric gluconate); calcimimetics (cinacalcet, etelcalcetide); and all other drugs (calcitriol, doxercalciferol, paricalcitol, daptomycin, vancomycin, alteplase, and levocarnitine).



Source:

MedPAC analysis of CMS's outpatient dialysis claims and 2023 drug pricing data.

#### Quality of outpatient dialysis care held steady between 2022 and 2023

- Emergency department visits, admissions, readmissions, and mortality remain steady
- Anemia management measures examining hemoglobin levels and blood transfusion rates remain steady
- Percentage of FFS beneficiaries on dialysis meeting guidelines for dialysis adequacy remains high
- In-center hemodialysis patient experience remains steady
- Share of FFS beneficiaries dialyzing at home and number of kidney transplants continue to increase

Note: Source: FFS (fee-for-service). The number of kidney transplants includes individuals across all types of health coverage.

MedPAC analysis of CMS's enrollment files, outpatient dialysis claims, freestanding outpatient dialysis cost reports, In-Center Hemodialysis Consumer Assessment of

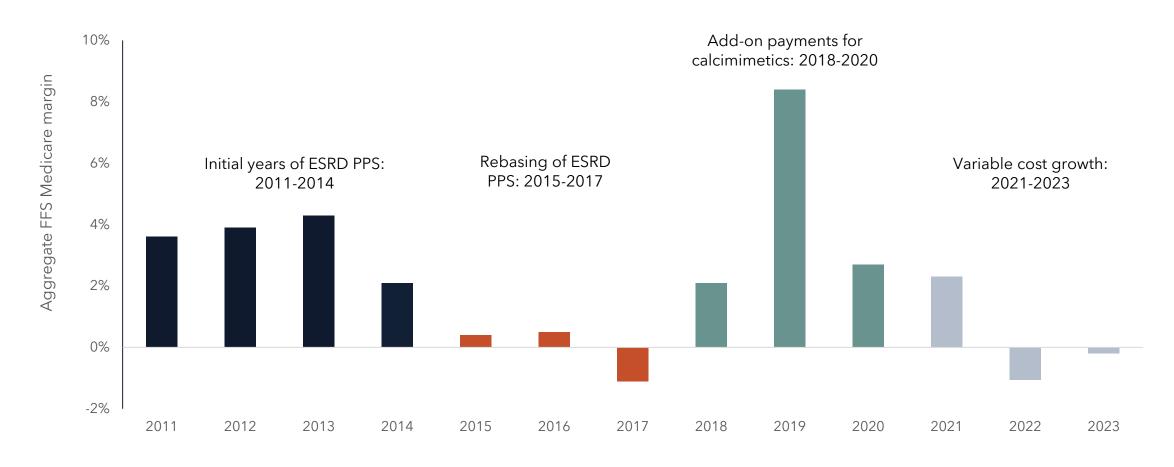
Healthcare Providers and Systems® data, and data from the Organ Procurement and Transplantation Network.

#### Access to capital remains good

- Current growth trends among dialysis providers indicate that the dialysis industry is attractive to for-profit facilities and investors
- The large dialysis organizations have reported positive financial performance related to their dialysis business for 2023, including improvements in productivity and earnings growth
- 2023 all-payer margin: 15%

**Source:** MedPAC analysis of CMS's enrollment files and outpatient dialysis claims, freestanding outpatient dialysis cost reports, and industry investor reports.

## Payments and costs: Aggregate FFS Medicare margin for outpatient dialysis services increased in 2023



Note: Source: FFS (fee-for service), ESRD (end-stage renal disease), PPS (prospective payment system). MedPAC analysis of CMS's freestanding facility cost reports and outpatient dialysis claims.

## Payments and costs: Aggregate FFS margin for outpatient dialysis varied by treatment volume, 2023

Type of freestanding dialysis facility	FFS Medicare margin	% freestanding dialysis facilities	% freestanding dialysis treatments
All	-0.2%	100%	100%
Urban	0.6	84	87
Rural	-4.4	16	13
By treatment volume: Lowest (quintiles) Second	-19.0	20	8
	-11.2	20	14
Third	-3.3	20	18
Fourth	1.6	20	24
Highest	7.5	20	37

**Note:** FFS (fee-for-service). Components may not sum to 100% due to rounding.

**Source:** MedPAC analysis of CMS's freestanding dialysis cost reports and outpatient dialysis claims.

### Summary: Outpatient dialysis payment adequacy indicators



### Beneficiaries' access to care

- Capacity steady in 2023 as total number of Medicare beneficiaries on dialysis declined
- Positive FFS Medicare marginal profit



#### **Quality of care**

- In 2023, ED visits, admissions, readmissions, and mortality as well as patient experience remained steady for FFS beneficiaries on dialysis
- Increase in use of home dialysis for FFS beneficiaries on dialysis

**Stable** 



#### **Access to capital**

- Continued investment in renal-related companies
- The large dialysis organizations have reported positive financial performance for 2024
- 2023 all-payer margin:
  15%

**Positive** 



### FFS Medicare payments and costs

 2023 FFS Medicare margin: -0.2%

**Mixed** 

#### **Positive**

**Note:** FFS (fee-for-service), ED (emergency department).



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