

115TH CONGRESS  
1ST SESSION

# H. R. 3867

To amend title XVIII of the Social Security Act to create care management demonstration programs for chronic kidney disease under the Medicare program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 28, 2017

Mr. MULLIN (for himself, Mr. HOLDING, Mr. BUTTERFIELD, and Ms. SÁNCHEZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to create care management demonstration programs for chronic kidney disease under the Medicare program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. CARE MANAGEMENT DEMONSTRATION PRO-**  
2 **GRAMS FOR CHRONIC KIDNEY DISEASE.**

3 Title XVIII of the Social Security Act (42 U.S.C.  
4 1395 et seq.) is amended by inserting after section 1866E  
5 the following new section:

6 **“SEC. 1866F. CARE MANAGEMENT DEMONSTRATION PRO-**  
7 **GRAMS FOR CHRONIC KIDNEY DISEASE.**

8 “(a) DEMONSTRATION PROGRAM FOR EARLIER AND  
9 IMPROVED DETECTION AND TREATMENT OF CHRONIC  
10 KIDNEY DISEASE.—

11 “(1) IN GENERAL.—Not later than 18 months  
12 after the enactment of this section, the Secretary  
13 shall establish a demonstration program (referred to  
14 in this section as the ‘CKD early detection and  
15 treatment demonstration program’) of the use of the  
16 payment system described in paragraph (2) that,  
17 with respect to an enrolled CKD–EDT individual (as  
18 defined in paragraph (8)(D)), provides to a CKD–  
19 EDT practitioner (as defined in paragraph (8)(A))  
20 a single monthly care management payment for all  
21 CKD–EDT services (as defined in paragraph  
22 (8)(B)) furnished to such individual by such practi-  
23 tioner in a month.

24 “(2) PAYMENT SYSTEM DESCRIBED.—The pay-  
25 ment system described in this paragraph is a pay-  
26 ment system that, with respect to all CKD–EDT

1 services furnished in a month by a CKD–EDT prac-  
2 titioner to an enrolled CKD–EDT individual, pro-  
3 vides a care management payment to such practi-  
4 tioner in an amount that—

5 “(A) is greater than the amount of pay-  
6 ment that such practitioner otherwise would re-  
7 ceive pursuant to this title for furnishing such  
8 services to such individual if the practitioner  
9 had not elected to participate in the CKD early  
10 detection and treatment demonstration program  
11 (to be calculated in a manner that includes, as  
12 part of such amount that the practitioner other-  
13 wise would so receive, any amounts that the  
14 practitioner would receive as cost-sharing  
15 amounts from the individual);

16 “(B) with respect to a fiscal year that is  
17 after the first fiscal year in which the CKD–  
18 EDT practitioner participates in the CKD early  
19 detection and treatment demonstration pro-  
20 gram, is, to the extent feasible, adjusted based  
21 on the performance of the practitioner during  
22 the prior fiscal year with respect to the meas-  
23 ures developed by the Secretary pursuant to  
24 paragraph (3); and

“(C) is determined through the use of a computation that is developed in consultation with—

“(i) chronic kidney disease patient advocates;

“(ii) clinicians in the primary care community; and

“(iii) such other entities as the Secretary determines appropriate.

For purposes of applying subparagraph (A) with respect to CKD–EDT services that are furnished via a telecommunications system by a CKD–EDT practitioner to an enrolled CKD–EDT individual, the Secretary shall calculate the amount that the practitioner otherwise would so receive with respect to such services in a manner that makes such amount equal the amount that such practitioner otherwise would so receive for such services if such services had been furnished without the use of a telecommunications system.

“(3) MEASURES.—

“(A) IN GENERAL.—For purposes of paragraph (2)(B), the Secretary, in conjunction with stakeholders (including chronic kidney care pa-

1           tient advocates, clinicians in the primary care  
2           community, and experts in the development or  
3           use of evidence-based guidelines for the detec-  
4           tion, diagnosis, and management of chronic kid-  
5           ney care), shall specify measures of perform-  
6           ance with respect to the tasks described in sub-  
7           paragraph (B). Such measures shall be in ac-  
8           cordance with clinical guidelines in existence  
9           with respect to chronic kidney disease at the  
10          time of such specification.

