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March 19, 2024

The Honorable Jason Smith  
Chair, House Ways and Means Committee  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Richard Neal  
Ranking Member, House Ways and Means Committee  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers  
Chair, Energy and Commerce Committee  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Frank Pallone  
Ranking Member, Energy and Commerce Committee  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chair Smith, Chair McMorris Rodgers, Ranking Member Neal and Ranking Member Pallone,

On behalf of the National Kidney Foundation, the 37 million adults in with chronic kidney disease (CKD), including over 800,000 with kidney failure or End-Stage Renal Disease (ESRD), we write today to share our support for MA policies that prioritize kidney health preservation, affordability, and expanded treatment choices, especially focusing on kidney transplantation and home dialysis options.

We are writing to express our concern about the adequacy of MA rates and risk adjustment models, particularly considering the increased healthcare service utilization post-COVID-19 pandemic, as observed across the Medicare Advantage population.<sup>1</sup> This trend underscores an urgent need for CMS to incorporate recent and comprehensive data reflecting current utilization and cost trends to ensure the stability of the Medicare Advantage program and its capacity to deliver high-value, high-quality care.

The current reimbursement structure may not fully support the comprehensive care required for CKD patients, notably in risk adjustment and managing chronic conditions. Accurate and fair compensation is vital for MA plans to provide the necessary level of care coordination and services, including early detection, management, and education crucial for CKD patients.

Moreover, while we acknowledge efforts to refine CKD staging within the CMS-HCC Risk Adjustment model, we believe further enhancements are necessary to more accurately represent the complexity and

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<sup>1</sup> <https://www.healthsystemtracker.org/chart-collection/how-has-healthcare-utilization-changed-since-the-pandemic/>



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cost associated with CKD care. It is crucial that MA rates, alongside a more precise risk adjustment model, are aligned to ensure patients can access integrated services and appropriate therapeutics essential for managing their condition effectively.

Given the significant policy changes and the introduction of new risk models affecting the Medicare Advantage program, we emphasize the need for stability, especially for plans serving high-need, medically complex individuals. Adjustments that do not adequately consider the increased healthcare utilization trends and the unique needs of vulnerable populations risk disrupting access to care, which could be detrimental to CKD patients and others with complex health needs.

In closing, we urge CMS to ensure that plans have the resources, incentives, and flexibility they need to serve people with chronic kidney disease effectively. We look forward to collaborating with CMS to address these concerns and enhance the quality of care for CKD patients within the Medicare Advantage program.

If you have questions or comments on this submission, please contact Ignacio Alvarez at [Ignacio.Alvarez@kidney.org](mailto:Ignacio.Alvarez@kidney.org). Thank you for your consideration of these comments.

Sincerely,

Kevin Longino  
CEO and Transplant Patient

Sylvia E. Rosas MD, MSCE  
President