

May 13, 2009

Dr. Barry Straube, Director and Chief Clinical Officer
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard Room S3-25-25
Mail Stop S3-02-01
Baltimore, MD 21244

Re: CMS IMPLEMENTATION OF MIPPA PROVISIONS

Dear Dr. Straube

As America's largest dialysis patient organization, Dialysis Patient Citizens (DPC) is proud to represent over 23,000 pre-dialysis and dialysis patients and their families. On a wide variety of issues, we seek to ensure that the patients' point of view is heard and considered by policy makers so that continued progress may be made in the quality of care and life for patients with kidney disease. DPC is pleased to provide comments on the Center for Medicare & Medicaid Services' (CMS) implementation of the Medicare Improvements for Patients and Providers Act (MIPPA) passed by Congress last year.

DPC was pleased with the final MIPPA legislation and believes it will go a long way in fundamentally changing the way dialysis care will be provided in the United States. Specifically, the pre-dialysis education benefit will help reduce the number of individuals that enter the dialysis stream, as well as, ease transition for those who are unable to avoid dialysis--providing much needed education about diet and nutrition, insurance, vascular access, and dialysis modalities.

One of the most important areas for education that can ease the transition to dialysis is in choosing the appropriate treatment modality. As CMS implements MIPPA, DPC wants to guarantee that deliberate steps are taken to ensure the bundled payment system reimburses properly for each modality so that one is not financially beneficial over another. Patients should be afforded flexibility to choose the treatment option that best fits their lifestyle and improves their outcomes. Patients should have the ability to live their lives as close to normal as possible. This means having the time, energy and freedom to work, raise children, and travel if they so choose. Providing reimbursement on a per treatment basis and ensuring all modalities are financial viable under the bundle will help ensure that patients continue to receive quality care and maintain a high quality of life.

Per Treatment Bundle Benefits to Patients

As DPC's Bundling Policy states, "Regardless of the method of reimbursement, patients should continue to receive the treatments and medications as prescribed by their doctors. DPC

believes that there must also be a mechanism to ensure that there is an annual update to pay for the increased costs of dialysis.”

DPC has been consistent in this position. We were pleased to see an inflationary mechanism included within the bundle. This will help ensure that patients can continue to receive consistent services and continuity of care. Our concern is that under the bundled payment patient flexibility to travel to other states and their choice of modalities will be limited. It is also critical that dialysis patients have the ability to receive additional dialysis treatments as new research has shown more frequent dialysis improves patients’ overall health. DPC wants to ensure that the new bundled payment system reimburses dialysis treatments on a “per treatment” basis not a weekly or monthly basis. Not only will a per treatment make it easier for patients to travel, but it will allow for increased access to alternate modalities and the reimbursement of additional medically justified dialysis treatments.

- **Travel:** If the bundled payment unit was to be issued to a patient’s dialysis clinic in a per month or per week payment we are concerned this could create barriers to patients who wish to travel to other states for business or pleasure. This could complicate the payment structure in a way that clinics may not be as willing to accept transient patients. If the bundle was paid per treatment, this would simplify the reimbursement for transient patients.
- **Modalities:** It is DPC’s belief that in addition to the new Conditions for Coverage, requiring patients be educated on all modalities, payment must be aligned so that providers are more apt to offer alternate modalities and physicians are more likely to prescribe the treatment that best suits their patients’ care and lifestyles. DPC believes the payment structure should be changed so that all modalities are properly reimbursed for under a per treatment bundle.

Modalities such as home hemodialysis and nocturnal dialysis are generally offered on a more frequent basis, usually 5-6 times per week. While home hemodialysis may be less costly per treatment, more treatments are utilized per month which could skew reimbursement in favor of in-center hemodialysis if a monthly or weekly bundle was implemented. Additionally, improved funding for the required home dialysis training for both peritoneal and home hemodialysis is needed to ensure that providers see the value in providing alternate treatment options.

- **More Frequent Dialysis Benefits:** Numerous studies have shown that many patients who dialyze on a more frequent basis (either short daily or nocturnal dialysis) have better clinical outcomes, reduced rates of hospitalization, decreased need for medication, and improved blood pressure. As DPC’s More Frequent Dialysis policy states, “DPC supports increasing the ESRD Medicare Benefit to cover more frequent dialysis—thus improving patient outcomes and increasing the quality of life for patients.” It is critical

that dialysis patients have the ability to receive additional dialysis treatments, and providers are adequately reimbursed for these additional treatments, which have been shown to improve outcomes.

Patient Forum

DPC's bundling policy also states, "...decision makers should consider patient input and evaluate the effects any changes to the reimbursement policy will have on dialysis patients' quality of care and quality of life." In support of this policy, DPC would like to request that CMS host a Patient Forum to gather input from patients on how the bundled dialysis payment should be structured to best meet the needs of dialysis patients. This session could be invaluable to CMS in its efforts to structure a dialysis bundle that achieves the desired effect of improving quality of care while saving vital resources.

DPC could ensure that a diverse group of dialysis patients from around the country could attend the forum in person and via conference call so that decision makers have the opportunity to directly discuss, with impacted beneficiaries, plans for the structure of the bundle. A similar patient forum was beneficial during the creation of the new Conditions for Coverage.

DPC is thankful that Congress passed the MIPPA provision in 2008, and we are eagerly anticipating the implementation of the provisions by CMS. We feel that MIPPA can change dialysis care in a positive manner as long as the proper steps are taken to ensure patients have input in the structure of the bundle, have access to the proper number of dialysis treatments, and that the payment does not inadvertently favor one treatment modality over others.

I would like to request the opportunity to meet with you in person prior to the release of the proposed regulation to further discuss bundling and scheduling a patient forum. We look forward to working with you.

Thank you,

Chad Lennox
Executive Director

Cc: Jonathan Blum, Director, Center for Medicare Management

Janet Samem, Director, Division of Chronic Care Management

Daniel Schreiner, Ombudsman