From: Elizabeth Lively
To: solicitation.questions
Cc: Hrant Jamgochian
Subject: RFI 014-21/22 Response from Dialysis Patient Citizens
Date: Wednesday, June 1, 2022 3:02:34 PM
Attachments: DPC_Comments_FL_AHCA_MMA_PROCUREMENT_RFI_014-2122.pdf
Importance: High

Hello, Cody. Attached please find the response from Dialysis Patient Citizens for RFI 014-21/22. Please let me know if you have any questions. Thank you.

Best Regards,

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DPC
DIALYSIS PATIENT CITIZENS

Improving Life Through Empowerment

June 1, 2022

Cody Massa, Procurement Officer Agency
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RE: RFI 014-21/22
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To the Agency for Health Care Administration (AHCA):

On behalf of the more than 50,000 Floridians living with End-Stage Renal Disease (ESRD), we thank you for the opportunity to comment on the upcoming request for proposal for the provision of managed medical assistance (MMA) contracts. In preparation for the upcoming procurement, we hope to share best practices, innovations in business models as well as service delivery recommendations for Medicaid Managed Care (MMC).

Dialysis Patient Citizens is a national, nonprofit patient advocacy organization that works to improve the lives of dialysis patients through education and advocacy. We are a patient-led organization with membership open to dialysis and kidney disease patients and their families. Our mission and policy positions are guided solely by our membership and Board of Directors, which is comprised entirely of ESRD patients.

Nationwide, it is estimated that nearly one in seven[1] Americans have Chronic Kidney Disease (CKD), although many, if not most, are unaware of it. More than three-quarters of a million kidney disease patients have reached kidney failure, or ESRD, which requires routine dialysis or a kidney transplant to survive.[2] Many of these patients "crash" into dialysis[3], some of whom didn't previously know they have kidney disease. It is common for CKD and ESRD patients to have one or more comorbidities such as diabetes, hypertension, and/or cardiovascular disease, which can exacerbate their health condition and heighten their care needs. ESRD patients in particular have extensive health care costs because of the severity of their kidney disease.

Nearly half of all ESRD patients nationwide rely on Medicaid coverage[4]. Most of these patients are using this coverage as supplementary insurance to Medicare following their ESRD diagnosis. Some patients do not qualify for Medicare and the state is the primary payor for their dialysis treatments. Medicaid coverage, whether primary or secondary, is critical for many ESRD patients across the nation. Our comments today discuss ways for the State of Florida to save health care dollars while improving the quality of life for the state's Medicaid Enrollees who have CKD and ESRD.

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[1] https://cdc.gov/kidneydisease/publications

[2] https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease#:~:text=Nearly%20786%2C000%20people%20in%20the,29%25%20with%20a%20kidney%20transplant.

[3] Risk factors for unplanned and crash dialysis starts: A protocol for a systemic review and meta-analysis Syst Rev 2016; 5:117

[4] https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf

Overall, we urge AHCA to adopt key performance indicators (KPIs) for End Stage Renal Disease (ESRD) and Chronic Kidney Disease (CKD) so that MMCs are encouraged and empowered to improve the individual experience of care for ESRD and CKD patients; improve the health of this population; and reduce the per capita costs of care through innovation. We propose several specific areas of emphasis: identification of ESRD patients who would benefit from dialysis delivered by home modalities, early detection of CKD, and support services for duals and Medicaid primary Enrollees.

ESRD is Unique for Medicaid and Medicare

ESRD is the only diagnosis that qualifies a patient for Medicare based on their diagnosis alone. The coordination of benefits period for a Medicaid ESRD beneficiary is dependent on the modality the ESRD patient chooses. If a patient chooses a home dialysis program, they can move to Medicare as their primary coverage on the first day, providing health care savings for Florida.

Medicare benefits starts[5]:

1. On the fourth month of dialysis when the beneficiary participates in dialysis treatment in a dialysis facility.
2. Medicare coverage can start as early as the first month of dialysis if:
    - The beneficiary takes part in a home dialysis training program in a Medicare-approved training facility to learn how to do self-dialysis treatment at home.
    - The beneficiary begins home dialysis training before the third month of dialysis; and
    - The beneficiary expects to finish home dialysis training and give self-dialysis treatments.
3. Medicare coverage can start the month the beneficiary is admitted to a Medicare-approved hospital for kidney transplant or for health care services that are needed before the transplant if the transplant takes place in the same month or within the two following months.

Home Dialysis

For many patients, home dialysis is more convenient, easier to tolerate, and allows for a better quality of life. The Florida state legislature and the Governor have been clear in this year's state budget and for over five years about home dialysis when they adopted this language:

> From the funds in Specific Appropriation 208, the Agency for Health Care Administration shall work with dialysis providers, managed care organizations, and physicians to ensure that all Medicaid patients with End Stage Renal Disease (ESRD) are educated and assessed by their physician and dialysis provider to determine their suitability for all types of home modalities. Further, the agency shall consult with the dialysis community

[5] https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/End-Stage-Renal-Disease-ESRD/ESRD

concerning suitable voluntary reporting to the state Medicaid program on members' home modality suitability.

ESRD patients experience significant clinical and quality of life benefits utilizing home dialysis, including:

- Longer retention of residual renal function.[6]
- Higher survival rate.[7]
- Improved ability to remain employed and productive.[8]
- Reduced need for non-emergency medical transportation.[9]
- Higher patient satisfaction with peritoneal dialysis versus hemodialysis.[10]

Currently, of the more than 50,000 Floridians with ESRD, fewer than 10% utilize home dialysis. In a research study examining patient survival, well-being, and quality of life, 240 U.S. nephrologists surveyed felt that 32.6% of prevalent ESRD patients should be on home dialysis.[11] More recently, nephrologists in New England dialysis centers felt that 29% of ESRD patients should be on home dialysis.[12] This 29% is consistent with the clinical opinions of nephrologists in Canada and the United Kingdom, reported in earlier studies.

