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The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1715-P
P.O. Box 8013
Baltimore, Maryland 21244-8013

Re: CMS-1734-P: Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2021

Dear Administrator Verma:

The National Kidney Foundation (NKF) appreciates the attention paid to the end-stage renal disease (ESRD) codes in the CY 2021 proposed revisions to payment policies under the Medicare Physician Fee Schedule. Physician reimbursement has a significant impact on physician behavior and how patients experience the health care system. Therefore, NKF has special interest in the policies in the Physician Fee Schedule, their effect on how kidney care is delivered in the United States, and the resulting impact on ESRD patients.

The National Kidney Foundation (NKF) is the largest, most comprehensive, and longstanding patient centric organization dedicated to the awareness, prevention, and treatment of kidney disease in the U.S. In addition, the NKF has provided evidence-based clinical practice guidelines for all stages of chronic kidney disease (CKD), including transplantation since 1997 through the NKF Kidney Disease Outcomes Quality Initiative (KDOQI). NKF is committed to enhancing the lives of ESRD patients by ensuring that they have choices in how to live with kidney failure.

The landscape for U.S. kidney care has been dramatically influenced by misaligned incentives. Intensive management of kidney patients is not incentivized until patients' kidneys fail and they are reliant on dialysis to survive. Kidney transplantation provides the best outcomes and quality of life for most patients and is as close as a patient will come to a cure, however dialysis provided in facilities remains the default option for treating kidney failure due to perverse financial incentives that favor it. Almost 90 percent of these patients dialyze in facilities rather than at home, where patients have more flexibility that can enable them to continue to work, travel, and engage in hobbies, and where they may benefit from better health and quality of life. In July 2019, the Administration announced the Advancing American Kidney Health initiative with a major goal being to realign payment incentives to enable greater patient choice of kidney transplant and home dialysis.



NKF has long held the position that the lack of parity between the current rate for home patients (90966) and the maximum rate for in-center patients (90960) contributes to the misaligned incentives that limit patient choice of ESRD treatment modality by favoring in-center dialysis over other options. **We were thus extremely pleased to see that CMS proposed an increase to the work RVUs for 90966 from 4.26 to 8.04, making the MCP for home dialysis the most highly compensated physician service among the ESRD MCP codes. We strongly support this proposal and encourage CMS to adopt it expeditiously.** While equalizing the rates for 90960 and 90966 would create parity as it pertains to physician reimbursement for home and in-center dialysis, we believe it is appropriate that CMS is taking steps to incentivize home dialysis over in-center dialysis as aligns with the Administration's broader goals to improve patient's lives by giving them more choices of how to live their lives with kidney failure.

NKF also expresses our gratitude to CMS for the proposal to revalue the ESRD MCP codes to align with increases in E/M codes 99212 and 99214 and for the proposal to recognize that some HCPCS codes can accompany Transitional Care Management (TCM) codes rather than duplicating services. We support both proposals, which we believe will enable nephrologists to better support dialysis patients, particularly across transitions of care across settings. This has special value to dialysis patients, who have 1.7 hospitalizations per year.¹

We are pleased that CMS is taking such bold steps to use the policy levers at its disposal to enhance ESRD patient choice by correcting the longstanding misalignment of incentives in the Physician Fee Schedule. We would welcome the opportunity to further discuss any of the points raised in this letter, as well as other mechanisms for correcting incentives and enhancing the care of kidney patients. Please contact Miriam Godwin, Health Policy Director, at miriam.godwin@kidney.org.

Handwritten signature of Kevin Longino.

Kevin Longino
CEO and transplant patient

Handwritten signature of Holly Mattix Kramer.

Holly Mattix Kramer, MD, MPH
President

¹ https://www.usrds.org/media/1729/v2_c04_hospitalization_18_usrds.pdf