



Service to those affected by chronic kidney disease

Lori Hartwell
Founder/President

January 5, 2024

Wendy Rodgers, M.Ed, MPH
Chairman of the Board

To: Chiquita Brooks-LaSure, Administrator, Centers for Medicare and Medicaid Services (CMS)

Lana Kacherova, RN
Treasurer

RE: Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications" Proposed Rule (MA Proposed Rule)

Joanna Galeas Lee
Secretary

Board Members:

Lubna Akbany, RD
Kathleen Baldwin, PhD
Kristen Cisneros, RN
Marlene De Vera, RN

The Renal Support Network (RSN) serves the kidney community by empowering people who have kidney disease to become knowledgeable about their illness, proactive in their care and hopeful about their future. I founded RSN in 1993 to help my peers. I was diagnosed at age 2 in 1968 and spent 13 years on dialysis and I am currently doing well with my 4th kidney transplant.

Joanna Galeas Lee

I wanted to bring to your attention to an important issue related to Medicare Advantage (MA) plans and the unique needs of people who have kidney failure.

Lori Hartwell
Dean Hartwell, JD
Jill Heydorff

Since the implementation of the 21st Cures Act, which allowed Medicare beneficiaries with kidney failure to enroll in MA plans, there has been a significant increase in enrollment, currently standing at 47 percent. However, it has become increasingly crucial for MA plans to consider the specific requirements of people with kidney failure. Their care is being delayed and sometime non-existent. Vascular surgeons are the lifeline to people who need dialysis, and we hear repeatedly patients can't get an appointment. If they are hospitalized, they often see a vascular surgeon faster. This is not in the best interest of the patient.

Lesley Holden, RN
Lana Kacherova, RN
Robert M. Klein
Charlene Lafontant
Raffi Minasian, MD
Madeline Pahl, MD

Wendy Rodgers, M.Ed, MPH
David Trujillo

"Finding a skilled vascular surgeon when you need one is about as hard as winning the lottery." said Barbara B.

Rafael Villicana, MD
Susan Vogel, MHA, RN,
CNN

One of the challenges faced by people who have kidney failure in choosing MA plans is losing access to their kidney care providers while trying to take advantage of extra benefits such as dental insurance or lower cost-sharing obligations. Managed Care companies' sales reps are very aggressive in telling people all the benefits to enroll them but not the deficiencies the patient will face. Commission

An illness is too demanding when you don't have hope!
– Lori Hartwell, RSN Founder and President

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rates for Medicare Advantage sales reps can be a combination of initial commissions and renewal commissions. Initial commissions are earned when a new policy is sold, while renewal commissions are earned when policies are renewed annually. There are no sales reps to incentivize the benefits of Fee for Service (FFS) Medicare, causing a higher level of enrollment in Medicare Advantage and not taking into consideration people who have a long-term chronic illness their need for continuity of care.

In some cases, people who have kidney failure have been removed from transplant waitlists because their transplant centers were no longer part of the MA network. This requires the patient to start all over with an evaluation at the new transplant center and preventing access to getting a kidney transplant during this time. This can have a serious impact on treatment outcomes and quality of life for people who require dialysis or a kidney transplant to live.

Therefore, we strongly urge CMS (Centers for Medicare & Medicaid Services) to add dialysis and other related kidney care providers to time and distance standards. Many patients are facing difficulties accessing vascular access surgeons or finding dialysis facilities near their homes due to narrow networks. If a person is accustomed to their facility and learns they must change due to their network specifications, it can be devastating. When it comes to value-based care, consideration must be given not only to medical bottom line value but also the "value" of people's time and expenses traveling back and forth for treatment.

Continuity of care plays a vital role in managing individuals with kidney failure due to the complex nature of their medical needs. Unfortunately, Medicare Advantage plans result in frequent changes in doctors/providers, and it disrupts continuity of care which can lead to potential gaps in treatment and lack of familiarity with the patient's medical history. It also can cause great stress to the patient and their family to have to get to know a new provider.

This disruption can have serious implications for people with kidney disease as consistent and coordinated care is vital for effectively managing their condition. Maintaining a consistent healthcare team facilitates better communication between doctors and patients and allows for more personalized patient center care.

Dialysis is a life-sustaining treatment that people cannot afford to delay unnecessarily. Implementing additional paperwork and potential delays for providers serves no meaningful purpose and only puts lives at risk. This was the reason Congress voted to keep people on dialysis from enrolling in MA plans in the first place as they predicted these issues.

The OIG stated in their 2023 Oversight Report "OIG will focus on whether enrollees have adequate access to high-quality services. Managed care plans have different incentives based on the capitation payment. Plans may impose barriers that prevent enrollees from accessing services to reduce plan medical costs and increase revenue. Although program safeguards, such as medical loss ratios, are intended to curb these behaviors, the risks and potential impact on

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enrollees are high, warranting additional oversight. Additionally, managed care arrangements also have flexibility to provide nontraditional benefits, such as gym memberships. These benefits are often funded through a different financial mechanism than the base payment and actual utilization may not be transparent. Focus areas may include network adequacy, ineligible or untrustworthy providers, coverage determinations, whether enrollees are receiving care that meets clinical guidelines, and fraud schemes that cross multiple plans and/or Federal health care programs.”*

Finally, we want to express our concern regarding access to innovative products within MA plans. Some plans have policies that restrict access to these products by refusing recognition of certain adjustments critical for FFS Medicare patients. We urge CMS to engage with providers and MA plans to ensure that people who have kidney failure have at least the same items and services available as in the Medicare FFS program.

Thank you for taking the time to consider these important matters. We believe that by addressing these issues, we can improve the quality of care provided to individuals with kidney failure under Medicare Advantage plans.

Sincerely,



Lori Hartwell
President/Founder

*https://oig.hhs.gov/reports-and-publications/featured-topics/managed-care/Strategic_Plan_Managed_Care.pdf

Comment to:

<https://www.federalregister.gov/documents/2023/11/15/2023-24118/medicare-program-contract-year-2025-policy-and-technical-changes-to-the-medicare-advantage-program>