



March 5, 2015

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Deputy Administrator
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Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2016 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2016 Call Letter

Dear Acting Administrator Slavitt:

I am writing on behalf of Kidney Care Partners (KCP) to provide comments on the “Advance Notice of Methodological Changes for Calendar Year (CY) 2016 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2016 Call Letter” (Call Letter). KCP is an alliance of members of the kidney care community that serves as a forum for patient advocates, dialysis care professionals, providers, and manufacturers to advance policies that support the provision of high quality care for individuals with both chronic kidney disease (CKD) and End-Stage Renal Disease (ESRD).

KCP strongly supports providing beneficiaries living with kidney failure with the ability to select the type of health insurance they believe will best meet their needs. To this end, we have strongly supported the MedPAC recommendation that all Medicare beneficiaries have access to MA plans, including those who become beneficiaries solely because of their diagnosis of kidney failure. MA plans promote coordinated care that results in better management of kidney failure and related diseases and disorders. It is important to ensure access to MA plans by providing them with full funding.

As CMS recognizes in its own quality strategy, two important components of coordinated care are promoting screening and disease management activities as early as possible. KCP is concerned about the proposal to remove certain hierarchical condition category (HCC) and RxHCC risk adjustment payments for CKD, as well as reducing reimbursement for other disease complications. Individuals with CKD often do not know that their kidney function is declining. Early detection can help prevent adverse outcomes such as cardiovascular events, acute kidney injury and the progression of kidney disease to kidney failure. Thus, it is important to identify those

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with CKD as early as possible to better manage disease progression and to coordinate care.

These risk adjustors encourage health plans to educate practitioners to screen for CKD in their patients and to provide these patients with the appropriate educational and care options necessary to better manage their care. In addition, studies show that the cost of caring for individuals with CKD are higher than those without it – making risk adjustment for CKD both appropriate and important. By eliminating risk adjustors and reducing reimbursement for other disease complications, CMS is acting in a manner that is in stark contrast to its own goals, as well as those of Healthy People 2020, to promote awareness and early detection of kidney disease.

Thus, KCP strongly urges CMS to retain certain HCC and RxHCC risk adjustment payments for CKD to ensure that the risk adjustment models include the proper funding to encourage plans and providers to intervene early in this costly disease state. Doing so is consistent with the Department's and the Agency's quality strategy goal of promoting effective prevention and treatment of chronic disease.

KCP appreciates the opportunity to provide comments on the Call Letter. Please do not hesitate to contact Kathy Lester at 202-534-1773 or at klester@lesterhealthlaw.com if you have any questions.

Sincerely,



Edward R. Jones, M.D.
Chairman
Kidney Care Partners

Members of Kidney Care Partners

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American Kidney Fund
American Nephrology Nurses' Association
American Renal Associates, Inc.
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