NATIONAL KIDNEY FOUNDATION®

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

July 23, 2026

cc: Daniel Brillman, Director, Medicaid and CHIP Services, Deputy Administrator, Centers for Medicare & Medicaid Services; U.S. Department of Health and Human Services
Dr. Caprice Knapp, Principal Deputy Director, Center for Medicaid and CHIP Services, U.S. Department of Health and Human Services
Anne Marie Costello, Deputy Director, Center for Medicaid and CHIP Services, U.S. Department of Health and Human Services
Sara Vitolo, Deputy Director, Center for Medicaid and CHIP Services, U.S. Department of Health and Human Services

Re: CMS–2454–IFC; RIN 0938–AV98 Medicaid Program; Community Engagement Requirement for Certain Individuals

Dear Administrator Oz,

The National Kidney Foundation (NKF) appreciates the opportunity to offer our perspectives on the interim final rule, Medicaid Program; Community Engagement Requirement for Certain Individuals (CMS-2454-IFC). NKF's mission is to improve the lives of all people affected by kidney disease, including individuals at risk of chronic kidney disease (CKD), people living with kidney failure, and kidney transplant recipients working to preserve the gift of a donated organ. NKF is committed to systems change in kidney disease: earlier diagnosis, prevention, and preservation of kidney health so patients can remain healthy, activated, and engaged in their lives. We look forward to working with HHS and CMS to advance that goal. In the meantime, implementation of this rule must protect patients who are chronically ill, medically frail, or managing kidney disease as a daily obligation from losing coverage because a state data match fails, duplicative paperwork is requested, or verification is too complex.

NKF urges CMS to:

- Revise the interim final rule to specifically exclude individuals with end-stage renal disease (ESRD), advanced or high-risk CKD, and kidney transplant recipients from community engagement requirements when their condition or treatment burden makes compliance inappropriate or threatens access to care.
- Provide guidance requiring states to identify kidney patients through reliable data sources, accept provider, dialysis facility, or transplant center documentation when data are incomplete, and prohibit disenrollment while ESRD, CKD, transplant, Medicare, or medical frailty status is being verified.

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NKF is deeply concerned that community engagement reporting requirements, as described in the interim final rule, could cause people living with kidney disease, kidney failure, and kidney transplants to lose Medicaid coverage because of complex documentation barriers or state system failures. For kidney patients, Medicaid is often the mechanism that preserves (1) access to medications, transportation, dialysis-related services, transplant care, routine laboratory monitoring, (2) the clinical care necessary to prevent avoidable deterioration and life-threatening complications, and (3) the stability that makes employment and community participation possible. Experience with state work-reporting programs demonstrates that complex verification systems can create administrative waste and eligible coverage loss.[1] CMS should therefore use final rulemaking and subregulatory guidance to standardize auto-renewal, limit duplicative documentation, and prevent state systems from shifting unnecessary burdens onto patients and providers. In addition to Medicare enrollment data, Medicaid claims, encounter data, and provider documentation, states should be directed to utilize available information through the End Stage Renal Disease Quality Reporting System (EQRS), including CMS-2728 Medical Evidence Report data, to identify ESRD status before requesting additional documentation from a patient.

> *Having Medicaid as my supplemental coverage has been incredibly helpful. I want policymakers to understand that living with and managing my condition requires tremendous faith and effort. Every day, from the moment I wake up until I go to bed, I am constantly making decisions and questioning whether I've done everything I can to stay healthy. A major focus of my thoughts is calculating my intake of potassium, phosphorus, water, sodium, sugar, and other factors, and I find myself dealing with monthly lab results and sometimes needing to retake labs. Having the financial coverage to participate in the type of care I receive from my clinic is essential. One less burden to hover over me.* ***– Florida Resident and Kidney Patient Living on Dialysis***

First, CMS should ensure that individuals with ESRD are excluded from community engagement requirements. ESRD is a life-threatening, serious, and complex condition requiring intensive and ongoing treatment. As a result of legislation championed by NKF and signed by President Nixon, many individuals with ESRD will already be protected because they are eligible for or enrolled in Medicare Part A or Part B. However, CMS should ensure that this protection works automatically and that no patient is placed at risk because of gaps in data matching, renewal timing, Medicare enrollment status, or state verification processes. For any ESRD patient not already captured by the Medicare exception, CMS should direct states to treat ESRD as presumptively meeting the medically frail or special medical needs exclusion. Continuation of coverage and care is vital for this population as missed dialysis treatments, medication interruptions, or loss of transportation can quickly lead to hospitalization, emergency care, or death.

