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September 13, 2021

The Honorable Chiquita Brooks-LaSure
Hubert H. Humphrey Building
Room 314G-01
200 Independence Avenue SW
Washington, DC 20201

Re: Medicare Program; CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; Provider and Supplier Prepayment and Post-payment Medical Review Requirements.

Dear Administrator Brooks-LaSure,

The National Kidney Foundation (NKF) appreciates the opportunity to offer our perspective on the proposed Payment Policies under the Physician Fee Schedule for CY2022. 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 National Kidney Foundation has provided evidence-based clinical practice guidelines for all stages of chronic kidney disease (CKD), including transplantation since 1997 through the National Kidney Foundation Kidney Disease Outcomes Quality Initiative (KDOQI).

CKD affects 15% of adults in the United States, the majority of whom are unaware.[1] CKD is disease multiplier, causing significant morbidity and mortality well before its progression to end-stage kidney disease (ESKD). CKD also represents an enormous financial burden for the Medicare program. In 2018, Medicare fee-for-service (FFS) expenditures on beneficiaries with CKD were greater than $81 billion and represented nearly a quarter of Medicare FFS spending.[2]

CKD progression to ESKD, at which point an individual is dependent on dialysis or a kidney transplant to survive, need not be inevitable. Low-cost interventions such as blood pressure control, blood glucose control, and nutritional planning can slow or stop progression. Thus, it is of the utmost importance that nutritional interventions that support adherence to a kidney-friendly diet are available to Medicare beneficiaries.

NKF applauds the Centers for Medicare and Medicaid (CMS) for updating the Medical Nutritional Therapy (MNT) regulations to align with accepted standards for CKD stages 3 through 5, specifically

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[1] https://www.cdc.gov/kidneydisease/publications-resources/ckd-national-facts.html
[2] https://adr.usrds.org/2020/chronic-kidney-disease/6-healthcare-expenditures-for-persons-with-ckd

glomerular filtration rate (GFR) 59 – 15 mL/min/1.73m2 and to remove the treating physician requirement to increase the number of physicians who can refer beneficiaries to MNT.

We ask CMS to go further and ensure that beneficiaries with early-stage CKD are able to access MNT. Medicare expenditures increase at every stage of CKD, increasing especially dramatically between stages 1 and 2 and stages 4 and 5.[3] Covering MNT for earlier stages of CKD is a low-cost intervention proven to slow or prevent CKD progression.[4,5] Combined with efforts to detect CKD earlier in its progression, making MNT available to CKD patients as early in their disease progression as possible would result in significant savings to the Medicare program. We specifically recommend that CMS expand the definition of renal disease at § 410.130 to include G Stage 1 Kidney Damage with normal kidney function (GFR 90 ml/min/1.73m^2 or higher) and G Stage 2 Mild CKD (GFR 60-89 ml/min/1.73m^2) to include the full spectrum of non-dialysis dependent chronic kidney disease.[6] Section 1861(s)(2)(V)(ii) of the Social Security Act allows for MNT for a "beneficiary with … renal disease who…is not receiving maintenance dialysis."

Finally, we call CMS' attention to the quality measure Kidney Health Evaluation. This measure assesses the percentage of adults with diabetes who receive a guideline concordant annual kidney health evaluation including both eGFR and urine albumin creatinine ratio (uACR). The measure has been adopted onto the Measures Under Consideration (MUC) list that will be published in December 2021 and will be subsequently considered by the Measures Application Partnership (MAP) in early 2022. Kidney Health Evaluation was developed with the intention to replace the existing composite measure Diabetes: Medical Attention for Nephropathy, Regarding APPENDIX 1: MIPS QUALITY MEASURES, where Diabetes: Medical Attention for Nephropathy exists in the Appendix, anticipate that Kidney Health Evaluation will supplant it. We are enthusiastic about the proposed Optimizing Chronic Disease Management MVP. Should Kidney Health Evaluation be adopted by CMS as we expect, the measure should be available for use in the MVP by the CY2023 MIPS Performance Period.

Thank you for your attention to these brief comments. NKF will follow up with CMS regarding the status of Kidney Health Evaluation as the measure progresses through the pre-rulemaking process. NKF would be glad to elaborate on any of the issues raised in this letter. Please contact Miriam Godwin (miriam.godwin@kidney.org).

Sincerely,

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[3] United States Renal Data System. Chapter 6: Healthcare Expenditures for Persons with CKD. https://adr.usrds.org/2020/chronic-kidney-disease/6-healthcare-expenditures-for-persons-with-ckd. Accessed August 17, 2021.

[4] de Waal D, Heaslip E, Callas P. Medical Nutrition Therapy for Chronic Kidney Disease Improves Biomarkers and Slows Time to Dialysis. J Ren Nutr. 2016; 26(1): 1-9.

[5] Kramer H, Yakes Jimenez E, Brommage D, et al. Medical Nutrition Therapy for Patients with Non-Dialysis-Dependent Chronic Kidney Disease: Barriers and Solutions. J Acad Nutr Diet. 2018; 118(10): 1958-1965.

[6] National Kidney Foundation. Estimated Glomerular Filtration Rate (eGFR). https://www.kidney.org/atoz/content/gfr. Accessed August 17, 2021.

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