11                 “(B) TASKS DESCRIBED.—The tasks de-  
12           scribed in this subparagraph, with respect to a  
13           CKD–EDT practitioner, are the following:

14                         “(i) Administering, as appropriate, an  
15                         annual serum creatinine and urine albumin  
16                         testing in accordance with published chron-  
17                         ic kidney care practice guidelines to indi-  
18                         viduals for whom the practitioner is the  
19                         primary care practitioner and that either  
20                         are CKD–EDT individuals or are at the  
21                         highest risk for chronic kidney disease.

22                         “(ii) Ensuring that, when appropriate,  
23                         individuals that are enrolled CKD–EDT  
24                         individuals with respect to the practitioner  
25                         receive timely consultations, in accordance

1 with published chronic kidney care practice  
2 guidelines, with nephrologists located in  
3 the geographic area in which the individual  
4 resides.

5 “(C) FLEXIBILITY IN MEASURE SPECIFICA-  
6 TION.—For purposes of subparagraph (A), the  
7 Secretary may specify measures that the Sec-  
8 retary develops for purposes of such subpara-  
9 graph or that the Secretary did not develop for  
10 such purposes.

11 “(4) WAIVING OF COST-SHARING.—A CKD-  
12 EDT practitioner that participates in the CKD early  
13 detection and treatment demonstration program  
14 shall, with respect to any CKD–EDT services for  
15 which payment is made under the payment system  
16 described in paragraph (2), accept any payment  
17 made under such paragraph for such services as  
18 payment in full for such services, and may not col-  
19 lect any amount of cost-sharing (including any  
20 amount of deductible, coinsurance, or copayment)  
21 from an enrolled CKD–EDT individual for the fur-  
22 nishing of such services to such individual.

23 “(5) GEOGRAPHIC DISTRIBUTION OF PRO-  
24 VIDERS.—To the extent practicable, the Secretary  
25 shall ensure (including through targeted outreach to

1 physicians, nurse practitioners, and physician assist-  
 2 ants that are primary care practitioners with respect  
 3 to enrolled CKD–EDT individuals) that the individ-  
 4 uals who receive CKD–EDT services for which pay-  
 5 ment is provided under the CKD early detection and  
 6 treatment demonstration program are evenly distrib-  
 7 uted—

8 “(A) in different regions of the United  
 9 States;

10 “(B) in urban and rural areas; and

11 “(C) among appropriate facilities, includ-  
 12 ing—

13 “(i) federally qualified health centers;

14 and

15 “(ii) community health centers that  
 16 receive assistance under section 330 of the  
 17 Public Health Service Act.

18 “(6) DURATION AND SCOPE OF DEMONSTRA-  
 19 TION.—

20 “(A) THREE-YEAR MINIMUM.—Subject to  
 21 subparagraph (C), the Secretary shall conduct  
 22 the CKD early detection and treatment dem-  
 23 onstration program for a period of three years.

24 “(B) SCOPE.—Subject to subparagraph  
 25 (C), the Secretary shall enroll, subject to para-

graph (10), not more than 5,000 CKD–EDT individuals for participation in the demonstration program. Such an individual may participate in the demonstration program on a voluntary basis and may terminate participation at any time.

“(C) OPTION TO EXTEND.—The Secretary may, through rulemaking, expand (including implementation on a nationwide basis) the duration and the scope of the CKD early detection and treatment demonstration program, to the extent determined appropriate by the Secretary, if—

“(i) the Secretary determines that such expansion is expected to—

“(I) reduce spending under this title without reducing the quality of care; or

“(II) improve the quality of patient care without increasing spending under this title;

“(ii) the Chief Actuary of the Centers for Medicare & Medicaid Services certifies that such expansion would reduce (or

1 would not result in any increase in) net  
2 program spending under this title; and

3 “(iii) the Secretary determines that  
4 such expansion would not deny or limit the  
5 coverage or provision of benefits under this  
6 title for applicable individuals.

