



The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Room 314G
Hubert H. Humphrey Building,
200 Independence Avenue, SW
Washington, DC 20201

April 6, 2020

Re: Medicare and Medicaid Programs; Contract Year 2021 and 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

Dear Administrator Verma,

The Coalition for Kidney Health thanks the Agency for the opportunity to provide comments on the proposed rule, Medicare and Medicaid Programs; Contract Year 2021 and 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly. As Medicare Advantage enrollment opens to ESRD beneficiaries in 2021, we recommend CMS expand the list of C-SNP conditions to include patients with CKD, and thus expand kidney patient access to value-based plan designs.

The Coalition for Kidney Health is a multi-stakeholder group of partners working to transform the landscape of chronic kidney disease (CKD) by generating awareness of CKD, increasing screening of at-risk patients and driving forward high-quality, coordinated care focused on delaying CKD progression.

Studies have found that C-SNPs achieve better outcomes by providing targeted care to address beneficiaries' chronic conditions.^{1,2} While C-SNPs are currently able to serve end-stage renal disease (ESRD) patients, CKD patients are not able to enroll; an exclusion that appears incongruous with C-SNP eligibility that is extended to diabetes mellitus, the most common cause of CKD.

Patients benefit when kidney disease is treated as a spectrum from CKD through ESRD care. The care coordination offered by C-SNPs plans may help patients with CKD better manage their disease and delay, or even avoid the progression of their condition by improving adherence to blood glucose targets, blood pressure management, angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, as well as enhancing access to underutilized benefits such as Medical Nutrition Therapy

¹ Avalere Health. "Effects of Chronic Condition Special Needs Plan Enrollment on Outcomes for Medicare Beneficiaries with Diabetes." October 2017. https://www.antheminc.com/cs/groups/wellpoint/documents/wlp_assets/d19n/mziw/-edisp/pw_g320739.pdf.

² Health Affairs. "Medicare Advantage Chronic Special Needs Plan Boosted Primary Care, Reduced Hospital Use among Diabetes Patients." January 2012. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0998>.

(MNT) and Kidney Disease Education (KDE). In addition, expanding C-SNPs to CKD patients will allow for coordinated pre-ESRD care that can lead to later and better starts on dialysis and greater utilization of home dialysis. Optimal starts to dialysis, defined as starting dialysis with an arteriovenous fistula or graft (AVF/G), preemptive transplant, or home dialysis, may result in lower morbidity and mortality, reduced inpatient utilization, and fewer outpatient specialty visits.³ We emphasize, however, that planning for dialysis must begin during CKD care. Numerous opportunities to improve both the experience of care for the patient and deliver improved outcomes and cost savings are lost when ESRD is treated in a silo.

Kidney patients stand to derive special benefit from care coordination. The undersigned members of the Coalition for Kidney Health encourage CMS to expand the list of C-SNP conditions to include patients with CKD. We would welcome the opportunity to discuss this issue further. Please contact Miriam Godwin (miriam.godwin@kidney.org).

Sincerely,

Anthem, Inc.
Bayer U.S.
The Academy of Nutrition and Dietetics
The National Kidney Foundation

³ <https://www.ajmc.com/journals/issue/2018/2018-vol24-n10/clinical-outcomes-and-healthcare-use-associated-with-optimal-esrd-starts>