

Summary Recommendations on [Calendar Year \(CY\) 2026 End-Stage Renal Disease \(ESRD\) Prospective Payment System \(PPS\) Rule](#)

- The National Kidney Foundation (NKF) generally agrees that the dialysis rate is adequate for most facilities, however the policy for incorporating new medications and technologies is not.
- NKF supports the proposed update to the timeframe for Transitional Drug Add-on Payment Adjustment (TDAPA) eligibility to allow eligibility within three years of FDA approval instead of two.
- NKF understands the proposed update to the post-TDAPA add-on payment adjustment amounts for Korusu and DefenCath, however we note that the policy and methodology used to calculate the post-TDAPA add-on payments disadvantages independent dialysis facilities.
- NKF recommends rebasing the bundle to account for the increasing operational costs of dialysis, particularly staffing. While we support the labor-related share of 55.2 percent, it is important to note that facilities continue to struggle to hire and retain staff.
- NKF does not support the proposal to remove accountability for the Facility Commitment to Health Equity reporting measure, Screening for Social Drivers of Health reporting measure, and Screen Positive Rate for Social Drivers of Health reporting measure. CMS should pause this decision until such time as there is a public process to develop consensus on a parsimonious, patient-centered set of quality measures that could inform the future of the ESRD Quality Incentive Program (QIP).
- NKF supports changes to the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey to reduce the length of the instrument.
- In general, NKF supports the incorporation of patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) in the ESRD QIP. Specifically, we support the use of PREMs in evaluating the experience of patients using home dialysis.
- NKF continues to support “time on machine” data collection to inform potential reforms to the PPS to account for treatment time.
- NKF supports termination of the ESRD Treatment Choices (ETC) Model. NKF encourages CMS to press forward on approaches to payment that promote home modalities.
- In general, NKF supports expanding access to kidney disease education (KDE). We believe limitations in both clinical and beneficiary eligibility contributes to KDE uptake remaining low.
- NKF supports the exploration of policy changes that would focus on removing barriers to peritoneal dialysis (PD) catheter placement including operation scheduling challenges and lack of training for PD catheter placement.
- NKF believes there is an opportunity to incentivize the use of PD in skilled nursing facilities.
- ***Request for Information on Well-being and Nutrition:*** NKF supports policy changes to improve access to Medical Nutrition Therapy and CMS’s interest in developing ESRD QIP measures focused on nutrition. We also support codifying eligibility for Medical Nutrition Therapy (MNT) based on chronic kidney disease (CKD) stage rather than using the outdated term “chronic renal insufficiency.”
- ***Request for Information on Measures related to CKD that would encourage early detection, early and appropriate treatment, and delay of progression to ESRD:*** The Kidney Disease Outcomes Quality Initiative (KDOQI) is working to define core measures in CKD to build on the implementation of Kidney Health Evaluation for Adults with Diabetes (KED). We look forward to collaborating with CMS to define excellence in CKD management.