7 “(7) CONSULTATION WITH STAKEHOLDERS.—

8 “(A) IN GENERAL.—The Secretary shall  
9 consult with stakeholders regarding the estab-  
10 lishment and implementation of the CKD early  
11 detection and treatment demonstration pro-  
12 gram.

13 “(B) TIMING OF CONSULTATION.—The  
14 Secretary shall begin to consult with stake-  
15 holders pursuant to subparagraph (A) not later  
16 than six months after the date of the enactment  
17 of this section.

18 “(8) DEFINITIONS.—For purposes of this sec-  
19 tion, the following definitions apply:

20 “(A) CKD–EDT PRACTITIONER.—Subject  
21 to paragraph (9), the term ‘CKD–EDT practi-  
22 tioner’ means, with respect to an enrolled  
23 CKD–EDT individual, a physician, nurse prac-  
24 titioner, or physician assistant who—

1 “(i) is the primary care practitioner  
2 for such individual;

3 “(ii) agrees, with respect to each fiscal  
4 year in which the practitioner participates  
5 in the CKD early detection and treatment  
6 demonstration program, to—

7 “(I) assess the at-risk patient  
8 populations of such physician, nurse  
9 practitioner, or physician assistant (as  
10 applicable) for chronic kidney disease  
11 pursuant to published clinical practice  
12 guidelines with respect to chronic kid-  
13 ney disease; and

14 “(II) submit to the Secretary the  
15 results of the assessments described in  
16 subclause (I);

17 “(iii) uses certified EHR technology  
18 (as defined in section 1833(o)(4));

19 “(iv) elects to participate in the CKD  
20 early detection and treatment demonstra-  
21 tion program with respect to all enrolled  
22 CKD–EDT individuals for whom such phy-  
23 sician, nurse practitioner, or physician as-  
24 sistant (as applicable) is the primary care  
25 practitioner;

1 “(v) agrees, with respect to each fiscal  
2 year in which the practitioner participates  
3 in the demonstration program, to assess  
4 annually (pursuant to established clinical  
5 guidelines with respect to the monitoring  
6 of the progression of chronic kidney dis-  
7 ease) all enrolled CKD–EDT individuals  
8 for whom such physician, nurse practi-  
9 tioner, or physician assistant (as applica-  
10 ble) is the primary care practitioner and  
11 that are either—

12 “(I) confirmed to have chronic  
13 kidney disease; or

14 “(II) at the highest risk of be-  
15 coming an individual with confirmed  
16 chronic kidney disease;

17 “(vi) agrees to provide to each en-  
18 rolled CKD–EDT individual for whom  
19 such physician, nurse practitioner, or phy-  
20 sician assistant (as applicable) is the pri-  
21 mary care practitioner—

22 “(I) educational materials that  
23 provide background information about  
24 chronic kidney disease and that are  
25 developed by credible organizations, as

1 specified by the Secretary, with exper-  
2 tise in the development of clinical  
3 guidelines and patient educational ma-  
4 terials with respect to chronic kidney  
5 disease; and

6 “(II) a notification of the poten-  
7 tial benefits that the individual may  
8 receive as a result of the practitioner  
9 participating in the CKD early detec-  
10 tion and treatment demonstration  
11 program; and

12 “(vii) agrees to comply with the re-  
13 quirements of paragraph (10).

14 “(B) CKD–EDT SERVICES.—

15 “(i) IN GENERAL.—The term ‘CKD–  
16 EDT services’ means administration and  
17 evaluation of such services as the Secretary  
18 may specify that are screening services and  
19 care management services for chronic kid-  
20 ney disease and for which, subject to  
21 clause (iv), payment may otherwise be  
22 made under this title.

23 “(ii) CONSULTATION REQUIRED.—In  
24 determining which services to specify for

1 purposes of clause (i), the Secretary shall  
2 consult with—

3 “(I) chronic kidney disease pa-  
4 tient advocates;

5 “(II) clinicians in the primary  
6 care nephrologist community; and

7 “(III) experts in the development  
8 of evidence-based guidelines for the  
9 detection, diagnosis, and management  
10 of chronic kidney disease.

