



# Dialysis & Nephrology

A biweekly report by Benesch on the  
Dialysis & Nephrology Industry

# DIGEST

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## Calendar of Events

DECEMBER 2, 2020

### **RPA Webinar: Optimal CKD Care**

For information, please click [here](#).

DECEMBER 3, 2020

### **RPA Webinar: Update on Revised E&M Coding Structure for 2021**

For information, please click [here](#).

DECEMBER 4, 2020

### **COVID-19 Kidney Care Challenge— Submission Deadline**

For information, please click [here](#).

DECEMBER 8, 2020

### **Disrupting the kidney care ecosystem— Sponsored by CVS**

For information, please click [here](#).

FEBRUARY 17–21, 2021

### **ASDIN Goes Virtual!**

Interesting cases—ASDIN Unmet/High Priority Needs in Vascular Access Research. For information, please click [here](#).

FEBRUARY 19–21, 2021

### **ASDIN 17th Annual Scientific Meeting**

For information, please click [here](#).

### **ASDIN Announces Micro Research Grants**

For information, please click [here](#).

### **ASDIN Accepting Applications Until December 31 for the \$25K Research Grant in Vascular Access**

Click [here](#) for more information.

# Dialysis & Nephrology DIGEST



Please contact us if you would like to post information regarding your upcoming events or if you'd like to guest author an article for this newsletter.

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## Nephrology Practice and Dialysis

NOVEMBER 17, 2020

### **Somatus delivering CKD, ESRD program to certain members of BCBS Illinois**

Certain BCBS Illinois (BCBSIL) members will have access to Somatus' Kidney Care Program, which provides in-person and virtual supports while addressing social determinants of health that underlie chronic kidney disease and end-stage renal disease. The program will include:

- Transition services following hospitalization concerned with changes in medication or home care plans;
- Diet, lifestyle and medication management;
- Access to community resources, including medication assistance programs, transportation and financial support; and
- Treatment option education.

The program is presently limited to BCBSIL Medicare Advantage members with plans to further expand later in 2021.

**SOURCE: BCBS Illinois**

December 3, 2020

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## Dialysis & Nephrology DIGEST

### Nephrology Practice and Dialysis (cont'd)

NOVEMBER 16, 2020

#### **[AKF: CBO report suggests bill to cover immunosuppressive drugs for kidney transplant patients will save Medicare \\$400M over 10 years](#)**

A [bill](#) before the House of Representatives would provide Medicare coverage for immunosuppressive drugs used by kidney transplant patients under the age of 65. The American Kidney Fund (AKF), which has championed the cause for many years, says the Congressional Budget Office (CBO) estimates the proposed legislation would reduce the amount of public spending on Medicare by \$400 million over the first decade. The AKF cited a [study](#) (sub. req.) that up to 70% of programs reported patients who suffered organ rejection or died because they couldn't afford immunosuppressive drugs.

**SOURCE:** American Kidney Fund

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NOVEMBER 13, 2020

#### **[Health provider coalition supports bipartisan House bill that would freeze Medicare payments at 2020 levels for two years](#)**

Reps. Ami Bera, (D.-Calif.) and Larry Bucshon, (R.-Ind.) introduced H.R.8702 that would amend the Social Security Act and freeze payments at 2020 levels for two years for certain services that were due to be cut by up to 11% in 2021. The bill would also permit the E/M payment increase to go ahead as planned. After two years, the budget-neutrality adjustment in the Act would be implemented. The American Medical Association, in conjunction with a coalition of care providers, offered its support for the measure, saying cutting payments in the middle of the COVID-19 pandemic would negatively impact healthcare practices and limit patient care.

**Related:** [HCPPro and DecisionHealth release E/M training programs and solutions to help pro-fee healthcare organizations prepare for big policy and documentation changes in 2021](#) – HCPPro

**SOURCE:** American Medical Association

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NOVEMBER 10, 2020

#### **[MedPAC members call on Medicare Advantage to fund dialysis at fee-for-service payment rates](#)**

Members of the Medicare Payment Advisory Commission (MedPAC) suggest a fee-for-service approach for the 131,000 Medicare Advantage (MA) patients with end-stage renal disease (ESRD). They note that ESRD patients receive treatment several times per week indefinitely, which represents about 7% of all Medicare spending. As three-fourths of dialysis services are provided by two companies, MA plans have little leverage when it comes to reimbursement, so they recommend the payment structure be changed to keep costs down. The group expects MA enrollment to increase, particularly as the out-of-pocket maximum for the program (\$7,500) is much less than that for Medicare (\$13,000).

**SOURCE:** MedPage Today

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## Nephrology Practice and Dialysis (cont'd)

NOVEMBER 9, 2020

### **AKF unveils awareness campaign for Veterans diagnosed with kidney disease**

The partnership between the American Kidney Fund (AKF) and the U.S. Department of Veterans Affairs aims to provide educational materials to Veterans with kidney disease and identify areas for improvements to kidney care delivery and supports. AKF notes the incidence of kidney disease is higher among Veterans (one-in-six) than the national average (one-in-seven), adding more than 40,000 VHA patients have end-stage kidney disease that requires either dialysis or transplantation.

