September 02, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1614-P
P.O. Box 8010
Baltimore, Maryland 21244-8010

Re: CMS-1612-P: Proposed Rule that updates payment policies and payments rates for services furnished under the Medicare Physician Fee Schedule (PFS) for calendar year 2015.

Dear Ms. Tavenner:

The Alliance for Home Dialysis (Alliance) appreciates the opportunity to provide the Centers for Medicare and Medicaid Services (CMS) with comments on the Proposed Rule that updates payment policies and payment rates for services furnished under the Medicare Physician Fee Schedule (PFS) for calendar year 2015.

The Alliance is a coalition of kidney dialysis stakeholders representing patients, clinicians, providers, and industry. We have come together to promote activities and policies to facilitate treatment choice in dialysis care while addressing systemic barriers that limit access for patients and their families to the many benefits of home dialysis.

Home dialysis—peritoneal dialysis (PD) and home hemodialysis (HHD)—is an important treatment option that offers patients significant quality of life advantages, including clinically meaningful improvements in physical and mental health. Currently, about 10 percent of U.S. dialysis patients receive treatment at home.¹

Data indicates that the End Stage Renal Disease prospective payment system (PPS)—which pays for home dialysis at the same rate as dialysis provided in the facility—has led to an increase in the utilization of home dialysis. According to the Medicare Payment Advisory Commission’s (MedPAC) 2014 Report to Congress on Medicare Payment Policy, “under the new PPS, use of home dialysis, which is associated

with improved patient satisfaction and quality of life, has increased modestly from 8 percent of beneficiaries to 10 percent.” Specifically, MedPAC reports, “each year from January 2010 through June 2013, CMS reports that the share of beneficiaries dialyzing at home steadily increased from a monthly average of 8.3 percent to 8.9 percent, 9.5 percent, and 9.9 percent, respectively.” This is significant given that in years prior to implementation of the ESRD PPS, there had been little growth in home dialysis.

The Alliance is encouraged by the growth of home dialysis as a result of the bundle and wishes to see it continue; however, we believe that dialysis providers, health professionals, including physicians, and policymakers all play an integral role in ensuring patient modality choice. As detailed in our comments below, the Alliance strongly supports the Proposed Rule’s changes to the payments for physicians and practitioners managing patients on home dialysis and believes these changes are necessary to appropriately align physician payment for the care of hospitalized dialysis patients.

The Alliance offers the following comments to the Physician Fee Schedule Proposed Rule.

**Section II.E. Medicare Telehealth Services**

The Alliance appreciates CMS’s process for revising the list of Medicare eligible telehealth services and believes that telehealth has the potential to not only improve access to home dialysis, but to also lead to improvements in the care provided to these patients.

Therefore, the Alliance urges CMS to add the monthly capitation payment (MCP) services for home dialysis patients to the Medicare telehealth list so that a telehealth visit could fulfill the requirement for practitioners billing for the MCP for home dialysis patients to have one face-to-face visit per month. These services are described by Current Procedural Terminology (CPT®) codes 90963 (end-stage renal disease- (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age, to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents); 90964 (end-stage renal disease- (ESRD) related services for home dialysis per full month, for patients 2 to 11 years of age, to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents); 90965 (end-stage renal disease- (ESRD) related services for home dialysis per full month, for patients 12 to 19 years of age, to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents); and, 90966 (end-stage renal disease- (ESRD) related services for home dialysis per full month, for patients 20 years of age and older).

The Alliance acknowledges the importance of the monthly in-person visit for home dialysis patients in order to facilitate a comprehensive clinical interaction with a health care practitioner; however, we believe that a telehealth visit should be allowed to meet this face-to-face visit requirement in some situations. The Alliance recognizes that patients have unique medical needs, and supports the requirement for a face-to-face interaction with a medical professional, but advocates that the interval for an in-person interaction could be adjusted if patients were able to participate in telehealth visits with authorized providers in the intervening months. We believe that allowing a telehealth visit to substitute for a face-to-face interaction would enhance the benefits of home dialysis, especially for

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2 Medicare Payment Advisory Commission, Report to the Congress: Medicare Payment Policy, March 2014.
3 ibid
4 Claims Processing Manual, ch. 8, sec. 140.1.1
those patients who are relatively healthy, or who have to travel long distances to see their practitioner. However, these benefits cannot be realized until MCP services are added to the Medicare telehealth list.

