

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