



December 16, 2025

The Partnership for Quality Measurement and Development
c/o Battelle
901 D Street SW Suite 900
Washington, DC, 20024

Dear PQM Development Staff:

RE: Comments on Selected Measures in the Fall 2025 Endorsement and Maintenance (E&M) Measure Cycle

On behalf of the more than 37,000,000 Americans living with kidney diseases and the nearly 22,000 nephrologists, scientists, and other kidney health care professionals who comprise the American Society of Nephrology (ASN), thank you for the opportunity to provide comments on Selected Measures in the Fall 2025 Measure Cycle. Currently, more than 800,000 Americans have kidney failure from ESRD, including more than 550,000 receiving chronic dialysis and more than 200,000 living with a kidney transplant. We greatly appreciate the Partnership for Quality Measurement (PQM) for undertaking this important work and offer the following comments addressing one ESRD facility-level measure up for endorsement and four ESRD facility-level measures up for maintenance.

CBE ID 5320: Percentage of Chronic Hyperphosphatemia in Dialysis Facilities

ASN has significant concerns with this measure. While we recognize that including phosphate-lowering medications in the prospective payment system may justify a quality measure to guide appropriate use, we are concerned that the proposed metric relies solely on observational data rather than robust clinical trial-based evidence and will not improve clinical outcomes. For example, no published clinical trials have established a serum phosphate range associated with improved outcomes, and neither the proposed threshold nor the hypoalbuminemia exception present in the measure is supported by high-quality data. In clinical practice, there are patients who have elevated phosphate levels above 6.5 mg/dL for periods of time, which reflect improvements in dietary intake that should not be discouraged as a result of this type of measure. Given the lack of supporting evidence, at a minimum we encourage CMS to consider a higher threshold and exclusion criteria for patients with established nutritional challenges.

CBE ID 2978: Hemodialysis Vascular Access: Long-term Catheter Rate (LTC)

ASN is supportive of this measure, and the updates to the exclusion criteria align with feedback that ASN has provided in the past. However, we suggest additional

improvements that could enhance its accuracy and relevance. In particular, the measure exclusions should be more comprehensive and include frailty and therefore, poor candidacy for AV fistulas and grafts. Specifically, we would add exclusions such as 1) expected life span of less than six months who are not enrolled in hospice; 2) patients bridging to a transplant which is expected within 6 months. Incorporating a definition of frailty, similar to how CMS has approached community-based elder care models may be an approach to consider for this measureⁱ.

CBE ID 1463: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)

ASN agrees that hospitalization rates are critical indicators of quality for both patients and health care professionals however, we strongly urge CMS to implement a more rigorous risk adjusted-hospitalization rate measure, as conditions distinct from kidney disease (i.e. oncologic diagnoses, surgical conditions) are often drivers of hospitalizations for patients on dialysis. Previously, ASN has provided feedback that this measure should be modified to be a true risk-standardized **rate** as opposed to a ratio, and we continue to voice our support. This modification allows accurate assessment of improvement as well as accurate benchmarking, elements that are critical to the quality program and to individual dialysis facilities as they seek to improve the care provided to individual patients.

CBE ID 2979: Standardized Transfusion Ratio for Dialysis Facilities

ASN appreciates the updates to the exclusion criteria and risk adjustments, including those for certain coagulation disorders, hereditary anemias, and comorbidities indicative of a history of gastrointestinal bleeding. However, it is important to recognize that the need for blood transfusions is often unrelated to kidney disease specifically and rather reflective of other complex conditions (i.e. oncologic diagnoses, anemias and gastrointestinal bleeding), which are not under the purview of the dialysis facility. In addition, available data on transfusions are of low reliability due to fragmented communication between hospitals and dialysis facilities, which compromises the accuracy and interpretability of the measure. The measure should also be modified to be a true risk-standardized **rate** as opposed to a ratio. This modification allows accurate assessment of improvement as well as accurate benchmarking, elements that are critical to the quality program and to individual dialysis facilities as they seek to improve the care provided to individual patients.

CBE ID 0369: Standard Mortality Ratio for Dialysis Facilities

ASN continues to support the Standard Mortality Ratio for Dialysis Facilities but emphasizes that death due to patient choice to withdraw from dialysis should be explicitly excluded from the measure. Mortality-based metrics should not result in a facility working to dissuade individuals from making an informed choice to withdraw from dialysis should the benefits of dialysis no longer exceed the burden of dialysis. In addition, this measure should be modified to be a true risk-standardized **rate** as opposed to a ratio. This modification allows accurate assessment of improvement as

well as accurate benchmarking, elements that are critical to the quality program and to individual dialysis facilities as they seek to improve the care provided to individual patients.

Conclusion

ASN appreciates the work of both the Partnership for Quality Measure Developments and CMS. We stand ready to work through the details of any of these comments. To discuss this letter further, please contact Lauren Ahearn, ASN Policy and Government Affairs Coordinator, at lahearn@asn-online.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Tod Ibrahim". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Tod Ibrahim

ASN Chief Executive Officer & Executive Vice President

ⁱ <https://pmc.ncbi.nlm.nih.gov/articles/PMC4194868/>.