11 “(iii) CONSIDERED SERVICES.—In  
12 specifying services for purposes of clause  
13 (i), the Secretary may, in addition to con-  
14 sidering other services and patient bene-  
15 fits, consider the following services with re-  
16 spect to the screening, care, and manage-  
17 ment of chronic kidney disease:

18 “(I) Blood pressure management.

19 “(II) Lipid management.

20 “(III) Assessment for bone and  
21 mineral metabolism abnormalities,  
22 anemia, nutritional needs, mental  
23 health, and availability of family and  
24 other social support networks.

1 “(IV) Delivery of patient edu-  
2 cation on self-management strategies  
3 for chronic kidney disease.

4 “(V) Development of care plans  
5 with respect to chronic kidney disease.

6 “(VI) Medication reconciliation  
7 and dosage adjustments.

8 “(VII) Review of laboratory tests.

9 “(VIII) Medical nutrition ther-  
10 apy.

11 “(iv) PERMISSIBLE INCLUSION OF  
12 TELEHEALTH SERVICES.—The term  
13 ‘CKD–EDT services’ may include services  
14 that are furnished via a telecommuni-  
15 cations system by a CKD–EDT practi-  
16 tioner to an enrolled CKD–EDT individual  
17 and that would have been CKD–EDT serv-  
18 ices under clause (i) if such services had  
19 been furnished without the use of a tele-  
20 communications system.

21 “(C) CKD–EDT INDIVIDUAL.—The term  
22 ‘CKD–EDT individual’ means an individual  
23 who—

24 “(i) is not under the care of a  
25 nephrologist or nephrology practitioner;

1 “(ii) is an individual with confirmed  
2 chronic kidney disease at a stage equal to,  
3 or greater than, stage 3; and

4 “(iii) is entitled to benefits under part  
5 A and enrolled under part B.

6 “(D) ENROLLED CKD–EDT INDIVIDUAL.—  
7 The term ‘enrolled CKD–EDT individual’  
8 means a CKD–EDT individual who is enrolled  
9 to participate in the demonstration program  
10 under paragraph (6).

11 “(9) INTEGRATED CARE STRATEGY.—

12 “(A) IN GENERAL.—Under the demonstra-  
13 tion, a CKD–EDT practitioner, with respect to  
14 enrolled CKD–EDT individuals, shall develop  
15 and submit for the Secretary’s approval, subject  
16 to subparagraphs (B) and (C), a CKD–EDT in-  
17 tegrated care strategy.

18 “(B) INTEGRATED CARE STRATEGY.—In  
19 assessing a CKD–EDT integrated care strat-  
20 egy, the Secretary shall consider the extent to  
21 which the strategy includes elements, such as  
22 the following:

23 “(i) Interdisciplinary care teams led  
24 by at least one nephrologist, and comprised  
25 of registered nurses, social workers, and

1 other representatives from alternative set-  
2 tings described in clause (vi).

3 “(ii) Health risk and other assess-  
4 ments to determine the physical, psycho-  
5 social, nutrition, language, cultural, and  
6 other needs of enrolled CKD–EDT individ-  
7 uals involved.

8 “(iii) Development and at least annual  
9 updating of individualized care plans that  
10 incorporate at least the medical, social,  
11 and functional needs, preferences, and care  
12 goals of enrolled CKD–EDT individuals.

13 “(iv) Coordination and delivery of  
14 non-clinical services, such as transpor-  
15 tation, aimed at improving the adherence  
16 of enrolled CKD–EDT individuals with  
17 care recommendations.

18 “(v) Services, such as transplant eval-  
19 uation and vascular access care.

20 “(vi) In the case of an individual who,  
21 while enrolled in the demonstration, re-  
22 ceives confirmation that a kidney trans-  
23 plant is imminent, the provision by an  
24 interdisciplinary care team described in  
25 clause (i) of counseling services to such in-

1 individual on preparation for and potential  
2 challenges surrounding such transplant.

3 “(vii) Delivery of benefits and services  
4 in alternative settings, such as the home of  
5 the enrolled CKD–EDT individuals, in co-  
6 ordination with the provider or other ap-  
7 propriate stakeholder involved in such de-  
8 livery serving on an interdisciplinary care  
9 team described in clause (i).

