

<b>Beneficiary Choice and Protections</b>	<b>H.R. 5506</b> <i>114<sup>th</sup></i> <i>Congress</i>	<b>H.R. 5942</b> <i>115<sup>th</sup></i> <i>Congress</i>	<b>H.R. 4143</b> <i>115<sup>th</sup></i> <i>Congress</i>	<b>BETTER</b> <i>116<sup>th</sup></i> <i>Congress</i>
<b>Quality Measurement</b> Organizations are required to report quality metrics, collect patient surveys, and exceed performance standards.	✓	✓	✓	✓
<b>Beneficiary Opt-out Periods</b> Multiple opt-out opportunities: first 75 days, annually, during special election periods, and for a change in principal diagnosis.	✓	✓	✓	✓
<b>Limitation on Unsolicited Marketing</b> Providers may not market the demo without prior request from the beneficiary, except for participating providers and patients they treat.	✓	✓	✓	✓
<b>Beneficiary Appeal Rights</b> Beneficiaries retain the right to appeal any denial of benefits.	✓	✓	✓	✓
<b>Anti-discrimination</b> Providers may not deny, limit, or condition the furnishing of services to beneficiaries based on their enrollment in in the demo.		✓	✓	✓
<b>Quality Assurance Safeguards</b> Organizations shall have quality assurance and improvement plans, written safeguards, including a patient bill of rights, and a grievance and appeals process.		✓	✓	✓
<b>Marketing Oversight and Parity in Marketing</b> HHS will maintain oversight of marketing practices of all Organizations. Marketing by Organizations must be the same for all Program-eligible beneficiaries.		✓	✓	✓
<b>Insufficient Beneficiary Participation</b> Secretary shall suspend an Organization’s participation if less than 50% of their program-eligible beneficiaries participate in the demo.		✓	✓	✓
<b>Governing Body Role</b> Establishes a governing body with representatives from each provider, including at least two nephrologists, and at least one beneficiary advocate.			✓	✓
<b>Seamless Access to Care</b> Secretary must educate applicable Medicare providers to ensure beneficiaries experience no difficulty in accessing their benefits while in the demo.			✓	✓
<b>Pediatric Transitions</b> Organizations will develop protocols to facilitate the transition of pediatric patients into adult dialysis clinics participating in the demo.			✓	✓
<b>Transplant Support</b> Organizations will provide transplant education, evaluation, and transition support.			✓	✓
<b>Beneficiary Opt-out Upon Election of Home Dialysis</b> Program-eligible beneficiaries who elect home dialysis will have an opportunity to opt out of the Program.				✓
<b>Open Network Model</b> Participating Organizations can only offer an ESRD Fee-For-Service (FFS) Integrated Care Model that allows Program-eligible beneficiaries to obtain care from any Medicare provider. The preferred network is not an option.				✓
<b>Eligibility for Beneficiaries who Elect Hospice</b> Program-eligible beneficiaries who elect hospice and no longer receive dialysis at an Organization’s facility remain eligible for the Program.				✓
<b>Protection to Prevent Withholding of Care</b> Organizations have the opportunity to enter into performance based incentive arrangements to promote access to high-quality providers. However, there is a guardrail in place based on Medicare Advantage provisions (MA) that requires Organizations to confirm to the Secretary that the incentives are not an inducement for a provider to reduce or limit medically necessary care.				✓