



June 19, 2026
Partnership for Quality Measurement
c/o Battelle
901 D Street, SW
Suite 900
Washington, DC 20024

Dear Partnership for Quality Measurement Staff,

RE: Spring 2026 Endorsement and Maintenance Comment Opportunity

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 Spring 2026 Measure Cycle. Currently, more than 850,000 Americans have kidney failure (ESRD), including more than 550,000 receiving chronic dialysis and nearly 300,000 living with a kidney transplant. We greatly appreciate the Partnership for Quality Measurement (PQM) for undertaking.

ASN Comments on Measures Up for Endorsement

CBE 5611e: Rate of Annual Kidney Health Evaluation Among Adults with Diabetes and/or Hypertension

ASN expresses strong support for the endorsement of CBE 5611e: Rate of Annual Kidney Health Evaluation Among Adults with Diabetes and/or Hypertension. This measure addresses a well-documented gap in the use of an annual kidney health evaluation for adults at high risk for chronic kidney disease (CKD) due to its two leading causes, diabetes and hypertension.

CKD is an underrecognized public health crisis affecting approximately 37 million adults in the United States. Because kidney disease often progresses silently and presents with few signs or symptoms until advanced stages, many individuals remain undiagnosed until irreversible damage has occurred. Adults with diabetes and hypertension are at particularly high risk for CKD and represent populations for whom timely screening and early intervention are critically important, particularly with the emergence of multiple therapeutic agents, such as ACE inhibitors, angiotensin receptor blockers, and sodium glucose cotransporter 2 inhibitors (SGLT2is), that can slow CKD progression.

Measure performance is based on the percentage of patients aged 18–85 years with a diagnosis of diabetes and/or hypertension who received both an eGFR and uACR during the measurement period. The measure reflects current clinical guideline recommendations by Kidney Disease Improving Global Outcomes (KDIGO), the American Heart Association (AHA) and American College of Cardiology (ACC), the National Kidney Foundation (NKF), and the American Diabetes Association (ADA). Assessment of eGFR and uACR in these populations is the foundation of earlier identification of CKD, more accurate staging and risk assessment, and

timely implementation of interventions that can slow disease progression and reduce complications.

Importantly, endorsement of this measure would help drive greater accountability and consistency in kidney health screening practices across healthcare systems. Increased uptake of evidence-based kidney health evaluation will improve screening, encourage diagnosis, support gap closure in CKD detection and treatment, and lower long-term healthcare costs associated with cardiovascular complications and kidney failure.

CBE 5598: Standard Modality Switch Ratio for Incident Dialysis Patients

ASN supports the overall concept of the CBE 5598: Standardized Modality Switch Ratio for Incident Dialysis Patients. Facilitating appropriate transitions to home dialysis aligns with broader kidney care goals and is supported by evidence that home dialysis can improve quality of life and clinical outcomes for additional patients with kidney failure. However, as expressed in previous comment letters, ASN remains concerned that the measure does not fully account for informed patient choice and patient-centered decision-making¹.

ASN emphasizes that patient-centered modality selection and informed patient choice should remain the primary objective of modality choice-based quality measurement. While home dialysis is an appropriate and beneficial option for many individuals with kidney failure, it may not be the optimal modality for every patient. A variety of factors may appropriately influence a patient's modality choice or ability to transition to home dialysis, including clinical considerations, functional status, cognitive impairment, housing stability, presence of pets, storage space for fluid and other equipment, caregiver support, and other social determinants of health. Therefore, the measure should include appropriate risk adjustment and exclusions to ensure that the exercise of informed patient choice is fully respected and that facilities are not penalized for supporting patients who appropriately elect to remain on in-center hemodialysis. For example, while denominator exclusions include patients under hospice care, other exclusions to consider include anatomic factors such as abdominal adhesions that prevent peritoneal dialysis success, extreme morbid obesity (precluding peritoneal dialysis catheter placement), dementia, and mental illness.

To support truly patient-centered care, ASN believes greater emphasis should be placed on the provision of effective and ongoing modality education by both nephrologists and the interdisciplinary dialysis facility care team as well as on reducing barriers to home dialysis success once patients have opted for this modality. Patients' treatment goals, circumstances, and preferences often evolve over time, and repeated education may allow more individuals to make informed modality decisions as their needs change.

ASN encourages the measure developers to explore opportunities to incorporate or account for modality education and shared decision-making within the measure framework. Such modifications would help ensure the measure promotes informed patient choice rather than simply rewarding modality conversion.

CBE 5510: Standardized Readmission Ratio for Dialysis Facilities (SRR)

While ASN appreciates the updates made to measure CBE 5510: Standardized Readmission Ratio for Dialysis Facilities (SRR), the society remains concerned that the revised SRR

specifications do not meaningfully address the substantive methodological issues raised by the society in previous comment lettersⁱⁱ.

Specifically, ASN continues to urge CMS to transition from a ratio-based metric to a true risk-standardized rate measure. As currently specified, the SRR remains an opaque "observed-over-expected" ratio. This structure lacks the transparency necessary for patients and care partners to make well-informed healthcare decisions, while leaving small dialysis facilities highly vulnerable to extreme score volatility driven by random statistical variation.

ASN Comments on Measures up for Maintenance

CBE 3565 Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities and CBE 3566 Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities

ASN supports expanding the denominators for CBE 3565 and CBE 3566 to include Medicare Advantage (MA) beneficiaries. With MA enrollment among ESRD patients now exceeding 50% and continuing to grow, inclusion of these patients is essential to ensure that quality measures fully and accurately represent the entire ESRD populationⁱⁱⁱ. ASN also supports inclusion of MA status as a covariate in the measures' risk adjustment models, as this could help account for some differences in patient demographics and utilization patterns between MA and traditional Fee-for-Service Medicare.

At the same time, ASN urges CMS to maintain oversight of known limitations in MA encounter data. ASN has consistently raised concerns regarding the completeness and transparency of MA data, challenges that have also been documented by the Medicare Payment Advisory Commission (MedPAC)^{iv}. As these measures are implemented for public reporting and accountability programs, CMS must carefully monitor MA data completeness and timeliness to prevent distortions in facility-level performance scores.

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,



Samir M. Parikh, MD, FASN

President

ⁱ [2022muccommentletter.pdf](#)

ⁱⁱ [240826ASNESRDPPSQIPCommentsFINAL.pdf](#)

ⁱⁱⁱ United States Renal Data System. 2025 *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, 2025

^{iv} https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_ch7_medpac_reporttocongress_sec.pdf