

September 4, 2012

Marilyn Tavenner
Acting Administrator and Chief Operating Officer
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P. O. Box 8013
Baltimore, MD 21244-8013

RE: [CMS-1590-P] RIN 0938-AR11: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face to Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013; Hospital Outpatient Prospective and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Electronic Reporting Pilot; Inpatient Rehabilitation Facilities Quality Reporting Program; Quality Improvement Organization Regulations; Proposed Rules

Dear Acting Administrator Tavenner:

On behalf of the American Society of Nephrology (ASN), a not-for-profit organization of nearly 14,000 physicians and scientists dedicated to helping nephrologists provide the highest quality of care for patients with kidney disease, thank you for the opportunity to provide comment on the Centers for Medicare and Medicaid Services (CMS) Proposed Rule for Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2013. ASN promotes excellence in the care of patients with kidney disease, fostering innovative research related to renal disease, providing continuing medical education to enhance understanding and treatment of renal disease, and advocating for policy that improves the quality of care delivered to patients at every stage—including chronic kidney disease, kidney failure, transplantation, and palliative/end-of-life care.

ASN thanks CMS for proposing to maintain individual and group Kidney Disease Education (KDE) services on the list of approved telehealth services. The KDE program provides patients essential educational and counseling services that help them manage their chronic kidney disease, understand their treatment options, and facilitate their involvement in their health care decision-making process. Because many ESRD patients reside in rural areas and do not possess ready access to these important resources, telehealth services are crucial to ensuring the availability of high-quality, patient-centered kidney care in remote areas. ASN appreciates CMS' continued recognition of the benefits of maintaining KDE services on the list of approved telehealth services.

ASN appreciates CMS' recognition of primary care and care coordination as critical components in achieving better care for individuals, better health for individuals, and reduced expenditure growth. Patients with kidney disease in particular would stand to benefit from these advances in care delivery. ASN encourages CMS to consider implementing strategies that reward all

physicians who provide a substantial amount of primary care and care coordination services—including those with specialist designations. Nephrologists are a crucial component of the care team for patients with kidney disease at every stage of the disease. Specialists caring for adult patients with serious chronic conditions such as late-stage CKD or ESRD often provide a substantial amount of primary care services. Indeed, nephrologists not uncommonly assume principal care responsibilities for patients with advanced CKD and those on dialysis whose PCPs no longer wish to or feel capable of care for these increasingly complex and vulnerable patients.

For instance, nephrologists commonly take advantage of their frequent contact with patients with advanced CKD and those on dialysis patients to order lab tests that are not directly related to dialysis services but are important for overall health. Nephrology health professionals also play a vital role in monitoring and coordinating the numerous medications that patients with kidney disease rely on. While not all nephrologists serve as principal care providers for patients with later stage CKD or ESRD, those who do so should be eligible for similar remuneration and incentives as “traditional” primary care providers. Nephrologists who do not serve as a principal care provider for their patients with kidney disease should also continue to be permitted to order tests or therapies that are important to the overall health of the patient—such as ordering a chest X-ray upon suspicion of pneumonia.

ASN encourages CMS to recognize the benefits that specialists who also serve as principal care providers for their patients bring to those individuals as well as the Medicare system as a whole.

Additionally, ASN appreciates CMS’ consideration of creating a code for Post-Discharge Transitional Care Management Services. Specifically, CMS proposes to create a HCPCS G-code to describe care management involving the transition of a beneficiary from care furnished by a treating physician during a hospital stay (inpatient, outpatient observation services, or outpatient partial hospitalization), SNF stay, or community mental health center (CMHC) partial hospitalization program to care furnished by the beneficiary’s primary physician in the community. The society commends CMS for acknowledging the significant non-face-to-face work involved in coordinating services for a beneficiary after discharge with a new code.

ASN believes that this proposal could provide significant benefits to patients with kidney disease. Transitioning from the hospital environment to the community dialysis unit is one of the most costly and dangerous periods for patients with kidney disease. ASN supports efforts that would improve coordinated care transitions for these patients.

While CMS “anticipates that most community physicians will be primary care physicians and practitioners” ASN encourages the Agency to allow leeway for nephrologists and other specialists who fill a similar role to utilize the new code as well. As principal care providers for many patients in their communities, nephrologists can and should play a leading role in coordinating care during transitions—a role that the new code could promote and incentivize. Accordingly, ASN encourages CMS to ensure that these specialists are permitted to utilize this code along with other principal and primary care providers.

ASN appreciates CMS’ efforts to seek stakeholder input to and is pleased to help identify appropriate measures based on the highest quality evidence for the Physician Quality Reporting System (PQRS). The society encourages CMS to promote alignment across physician reporting measures and facility-level reporting measures within the CMS’ Medicare End-Stage Renal Disease Quality Incentive Program (ESRD QIP). Reporting measures each of these

programs should be substantiated by rigorous evidence, and should align with one another to promote the same quality outcomes.

ASN appreciates CMS' inclusion of new pediatric measures in this proposed rule, and supports the addition of the two new pediatric end-stage renal disease (ESRD) quality measures for the 2013 PQRS: "Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL"; and "Pediatric End-Stage Renal Disease Measure (AMA/ASPN): Pediatric Kidney Disease: Adequacy of Volume Management."

For the adult population, CMS proposes to implement the measure "Adult Kidney Disease: Blood Pressure Management." The society is particularly concerned that the proposed measure promotes a blood pressure of < 130/80mmHg. Scant evidence is available to suggest that treating patients to this level is justified. Until more compelling data are available, ASN suggests that CMS not implement this measure to the PQRS system.

Again, thank you for the opportunity to provide comment on this proposed rule. ASN would be pleased to discuss these comments with the CMS if it would be helpful. To discuss ASN's comments, please contact ASN Manager of Policy and Government Affairs Rachel Shaffer at (202) 640-4659 or at rshaffer@asn-online.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald J. Falk". The signature is fluid and cursive, with a large initial "R" and "F".

Ronald J. Falk, MD, FASN
President