



Administrator Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

May 25, 2024

RE: CMS-4207-NC Medicare Program; Request for Information on Medicare Advantage Data

Dear Administrator Brooks-LaSure:

The Alliance for Home Dialysis (Alliance) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments on Medicare Advantage (MA) data collection.

The Alliance is a coalition of kidney dialysis stakeholders representing individuals with kidney failure, clinicians, providers, and industry. We have come together to promote and advance policies to facilitate treatment choices in dialysis care while addressing systemic barriers that limit access to the many benefits that home dialysis can offer for individuals with kidney failure and their families. The Alliance strongly believes that transparency in MA, including the release of important data points akin to what is done in fee-for-service Medicare, is key to ensuring beneficiaries enrolled in these plans have access to needed therapies like home dialysis.

Before 2021, individuals with end-stage kidney disease (ESKD) covered under Medicare's FFS program were restricted from transitioning to MA plans (however, those who already had existing MA coverage were allowed to maintain it). The landscape changed with the implementation of the 21st Century Cures Act, which made all Medicare beneficiaries with ESKD eligible to enroll in MA plans starting from the 2021 open enrollment period. This shift led to a significant growth of about one-third in MA enrollment among the prevalent ESKD population in 2021, rising from 18.3 percent in 2020 to 24.5 percent in 2021.¹ The same data showed that this surge in MA enrollment resulted in a substantial increase of ESKD spending among MA plans of 46.4 percent within a single year and, correspondingly, Medicare FFS spending decreased. The Congressional Research Service expects the number of MA enrollees with ESKD to increase by 83,000 (more than 60 percent) by 2027.²

This massive transition from FFS to MA could have unintended consequences for ESKD patients and their providers, and publicly accessible data is needed for lawmakers and CMS to conduct appropriate oversight and ensure that beneficiaries maintain access to the care they need and deserve. In addition, we strongly believe that CMS should consider network adequacy, quality

¹ United States Renal Data System. 2023 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2023.

² U.S. Congressional Research Service. Medicare Advantage (MA) Coverage of End Stage Renal Disease (ESRD) and Network Requirement Changes. R46655. January 11, 2021

metrics, or other guardrails to ensure positive outcomes and beneficiary experience when thinking about potential MA-related policy changes.

Specifically related to MA data, the Alliance makes the following comments:

As a threshold matter, the Alliance urges CMS to update MA data collection and reporting efforts to match other Medicare programs. Currently, there is no clarity around whether data are readily available that measures home dialysis uptake among MA ESKD beneficiaries, which is a key piece of information for our community. There is also inconsistency in whether data is available on home dialysis training, which has led to confusion for patients. Collecting and analyzing this information now will allow policymakers to nimbly adapt to this seismic shift in the patient population resulting from beneficiaries with ESKD electing MA plans and ensure beneficiaries are not falling through the cracks. This data will also assist lawmakers in future policymaking and provide information needed to better align incentives across the health care continuum.

More specifically, the current data that the community does have access to is known as encounter data, which is intended to use “encounters” with clinicians to collect detailed records of a patient’s health care treatment. Unfortunately, our members have reported that this encounter data is not comprehensive and therefore, it keeps the MA program opaque, as opposed to FFS, where more types of datasets are available for analysis. We urge CMS to ensure that encounter data is as comprehensive and reliable as possible.

In addition, the Medicare Payment Advisory Commission (MedPAC) said in its April 12th meeting this year that data sources on MA enrollees’ use of services are incomplete.³ Additionally, they noted that data validation remains limited for physician and outpatient encounters. We share these concerns and are encouraged that MedPAC has raised these important issues.

Another significant concern arises from the inadequate oversight regarding how plans submit their data, resulting in critical data gaps. CMS must take proactive measures to rigorously monitor plan data submissions and guarantee the absence of any data gaps that could potentially harm patients. Finally, while MA is expected to have some lag in data reporting compared to Medicare, there is an additional year lag on encounter data behind fee-for-service (FFS) that should be addressed. The Alliance urges CMS to update MA encounter data to ensure consistent timing and content.

Overall, the Alliance would like to emphasize that effective policymaking for MA requires comprehensive and accurate information that is not currently available. By increasing transparency in the MA program, CMS and industry stakeholders can better coordinate and address any issues that arise in the program.



³ MedPAC. (2024, April 11). *April 2024 Public Meeting: Assessing consistency between plan-submitted data sources for Medicare Advantage enrollees*. Retrieved from <https://www.medpac.gov/meeting/april-11-12-2024/>

Thank you for your consideration of our comments. Should you have any questions or want more information, please feel free to reach out to Michelle Seger at mseger@vennstrategies.com.

Sincerely,

Michelle Seger
Managing Director



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American Kidney Fund

American Nephrology Nurses Association*

American Society of Nephrology*

American Society of Pediatric Nephrology

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