

June 6, 2022

Via Electronic Submission:

William N. Parham, III
Director, Paperwork Reduction Staff
Office of Strategic Operations and Regulatory Affairs
Office of Management and Budget
The White House
Washington, DC 20500

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security BLVD
Baltimore, MD 21244

RE: "Independent Renal Dialysis Facility Cost Report Form" (CMS-265-11, OMB No. 0938-0236)

Dear Director Parham and Administrator Brooks-LaSure:

U.S. RenalCare, (USRC), is writing to comment on proposed changes to the "Independent Renal Dialysis Facility Cost Report Form" (CMS-265-11, OMB No. 0938-0236). USRC is a dialysis company with a national presence serving more than 25,000 patients with End State Renal Disease ("ESRD") through in-center and at-home hemodialysis and peritoneal dialysis in over 350 locations in 31 states. Our comments reflect the impact of these proposed changes to current Cost Reporting process.

USRC does support regular updates to ESRD Facility Cost reports, but timing must include prior notice and vetting to accommodate both manual and technical changes required for said updates. Unintended consequences of changes to Cost Reporting for an industry already stretched thin by the PHE include higher labor needs, updates to systems both at the facility level and in the corporate offices. **We request a future effective date change for the new reporting on capital assets and pediatric costs to commence January 1, 2023.**

For the retroactive effective date to date collection applicable to TDAPA, TPNIES, and the ETC Model for accurate reporting of currently year costs, USRC supports the date of January 1, 2022. However, we would request that OMB and CMS make other future updates or amendments to cost reporting related to TDAPA, TPNIES, the ETC Model or the ESRD PPS with notice in advance of updates using a consistent and regulated process for review of needed changes. We agree that updates should include pediatric costs. **USRC also recommends that bonuses including the HDP and penalties such as associated with the ETC Model are clearly identified on the cost report.**

And finally, USRC has long supported and continues to reiterate the need to recognize the Network Fee, which is required in statute, on the dialysis facility cost report. USRC appreciates this opportunity to submit comments to these important changes and possible updates to "Independent Renal Dialysis Facility Cost Report Form" (CMS-265-11, OMB No. 0938-0236). We offer our insights

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and perspectives to OMB and CMS on any policy issues that can affect the services provided to kidney patients.

Sincerely,

DocuSigned by:

Francine Attrill

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Francine Attrill

VP Public and Commercial Reimbursement Policy

U.S. Renal Care