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August 25, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention CMS-1628-P
P.O. Box 8010
Baltimore, MD 21244-8010

Submitted electronically to www.regulations.gov

Re: Medicare Program; End-Stage Renal Disease Prospective Payment System, and Quality Incentive Program, 80 Federal Register 37808 (July 1, 2015)

Dear Acting Administrator Slavitt:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the proposed rule referenced above, published in the Federal Register on July 1, 2015. As the only full-service professional organization representing the interests of the nation's 3.4 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹

ANA appreciates the opportunity to comment on the Medicare proposed rule for the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for calendar year (CY) 2016 and Quality Incentive Program (QIP) for payment year (PY) 2018 and 2019. We fully support the positions and recommendations set forth in the comment letter submitted by the American Nephrology Nurses' Association (ANNA), the leading professional association representing nephrology nurses.

ANA supports ANNA's positions with regard to the proposed revision of the payment adjustments under the ESRD PPS and the proposed ESRD PPS update (including discussion of the adult case-mix payment adjustments, the proposed refinement of facility-level adjustments, the proposed market basket update increase factor and labor-related share for ESRD facilities for CY 2016, the proposed CY 2016 ESRD PPS wage indices, the CY 2016 update to the outlier services Medicare

¹The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

Allowable Payment (MAP) amounts and fixed-dollar loss amounts, and the discussion of section 217(c) of Protecting Access to Medicare Act and the ESRD PPS drug designation process).

With regard to ESRD QIP, ANA supports ANNA's recommendation that CMS work with the nursing community and the Kidney Care Quality Alliance when developing and implementing quality measures to improve the quality of care provided to ESRD patients, as well as the suggestion that CMS adopt evidence-based ESRD QIP measures that promote the delivery of high-quality care and improved patient outcomes. In addition, ANA supports ANNA's position on the proposal to use hypercalcemia as a measure specific to the conditions treated with oral-only drugs, the development of an ESRD Measures Manual that includes the ESRD QIP measure specifications, and the proposal to reinstate qualifying patient attestations for the clinical measure, "*In-Center Hemodialysis Consumer Assessment of Healthcare Providers.*" ANA supports ANNA's positions regarding the proposed requirements for the PY 2018 ESRD QIP and the proposed requirements for the PY 2019 ESRD QIP. Finally, ANA supports ANNA's position on the proposal to move the Achievement Threshold from the 15th to the 25th percentile, as well as the recommendation that CMS excludes the *Standardized Readmission Ratio* and *Standardized Transfusion Ratio* clinical measures from the QIP while studying the impact of their adoption.

We appreciate the opportunity to share our views on this matter. If you have questions, please contact Jane Clare Joyner, Senior Policy Fellow (janeclare.joyner@ana.org; 301.628.5083).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer