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**Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies**

Dear Deputy Administrator Seshamani and Director Lazio:

The American Kidney Fund appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.

The American Kidney Fund (AKF) fights kidney disease on all fronts as the nation's leading kidney nonprofit. AKF works on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease—from prevention through transplant. Through programs of prevention, early detection, financial support, disease management, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. AKF is one of the nation's top-rated nonprofits, investing 97 cents of every donated dollar in programs, and holds the highest 4-Star rating from Charity Navigator and the Platinum Seal of Transparency from GuideStar.

**Ensuring adequate MA payment rates and access to innovative products for ESRD beneficiaries**

To ensure ESRD beneficiaries in MA have access to needed services, MA payment rates need to be adequate and accurate. We appreciate CMS providing an update

on their preliminary analysis of using Core-Based Statistical Areas (CBSAs) instead of the statewide rates currently used for determining MA payment. We also appreciate that CMS is not proposing to change the methodology for updating the MA ESRD rates for CY 2023, citing the need for further analysis. As CMS notes, the preliminary analysis of using CBSAs indicated decreased payment rates for rural areas and possible decreased rates for medically underserved urban areas, compared to the current statewide MA ESRD rates. As CMS continues to analyze this issue, we urge CMS to ensure any future methodological changes to MA ESRD payment rates do not adversely affect beneficiaries with ESRD, particularly those from underserved communities. Advancing health equity needs to be taken into account when exploring and proposing methodological changes that seek to improve the accuracy and adequacy of MA ESRD payment rates.

We also want to raise the issue of ensuring access to innovative products for ESRD beneficiaries in MA. CMS has indicated in the past that they consider various trends when calculating MA ESRD payment rates, including changes in coverage through regulation. However, because those payment projections use previous years' costs, they do not accurately anticipate new drugs and devices that enter the market. This is especially true for drugs that receive the Transitional Drug Add-on Payment Adjustment (TDAPA) or the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Suppliers (TPNIES). It is difficult to know when products will receive TDAPA or TPNIES and what the utilization and cost will be. The experience with calcimimetics during its TDAPA period demonstrated this shortcoming, as it became clear that MA plans were not accounting for this new product that was receiving TDAPA in fee-for-service (FFS).

To ensure ESRD beneficiaries in MA have access to new and innovative products that are receiving TDAPA and are available to ESRD beneficiaries in FFS, CMS needs to address this issue. We urge CMS to work with stakeholders to develop a solution that safeguards access to innovative products for all ESRD beneficiaries, whether they receive their coverage through MA or FFS. This is particularly important as enrollment of ESRD beneficiaries in MA is projected to grow.

### **Potential new measure concepts and methodological enhancements for future years**

CMS notes that it is “considering expanding our efforts to report differences in contract performance on additional Star Ratings measures for subgroups of beneficiaries with SRFs [social risk factors], including providing stratified reporting by disability, LIS [low-income subsidy] status, and DE [dually eligible] status through confidential reports in HPMS to organizations and sponsors.” AKF supports this effort. As we have commented on with regards to the Medicare ESRD Quality Incentive Program (QIP), we believe stratification of quality measure results by social risk factors, including dual eligibility status and by race/ethnicity, is a key element of advancing health equity. Quality measure stratification by social risk should be part of a comprehensive approach to reward and support better outcomes for beneficiaries with social risk factors.

CMS also notes that NCQA is exploring new measure concepts to assess appropriate kidney health evaluation and management. Exploration will focus on identifying a suite of measures, including testing patients at risk for chronic kidney disease (CKD), management of patients with CKD, and management of patients with ESRD. CMS seeks feedback on these concepts for potential use as display or Star Ratings measures in the future. AKF supports the inclusion of kidney specific measures

in MA and we commend NCQA for its work in exploring new measure concepts. However, we recommend that CMS consider using existing measures that are in the Medicare ESRD QIP, the ESRD Five Star program, and CMS Innovation Center models as the basis for future kidney care measures in the MA program. Aligning measures and incentives across different programs is important to eliminate patient confusion, mitigate inconsistencies in care from different providers, and to ensure high quality, patient-centered care throughout the Medicare program.

Thank you for the opportunity to provide comments on this proposed rule.

Sincerely,



LaVarne A. Burton  
President and CEO