

March 4, 2022

Meena Seshamani, M.D., Ph.D.  
Director, Center for Medicare  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

Dear Dr. Seshamani,

On behalf of the members of the Advanced Medical Technology Association (AdvaMed), we are writing to provide responses to Advance Notice of Methodological Changes for CY 2023 for MA Capitation Rates and Part C and Part D Payment Policies.

AdvaMed member companies produce the medical devices and technologies that play a crucial role in allowing Medicare beneficiaries to lead healthy, productive, and independent lives in their homes and communities, thereby fulfilling the intent of Congress when it created benefits to assist persons with serious kidney disease. We strongly support policies that improve treatment choices for patients with ESRD and address systemic barriers that may limit access to the full range of treatment options available for the approximately 400,000 Medicare beneficiaries with kidney failure.

In advance of the notice, AdvaMed is submitting comments on the following:

- MA ESRD Rates
- Kidney Health Quality Measures

## MA ESRD Rates

In the Advance Notice, CMS acknowledges concerns raised by stakeholders regarding ESRD payment adequacy and accuracy in recent years, in light of the expected increase in ESRD enrollment in MA plans as a result of the 21<sup>st</sup> Century Cures Act, which allows beneficiaries with ESRD to enroll in MA plans starting in 2021. In response, CMS conducted a preliminary analysis of the impact of developing MA ESRD rates for Core-Based Statistical Areas (CBSAs) while continuing to use the same data and methodology currently used for MA ESRD statewide rates. This preliminary analysis suggested rural and underserved urban areas would see rate decreases relative to the current state level, but further analysis is necessary to assess the full impact of these policies.

As CMS considers changes to the MA program in response to an anticipated increase in ESRD patient enrollment, AdvaMed urges the Agency to consider adoption of an innovation add-on payment policy similar to the Transitional Payment for New and Innovative Equipment and Supplies (TPNIES) used in the ESRD Prospective Payment System (PPS). The intent of this add-on payment is to facilitate beneficiary access to new and innovative technologies by providing an add-on payment adjustment to support ESRD facilities in the uptake of these technologies and supplies. These incentive payments are a critical pathway for patients to access innovative and novel dialysis equipment that can improve patient care, particularly for dialysis care outside of the dialysis facility. Implementing a similar add-on payment incentive under the MA ESRD rate methodology would further support MA plans interested in expanding access to innovative technologies, particularly those for home dialysis, and allow providers to take advantage of the latest healthcare technologies and innovations for their ESRD patients.

## Kidney Health Quality Measures

As stated in the Advance Notice, NCQA is exploring new measure concepts to assess appropriate kidney health evaluation and management. Potential concepts include testing patients at risk of chronic kidney disease (CKD), management of patients with CKD (e.g., blood pressure control, blood sugar control, cholesterol control, management of Erythropoiesis-Stimulating Agents (ESA), access to medical nutrition therapy services, preparedness for kidney failure), and management of patients with end stage kidney disease (person driven outcomes, patient experience, quality of life). CMS requested feedback on these concepts for potential use as display or Star Ratings measures in the future.

AdvaMed strongly supports the adoption of measures on kidney health. As CMS considers additional measures for potential use as display or Star Ratings measures in the future, we urge the Agency to consider measures currently in use in the ESRD Treatment Choices (ETC) Model: the home dialysis rate<sup>1</sup>; and transplant

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<sup>1</sup> 85 FR 61305 through 61308.



rate<sup>2</sup>. Both of these modalities, home dialysis and transplantation, have support among health care providers and patients as preferable alternatives to in-center hemodialysis, but utilization in the U.S. has historically been lower than in other developed nations.<sup>3</sup>

We believe adopting the home dialysis and transplant rates as publicly reported quality measures would provide ESRD patients with important information regarding their treatment options at a given facility, further incentivize increased utilization of home dialysis, and support MA plans interested in expanding opportunities for home dialysis in rural areas. In addition, CMS recently finalized incorporation of a Health Equity Incentive into the improvement scoring methodology for both the home dialysis and transplant rates.<sup>4</sup> This updated scoring methodology will better enable CMS to account for rates of home dialysis and transplant among beneficiaries who are dual-eligible for Medicare and Medicaid or Low Income Subsidy recipients.

We appreciate this opportunity to share our recommendations for your consideration in preparation for the CY 2023 ESRD PPS proposed rule. If you have any questions, please contact Kirsten Tullia ([ktullia@advamed.org](mailto:ktullia@advamed.org)).

Sincerely,



Chandra N. Branham, J.D.

Senior Vice President and Head of Payment & Healthcare Delivery Policy

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<sup>2</sup> 85 FR 61308 through 61313.

<sup>3</sup> United States Renal Data System. Annual Data Report, 2020. Volume 2. Chapter 11. International Comparisons. Figure 11.16. Available at: <https://adr.usrds.org/2020/end-stage-renal-disease/11-international-comparisons>

<sup>4</sup> 86 FR 61969 through 61971.

