

January 9, 2018

Administrator Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Service
200 Independence Avenue, Southwest
Washington, DC 20201

RE: CMS-4182-P

Dear Administrator Verma:

The National Renal Administrators Association (NRAA) is a voluntary organization representing dialysis providers throughout the United States. We represent a wide range of providers but are primarily focused on issues impacting small and independent for-profit and not-for-profit providers serving patients in urban, rural, and suburban areas in both free-standing and hospital-based facilities. We appreciate the ongoing recognition by the Centers for Medicare and Medicaid Services (CMS) of the unique challenges posed to small and medium facilities providing high quality care to pediatric and adult patients with chronic kidney disease (CKD) of all stages.

The NRAA welcomes the opportunity to comment on “Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program” (CMS-4182-P). Specifically, we respond to the agency’s comment solicitation on reducing the provider burden associated with Medicare Advantage (MA) medical record documentation requests. These often lengthy and extensive requests from MA organizations typically under very short timeframes are extremely challenging for dialysis providers to meet, particularly smaller and independent dialysis facilities with limited financial and administrative resources that they otherwise would dedicate to giving life-sustaining dialysis care that patients need. Consequently, NRAA very much appreciates and welcomes CMS’s interest in considering new ways for MA organizations to collect the medical records from providers in a less burdensome and more efficient manner. Therefore, in comments below, NRAA:

- I. Describes the types, volume, and frequency of medical record documentation requests that NRAA members have received from MA organizations; and
- II. Recommends modifications and improvements to the medical record documentation request process that would reduce provider burden while at the same time collect data necessary to ensure appropriate payment to MA organizations.

The NRAA’s comments reflect our continued desire to partner effectively with CMS to improve quality of care and patient health outcomes for Medicare pediatric and adult beneficiaries with CKD.

I. Medical Record Documentation Requests from MA Plans to Small and Medium-Sized Dialysis Providers

The types of medical record documentation requests by MA organizations to NRAA members vary by MA organization and by dialysis provider. In certain cases, an MA organization may request records for

a specific patient over a limited period time, such as 30 days. In many cases, however, an MA organization may request medical records covering a dialysis provider's entire patient population for an entire year or some other extended period (e.g., 8 or 9 months), inclusive of all medical items and services performed by the provider for all patients enrolled in the MA organization. These broad requests typically occur annually and providers often have a relatively quick time to respond. As stated above, small and independent dialysis providers with limited administrative and financial resources in particular find these medical record documentation requests very difficult to meet given their length and breadth and the typically short time period required for response.

II. Recommended Modifications and Improvements to MA Medical Record Documentation Requests to Reduce Provider Burden

To reduce provider burden and establish more efficient and streamlined processes for provider medical record documentation requests from MA organizations (MAOs), NRAA recommends the following improvements and changes to the processes currently in place:

- **In place of broad medical record documentation requests covering all MAO enrollees treated by a provider, limit such requests to a statistically valid stratified random sample of the provider's patients for specific items and services over a specific 30-day window.** Rather than permit MA organizations to issue broad medical record documentation requests covering all items and services for all MAOs enrollees treated by the provider for a significantly long period of time, NRAA recommends that medical record documentation requests be limited to a statistically valid stratified random sample of specific MAO enrollees for specific items and services over a specific 30-day period. CMS generally uses this more targeted approach as part of the Comprehensive Error Rate Testing (CERT) program, collecting data on statistically valid stratified random sample of claims to determine if Medicare Fee-for-Service made improper payments to providers.¹ Use of a statistical sampling methodology similar to that employed for CERT would substantially reduce burden on providers attempting to meet MAO medical record documentation requests.
- **In those cases of individual patient medical record documentation requests, require MAOs to define the items and services requested and limit such requests to a 30-day period for most cases.** In certain instances, MA organizations may request all medical records for a given patient covering an entire year or some other excessively lengthy timeframe. Rather than permitting MAOs to issue these extensive requests covering such long periods, NRAA recommends that MAO provider requests clearly specify items and services and cover no more than a 30-day period of care. NRAA recognizes there may be limited instances where documentation requests may need to exceed the 30-day timeframe, but such cases should be limited in number and clearly specify all items and services required.
- **Establish an ombudsman within CMS to address medical record documentation requests, payment, coverage, enrollment, marketing and other operational issues between dialysis providers and MA organizations.** Due to lack of clear CMS guidance, MAOs currently do not

¹ CMS. [Comprehensive Error Rate Testing \(CERT\): Improper Payment Measurement in the Medicare Fee-for-Service \(FFS\) Program](#).

follow the same processes for provider medical record documentation requests, increasing complexity and difficulty in provider ability to meet these requests as described above. Lack of clear guidance from CMS also results in different MAOs often following different coding, coverage, billing, payment, and other CMS requirements when engaging with dialysis providers. This lack of uniformity – and in certain cases, apparent conflict between MAO interpretation and actual CMS requirements for coverage and reimbursement of dialysis care – poses significant operational and financial challenges for dialysis providers, particularly small and independent facilities with limited financial and administrative resources.

As such, NRAA urges that CMS establish an ombudsman within the agency that would serve as a centralized venue to assist dialysis providers and MAOs with ongoing operations related to medical record documentation requests, coverage, billing, payment, enrollment, marketing, and other issues. An ombudsman would ensure providers and MAOs have the same understanding and follow the same guidance concerning all CMS requirements related to care of Medicare beneficiaries with CKD. Clearer understanding of requirements would benefit both MAOs and dialysis providers, relieving significant burden, improving operational ease, and better ensuring that beneficiaries have access to timely, high-quality dialysis care.

- **Incentivize local health information exchanges (HIEs) to include dialysis networks and create a standard minimum data set for use across payers and providers.** Currently, providers and payers cannot easily exchange medical records used to support high-quality patient care and appropriate payment for dialysis patients. Local HIEs represent potential vehicles of exchange for this important data in a manner much less administratively and financially burdensome than existing processes that often rely on paper submission mechanisms. Therefore, NRAA strongly recommends that CMS: (1) establish incentives to encourage and enable inclusion of dialysis networks in local HIEs; and (2) facilitate the development of a minimum core CKD patient data set that will meet most, if not all, requirements for medical record documentation and other coverage and reimbursement requests that can be easily shared easily between providers and payers through local HIEs. Exchange of dialysis patient medical records and other reimbursement data on local HIEs would increase efficiency, lower provider and payer burden, and likely improve patient care. The NRAA would welcome the opportunity to work with CMS and other stakeholders in the establishment and development of a minimum core data set for dialysis patients that could be exchanged on local HIEs.
- **Enable electronic submission of scanned medical record documentation.** Many electronic medical records (EMRs) do not facilitate easy transfer of medical records between providers and payers. Oftentimes, as a result, providers must manually print and mail documents in response to MA organization requests. This is financially and administratively burdensome, particularly for small and independent providers with limited resources. To ease this burden, the NRAA recommends that CMS require MAOs to accept electronically scanned documents submitted electronically to meet medical record documentation requests.

III. Conclusion

In conclusion, NRAA again wishes to thank CMS for the opportunity to comment on the agency's solicitation on ways to reduce the provider burden associated with MA organization medical record documentation requests. We look forward to continuing our work with CMS and MA organizations in improving the quality of care and health outcomes for pediatric and adult patients with CKD. If you have any questions concerning our comments, please do not hesitate to call Marc Chow at 215-564-3484.

Sincerely,

A handwritten signature in cursive script, reading "William G. Poirier". The signature is written in dark ink and is positioned below the word "Sincerely,".

William Poirier

NRAA President