

May 29, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20515

Re: CMS–4207–NC: Medicare Program; Request for Information on Medicare Advantage Data

Dear Administrator Brooks-LaSure,

The American Kidney Fund (AKF) appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Service’s (CMS) request for information (RFI) on Medicare Advantage (MA) data.

The American Kidney Fund 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.

As we have expressed in previous comment letters, AKF supports increased coverage options for people with end-stage renal disease (ESRD), and we appreciate CMS’s efforts in implementing the statutory change that has allowed all Medicare ESRD beneficiaries to have the option of selecting a Medicare Advantage (MA) plan if they decide that is the best option for their needs. We also appreciate CMS’s efforts in recent rulemaking to increase transparency in the MA program, including new data reporting requirements related to the use of supplemental benefits, the timeliness of prior authorization decisions, and certain prior authorization information.

We strongly support CMS’s goal, as stated in this RFI, “to have and make publicly available, MA data commensurate with data available for Traditional Medicare to advance transparency across the Medicare program, and to allow for analysis in the context of other health programs like accountable care organizations, the Marketplace, Medicaid managed care, integrated delivery systems, among others.”¹ Given the growing enrollment in MA among ESRD beneficiaries (47

¹ 89 Fed. Reg. 5908 (Jan. 30, 2024).

percent of ESRD beneficiaries in December 2022²), ensuring they have access to quality care and necessary services in the MA program is critical, and having meaningful, accurate, and publicly available MA data is essential to that objective.

While the new data reporting requirements recently finalized by CMS are important steps toward increased transparency, there remain data gaps in the MA program that need to be addressed to better understand the quality of care and patient experience of ESRD beneficiaries enrolled in MA. Specifically, AKF recommends CMS require MA organizations report and make publicly available the following data:

- The same data that is collected and reported in the U.S. Renal Data System (USRDS) for the traditional Medicare ESRD program. The USRDS data set and annual report has been a key tool for researchers and policymakers in examining the population of ESRD beneficiaries in traditional Medicare, but there is not a parallel data set for ESRD beneficiaries in MA, which is now approaching 50 percent of ESRD beneficiaries. Having the same types of data in the USRDS for traditional Medicare and MA enrollees is essential to accurately tracking trends in the ESRD population.
- The same data that traditional Medicare reports for its monitoring programs, including outcomes data collected by the Chronic Care Policy Group, the ESRD QIP, and the ESRD Networks.
- Data on whether MA organizations are using payment adjustment policies that are being used in traditional Medicare, such as the home dialysis training adjustment, the Transitional Drug Add-On Payment Adjustment (TDAPA), and the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES). MA organizations are required to provide at least the same items and services available in traditional Medicare. To ensure that all MA enrollees with ESRD receive the care they need and to advance health equity, CMS needs to ensure there is equal access to modality options and innovative products for all ESRD beneficiaries in MA or traditional Medicare. Data on the use of payment adjustment policies in MA would help provide better understanding of patient access to care.
- Data on utilization management, including but not limited to prior authorization, at the MA plan level by type of service and enrollee characteristics, including but not limited to race/ethnicity, sex, age, dual eligibility status, and diagnosed health conditions, particularly ESRD. In terms of the type of information that should be reported, it should include but not be limited to timeliness of prior authorization determinations; number of prior authorization requests, denials, and appeals; timeliness of appeal decisions; the share of network providers providing a type of service that are exempt from prior authorization requirements; and the reasons for prior authorization denials. Providing this

² <https://www.medpac.gov/wp-content/uploads/2023/03/Dialysis-Dec-2023-SEC.pdf>

information and making it publicly available would be invaluable to policymakers and researchers in conducting program oversight and evaluating the use of prior authorization by MA organizations across the plans they offer within a contract, and how it may be impacting different populations. Increased transparency at the plan level on the use of prior authorization would also be helpful for Medicare beneficiaries in making their coverage decisions.

- Data at the MA plan level on enrollee out-of-pocket cost sharing liability for specific services. This would provide more insight on cost sharing burdens across plans for MA enrollees with ESRD and other chronic conditions. It would also give beneficiaries more information to compare actual out-of-pocket costs across different plans as well as compared to traditional Medicare.
- Data on enrollee characteristics, including but not limited to race/ethnicity, sex, age, dual eligibility status, and diagnosed health conditions, particularly ESRD, for enrollees who disenroll from MA and switch to traditional Medicare, as well as enrollees who switch to a different MA plan. This information would be useful in evaluating whether disenrollment is happening at different rates for different populations.

Thank you for the opportunity to comment on this RFI.

Sincerely,



Holly Bode
Vice President, Government Affairs