



August 21, 2024

Tom Duvall

Director, Division of Special Populations and Projects, Seamless Care Models Group
Center for Medicare & Medicaid Innovation
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: TDAPA/TPNIES Policy Update

Dear Director Duvall,

Kidney Care Partners (KCP) appreciates having the opportunity to provide feedback on the “Potential Changes to KCC Model Benchmarking Methodology” the Innovation Center requested in its July 16 KCC Newsletter. Kidney Care Partners is a non-profit, non-partisan coalition of more than 30 organizations comprising patients, physicians, nurses, dialysis professionals, researchers, therapeutic innovators, transplant coordinators, and manufacturers dedicated to working together to improve the quality of care for individuals living with kidney disease. We support excluding Transitional Drug Add-On Payment Adjustment (TDAPA) and Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) payment adjustments from benchmarking and expenditure calculations beginning in PY 2025 in the KCC Model.

Removing these payment adjustments from benchmarking and expenditure calculations will support the intent of the Administration through KidneyX and the adoption of these payment adjustments to improve access to innovative products and address the health care inequities experienced by individuals living with kidney disease.

This policy would also align the KCC model with how other Innovation Center models treat payment adjustments to incentivize the adoption of innovative treatment options. For example, the hospital models currently exclude add-on payments for new technologies and therapies from the episode expenditures. Most recently CMS explained the rationale for excluding such add-on payments in its proposed rule for the Transforming Episode Accountability Model (TEAM). Specifically, CMS states that counting add-on payments toward the TEAM participants’ actual episode spending “would not be appropriate” because doing so would “potentially diminish beneficiaries’ access to new technologies” and could “burden hospitals who chose to use these new drugs, technologies, or services.”

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KCP would welcome the opportunity to discuss our recommendations and share examples about how financially penalizing providers will result in beneficiary access problems. Please do not hesitate to reach out if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Mahesh Krishnan". The signature is written in a cursive style with a light blue shadow effect behind the text.

Mahesh Krishnan MD MPH MBA FASN
Chairman
Kidney Care Partners

Appendix: KCP Members

Akebia Therapeutics
American Kidney Fund
American Nephrology Nurses' Association
American Society of Nephrology
American Society of Pediatric Nephrology
Ardelyx
Atlantic Dialysis
Baxter
Centers for Dialysis Care
Cormedix
CSL Vifor
DaVita
Diality
Dialysis Care Center
Dialysis Patient Citizens
Fresenius Medical Care
GlaxoSmithKline
Greenfield Health Systems
Kidney Care Council
NATCO
Nephrology Nursing Certification Commission
Renal Healthcare Association
Renal Physicians Association
Renal Support Network
The Rogosin Institute
U.S. Renal Care
Unicycive