



May 29, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20515

Re: CMS-4207-NC: Medicare Program; Request for Information on Medicare Advantage Data

Dear Administrator Brooks-LaSure,

Kidney Care Partners (KCP) appreciates having the opportunity to provide comments on the “Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies” (Advance Notice). KCP is an alliance of members of the kidney care community that includes patient advocates, dialysis care professionals, providers, and manufacturers organized to advance policies that improve the quality of care for individuals with both Chronic Kidney Disease (CKD) and irreversible kidney failure, known as End Stage Renal Disease (ESRD).

KCP remains pleased that individuals who decide to enroll in Medicare after being diagnosed with ESRD are permitted to also enroll in an MA plan. As more individuals requiring dialysis select this option, we encourage CMS to recognize the unique aspects of this patient population to protect the long-term stability of the program. We would like to work closely with CMS in the coming months to address the challenges that individuals who rely upon dialysis and are enrolled in MA plans are experiencing to ensure equitable access to these life-sustaining services.

We applaud CMS for seeking additional public feedback on how to enhance data capabilities to improve insight into the Medicare Advantage program. We strongly support the goal to collect MA data that is “commensurate with data available for Traditional Medicare to advance transparency across the Medicare program, and to allow for analysis in the context of other health programs like accountable care organizations, the Marketplace, Medicaid managed care, integrated delivery systems, among others.”¹ While the RFI focuses on data collection, we encourage CMS to ensure that the data are used to ensure that MA enrollees receive high quality care and have access to innovative products and services.

¹89 Fed. Reg. 5907, 5908 (Jan. 30, 2024).

As we have noted in previous letters, we are concerned that the MA program does not provide the same level of transparency that the Fee for Service (FFS) program does when it comes to patient outcomes and similar data. We hope that these data will provide a consistent flow of information to the USRDS as well. We strongly encourage CMS to require MA plans to provide data similar to that collected in the FFS program with regard to ESRD enrollees. As more Medicare-eligible patients select MA coverage, it is crucial that ESRD-related data available for patients with Medicare FFS as their primary coverage be extended to include MA enrollees.

In addition, patient organizations have raised concerns about practices by some MA plans that make it difficult to obtain services, including the use of utilization management tools and the failure to reimburse providers using Traditional Medicare payment adjustments that create barriers to access renal dialysis services.

To improve transparency and better understand patient outcomes related to dialysis services, KCP recommends that CMS require MA organizations to report and make public:

- The same data that traditional Medicare reports for its monitoring programs, including outcomes data collected by the Chronic Care Policy Group, the ESRD QIP, and the ESRD Networks. The definitions related to data format, fields, and content should align precisely with those used in traditional Medicare.
- The same data that are reported under traditional Medicare to support the U.S. Renal Data Systems annual report. The definitions related to data format, fields, and content should align precisely with those used in traditional Medicare.
- Whether or not the MA organizations reimburse providers using adjustment policies in place under Traditional Medicare, including the home dialysis training adjustment, the Transitional Drug Add-On Payment Adjustment (TDAPA), and the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES). It would also be beneficial to collect data on contract negotiation timelines particularly related to how long it takes to adjust a contract when CMS awards a new TDAPA or TPNIES payment.
- The use of utilization management tools for items and services provided to ESRD enrollees, including but not limited to prior authorization, in terms of: (1) when MA plans apply prior authorization requirements; (2) the percentage of requests that are approved or denied; (3) the percentage of denials that are appealed and the percentage of those appeals that are granted; and (4) the average length of time the MA plan takes to adjudicate prior authorization requests both initially and on appeal.
- The number of dialysis facilities, nephrologists, and other dialysis-related specialists that each plan includes in its network, which would help CMS monitor whether

enrollees are experiencing barriers to accessing renal dialysis services in light of the decision to remove the dialysis services from the network adequacy rule.

- The annual number and percentage of ESRD enrollees who enrolled in an MA plan and the annual number and percentage who disenrolled by each reasons the individual disenrolled. CMS should use these data to monitor the trends related to disenrollment to address whether there are barriers to access care.

We look forward to continuing to work with CMS on this important matter as it refines the methodology and data collection for individuals with CKD or ESRD who are enrolled in MA plans. Please do not hesitate to reach out to our counsel in Washington, Kathy Lester at 202-534-1773 or klester@lesterhealthlaw.com, if you have questions or would like to discuss our comments.

Sincerely,



Mahesh Krishnan MD MPH MBA FASN

Chairman

Kidney Care Partners

Appendix A: KCP Members

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