



Nonprofit Kidney Care Alliance

February 21, 2020

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW, Room 445-G
Washington, D.C. 20201

Re: Organ Procurement Organizations Conditions for Coverage: Revisions to the Outcome Measure Requirements for Organ Procurement Organization (CMS-3380-P)

Dear Administrator Verma,

On behalf of the Nonprofit Kidney Care Alliance (NKCA), I write to offer our comments on the Revisions to the Outcome Measure Requirements for Organ Procurement Organizations (OPOs) proposed rule, which will assist in efforts of the Administration, kidney-care stakeholders, including NKCA, and the patients we serve to ensure processes associated with transplantation are functioning efficiently and in an appropriate and transparent way.

NKCA represents six nonprofit dialysis providers: Centers for Dialysis Care; Dialysis Center of Lincoln; Dialysis Clinic, Inc.; Independent Dialysis Foundation, Inc.; Northwest Kidney Centers; and The Rogosin Institute. Collectively, we serve more than 21,000 patients at more than 300 facilities in 30 states. We also serve more than 5,700 patients with chronic kidney disease (CKD) with the goal of avoiding, or at least delaying, the onset of end-stage renal disease (ESRD) and maximizing the quality of life for our patients. We are committed to promoting kidney transplantation, eliminating barriers to access, and reducing organ discards. To that end, many of our member companies participate in value-based care arrangements such as the Comprehensive ESRD Care (CEC) model and will likely continue to expand their participation in such arrangements under new models as part of the Administration's Advancing American Kidney Health Initiative. Through the CEC model, many of our member companies are pursuing partnerships with various providers and suppliers, not only in nephrology, but across the care continuum, from primary care to hospice.

We appreciate and support the review and updating of OPO requirements as part of the Administration's effort on kidney care. Any increase in transplantation, as we are expecting from various changes from the Advancing American Kidney Health Executive Order (EO), will require an efficient collection of OPOs that can be monitored on their outcomes and held to the same high standards that others in the kidney industry will be held to through new models of care and rulemaking. We agree that it is necessary given this current push for transplant for changes to be made to the OPO Conditions for Coverage (CfCs) in order to ensure donors and recipients have optimal opportunities available to them.

In general, we are supportive of CMS' proposal updating and requiring two measures including a donation rate measure and organ transplantation rate measure. We believe these are an appropriate change to ensure OPOs are meeting set standards using objective and transparent criteria. Although we support the current changes, we do believe that these changes should be treated as an evolving process and that **CMS should continue to accept broad stakeholder feedback on the CfCs for OPOs, as well as transplant centers, through the annual rulemaking process.** We believe this would ensure that the metrics continue to be appropriate and that other changes can be made including updates to risk adjustment as alternative payment models and other policies become more established, bringing focus on and encouraging transplant.

One concern we do have with the measures included in the proposed rule is the use of the National Center for Health Statistics (NCHS) Detailed Multiple Cause of Death (MCO) files derived from death certificates for the denominator of both metrics. It is our understanding from providing care in multiple states that death certificates and how they are prepared are not consistent among the states, do not represent all of the comorbidities that may be present, and may only include cause of death, which may not be associated with their other comorbidities. **We encourage CMS to work with stakeholders to identify a valid alternative way to capture deaths based on criteria outside of death certificates.**

Any increase in transplantation through these changes is life-saving and we believe that all of the policies proposed as part of the Advancing American Kidney Health EO need to work in tandem to make certain that the needed changes are achieved.

Thank you for the opportunity to comment on the Revisions to the Outcome Measure Requirements proposed rule. We would be pleased to discuss any of these comments in greater detail at any time. If you have any questions, please feel free to contact Martin Corry at 202-580-7707 or info@nonprofitkidneycare.org.

Sincerely,



Martin Corry
Executive Director