



Dr. Mehmet Oz
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW.
Washington, D.C. 20201

Cc: MVPsupport@cms.hhs.gov

February 6, 2026

Subject: Recommending a Change to an Existing MVP

Dear Dr. Oz,

The Coalition for Kidney Health (C4KH) thanks the Agency for the opportunity to offer comments on the Value in Primary Care MVP (MVP ID: M0005). ***In accordance with the ongoing MVP Maintenance Process, we are writing to recommend the addition of the measure, Kidney Disease Evaluation (#Q488) to the Value in Primary Care MVP.*** The addition of this core kidney disease screening measure is aligned with the Administration's commitment to reducing the burden of chronic disease on the American people through the Make America Healthy Again (MAHA) Agenda. The absence of two simple and inexpensive blood and urinary tests comprising the kidney disease screening measure in the Value for Primary Care MVP contributes to the invisibility of a *modifiable* major driver of cardio-kidney-metabolic (CKM) syndrome and perpetuates gaps in care that result in early mortality, morbidity, and expensive downstream costs for all payers, particularly the Medicare program.

The Coalition for Kidney Health

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

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/>

morbidity and mortality.⁵ In fact, people with CKD are more likely to die of cardiovascular disease 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.**

Background on the Kidney Health Evaluation Measure

The Kidney Health Evaluation for Patients with Diabetes (KED) measure is an electronic clinical quality measure that assesses whether adults 18–85 years of age with diabetes received an annual kidney health evaluation, including a blood test for kidney function (estimated glomerular filtration rate [eGFR]) and a urine test for kidney damage (urine albumin-creatinine ratio [uACR]). The 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.⁷ 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.

Rationale for Inclusion of Kidney Health Evaluation in the Value for Primary Care MVP

Kidney Health Evaluation (Quality ID #488) is complementary to the other measures in the Value for Primary Care MVP, particularly Diabetes: Glycemic Status Assessment Greater Than 9% (Quality ID: 001), Controlling High Blood Pressure (Quality ID: 236), and Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID: 438).

In many instances, kidney disease is at the center of the constellation of conditions like obesity, dyslipidemia, type 2 diabetes and cardiovascular disease known as cardio-kidney-metabolic syndrome (CKM). CKM describes the interrelated pathophysiological processes of these common conditions.⁸ CKM provides a framework through which to view chronic disease management in the primary care setting. Instead of viewing these most seen conditions in primary care as separate problems, CKM is a lens through which the primary care team can focus on a holistic treatment strategy focused on preventing the progression of multiple interacting conditions, with emphasis on reducing overall cardiovascular risk.

Notably, kidney disease has an amplification role in the CKM framework. Once the kidneys are damaged, that damage drives further cardiovascular and metabolic risk, even when diabetes and hypertension are not present. Optimizing a holistic treatment strategy in a high-value primary care setting requires the care team to understand the baseline dysfunction across organ systems

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

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 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

⁸ <https://www.ahajournals.org/doi/10.1161/cir.0000000000001184>



because not every patient with CKM will present with the same underlying conditions. We therefore request that CMS consider our recommendation to include Kidney Health Evaluation (Quality ID #488) in the Value for Primary Care MVP.

We thank CMS for the opportunity to comment as part of the maintenance process for MVPs. Should there be questions or comments on this submission, please contact Miriam Godwin at Miriam.godwin@kidney.org.

Sincerely,
The Coalition for Kidney Health