


Patient Ambassador Monthly Meeting  
Tuesday July 26, 2011 Re-Cap Notes

**Washington DC Update**

Hrant Jamgochian, DPC Executive Director

 *Regulatory Issues Update:*

- Quality Incentive Program Proposed Rule
  - To aid in implementation of the new ESRD bundled payment system, Congress and the Centers for Medicare and Medicaid Services (CMS) have developed a Quality Incentive Program (QIP) that seeks to align payment incentives with patient outcomes. DPC believes that the quality measures included in this program should above all be patient-centered, reflective of health outcomes for all dialysis patients regardless of the treatment modality they choose, and target levels that will ensure patients can meet adequate standards and live high quality lives.
  - DPC's greatest concern is the proposed elimination of the quality measure for anemia management of hemoglobin less than 10 grams per deciliter (the greater than 12 g/dL measure would remain in the QIP). CMS states that the proposal to retire the less than 10 measure is in an effort to remain consistent with the recent changes to the Food and Drug Administration (FDA) label for Epogen. Even if this measure is removed from payment consideration, DPC wants to ensure that appropriate hemoglobin measures remain in the QIP in order to enable patients to monitor how any changes impact their quality of life. We are currently working with other patient groups and the larger kidney community to ensure that CMS protects patient access and rewards high quality care. We also will be submitting comments to the National Quality Forum (NQF) to ensure the patient perspective is considered when determining future quality measures for the program.
- Health Insurance Exchanges
  - On May 26, 2011, DPC sent a comment letter to Joel Ario, the Director of the Office of Health Insurance Exchanges, regarding the design of the regulatory framework for the insurance exchanges. We requested that CCIIO maintain today's standard of coverage by considering dialysis services as an essential benefit in the new exchanges, ensuring that individuals who have or develop ESRD are not subject to benefit designs that limit their coverage and, ultimately, their access to lifesaving care.
  - DPC also urged that the Affordable Care Act (ACA) not be interpreted in a way that adversely affects dialysis patients by excluding them from receiving premium credits and cost-sharing subsidies if they choose to maintain a private provider when they are qualified for other programs, such as Medicare. Additionally, we want CCIIO to guarantee that exchange plans will include an adequate list of providers as well as the consistent application of the Medicare Secondary Payer (MSP) law. Here is the complete DPC

comment letter:

<http://dialysispatients.org/file/05%2026%2011%20DPC%20CCIO%20Comment%20Letter%20FINAL.pdf>

- Association Health Plans
  - The recent proposed ruling by the Department of Health and Human Services (HHS) was designed to improve transparency between providers and consumers and is also aimed at curbing excessive rate increases in the individual and small-group markets. DPC, along with other healthcare-centered organizations, is urging HHS to expand the definitions for “individual market plans” and “small group market” to ensure continued protection of consumers of association and out-of-state insurance plans under the individual and small-group provisions of the Affordable Care Act (ACA). We believe that association plans should be regulated in line with the Health Insurance Portability and Accountability Act (HIPAA) precedent, without exception or rate review consideration. Doing so would promote administrative consistency among insurance companies, which in turn, would make it easier for states to strengthen laws to follow HIPAA’s treatment of these plans for streamlined enforcement of present and 2014 regulations.
- Accountable Care Organizations (ACOs)
  - In April, the Centers for Medicare and Medicaid Services released the Proposed Rule for the Medicare Shared Savings Program: Accountable Care Organizations (ACOs). ACOs are a model of integrated care designed to improve quality and reduce costs in the health care system. The Affordable Care Act (ACA) requires the Secretary of DHHS to establish a new ACO program for Medicare beneficiaries by January 1, 2012 and the recently released Proposed Rule begins this process.
  - DPC submitted comments to CMS to ensure the patients’ perspective is heard as this important issue moves forward. DPC expressed its support for increased integration within the healthcare system because the opportunity for care coordination in Medicare has a potentially positive impact on dialysis patients. We appreciate CMS’ commitment to rewarding high-quality providers, and want to ensure that this commitment is extended to kidney care providers. View the complete DPC comment letter at:  
<http://dialysispatients.org/file/06%2002%2011%20DPC%20ACO%20Comment%20Letter%20FINAL.pdf>

## **Legislative Update:**

- August Recess
  - DPC would like you to start or continue planning to host a tour for your Members of Congress at your dialysis center during the Congressional August Recess from Monday, August 8 – Tuesday, September 6. Additionally, take advantage of the presence of your Members of Congress in your state by attending town hall meetings and reaching out to District Staff to make arrangements to meet your Members of Congress.