



Administrator Mehmet Oz
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

June 16, 2025

Re: CMS-0042-NC: Request for Information; Health Technology Ecosystem

Dear Administrator Oz:

On behalf of our coalition of patient groups, clinical societies, dialysis providers, and innovators, the Alliance for Home Dialysis (Alliance) thanks you for the opportunity to submit comments to the Request for Information (RFI) on the Health Technology Ecosystem. We agree that thoughtful and responsible use of technology can equip Medicare beneficiaries with the tools they need to make informed decisions about their own health.

The Alliance's mission is rooted in patient choice and empowerment: to promote policies that facilitate treatment choices, with an emphasis on home dialysis, for individuals in need of dialysis and to address systemic barriers that limit access to the many benefits of home dialysis. We are grateful and fortunate to share that goal with both the Centers for Medicare and Medicaid Services (CMS) and lawmakers in Congress.

Home dialysis empowers patients by giving them greater control over their treatment and daily lives. Instead of relying solely on facility-based care, patients trained in home dialysis can manage their treatment on their own schedule, often while continuing to work or care for their families. This approach promotes personal responsibility, supports individual freedom, and reduces dependence on costly, centralized care.

Technologies that support the administration of home dialysis—such as connected devices, telehealth platforms, and remote monitoring tools—are central to the broader health technology ecosystem. These tools enable patients to manage their care more independently, engage more actively in their treatment, and reduce the need for patients who live in rural areas to travel long distances to dialysis centers. Integrating these technologies with a home

dialysis modality improves clinical outcomes and allows patients to maintain their autonomy, jobs, day-to-day routines, and overall quality of life.

To strengthen the role of health technology in home dialysis, we recommend:

- Continuing to support expansion of telehealth flexibilities needed by chronic kidney disease (CKD) and end-stage kidney disease (ESKD) patients who may want to see their providers virtually;¹
- Incentivizing the use of digital tools that make it easier for patients to engage with their doctors, such as apps, wearable devices, remote monitoring systems and more;
- Using technology to make kidney disease education (KDE) services more accessible and tailored to patients' needs through offering virtual learning options;
- Strengthening data collection and analysis on Medicare Advantage (MA) patients with ESKD, including home dialysis use, to guide better policymaking, improve transparency, and hold payers accountable.

Telehealth

For patients with End-Stage Renal Disease (ESRD), virtual health care is not new. CMS leads the way to implement the 2018 CHRONIC Care Act and expanded telehealth access by designating a patient's home dialysis facility as an originating site without geographic restrictions and permitting monthly visits. This means that home dialysis patients can see their nephrologists monthly from the comfort of their own home, regardless of their location and unrelated to any public health emergency (PHE) waiver.

In addition, during the COVID-19 PHE, additional flexibilities allowed physicians to be reimbursed for phone-based visits. In addition to audio-only visits, digital tools can remotely monitor patients, enable providers to track the progress of disease, and can empower dialysis patients with the option to have their physiologic and therapeutic information monitored remotely, reducing the need for in-person visits. The Government Accountability Office (GAO) found that due to telehealth flexibility, 53 million virtual services were provided in 2020, a drastic increase from 5 million.²

¹ Note: The monthly capitated payment nephrology visit for home dialysis patients has been allowed via telemedicine since 2018.

² Office, U. S. G. A. (2022, September 15). Telehealth in the pandemic-how has it changed health care delivery in Medicaid and Medicare? U.S. GAO. Retrieved January 9, 2023, from <https://www.gao.gov/blog/telehealth-pandemic-how-has-it-changed-health-care-delivery-medicaid-and-medicare#:~:text=We%20found%20that%20the%20number,GAO's%20Medicaid%20expert%2C%20Carolyn%20Yocom>.

To maintain these benefits for patients, we encourage CMS, alongside policymakers, to make some of the PHE waivers established during the pandemic, such as the audio-only permissions, permanent.

Digital Tools

Home dialysis is at the forefront of using digital tools to enhance patient care. People with chronic conditions such as kidney disease are not a monolith and often encounter unique barriers to care. These challenges include limited transportation options, particularly in rural areas, financial constraints, and gaps in health education, all of which can hinder access to essential healthcare services. One of the most pressing issues is limited access to nutritious food, which plays a crucial role in managing kidney disease and preventing its progression to ESKD. To ensure access to care and improve health outcomes, CMS should consider the use of digital tools to allow more streamlined access to doctors through apps, wearable devices, remote patient monitoring systems and more.

Education

It is vital that patients have access to the information and education they need to make informed decisions about their modality of care. Therefore, it is critical that Congress works with CMS to ensure patients are appropriately screened for CKD and ESKD and offered access to information about their disease, its progress, and opportunities for treatment at the right time, by the right provider. We believe that technology can enhance this education, especially given that many patients can benefit from virtual learning options.

For example, despite the coverage of Kidney Disease Education (KDE), this benefit is extremely underutilized and only offered for patients in the middle of their kidney disease journey, not at the start or the end, which is when they are making decisions about where and how to dialyze. In fact, the Government Accountability Office found that less than 2% of eligible patients use KDE benefits. We know that patients who receive early and accurate modality education, such as what is provided through KDE, are more likely to choose a home modality should their disease progress. Integrating virtual options and expanding access will drastically improve informed decision-making.

Medicare Advantage Data

Prior to 2021, individuals with ESKD covered under Medicare's fee-for-service (FFS) program were restricted from transitioning to MA plans (however, those who already had existing MA coverage were allowed to maintain it). The landscape changed with CMS' implementation of the 21st Century Cures Act, which made all Medicare beneficiaries with ESKD eligible to enroll in MA plans starting from the 2021 open enrollment period. This shift led to a significant growth of

about one-third in MA enrollment among the prevalent ESKD population in 2021, rising from 18.3 percent in 2020 to 24.5 percent in 2021.³

This massive transition from FFS to MA could have unintended consequences for ESKD patients and their providers. It is critical that patients maintain access to the care they need and deserve, and aren't hindered by network adequacy, a lack of quality metrics, or a lack of other guardrails to ensure positive patient outcomes and experience. Importantly, there is limited data readily available that measures home dialysis uptake among MA ESKD beneficiaries. Collecting and analyzing this information now will allow policymakers to nimbly adapt to this seismic shift in patient population and ensure patients are not falling through the cracks.

Thank you for your work to improve the lives of ESKD patients by covering necessary treatment for lifesaving care through Medicare. We look forward to continuing to work with you to improve the quality of life and health outcomes for all Americans with ESKD.

Sincerely,

Michelle Seger
Managing Director
Alliance for Home Dialysis

³ United States Renal Data System. 2022 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2022.



Alliance for Home Dialysis Members

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