



September 27, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1715-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-1715-P: CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations (84 Fed. Reg. 40482 (August 14, 2019)).

Dear Administrator Verma:

I am writing on behalf of Kidney Care Partners (KCP) to express concern about the removal of the nephrology measures from the Merit-based Incentive Payment System (MIPS) in the proposed rule for the Calendar Year (CY) Physician Fee Schedule (PFS) proposed rule. Since its establishment in the early 2000s, KCP and our members have sought to improve the quality of life for patients who are living with kidney failure. As the Administration calls for better coordination of care through the ESRD Treatment Choices model, as well as the soon to be released Kidney Care First (KCF) and Comprehensive Kidney Care Contracting (CKCC) Graduated, Professional, and Global Models, it seems inappropriate to eliminate measures that more closely align with those used in the ESRD Quality Incentive Program (QIP) in favor of primary care measures that are not aligned. We ask that CMS maintain the nephrology measures to promote better care coordination and alignment among the providers caring for patients receiving dialysis.

More specifically we ask that CMS retain each of the four nephrology measures for the following reasons:

- **MIPS 328 Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin (Hgb) Level < 10 g/dL.** Anemia management is a critical component of managing the care for patients with kidney failure. Consistent with the comments KCP submitted on the ESRD QIP on August 30, 2019, we support using a Hgb < 10 g/dL measure for dialysis facilities and, thus, call on CMS to use a similar measure for nephrologists. While there may be a smaller number of pediatric patients, managing their anemia is a critical quality of life factor. Simply put, children with limited energy due to anemia struggle to go to school, engage with friends, and have a “normal” childhood. In addition, if not managed appropriately, anemia can lead to increased morbidity and mortality and an increased risk of cardiovascular disease. This measure should be maintained.
- **MIPS 329 Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis.** As CMS’ own Fistula First, Catheter Last initiative demonstrates, reducing catheter use may be one of, if not the, most important part of managing a patients’ kidney failure next to adequacy of dialysis. The use of catheters increases the risk of infection, morbidity, mortality, hospitalizations, and readmission. The ESRD QIP contains a similar measure to reduce the use of catheters in dialysis patients. Therefore, to coordinate the care among facilities and nephrologists, it is important to maintain this measure.
- **MIPS 330 Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days.** This measure, which is designed to be paired with MIPS 329 should also be retained. For the same reasons noted above, including the need to coordinate care among facilities and nephrologists, we ask that CMS retain this measure.
- **MIPS 403: Adult Kidney Disease: Referral to Hospice.** KCP’s patient advocacy members consistently identify end-of-life choices as a critical component of kidney care. Many patients who receive dialysis remain on it for the rest of their lives, yet only about 20 percent of Medicare beneficiaries with kidney failure receive hospice care prior to their death. A nephrologist – the provider with whom a dialysis patients is the closest – is best positioned to work with the patient and through shared decision-making determine whether hospice is an appropriate option. This measure should be retrained to promote patient choice and autonomy at the end of life.

Through the new kidney care models announced this summer, CMS, HHS, and the President have indicated that the Medicare program should be improving the Medicare ESRD benefit in a way that promotes care coordination, shared decision-making, and quality of life for patients. Removing the four nephrology measures from MIPS is inconsistent with these goals. Therefore, KCP recommends that CMS retain these measures in the MIPS.

IV. Conclusion

KCP appreciates the opportunity to provide comments on the Proposed Rule. Thank you again for considering our recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Nissenson, MD". The signature is fluid and cursive, with a prominent initial "A" and a long, sweeping underline.

Allen Nissenson
Chairman
Kidney Care Partners

Appendix A: Kidney Care Partner Members

Akebia Therapeutics
American Kidney Fund
American Nephrology Nurses' Association
American Renal Associates, Inc.
Ardelyx
American Society of Nephrology
American Society of Pediatric Nephrology
Amgen
AstraZeneca
Atlantic Dialysis
Baxter
Board of Nephrology Examiners and Technology
Braun
Cara Therapeutics
Centers for Dialysis Care
Corvidia Therapeutics
DaVita
Dialysis Clinics, Inc.
DialyzeDirect
Dialysis Patient Citizens
Fresenius Medical Care North America
Fresenius Medical Care Renal Therapies Group
Greenfield Health Systems
Kidney Care Council
Medtronic
National Renal Administrators Association
Nephrology Nursing Certification Commission
Otsuka
Renal Physicians Association
Renal Support Network
Rockwell Medical
Rogosin Institute
Satellite Healthcare
U.S. Renal Care