



COALITION FOR KIDNEY HEALTH

National Kidney Foundation

September 23, 2026

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Attn: Child and Adult Core Set Annual Review
7500 Security Boulevard
Baltimore, MD 21244

Re: Support for Adding the Kidney Health Evaluation for Patients With Diabetes Measure to the Medicaid Adult Core Set

Dear CMS Leadership and Members of the Adult Core Set Annual Review Workgroup:

The undersigned organizations are writing to express strong support for adding the Kidney Health Evaluation for Patients with Diabetes (KED) measure to the Core Set of Adult Health Care Quality Measures for Medicaid. Inclusion of the measure would drive improvement in the profound CKD detection gap in the Medicaid program as part of a comprehensive chronic disease management strategy.

Most Medicaid programs have a CKD diagnosis rate between zero and two percent, falling far below the national benchmark of 14 percent.¹ The measure would address an actionable clinical quality need, is consistent with the Administration's chronic disease emphasis and the Centers for Medicare and Medicaid Services' (CMS) quality strategy, and limits reporting burden by relying on a digital measurement infrastructure that states and health plans already use.

Kidney Disease Background

Chronic kidney disease (CKD) is an underrecognized public health crisis affecting 37 million US adults. It is common, serious, largely silent and frequently undiagnosed. The leading cause of kidney disease is diabetes. CKD is closely related to a range of comorbidities, especially to cardiovascular disease, which leads to high morbidity and mortality.² In fact, people with CKD are more likely to die of cardiovascular disease than progress to kidney failure.³ CKD is also a pillar of the multi-organ, systemic disorder known as cardio-kidney-metabolic syndrome (CKM). CKM reflects the interconnected nature of kidney disease, heart disease, and metabolic disease. Importantly, the CKM framework acknowledges that chronic disease cannot be managed in silos.

In its latest stages, patients who progress to kidney failure depend on dialysis or a kidney transplant to survive. Kidney failure is one of the most burdensome conditions in modern medicine. **Astonishingly**

¹ <https://ckdspotlight.healthcostinstitute.org/>

² <https://usrhs-adr.niddk.nih.gov/2023/chronic-kidney-disease/3-morbidity-and-mortality-in-patients-with-ckd>

³ 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.



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most people who have CKD are unaware of their condition because kidney disease does not have signs or symptoms until its latest stages.

Kidney disease is the canary in the coal mine that can tell us when chronic disease management has not been optimized. We are in a time of unprecedented opportunity to improve our nation's health by implementing guideline recommended interventions to slow progression of kidney disease at the population level. Acting on this opportunity for Medicaid beneficiaries and all patients at risk of kidney disease begins with kidney disease screening.

KED Quality Measure Rationale

CKD is diagnosed and staged based on two widely available, low-cost lab tests: an estimated glomerular filtration rate (eGFR) and a urine albumin-to-creatinine ratio (uACR). Despite the prevalence of the condition, the severity of the consequences of progression, the availability of the lab tests, and an arsenal of tools to preserve kidney health, kidney disease is not routinely screened, diagnosed and staged among patients at risk. The performance of the eGFR and uACR are not ends in themselves. Rather, together, they enable CKD diagnosis, staging, and risk stratification. In turn, the uACR and eGFR guide evidence-based interventions such as optimized blood pressure control, renin-angiotensin system blockade, sodium-glucose cotransporter-2 (SGLT2) inhibitors, and other guideline-directed therapies. Early identification and treatment of CKD have been shown to slow disease progression, reduce cardiovascular events, delay kidney failure, and lower healthcare utilization and costs.

The National Committee for Quality Assurance (NCQA) and the National Kidney Foundation (NKF) developed the Kidney Health Evaluation for Patients with Diabetes (KED) measure to close the gap in performance of the guideline recommended eGFR and uACR in adults with diabetes. People with diabetes face a particularly high risk of developing CKD, yet many do not receive the urine test needed for comprehensive kidney disease screening. The KED measure assesses the percentage of adults ages 18–85 with type 1 or type 2 diabetes who receive a kidney health evaluation consisting of both an eGFR and a urine albumin-creatinine ratio and uACR during the measurement year. Undiagnosed CKD increases the likelihood of associated health problems, such as early death, heart disease, stroke, kidney failure and end-stage renal disease (ESRD).

Patient Story: “For ages, we have waited for sickness to tell the story of kidney disease. A patient centered approach fueled by early prevention rewrites the story. It will ensure that every person with kidney disease not just lives longer but has a much better quality of life.”

– **Mary Baliker**, *Kidney Patient, Co-Chair of the National Kidney Foundation Public Policy Committee, and member of the Coalition for Kidney Health*



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Adult Medicaid Core Set

We believe the addition of the KED measure to the Medicaid Adult Core Set would advance several important objectives.

- **Addresses a Significant and Actionable Gap in Care:** The tests included in the measure are widely available and recommended for people with diabetes. When CKD is identified early, patients are activated to take steps to protect kidney function, manage associated cardiovascular risks, and reduce the likelihood of progression to kidney failure.
- **Aligns with the Adult Core Set's Focus on Prevention:** KED would strengthen the ability of states to effectively manage chronic disease. CKD is closely connected to diabetes, cardiovascular disease, hypertension, and other conditions that contribute substantially to poor health outcomes and health care utilization. Incorporating kidney evaluation into Medicaid quality measurement would encourage a more integrated approach to chronic disease management rather than treating kidney disease as a concern only after it has progressed to an advanced stage.
- **Aligns with National Quality Infrastructure:** Versions of the KED measure are used in federal and non-federal health programs including the Health Effectiveness and Data Information Set (HEDIS), the Medicare Advantage Star Ratings and the Merit-Based Incentive Payment System (MIPS). Its inclusion in the Medicaid Adult Core Set would promote greater alignment across Medicaid, Medicare, and commercial insurance markets, reduce fragmentation, and establish consistent expectation for kidney health evaluation among adults with diabetes.
- **Improves Population Health:** Including KED would help states and health plans identify gaps in chronic disease care and direct improvement efforts towards populations experiencing the most significant performance deficits.

For these reasons, our organizations respectfully urge the members of the Adult Core Set Annual Review Workgroup to add the Kidney Health Evaluation for Patients With Diabetes (KED) measure to the Medicaid Adult Core Set. Doing so would elevate early CKD detection as a national Medicaid priority, promote alignment across payers, help ensure that adults with diabetes receive the comprehensive kidney health evaluation they need, and represent a tangible step forward in improving the health of our nation.

We appreciate CMS's continued commitment to improving the quality of care provided to Medicaid beneficiaries and welcome the opportunity to work with the agency, states, health plans, clinicians, patients, and other stakeholders to support implementation of this important measure.

Sincerely,

The Coalition for Kidney Health