

June 1, 2011

Dr. Donald Berwick
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1435-IFC Changes to the End-Stage Renal Disease Prospective Payment System Transition Budget-Neutrality Adjustment

Dear Dr. Berwick:

Dialysis Patient Citizens (DPC) is pleased to provide comments to the Centers for Medicare and Medicaid Services (CMS) on the final rule for the Changes to the End- Stage Renal Disease Prospective Payment System Transition Budget-Neutrality Adjustment. As America's largest dialysis patient organization, DPC is proud to represent over 22,000 pre-dialysis and dialysis patients and their families. We seek to ensure that the patient's point of view is heard and considered by policy makers on a wide variety of issues, so continued progress may be made in the quality of care and life for all dialysis patients.

DPC would like to thank CMS for its decision to revise the end stage renal disease (ESRD) transition adjuster down to zero percent. We appreciate CMS's willingness to revise the adjuster when presented with real life data that far exceeded previous estimates. The previously proposed cut of 3.1 percent could have severely underfunded dialysis care, negatively impacting patients while undermining important improvements to the Medicare ESRD program made by Congress.

The change in the final rule to the transition adjustment will further support patient access and quality of care. For example, the revised adjuster will support the ongoing efforts of dialysis facilities to recruit and retain highly trained care teams, including nephrology nurses, technicians, dietitians and social workers, while preventing patient-to-staff ratios from increasing any further. Additionally, it helps to reduce the strain on dialysis providers, who may have felt pressured to do more with less, potentially leading to a consolidation of clinics and a reduction in patient access to care.

We appreciate the seriousness with which CMS examined the comments submitted after the proposed rule was released. By using more accurate data to revise the adjustment, CMS is ensuring that ESRD patients will continue to have access to high-quality care.

Our only recommendation is to apply the revised transition adjustment retroactively to the beginning of the year. We thank you for the opportunity to provide additional patient perspective on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Hrant Jamgochian". The signature is fluid and cursive, with the first name "Hrant" and last name "Jamgochian" clearly distinguishable.

Hrant Jamgochian
Executive Director