

LEAD Model Team

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Cc:

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Centers for Medicare & Medicaid Services
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Re: Incorporating Kidney Disease Prevention, Early Detection, and Screening into the Long-term Enhanced ACO Design (LEAD) Model

Dear Abe and the LEAD Model Team,

On behalf of the Coalition for Kidney Health, we write to encourage the Centers for Medicare & Medicaid Services Innovation Center to explicitly include kidney disease prevention, early detection, and screening within the Long-term Enhanced ACO Design (LEAD) Model.

The Innovation Center has a flagship role in defining an accountable care framework for kidney disease, largely through the Kidney Care Choices (KCC) Model which groups together risk for late-stage kidney disease and kidney failure to reduce unexpected dialysis starts and associated utilization and increase rates of home dialysis and transplantation. The Coalition for Kidney Health is gratified to work with the Innovation Center to drive accountable care for kidney disease upstream towards prevention and early screening and diagnosis. Our overarching view is that while standalone kidney models are important, it is equally if not more important to embed kidney health policies across the Innovation Center's model portfolio, including in population health models like LEAD.

Chronic kidney disease does not live in silos, nor is kidney care delivery the same. Although kidney disease is highly prevalent impacting more than 1 in 7 Americans, its underlying causes are varied. CKD is more common in people with risk factors such as diabetes, hypertension, heart disease, and obesity, as well as in the elderly¹, but CKD can also be caused by inherited conditions like polycystic kidney disease (PKD), glomerular diseases, and autoimmune conditions like lupus, among other conditions and circumstances.² From a care delivery perspective, patients with CKD associated with diabetes or hypertension benefit from standardized screening, risk factor management, and evidence-based therapies. Those with inherited, glomerular, structural, complement-mediated, and other specific kidney diseases require earlier nephrology referral to establish the underlying diagnosis through appropriate imaging, genetic testing, kidney biopsy, or other specialized diagnostics, to guide disease-specific management. As precision therapies for individual diseases continue to emerge, timely and accurate diagnosis is

¹ <https://www.kidney.org/kidney-topics/chronic-kidney-disease-ckd>

² *Ibid.*

increasingly important to ensure patients receive the treatment most appropriate to their disease. The LEAD Model can support both early identification of CKD and identification of its underlying cause.

Last year, the Coalition for Kidney Health recommended a set of tactics the Innovation Center can employ across model frameworks. These tactics are outlined in the white paper, *A Vision for Value-Based Approaches to Early Kidney Disease Prevention and Management*.³

The LEAD Model offers an important opportunity to embed these kidney health policy levers to advance preventive, coordinated care that reflects both the opportunity and nuance of kidney disease care delivery. As CMS works to support LEAD ACOs in delivering proactive care, engaging beneficiaries, and improving outcomes for high-needs patients, ***kidney disease should be treated as a core prevention and early detection priority.***

To these ends, the Coalition recommends that CMS encourage or require LEAD ACOs to include CKD prevention, screening, diagnosis, and treatment in their individualized Prevention and Quality Plans, particularly for beneficiaries with diabetes, hypertension, cardiovascular disease, obesity, a family history of kidney disease, or other risk factors. Screening should include both estimated glomerular filtration rate, or eGFR, and urine albumin-creatinine ratio, or uACR. Per clinical practice guidelines from Kidney Disease Improving Global Outcomes (KDIGO), the American Diabetes Association (ADA), and the American Heart Association (AHA) and the American College of Cardiology (ACC), both tests are needed to identify kidney disease and assess risk in people at risk. In addition, individualized Prevention and Quality Plans should specifically include approaches to risk stratifying diagnosed CKD, as some cases of kidney disease, including rare kidney diseases, can be more aggressive and demand more timely referrals to specialty care.

We also urge the Innovation Center to use LEAD's care coordination, benefit enhancement, beneficiary engagement, and payment flexibilities to support practical kidney health interventions, including:

1. Routine CKD risk assessment and screening for at-risk beneficiaries in primary care;
2. Follow-up workflows to ensure abnormal kidney test results are explained and acted upon;
3. Patient education on kidney disease, diabetes, hypertension, nutrition, medication adherence, and treatment options;
4. Better coordination between primary care clinicians, nephrologists, pharmacists, dietitians, community health workers, and other care team members;
5. Use of data and population health tools to identify gaps in kidney testing and follow-up care;
6. Timely referral pathways for patients with progressive CKD or high-risk finding, particularly for patients with rare kidney diseases who require timely referral to specialists, and;
7. Alignment with other payers (e.g., based on examples like the Vermont All-Payer Model, and/or through tools that allow non-Medicare payers to contract with ACOs) to scale successful value-based approaches to care delivery.

³ https://www.kidney.org/sites/default/files/2025-10/coalition-white-paper_final.pdf

Including kidney disease prevention, screening, diagnosis, and treatment in LEAD would align directly with the model's goals of supporting healthier living, improving chronic disease management, empowering patients, and reducing avoidable high-cost care. CKD is often silent in its early stages, but it is detectable, manageable, and, in many cases, its progression can be delayed. A model designed to strengthen accountable care over a 10-year period should help ensure that kidney disease is identified early enough for patients and clinicians to act.

The Coalition for Kidney Health appreciates CMS's continued leadership in advancing value-based care and improving outcomes for Medicare beneficiaries. We look forward to working with the Innovation Center to ensure that kidney health is fully integrated into the LEAD Model and future efforts to improve prevention, early detection, and coordinated care.

Sincerely,

The Coalition for Kidney Health