



January 6, 2026

Partnership for Quality Measurement  
Battelle  
901 D Street SW  
Suite 900  
Washington, DC, 20024

### **Re: Comment on 2025 Measures Under Consideration (MUC) List**

Fresenius Medical Care (FME) appreciates the opportunity to comment on proposed revisions to the 2025 List of Measures Under Consideration (MUC). FME is the largest integrated supplier of services and products in the country for individuals undergoing dialysis. We provide dialysis services to over 206,000 people with kidney failure in the United States.

We appreciate the opportunity to participate in the Pre-Rulemaking Measure Review (PRMR) process, which provides the Centers for Medicare and Medicaid Services (CMS) with an opportunity to hear from interested parties early in CMS's consideration of measures for inclusion in CMS quality reporting programs. In our comments, we focus specifically on measures that relate to dialysis facility quality of care.

### **MUC2025-011: Dialysis Facility Discussion of Patient Life Goals**

This measure evaluates dialysis facility engagement with patients in discussions about their personal life goals using the Patient Life Goals Survey. Facilities are scored based on the proportion of patients whose survey results indicate meaningful conversations about patient life goals.

FME believes CMS should only incorporate consensus-based measures into quality programs, and notes this measure is not endorsed by a consensus-based entity. We believe the additional patient survey burden may reduce data quality and reliability. We also note data fields would need to be built in EQRS, which requires extensive lead time, at least one year after the release of technical specifications needed for batch submission. Finally, we believe the measure would create a high workflow impact and significant IT development burden.

Recommendation: FME recommends that CMS not adopt MUC2025-011 for dialysis facility quality programs at this time, given the lack of consensus-based endorsement, the added patient survey burden, and the significant operational and IT challenges associated with implementing the measure in EQRS.

### **MUC2025-020: Advance Care Planning (ACP)**

This measure assesses the percentage of adults aged 18 and older who have an advance care planning document or a documented advance care planning discussion recorded in the electronic health record at the time they are discharged from an inpatient hospitalization.

FME believes CMS should only incorporate consensus-based measures into quality programs, and notes this measure is not endorsed by consensus-based entity. The measure evaluates an advance care planning discussion that must result in a documented decision in the electronic health record by the time of hospital discharge, which does not apply to the dialysis setting because it measures an activity that occurs in the hospital rather than in outpatient dialysis care.

Recommendation: FME recommends that CMS not adopt MUC2025-020 for dialysis facility quality programs, as the measure is not endorsed and does not reflect activities that occur within the outpatient dialysis setting.

#### **MUC2025-064: Facility Level Percentage of Chronic Hyperphosphatemia in Dialysis Patients**

This measure reports the percentage of adult dialysis patients who have a six-month rolling average phosphorus level at or above 6.5 mg/dL.

FME recognizes the need for a meaningful approach to assessing phosphorus management. We note, however, several challenges with holding facilities accountable for phosphorus levels in patients, including patient adherence to prescribed phosphate binders, timing with meals, tolerability, and dietary choices that are outside clinic control. We also highlight that strict targets may not be appropriate for all patients due to intolerance to binders or other clinical considerations .

We also urge CMS to carefully consider how data will be collected for this measure to ensure information is readily available, particularly because BMI is not yet included in EQRS. We ask CMS to designate this as a reporting measure for at least one year. This is consistent with the approach taken for ICH CAHPS and depression screening, both reporting measures in the ESRD QIP before transitioning to clinical measures. This approach would give CMS insight into measure reliability, address timing issues associated with the six-month look-back period and allow for a benchmark period that would take place after phosphate binders have been included in the base rate.

Recommendation: FME recommends that if CMS adopts MUC2025-064 that it do so as a reporting measure for at least one year before adopting as a clinical measure in quality reporting programs.

We appreciate the opportunity to comment. Please feel free to reach out to me if you have any questions.

Sincerely,



Sarah Schmidt

SVP, Government Affairs