10 “(viii) Use of patient reminder sys-  
11 tems.

12 “(ix) Education programs for pa-  
13 tients, families, and caregivers.

14 “(x) Use of health care advice re-  
15 sources, such as nurse advice lines.

16 “(xi) Use of team-based health care  
17 delivery models that provide comprehensive  
18 and continuous medical care, such as med-  
19 ical homes.

20 “(xii) Co-location of providers and  
21 services.

22 “(xiii) Use of a demonstrated capacity  
23 to share electronic health record informa-  
24 tion across sites of care.

1           “(xiv) Use of programs to promote  
2           better adherence to recommended treat-  
3           ment regimens by individuals, including by  
4           addressing barriers to access to care by  
5           such individuals.

6           “(xv) Other services, strategies, and  
7           approaches identified by the CKD–EDT  
8           practitioner to improve care coordination  
9           and delivery.

10          “(C) REQUIREMENTS.—The Secretary may  
11          not approve a CKD–EDT integrated care strat-  
12          egy of a CKD–EDT practitioner unless under  
13          such strategy the practitioner—

14               “(i) provides services to enrolled  
15               CKD–EDT individuals through a com-  
16               prehensive, multidisciplinary health and so-  
17               cial services delivery system which inte-  
18               grates acute and long-term care services  
19               pursuant to regulations; and

20               “(ii) specifies the covered items and  
21               services that will not be provided directly  
22               by the practitioner, and to arrange for de-  
23               livery of those items and services through  
24               contracts meeting the requirements of reg-  
25               ulations.

1 “(10) BENEFICIARY PROTECTIONS.—

2 “(A) ANTIDISCRIMINATION.—In the case  
3 of a CKD–EDT practitioner that participates  
4 in the CKD early detection and treatment dem-  
5 onstration program that is treating a CKD–  
6 EDT individual and such individual elects for  
7 the practitioner not to so participate in such  
8 demonstration program with respect to such in-  
9 dividual, such practitioner may not participate  
10 in such demonstration program with respect to  
11 such individual (but may so participate with re-  
12 spect to other CKD–EDT individuals).

13 “(B) NO IMPACT ON QUALITY OF CARE.—  
14 A CKD–EDT practitioner that participates in  
15 the CKD early detection and treatment dem-  
16 onstration program may not allow the participa-  
17 tion of such practitioner in such program to af-  
18 fect the quality of services furnished under this  
19 title to an individual, regardless of whether the  
20 practitioner participates in such demonstration  
21 program with respect to such individual.

22 “(C) QUALITY ASSURANCE; PATIENT SAFE-  
23 GUARDS.—The Secretary shall require that each  
24 CKD–EDT practitioner that participates in the

1 CKD early detection and treatment demonstra-  
2 tion program has in effect—

3 “(i) a written plan of quality assur-  
4 ance and improvement with respect to  
5 CKD–EDT services for which payment is  
6 made under such demonstration program,  
7 and procedures implementing such plan, in  
8 accordance with regulations; and

9 “(ii) written safeguards of the rights  
10 of enrolled CKD–EDT individuals for  
11 whom such practitioner is the primary care  
12 practitioner (including a patient bill of  
13 rights and procedures for grievances and  
14 appeals) in accordance with regulations  
15 and with other requirements of this title  
16 and Federal and State law that are de-  
17 signed for the protection of patients.

18 “(b) DEMONSTRATION PROGRAM FOR ADVANCED  
19 CHRONIC KIDNEY DISEASE.—

20 “(1) IN GENERAL.—Not later than 18 months  
21 after the enactment of this section, the Secretary  
22 shall establish a demonstration program (referred to  
23 in this section as the ‘advanced CKD demonstration  
24 program’) of the use of the payment system de-  
25 scribed in paragraph (2) that, with respect to an in-

1       dividual entitled to benefits under part A or enrolled  
2       under part B with confirmed chronic kidney disease  
3       at a stage equal to, or greater than, stage 4 (as con-  
4       firmed by testing serum creatinine and urine albu-  
5       min in alignment with evidence-based chronic kidney  
6       disease clinical guidelines), provides to an advanced  
7       CKD practitioner (as defined in paragraph (5)(A))  
8       a single care management payment for all advanced  
9       CKD services (as defined in paragraph (5)(B)) fur-  
10      nished to such individual by such practitioner in a  
11      month.