AHCA should adopt KPIs and encourage MMCs to provide support services and adopt digital tools such as remote patient monitoringto encourage home dialysis. AHCA should ensure that MMCs are educating late-stage CKD patients and ESRD patients about their modality options and the benefits of home dialysis, ultimately developing confidence in patients to move to home dialysis modalities (peritoneal and home hemodialysis). For instance, this KPI could require MMCs to collaborate with hospitals, nephrologists and dialysis providers to coordinate and measure the effectiveness of educating Medicaid ESRD patients, including those who begin emergent dialysis in the hospital setting.

Preventing and slowing the progression of Chronic Kidney Disease

According to the CDC's Chronic Kidney Disease Surveillance System, 1 in 3 adults with diabetes and 1 in 5 adults with hypertension may have CKD. Known as the silent disease, only half of adults at risk for kidney failure know they have CKD.

Annual testing of Medicaid Enrollees for CKD provides the opportunity for early detection, prevention, and to slow progression through the stages of CKD, which ultimately results in kidney

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[6] Perl J, Bargman JM. The Importance of Residual Kidney Function for Patients on Dialysis: A Critical Review. AJKD 2009; 53: 1068-1081.
[7] Vonesh EF, Synder JJ, Foley RN, Collins AJ. Mortality Studies Comparing Peritoneal Dialysis and Hemodialysis; Kidney Int 2006; 70: S3-S11.
[8] Lee A, Gudex C, Povlsen JV, Bonnevre B, Nielsen CP. Patients' Views Regarding Choice of Dialysis Modality. NDT 2008; 3953-3959.
[9] https://nap.nationalacademies.org/read/25385/chapter/1
[10] 5. Rubin HR, Fink NE, Plantinga LC, et.al. Patient Ratings of Dialysis Care With Peritoneal Dialysis and Hemodialysis. JAMA 2004 (Feb 11; 697-703)
[11] Mendelssohn DC, Mullaney SR, Jung B, et al. What do American nephrologists think about dialysis modality selection? Am J Kidney Dis. 2001; 37:22-29.
[12] https://journals.sagepub.com/doi/full/10.1177/089686080602600409

failure, or ESRD. Annual testing provides the state with opportunities to: better utilize and reduce health care costs; educate Enrollees regarding kidney disease and treatment options; and develop informed and self-confident patients with the ability to self-manage their disease, leading to an improved quality of life.

ACHA should adopt KPIs for annual screening of Medicaid Enrollees for CKD. Screening should identify Enrollees at CKD Stage 3 and 4 and refer those patients to nephrologists for disease management and education on disease self-management and dialysis modalities including kidney transplantation. This KPI, for instance, could also encourage MMCs to adopt innovative programs like providing reimbursement to community health workers and patient navigators to educate CKD patients on dialysis modality options, and also on strategies such as blood pressure reduction and diabetes management to prevent and slow progression to ESRD.

Support Services for Patients for Dually Eligible and Medicaid Primary Patients

The population enrolled in both Medicare and Medicaid (dually-eligible or duals) and those who are not (non-duals) may have different social risk factors, also known as Social Determinates of Health (SDOH), which could have implications for their health outcomes and service use that negatively impact their quality of life. It is estimated, nationally, that the majority of ESRD patients qualify for both Medicare and Medicaid.

Dually-eligible patients more frequently experience food or housing insecurity or other risk factors that could have implications for their overall health and treatment needs. According to an Avalere study[13], the majority of costs for dually-eligible ESRD patients aren't related to dialysis spending. MMCs should be measured on adverse events for their ESRD population, regardless if Medicaid is a primary or secondary payor. Investing to reduce the impact of SDOH will, overall, help Florida save on health care costs.

Currently, Medicaid programs are the primary payors of non-emergency medical transportation (NEMT) for ESRD patients as Medicare does not cover such services in most instances. A National Academy of Science study identified significant cost avoidance for Medicaid beneficiaries with kidney failure who rely on non-emergency medical transportation to attend dialysis treatments.[14] Overall, dialysis patients face major challenges with transportation to get to their physician's offices or to an outpatient dialysis clinic. Patients and social workers complain that transportation is unreliable: vehicles are late dropping off patients for their treatment and late picking up patients after treatment; vehicles never come — either the transportation provider cancels the trip or is a no-show. The unreliability of NEMT services is often stressful and can lead to adverse events for patients. Moreover, "no-show" appointments are costly to the health care system.

AHCA should adopt KPIs that incentivize MMCs to provide robust and appropriate access to support services and non-emergency medical transportation for both the dually-eligible and Medicaid primary populations. These KPIs should revolve around patient, physician, and nurse confidence in managing the patient's ESRD or CKD.

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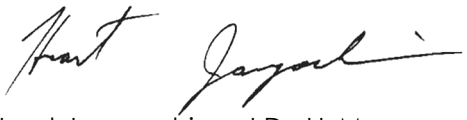
[13] https://avalere.com/insights/comparison-of-dually-and-non-dually-eligible-patients-with-esrd
[14] https://nap.nationalacademies.org/catalog/25385/dialysis-transportation-the-intersection-of-transportation-and-healthcare

Conclusion

We appreciate the opportunity to provide this feedback to AHCA. DPC and its members urge AHCA to adopt key performance indicators around home dialysis, annual screening for CKD and support services for CKD/ESRD Enrollees. We look forward to working with AHCA to ensure Medicaid Enrollees with kidney disease continue to have access to high-quality care. Please feel free to contact me should you have any questions at 866-877-4242 or hjamgochian@dialysispatients.org.

Sincerely,



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