Accountable for HEALTH

Tel 202 819 4144
mmcdermott@accountableforhealth.org

14 Ridge Square NW, Suite 300
Washington, DC 20016

September 10, 2026

Submitted via regulations.gov

The Honorable Administrator Mehmet Oz, M.D.
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Medicare and Medicaid Programs; CY 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program (CMS-1848-P)

Dear Administrator Oz:

On behalf of Accountable for Health's Kidney Care Coalition, we appreciate the opportunity to provide comments on the CY 2027 Medicare Physician Fee Schedule (PFS) proposed rule. Our comments focus specifically on the Centers for Medicare and Medicaid Services' (CMS) proposal related to the office/outpatient evaluation and management visit complexity add-on code, HCPCS code G2211.

The Kidney Care Coalition is a group of organizations committed to improving care for Medicare beneficiaries with chronic kidney disease (CKD) and end-stage renal disease (ESRD) through accountable, specialty-focused care models. We support policies that strengthen care coordination, expand access to accountable kidney care, improve outcomes and ensure long-term stability for value-based kidney care.

We applaud CMS for recognizing in the proposed rule that clinicians participating in accountable care arrangements take on responsibilities that extend beyond those typically supported through traditional fee-for-service. Specifically, CMS proposes transitioning G2211 to a modifier and creating a higher-valued modifier, referred to as MOD2 in the proposed rule, for eligible clinicians participating in the Medicare Shared Savings Program and Participant Providers in the Long-term Enhanced ACO Design (LEAD) Model. MOD2 would increase payment for the associated evaluation and management service by 32%, compared with 16% under the standard modifier.

CMS appropriately recognizes that clinicians participating in accountable care incur additional costs associated with providing longitudinal care, coordinating services, managing quality and assuming accountability for the overall health and cost of care of their patients. **We strongly support this rationale and urge CMS to extend eligibility for**

MOD2 to Participant Providers in the Comprehensive Kidney Care Contracting (CKCC) Model and any successor accountable kidney care model.

Nephrologists participating in CKCC have embraced the type of accountability that CMS seeks to recognize through MOD2. These clinicians care for some of Medicare's most medically complex beneficiaries while working within a model that holds participating organizations accountable for the quality and total cost of their patients' care.

That accountability is producing meaningful changes in how patients with advanced kidney disease receive care. CMS's most recent independent evaluation found that the rate of Optimal ESRD Starts increased by 31% among patients in CKCC in 2023. These optimal starts include patients who begin home dialysis, begin in-center dialysis with a preferred form of vascular access, or receive a kidney transplant before progressing to dialysis. CKCC participants attributed these improvements in part to more robust patient education about treatment options and additional follow-up by integrated kidney care teams.

More broadly, CMS found that the CKCC Model increased home dialysis use by 10%, while home dialysis training increased by 22%. The model also reduced use of hemodialysis catheters—which are generally considered a less desirable form of vascular access—by 29%. In addition, living donor transplant rates increased by 22% and preemptive transplant waitlisting increased by 37%.

Patients are also becoming more informed participants in their care. Among respondents to CMS's CKD Patient Experience of Care Survey, patients in the CKCC Model were more likely to report receiving information about the full range of ESRD treatment options, and patient activation scores—which measure patients' ability to manage their health and health care—also improved.

These results demonstrate that greater accountability enable nephrologists and their care teams to better educate patients before kidney failure, help them prepare for dialysis, coordinate across dialysis and transplant providers, and guide patients to treatment options that can improve their care and quality of life.

The additional work required of CKCC nephrologists is therefore directly aligned with CMS's rationale for MOD2. Excluding these providers from the enhanced modifier would create an unnecessary distinction between clinicians performing substantially similar accountable care functions based solely on the Medicare model in which they participate.

Extending MOD2 to CKCC is especially important in CY 2027. CKCC participants will enter the final year of the model at the same time physicians committed to value-based care face compounding financial headwinds, including the expiration of the temporary 2.5% increase to the conversion factor and changes to Advanced APM incentive payments. These pressures make it increasingly difficult for practices to sustain the infrastructure required to succeed under accountable care, including care coordinators, data analytics, expanded patient access and other capabilities that are not adequately supported through traditional fee-for-service payments. The 32% payment adjustment associated with MOD2 would provide an important, sustainable source of support for those investments and help CKCC practices maintain them as they transition to the next generation of accountable kidney care.

For these reasons, CMS should finalize the MOD2 proposal allowing eligible CKCC Participant Providers to bill the modifier beginning in CY 2027. Further, as CMS considers the future of accountable kidney care beyond the current CKCC model, including the potential creation of a kidney-focused track within LEAD or another successor model, we urge the agency to ensure that participating nephrologists continue to qualify for the enhanced modifier without interruption.

Supporting clinicians who take on greater accountability is critical to sustaining the transition toward value-based care. Applying MOD2 consistently across Medicare accountable care models would appropriately recognize the additional work these providers perform while reinforcing CMS's broader goal of rewarding coordinated, longitudinal and patient-centered care.

Accountable for Health and the Kidney Care Coalition appreciates the opportunity to provide feedback on this proposed rule. If you have any questions about our comments or need more information, please do not hesitate to contact Mara McDermott, mmcdermott@accountableforhealth.org.

Sincerely,

Mara McDermott

Mara McDermott
CEO
Accountable for Health