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May 26, 2011

Patrick Conway, M.D.
Chief Medical Officer & Director
Office of Clinical Standards and Quality
Centers for Medicare and Medicaid Services

Dear Dr. Conway,

I am writing on behalf of the American Society of Pediatric Nephrology (ASPN), to congratulate you on your appointment as Chief Medical Officer and Director of the Office of Clinical Standards and Quality at the Centers for Medicare and Medicaid (CMS). The ASPN was thrilled to hear that someone of your experience, particularly in the area of quality improvement and with a background in pediatrics, has been named to this post.

Founded in 1969, the American Society for Pediatric Nephrology (ASPN) is a professional society whose goal is to promote optimal care for children with kidney disease and to disseminate advances in the clinical practice and basic science of pediatric nephrology. The ASPN currently has over 500 members, making it the primary representative of the pediatric nephrology community in North America.

The pediatric nephrology community worked very closely with your predecessor, Dr. Barry Straube, and his team to highlight the issues pertaining to our patient population. Indeed, we met with Dr. Straube in November 2010 and again with his team at CMS in January 2011. As you know, children with End-Stage Renal Disease (ESRD) receiving dialysis are eligible for Medicare, making them a unique patient population.

The ASPN recently conducted a survey of its members and found that one third of our ESRD population is covered primarily by Medicare. As such, the sweeping reforms occurring at CMS as a result of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) are of great interest to us. As you know, MIPPA created the new ESRD Prospective Payment System (the "bundle"), and the ESRD Quality Incentive Program (QIP), both of which have important ramifications for children with ESRD and pediatric dialysis programs.

The ASPN has offered public comments at every stage of the rulemaking process and continues to work with OCSQ to ensure that the aspects of these programs that pertain to the pediatric population

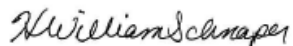
are considered thoughtfully and with awareness of the unique needs of this group. We also recently met with Dr. Berwick to outline the various issues in detail.

As a result of this work, the ASPEN formed three internal work groups, one to address the bundle, one to address quality issues surrounding the QIP and one to address Medicaid payment. Each of these groups continues to communicate with members of the OCSQ staff and others at CMS, and the momentum is building to gather all of the necessary information required. To be clear, we want children and pediatric programs to be involved in the ESRD QIP, but because we are not sure if the payments currently received under the Medicare and/or Medicaid entitlement programs are sufficient, we continue to seek to work closely with CMS to develop the necessary data to make such a determination. We do not want to exclude children in any way from receiving the best possible care efficiently.

As you are aware, ESRD comprises a huge portion of the Federal budget and the program is under great and necessary scrutiny. Although the pediatric ESRD population is only a small part of the total ESRD patient group, accurate analysis of the costs and the quality of this care is of great importance to the pediatric provider community. Therefore, we hope our recent momentum will continue during your transition, and that we will be able to bring you up to speed in greater detail on our work and how the regulations coming out of your office affect the pediatric ESRD population.

Again, congratulations on your new position, and we look forward to meeting with you.

Sincerely,



H. William Schnaper
President