12               “(2) PAYMENT SYSTEM DESCRIBED.—The pay-  
13      ment system described in this paragraph is a pay-  
14      ment system that, with respect to all advanced CKD  
15      services furnished in a month by an advanced CKD  
16      practitioner to an individual described in paragraph  
17      (1), provides a care management payment to such  
18      practitioner in an amount that—

19               “(A) is greater than the amount of pay-  
20      ment that such practitioner otherwise would re-  
21      ceive pursuant to title XVIII for furnishing  
22      such services to such individual if the practi-  
23      tioner had not elected to participate in the ad-  
24      vanced CKD demonstration program (to be cal-  
25      culated in a manner that includes, as part of

1 such amount that the practitioner otherwise  
2 would so receive, any amounts that the practi-  
3 tioner would receive as cost-sharing amounts  
4 from the individual);

5 “(B) with respect to a fiscal year that is  
6 after the first fiscal year in which the advanced  
7 CKD practitioner participates in the advanced  
8 CKD demonstration program, is adjusted based  
9 on the performance of the practitioner during  
10 the prior fiscal year with respect to the meas-  
11 ures developed by the Secretary pursuant to  
12 paragraph (3);

13 “(C) is determined through the use of a  
14 computation that is developed in consultation  
15 with—

16 “(i) chronic kidney disease patient ad-  
17 vocates;

18 “(ii) clinicians in the nephrology com-  
19 munity;

20 “(iii) experts in the development of  
21 evidence-based guidelines for the detection,  
22 diagnosis, and management of chronic kid-  
23 ney disease; and

24 “(iv) such other entities as the Sec-  
25 retary determines appropriate.

1 For purposes of applying subparagraph (A)(i)  
2 with respect to advanced CKD services that are  
3 furnished via a telecommunications system by  
4 an advanced CKD practitioner to an individual  
5 described in paragraph (1), the Secretary shall  
6 calculate the amount that the practitioner oth-  
7 erwise would so receive with respect to such  
8 services in a manner that makes such amount  
9 equal the amount that such practitioner other-  
10 wise would so receive for such services if such  
11 services had been furnished without the use of  
12 a telecommunications system.

13 “(3) MEASURES.—

14 “(A) IN GENERAL.—For purposes of para-  
15 graph (2)(B), the Secretary, in conjunction with  
16 stakeholders (including chronic kidney care pa-  
17 tient advocates, clinicians in the nephrology  
18 community, experts in the development of evi-  
19 dence-based guidelines for the detection, diag-  
20 nosis, and management of chronic kidney care,  
21 and such other entities as the Secretary deter-  
22 mines appropriate), shall specify measures of  
23 performance with respect to the tasks described  
24 in subparagraph (B). Such measures shall be in  
25 accordance with clinical guidelines in existence

1 with respect to chronic kidney disease at the  
2 time of such specification.

3 “(B) TASKS DESCRIBED.—The tasks de-  
4 scribed in this subparagraph are the following:

5 “(i) Reducing costs associated with  
6 hospitalizations of individuals described in  
7 paragraph (1) that are furnished CKD-  
8 EDT services by such practitioner.

9 “(ii) Providing education to such indi-  
10 viduals regarding the importance of avoid-  
11 ance of non-steroidal anti-inflammatory  
12 drugs for patients with confirmed chronic  
13 kidney disease.

14 “(iii) Providing appropriate prescrip-  
15 tion of kidney-protective blood pressure  
16 medications to such individuals for such  
17 chronic kidney disease (unless contra-indi-  
18 cated for individuals with confirmed chron-  
19 ic kidney disease), elevated urine albumin,  
20 and elevated blood pressure in alignment  
21 with evidence-based guidelines.

