January 12, 2015

Mr. J.P. Wieske
Chair, Network Adequacy Model Review (B) Subgroup
National Association of Insurance Commissioners
444 North Capitol Street, NW, Suite 701
Washington, D.C. 20001

Dear Mr. Wieske,

The Kidney Care Council (KCC) appreciates the opportunity to provide comments to the National Association of Insurance Commissioners (NAIC) Network Adequacy Model Review Subgroup regarding proposed revisions to the Managed Care Network Adequacy Model Act (Model Act). The KCC is the nation’s largest association of dialysis providers serving the complex clinical needs of more than 381,000 individuals with End Stage Renal Disease (ESRD) in more than 4,930 dialysis facilities across the United States, representing more than 85 percent of individuals with kidney failure, known as End Stage Renal Disease (ESRD.)

The KCC actively participated in the Subgroup’s activities in 2014, and wishes to align in this letter with proposed Model Act revisions set forth by the NAIC’s consumer representatives, especially those relating to network adequacy standards for access to services discussed in Section 5. As it has in the past, KCC believes that quantitative standards, such as maximum time and distance standards in miles and/or in travel time are necessary for a determination of network sufficiency, especially as they relate to dialysis care, which is a critical health service that individuals with End Stage Renal Disease (ESRD) depend on to remain alive.

In our June 4, 2014 comment to this subgroup, the KCC proposed that meaningful network adequacy reviews should include drive times for individuals with ESRD in health plans relative to a 30 minute duration standard. As KCC has discussed with this subgroup in comments and in conference calls in the past year, in the case of ESRD network adequacy, peer-reviewed literature has shown that a significant majority of ESRD patients currently have “drive times” to dialysis centers that are within 30 minutes. These same studies have shown that increased drive times are correlated with diminished health outcomes for ESRD patients.

While renewing that proposal today, we also are supportive of revisions in Section 5 that would create more general quantitative standards without such specificity, and allow states a degree of flexibility to define sufficiency.

Background on End Stage Renal Disease (ESRD)
ESRD is reached when an individual’s kidneys are functioning at 10 to 15 percent of their normal capacity, a level which cannot sustain life. Kidneys are vital organs that remove toxins from the blood, balance fluid and electrolytes, and produce certain hormones. When kidneys fail, all other organ systems are impacted, and renal replacement therapy, such as chronic dialysis or a kidney transplant, must be initiated.

The most common type of dialysis is hemodialysis, which is predominantly performed in specialized outpatient facilities, located in hospitals and outpatient facilities, but can also be performed at home. Other dialysis modalities include peritoneal dialysis, which is typically performed by the individual in his or her home, and nocturnal hemodialysis, which takes place either in-center or at home during the night.

Most individuals with ESRD must undergo dialysis care three times per week in sessions that last approximately four hours. Due to the significant impact of ESRD on the body, the resulting fragility of those with the disease, and the amount of time involved in treatment, access to the renal replacement therapy modality that is right for the individual is of critical importance, as is convenient access to that service, which underscores our proposal to ensure that networks are evaluated consistent with quantitative standards like those suggested by the KCC in June, and those set forth by consumer representatives today.

We appreciate the opportunity to share our comments and recommendations with you. Please do not hesitate to contact me at (202) 744-2124, ccepriano@kidneycarecouncil.org or Colin Roskey at (202) 239-3436, colin.roskey@alston.com if you would like to discuss these comments in detail or have any questions.

Respectfully Submitted,

Cherilyn T. Cepriano
President
The Kidney Care Council

Submitted Via Electronic Mail to:
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