

# NEPHROLOGY

## NEWS & ISSUES

### **KCP: Super Committee should include MSP for kidney patients in health exchanges**

Kidney Care Partners, the lobbying group for many dialysis providers, advocacy organizations, and manufacturers, sent a [letter](#) to the Joint Congressional Committee on Deficit Reduction, or the Super Committee, urging it to include the Medicare Secondary Payment policy in the new health insurance exchanges. The committee is charged with issuing a recommendation by Nov. 23, 2011 for at least \$1.5 trillion in deficit reduction steps over a 10-year period.

Ensuring that the MSP is included in the health insurance exchanges would allow kidney patients who enroll in the exchanges to keep their private insurance for 30 months. Currently, the right to maintain existing private coverage applies only to individuals with kidney disease who also have group health plans, Kidney Care Partners says. As a result, those who would enroll in coverage through exchanges would lose their ability to keep their private insurance and instead be automatically shifted to Medicare.

"In our effort to do our part in the deficit reduction effort, we propose that individuals who develop kidney failure while having coverage through a Health Insurance Exchange plan be treated the same as those who have similar private coverage outside the Exchanges today ... The current statute appears ambiguous at best on this point; the agency implementing the exchanges appears not likely to provide such parity. In addition, the subsidies available to provide assistance to individuals in purchasing Exchange coverage should also be available to these individuals during that thirty-month window."

Keeping the MSP is a good way to save federal money because health insurance companies will have to foot the dialysis bill for 30 months, a measure that can save billions over a 10-year period, according to the Kidney Care Partners

"The kidney care community urges the Joint Select Committee on Deficit Reduction to avoid across-the-board cuts," the Kidney Care Partners' letter says. "MedPAC has consistently recognized the extremely narrow Medicare margins of dialysis facilities. Because Medicare becomes available to individuals upon diagnosis with kidney failure rather than age, approximately 80 percent of all dialysis patients are Medicare beneficiaries. In addition, the initial stages of the substantial payment policy reforms and the first Medicare value-based purchasing program are underway. Adding an across-the-board cut on top of these reductions included as part of the new payment system would likely create economic instability in the program."

The American Kidney Fund, Dialysis Patient Citizens, national Kidney Foundation, and Renal Support network also sent a separate [letter](#) to the committee chairs.