**SOURCE: Nephrology Times**

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NOVEMBER 5, 2020

### **CMS' final ESRD payment model allows coverage for in-home dialysis equipment**

The CMS published the final rule governing Medicare payments for patients with ESRD. In an effort to spur greater use of in-home dialysis, the agency is expanding the transitional add-on payment adjustment for new and innovative equipment and supplies (TPNIES) to include equipment used at home by a single patient. To be eligible, it must be shown that in-home dialysis constitutes an improvement over standard clinical care. The final rule, which goes into effect Jan. 1, also:

- Updates the ESRD Prospective Payment System (PPS) wage index to adopt the 2018 OMB delineations with a transition period;
- Adds to the ESRD PPS base rate to include calcimimetics in the ESRD PPS bundled payment; and
- Changes the low-volume payment adjustment eligibility criteria and attestation requirement to account for the COVID-19 public health emergency.

**SOURCE: The National Law Review**

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NOVEMBER 16, 2020

### **Swedish dialysis clinic operator Diaverum files for NASDAQ IPO, could be worth \$2.3B**

**Diaverum** has 421 clinics in 22 countries in Europe, Asia and South America and is the third-largest dialysis clinic operator in the world after Fresenius and DaVita. CEO Dimitris Moulavasilis says the IPO, which could net north of \$2.3 billion, is to fund the company's ongoing growth strategies, including expansion into more markets worldwide. Diaverum listed sales of \$759 million for the first three quarters of this year.

**SOURCE: Nasdaq**

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## VAC, ASC and Office-Based Labs

NOVEMBER 16, 2020

### **MedAxiom: AHP to lead CV ASC venture**

Phoenix-based Atlas Healthcare Partners (AHP) manages ASCs in Ariz. and Colo., while MedAxiom is a cardiovascular (CV) care membership and resources network, with over 425 members and thousands of providers. By joining its network, MedAxiom says AHP's expertise will be leveraged as it expands its CV ASC capacity. MedAxiom notes AHP operates under a health system/JV model, with the advantage of access to low-cost capital, risk mitigation, recruitment and retention of physicians, access to managed care contracts, PCP pipeline development and lower cost services for patients covered by health system insurance plans.

**SOURCE: MedAxiom**

*"Atlas is excited about our partnership with MedAxiom and the opportunity to share our Joint Venture Ambulatory Surgery Center model with forward thinking health systems, physicians and practice managers. This model allows employed and independent physicians to invest and deliver care in ASCs. Health systems can use this JV model for recruitment and retention of employed physicians and for strategic alignment with independent physicians."*

**- Marc Toth  
Vice President of Cardiovascular Services, Atlas Healthcare Partners**

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## Other Interesting Industry News

NOVEMBER 17, 2020

### **VillageMD acquiring Complete Care Medicine, plans expansions in Phoenix, Atlanta markets**

No terms were released but Chicago-based VillageMD acquired healthcare provider Complete Care Medicine of Phoenix. The company plans to open a further 17 clinics in the Ariz. capital by summer of next year. Meanwhile, VillageMD opened its first clinic in the Atlanta metropolitan area and anticipates more than 10 primary care facilities to be opened in that market. VillageMD, which also operates clinics in Houston, offers services such as preventative care, treatment for illness and injury and chronic disease management for diabetes, heart failure, COPD and kidney disease.

**SOURCE: VillageMD**

## Other Interesting News (cont'd)

### Watching Changes in Telehealth Reimbursement

Many payers are bringing an end to the more liberal policies on telehealth and telephone visits they implemented this year in response to the COVID pandemic. Dates can always be extended, but several payers have announced end dates for these temporary policies. Looking ahead to 2021, it is crucial that you stay on top of these changes and communicate them to your providers and staff.

Many states are currently seeing spikes in COVID-19 cases, and patients may still be concerned about face-to-face visits in the office. So it is imperative that you become familiar with the plans of payers in your market to continue reimbursement of telehealth or telephone-only visits.

Many practices have utilized the telephone-only visit codes upon CMS raising the Medicare reimbursement to be equivalent to face-to-face office visits. This has been very helpful to those patients who do not have access to smartphones or internet service that can support audio and video technology. When these rates are lowered to the pre-COVID reimbursement levels, payments will be drastically reduced, and some payers may no longer recognize the telephone-only codes as payable codes under any circumstance.

As payers are catching up on their ongoing policies for telehealth, even if they allow continued use of these codes, they are adding more requirements to the billing process. For example, requiring the Place of Service code -02 or Modifiers such as -95. These Place of Service codes or Modifiers can trigger a lower reimbursement because of site-of-service adjustments as well.

The regulations on utilizing HIPAA-compliant telehealth platforms were also relaxed during the pandemic, allowing providers to utilize multiple, open technologies, such as FaceTime, that do not meet the required privacy standards. If you plan to continue using telehealth as an ongoing part of your delivery of healthcare services, it is critical that you transition to a fully compliant platform.

Contact your payer representatives and sign up for their automatic emails and listserv to stay ahead of the evolving changes to reimbursement in your market.

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