Additionally, the Alliance acknowledges that, in order for the home dialysis community to benefit from such a change, Congress would first have to act to make the home or non-hospital based dialysis facility an originating site for the provision of dialysis. To that end, a number of bills have been introduced this Congress that would make this change, including the Medicare Telehealth Parity Act (H.R. 5380), Telehealth Enhancement Act (H.R. 3306/S. 2662) and the Chronic Kidney Disease Improvement in Research and Treatment Act of 2014 (H.R. 4814). The Alliance hopes that CMS will continue to work with us as these bills move forward to ensure that home dialysis patients can benefit from innovative technologies.

Section II.G. Chronic Care Management
In the Proposed Rule, CMS refines the policies regarding use of the new Chronic Care Management (CCM) codes and establishes a payment rate for this service, with the goal of improving care for patients with two or more chronic conditions. The Alliance strongly supports allowing specialists, such as nephrologists, to utilize the CCM code, particularly for the management of Chronic Kidney Disease (CKD) patients, including Stage 5 CKD. We also support the new scope of service requirement for electronic care planning capabilities and electronic health records to improve communication and coordination among health professionals and the patient being treated.

We support CMS’s efforts to promote advancements in care management services for patients with chronic conditions, and we encourage CMS to monitor the development and adoption of technologies that could improve care for patients on dialysis. As CMS acknowledges in the Proposed Rule, the agency has several initiatives underway, in addition to the new CCM code, that are “designed to improve payment for, and encourage long-term investment in, care management services,” including the Medicare Shared Savings Program, other Accountable Care Organization programs, and several demonstration projects. CMS also supports this goal through the Healthcare Innovation Awards issued by the Center for Medicare and Medicaid Innovation to fund studies of potential improvements in care management. For example, one of the Healthcare Innovation Awards supports a study using new technologies to link patients on peritoneal dialysis with their practitioners to improve patient safety and treatment. This demonstration project could form the basis for changes in dialysis care as well as Medicare policy. CMS should review the results of this demonstration project carefully and consider implementing its model nationwide using the notice and comment rulemaking process, as directed by the Social Security Act.

Section II.K Payments for Physicians and Practitioners Managing Patients on Home Dialysis

The Alliance commends CMS for proposing to rectify a discrepancy in the way nephrologists are reimbursed for the care of home dialysis ESRD patients that are hospitalized. As detailed in the Alliance’s April 2014 letter to Administrator Tavenner, in contrast to in-center hemodialysis patients, nephrologists must separate out the time their home dialysis patients spend in the hospital and bill for the outpatient

7 Social Security Act § 1115A(c).
services provided to patients at a daily rate instead of the full capitated payment for that month. This discrepancy in payment may create a barrier to the growth of home dialysis, as the Alliance believes that a critical component to promoting clinically appropriate treatment choice is to ensure that provider incentives are properly aligned.

To that end, the Alliance strongly supports the proposed change to “allow the MCP physician or practitioner to bill for the age appropriate home dialysis MCP service (as described by HCPCS codes 90963 through 90966) scenario if the MCP physician or practitioner furnishes a complete monthly assessment of the ESRD beneficiary and at least one face-to-face visit.”

This proposed administrative correction aligns with the continued acknowledgement by both Congress and CMS of the importance of ensuring beneficiaries have access to home dialysis. The Alliance appreciates CMS’s acknowledgment of stakeholders concerns with this payment issue, and strongly recommends that CMS finalize this proposed correction.

**Conclusion**

The Alliance appreciates the opportunity to provide comments to the Proposed Rule. We look forward to working with CMS in the future to advance policies that support appropriate utilization of home dialysis.

Please feel free to contact Lindsay Punzenberger at 202-466-8700 if you have any questions or would like additional details.

Sincerely,

Stephanie Silverman
Executive Director

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Participating Organizations (2014)

American Association of Kidney Patients
American Kidney Fund
American Nephrology Nurses Association
American Society of Nephrology
American Society of Pediatric Nephrology
Baxter
Cleveland Clinic
Dialysis Clinic, Inc.
Dialysis Patient Citizens
Greenfield Health Systems
Home Dialysis Plus
Home Dialyzors United
Hortense and Louis Rubin Dialysis Center, Inc.
Medical Education Institute
National Kidney Foundation
National Renal Administrators Association
Northwest Kidney Centers
NxStage Medical
Renal Physicians Association
Renal Support Network
Satellite Healthcare
Southwest Kidney Institute
TNT Moborg International Ltd.