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Cc: MVPsupport@cms.hhs.gov

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Subject: 2027 MVP Candidate Feedback

Dear Dr. Oz,

The Coalition for Kidney Health (C4KH) thanks the Agency for the opportunity to submit comments on the following MIPS Value Pathways (MVPs) under consideration for 2027: Diabetic Disease MVP and Hypertension MVP. We commend the Centers for Medicare and Medicaid Services (CMS) for its inclusion of Q488: Kidney Health Evaluation to the proposed Diabetic Disease MVP.

We respectfully request that CMS and the submitter of the MVP add the measure, Kidney Disease Evaluation (Q488) to the hypertension MVP in the clinical grouping "Prevention." This action would be consistent with the Administration's Make America Healthy Again (MAHA) Agenda, specifically the work of CMS to align quality improvement with the White House's broader efforts to prevent chronic disease.

The Coalition for Kidney Health is a multi-stakeholder group of partners committed to public policies that advance early detection and treatment of chronic kidney disease (CKD). CKD, the progressive loss of kidney function over time, is common and burdensome. Overall, more than 1 in 3 Americans is at risk for kidney disease and more than 1 in 7 Americans have kidney disease.¹ CKD is more common in people with risk factors such as diabetes, hypertension, heart disease, and obesity, as well as in the elderly.² CKD can also be caused by inherited conditions like polycystic kidney disease (PKD), glomerular diseases, and autoimmune conditions like systemic lupus erythematosus, among other conditions and circumstances.³ Many of these conditions are rare diseases, further complicating efforts for patients to secure diagnoses and access to care, but in total they drive a significant share of the burden caused by CKD (e.g., glomerulonephritis is mostly caused by rare diseases but in total accounts for 10–15 percent of kidney failure).⁴ CKD is closely related to a range of comorbidities, especially to cardiovascular disease, which lead to high morbidity and mortality.⁵ In fact, people with CKD are more likely to die of cardiovascular disease

¹ <https://www.cdc.gov/kidney-disease/php/data-research/index.html>

² <https://www.kidney.org/kidney-topics/chronic-kidney-disease-ckd>

³ *Ibid.*

⁴ <https://www.ncbi.nlm.nih.gov/books/NBK560644/>

⁵ <https://usrds-adr.niddk.nih.gov/2023/chronic-kidney-disease/3-morbidity-and-mortality-in-patients-with-ckd>

than progress to kidney failure.⁶ Those who do progress to kidney failure depend on dialysis or a kidney transplant to survive. **Astonishingly, despite the prevalence, clinical implications, and downstream costs associated with kidney disease, most people who have CKD are unaware of their condition.**

Hypertension is one of the leading causes of kidney disease, following only diabetes. The National Institutes of Health (NIH) notes that 1 in 5 adults with hypertension also has CKD, reflecting the linked risk between these conditions.⁷ Guideline-directed screening for CKD requires two simple lab tests: an estimated glomerular filtration rate (eGFR), and a urinary albumin-to-creatinine ratio (uACR). Despite the low-cost and easy accessibility of both tests, screening rates for CKD are poor. Studies of adults at high risk for CKD have shown that individuals with a diagnosis of hypertension only had the lowest rates of uACR testing at only 10%.⁸ The implication of these findings extends beyond the individual being screened in accordance with clinical practice guidelines. Further analyses revealed that absence of uACR testing was associated with foundational gaps in CKD care including blood pressure control and guideline-concordant prescribing.⁹

The Kidney Health Evaluation for Patients with Diabetes (KED) measure was developed by the National Committee for Quality Assurance (NCQA) and the National Kidney Foundation (NKF) to close the well documented gap in performance of uACR testing in individuals at high risk for CKD and is at the core of behavioral health strategies to improve detection and diagnosis of CKD, reduce morbidity and mortality, and prevent kidney failure.¹⁰ The measure numerator for both the KED measure used in the Healthcare Effectiveness Data and Information Set (HEDIS) and other health plan quality programs like the Medicare Advantage (MA) Star Ratings and Kidney Health Evaluation (Quality ID #488) used in the Merit-Based Incentive Payment System (MIPS) includes adults 18 to 85 with a diagnosis of diabetes of any type documented prior to or at the start of the performance period.

At the time the KED measure was specified and tested, annual testing for uACR had been recommended by diabetes clinical practice guidelines for over two decades. It is only recently that the American Heart Association (AHA) and American College of Cardiology (ACC) gave a stronger endorsement for evaluating albuminuria and eGFR to guide management of hypertension. The 2025 AHA/ACC Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults highlights eGFR and uACR as routine laboratory testing for new diagnosis of hypertension.

⁶ Dalrymple LS, Katz R, Kestenbaum B, Shlipak MG, Sarnak MJ, Stehman-Breen C, Seliger S, Siscovick D, Newman AB, Fried L. Chronic kidney disease and the risk of end-stage renal disease versus death. *J Gen Intern Med.* 2011 Apr;26(4):379-85. doi: 10.1007/s11606-010-1511-x. Epub 2010 Sep 19. PMID: 20853156; PMCID: PMC3055978.

⁷ https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease?utm_source=chatgpt.com

⁸ Chu CD, Xia F, Du Y, et al. Estimated Prevalence and Testing for Albuminuria in US Adults at Risk for Chronic Kidney Disease. *JAMA Netw Open.* 2023;6(7):e2326230. Published 2023 Jul 3. doi:10.1001/jamanetworkopen.2023.26230

⁹ *Ibid.*

¹⁰ Alfego D, Ennis J, Gillespie B, et al. Chronic Kidney Disease Testing Among At-Risk Adults in the U.S. Remains Low: Real-World Evidence From a National Laboratory Database. *Diabetes Care.* 2021;44(9):2025-2032. doi:10.2337/dc21-0723



There are two ways CMS could approach adding Kidney Health Evaluation (Quality ID #488) to the hypertension MVP:

1. Diabetes and hypertension are interrelated conditions. Although estimates vary by subgroup and clinical setting, we know that people with diabetes are much more likely to have hypertension than the general population. Including the KED measure in the hypertension MVP would signal CMS' acknowledgement that clinicians and practices are expected to, in accordance with the 2025 AHA/ACC clinical practice guideline, secure an annual uACR for patients at high risk for CKD due to the underlying constellation of conditions that includes diabetes and hypertension. CMS has wide latitude to include measures in its quality programs outside of the narrow requirements associated with Consensus-Based Entity (CBE) endorsement and could add the measure despite not being specified for hypertension specifically.
2. The National Kidney Foundation (NKF) is the measure steward of the measure Kidney Health Evaluation (Quality ID #488). NKF is advancing measure testing to add hypertension to the measure denominator and intends to seek endorsement of the expanded measure in 2026. Should CMS feel that the eligible population for the measure must include adults with diabetes and/or hypertension or that the measure must be endorsed through the consensus-based process, we request that CMS update the hypertension MVP to include the KED measure as part of the MVP Maintenance Process.

We thank CMS for the opportunity to comment on the diabetic disease and hypertension MVPs under consideration. Should there be questions or comments on this submission, please contact Miriam Godwin at Miriam.godwin@kidney.org.

Sincerely,
The Coalition for Kidney Health