22 “(iv) Providing such individuals, as  
23 appropriate, with planned starts of renal  
24 replacement therapy through the receipt by  
25 such individuals of preemptive kidney

1           transplants, the initiation of home dialysis,  
2           the initiation of outpatient in-center hemo-  
3           dialysis through arteriovenous fistula or  
4           arteriovenous graft, or supportive care.

5           “(C) FLEXIBILITY IN MEASURE SPECIFICA-  
6           TION.—For purposes of subparagraph (A), the  
7           Secretary may specify measures that the Sec-  
8           retary develops for purposes of such subpara-  
9           graph or that the Secretary did not develop for  
10          such purposes.

11          “(4) APPLICATION OF EARLY DETECTION AND  
12          TREATMENT DEMONSTRATION PROGRAM PROVI-  
13          SIONS.—The Secretary shall, under this subsection,  
14          apply the provisions of paragraphs (4), (5), (6), (7),  
15          and (10) of subsection (a) to the advanced CKD  
16          demonstration program, advanced CKD practi-  
17          tioners, advanced CKD services, and individuals de-  
18          scribed in paragraph (1) to the same extent that  
19          such provisions apply under subsection (a) to the  
20          CKD early detection and treatment demonstration  
21          program, CKD–EDT practitioners, CKD–EDT serv-  
22          ices, and enrolled CKD–EDT individuals, respec-  
23          tively.

24          “(5) DEFINITIONS.—For purposes of this sec-  
25          tion, the following definitions apply:

1           “(A) ADVANCED CKD PRACTITIONER.—  
2           Subject to paragraph (6), the term ‘advanced  
3           CKD practitioner’ means, with respect to an in-  
4           dividual described in paragraph (1), a  
5           nephrologist who—

6                   “(i) participates in the Medicare pro-  
7                   gram under this title;

8                   “(ii) subject to subsection (a)(10)(A)  
9                   as applied pursuant to paragraph (4),  
10                  elects to participate in the advanced CKD  
11                  demonstration program with respect to all  
12                  individuals described in paragraph (1) who  
13                  receive care from the nephrologist;

14                  “(iii) agrees to provide to each indi-  
15                  vidual described in paragraph (1) who re-  
16                  ceives care from the nephrologist—

17                   “(I) educational materials that  
18                   provide background information about  
19                   chronic kidney disease and that are  
20                   developed by credible organizations  
21                   with expertise in the development of  
22                   clinical guidelines and patient edu-  
23                   cational materials with respect to  
24                   chronic kidney disease; and

1 “(II) a notification of the poten-  
 2 tial benefits that the individual may  
 3 receive as a result of the practitioner  
 4 participating in the advanced CKD  
 5 demonstration program; and

6 “(iv) agrees to comply with the re-  
 7 quirements of subsection (a)(10), as ap-  
 8 plied pursuant to paragraph (4).

9 “(B) ADVANCED CKD SERVICES.—

10 “(i) IN GENERAL.—The term ‘ad-  
 11 vanced CKD services’ means, with respect  
 12 to individuals described in paragraph (1),  
 13 such services as the Secretary may specify  
 14 that are care and management services for  
 15 chronic kidney disease and that, subject to  
 16 clause (iv), are services for which payment  
 17 may otherwise be made under this title.

18 “(ii) CONSULTATION REQUIRED.—In  
 19 determining which services to specify for  
 20 purposes of clause (i), the Secretary shall  
 21 consult with—

22 “(I) chronic kidney disease pa-  
 23 tient advocates;

24 “(II) clinicians in the nephrology  
 25 community;

1 “(III) experts in the development  
2 of evidence-based guidelines for the  
3 detection, diagnosis, and management  
4 of chronic kidney disease; and

5 “(IV) such other entities as the  
6 Secretary determines appropriate.

7 “(iii) CONSIDERED SERVICES.—In  
8 specifying services for purposes of clause  
9 (i), the Secretary may, in addition to con-  
10 sidering other services, consider the fol-  
11 lowing services with respect to the care  
12 and management of chronic kidney disease:

13 “(I) Kidney disease education  
14 benefit sessions.