> *Medicaid continues to provide life-saving transportation for people living with kidney disease – from the transportation to and from clinics that allows them to access essential medicines to the medically tailored meals that can help slow progression to kidney failure. Medicaid supported transportation can make the life-altering difference in making sure someone gets to their transplant evaluation on time, prepared vs. not. Medicaid-sponsored efforts also continue to provide life-supporting transportation for people who require dialysis three times a week to manage kidney failure. As a dedicated VA nephrologist - I have the unique privilege*

[1] https://www.npr.org/sections/shots-health-news/2025/07/28/nx-s1-5466338/georgia-work-requirements-medicaid-pathways

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of caring for U.S. veterans and I have seen the profound impact Medicaid has had in providing essential support that improves patients' care journeys, this often includes care that delays kidney disease progression - the collective goal of health care teams, patients, and their loved ones. From supporting care partners who help people living with advanced kidney disease and disabilities maintain their daily activities through medication reminders, meal preparation, and other essential activities, Medicaid has provided a critical lifeline for people living with kidney disease to maintain their independence at home. This independence is foundational to meaningful life participation and engagement in kidney and other health-enhancing care. Medicaid work requirements will have devastating consequences on the care of people living with kidney disease who are already working tirelessly to navigate complex health care challenges (e.g. seeing numerous specialists) amid burdensome symptoms and other challenges (e.g. accessing healthy food, finding affordable safe housing). ***– Dinushika Mohottige, MD, MPH***

Second, CMS should protect people living with advanced or high-risk CKD. CKD is progressive, costly, and often manageable when patients maintain access to primary care, nephrology care, blood pressure and diabetes management, kidney-protective medications, nutrition support, and laboratory monitoring. Additionally, advanced frailty (often caused by mineral and bone disease and other comorbidities) is highly prevalent in individuals living with CKD.[2,3] Medicaid benefits have shown promise in reducing the incidence of kidney failure.[4] The optimal pathway for improved outcomes among people living with CKD would be early diagnosis and treatment; interventions that are supported by Medicaid. CKD patients often do not have access to Medicare yet, so Medicaid may be their only coverage source. Also, low socioeconomic status is highly associated with CKD and ESRD; Medicaid is incredibly important to this group, to ensure they have access to specialists. Loss of Medicaid coverage will accelerate progression to kidney failure, increase avoidable emergency department use and hospitalizations, and ultimately shift costs to Medicare when a patient reaches ESRD.

I lost my healthcare coverage in the early 2000s at the age of 21; the age when adult dependents were mandated to be removed from their parents' healthcare plan. I was still a college student at the time and also a young chronic kidney disease patient. I was unable to access my CKD medications, expediting my journey to kidney failure, beginning dialysis. To be listed for a kidney transplant, I needed Medicare and Medicaid to be eligible for transplant waitlisting. As luck would have it, a dear college friend would be a perfect match and donate her kidney to me, after receiving Medicaid long after approval to receive Medicare. Medicare and Medicaid literally saved my life. It is imperative for kidney patients to have medication coverage to stay healthy while managing their CKD/ESRD diagnosis, and also after transplant to maintain protect the longevity of such precious life-saving gift. ***– Kidney Patient and Georgia Resident***

[2] Kennard, A. L., Glasgow, N. J., Rainsford, S. E., & Talaulikar, G. S. (2024). Narrative Review: Clinical Implications and Assessment of Frailty in Patients With Advanced CKD. Kidney International Reports®, 9(4), 791–806. https://doi.org/10.1016/j.ekir.2023.12.022
[3] Patel P, Hashmi MF. Chronic Kidney Disease-Mineral Bone Disorder (CKD-MBD) [Updated 2024 Apr 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK560742/
[4] Thorsness, R., Swaminathan, S., Lee, Y., Sommers, B. D., Mehrotra, R., Nguyen, K. H., Kim, D., Rivera-Hernandez, M., & Trivedi, A. N. (2021). Medicaid Expansion and Incidence of Kidney Failure among Nonelderly Adults. Journal of the American Society of Nephrology : JASN, 32(6), 1425–1435. https://doi.org/10.1681/ASN.2020101511

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Third, CMS should protect kidney transplant recipients. Transplantation is the gold standard of treatment for many people with kidney failure and provides better survival, quality of life, and long-term value than maintenance dialysis. Post-transplant care requires lifelong immunosuppressive medications, frequent monitoring, specialist visits, and rapid response to complications or signs of rejection. Coverage disruptions that threaten access to immunosuppression or follow-up care can result in graft failure and return to dialysis; a result that decimates patient quality of life and increases Medicare costs.

> *Medicaid allows me to get the follow up appointments I need and to get the monthly medications I need to continue with a healthy transplant. I wouldn't be able to maintain my doctor's appointments or pay for my immunosuppressive medications. I want policymakers to realize the folks who depend on Medicaid like me worry about how the changes will affect coverage. I hope that the people with chronic diseases will be taken into consideration and not be affected* ***– Virginia Resident and Kidney Transplant Recipient***

NKF urges CMS to require states to identify kidney patients through reliable data sources wherever possible, accept provider documentation when data are incomplete, and prohibit disenrollment while ESRD, CKD, transplant, Medicare, or medical frailty status is being verified. NKF supports helping people with kidney disease remain healthy, independent, and able to work when possible. Medicaid coverage is essential to that goal. We would welcome the opportunity to discuss. Please contact Miriam Godwin, Vice President of Health Policy, at Miriam.godwin@kidney.org.

Sincerely,

Dr. Marc Hurlbert
Chief Executive Officer, National Kidney Foundation