15 “(II) Patient care planning (in-  
16 cluding patient choice of renal re-  
17 placement therapy or palliative or ad-  
18 vanced care planning).

19 “(III) Comorbidities assessment  
20 and management (with respect to con-  
21 ditions such as anemia, bone and min-  
22 eral abnormalities, and cardiovascular  
23 disease).

24 “(IV) Mental health assessment  
25 and referral.

1                   “(V) Practitioner consultation  
2                   and coordination with cardiologists,  
3                   endocrinologists, mental health spe-  
4                   cialists, primary care practitioners,  
5                   and other appropriate health care pro-  
6                   viders and suppliers.

7                   “(VI) Vascular or peritoneal di-  
8                   alysis access assessments and coordi-  
9                   nations with surgeons.

10                  “(VII) Referrals and coordina-  
11                  tions with transplant centers.

12                  “(VIII) Medication reconcili-  
13                  ations and coordinations with phar-  
14                  macists.

15                  “(IX) Medical nutrition therapy  
16                  administered by dieticians.

17                  “(iv) PERMISSIBLE INCLUSION OF  
18                  TELEHEALTH SERVICES.—The term ‘ad-  
19                  vanced CKD services’ may include services  
20                  that are furnished via a telecommuni-  
21                  cations system by an advanced CKD prac-  
22                  titioner to an individual described in para-  
23                  graph (1) and that would have been ad-  
24                  vanced CKD services under clause (i) if

1           such services had been furnished without  
2           the use of a telecommunications system.

3           “(6) PARTICIPATION OF CARE TEAMS.—

4           “(A) IN GENERAL.—With respect to an in-  
5           dividual described in paragraph (1), a  
6           nephrologist for such individual may participate  
7           in a care team described in subparagraph (B)  
8           that, with respect to the furnishing of advanced  
9           CKD services to such individual, participates in  
10          the advanced CKD demonstration program as  
11          an advanced CKD practitioner. In applying this  
12          subsection, such group shall be treated as such  
13          an advanced CKD practitioner.

14          “(B) CARE TEAM DESCRIBED.—A care  
15          team described in this subparagraph, with re-  
16          spect to an individual described in paragraph  
17          (1), is, subject to subparagraph (C), a group of  
18          providers—

19                 “(i) each of which participates in the  
20                 Medicare program under this title;

21                 “(ii) each of which elects to partici-  
22                 pate in the advanced CKD demonstration  
23                 program with respect to all individuals de-  
24                 scribed in paragraph (1) for whom the

1 nephrologist described in subparagraph (A)  
2 is the nephrologist; and

3 “(iii) that agrees to provide to each  
4 individual described in paragraph (1) for  
5 whom the nephrologist described in sub-  
6 paragraph (A) is the nephrologist—

7 “(I) educational materials that  
8 provide background information about  
9 chronic kidney disease and that are  
10 developed by credible organizations  
11 with expertise in the development of  
12 clinical guidelines and patient edu-  
13 cational materials with respect to  
14 chronic kidney disease; and

15 “(II) a notification of the poten-  
16 tial benefits that the individual may  
17 receive as a result of the practitioner  
18 participating in the advanced CKD  
19 demonstration program.

20 “(C) PERMISSIBLE ASSEMBLY AND ADMIN-  
21 ISTRATION BY THIRD PARTY-ADMINISTRATOR  
22 ORGANIZATIONS.—

23 “(i) IN GENERAL.—A care team de-  
24 scribed in subparagraph (B) may be as-

1           sembled and administered by a third party-  
2           administrator organization.

3           “(ii) THIRD PARTY-ADMINISTRATOR  
4           ORGANIZATION.—For purposes of this  
5           paragraph, the term ‘third party-adminis-  
6           trator organization’ means the following:

7                       “(I) A Medicare Advantage plan  
8                       described in section 1851(a)(2) or a  
9                       Medicare Advantage organization of-  
10                      fering such a plan.

11                     “(II) A prescription drug plan  
12                     (as defined in section 1860D-  
13                     41(a)(14)).

14                     “(III) A medicaid managed care  
15                     organization (as defined in section  
16                     1903(m)).”.

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