

Original Medicare

Dialysis PATIENT Act

Your dialysis clinic is paid only to provide dialysis care and other ESRD-related services.

Your dialysis clinic becomes the “quarterback” for all your health care needs and is responsible for coordinating with your other Medicare providers

Freedom of choice to see any Medicare provider.

Freedom of choice to see any Medicare provider.

If you have to go to the hospital, the discharge instructions may be extensive and difficult to comply with in a timely manner.

The dialysis clinic has personnel assigned to work with hospitals to obtain discharge information, assist in scheduling follow up appointments, and confirm whether any medication adjustments are needed.

You, the patient, are responsible for coordinating between your renal care, hospital care, and primary/specialist care for other conditions.

The integrated care organization employs a nephrologist-led interdisciplinary care team, including a dedicated integrated care nurse to coordinate your renal care, hospital care, and primary/specialist care for other conditions, including assistance with referrals and making appointments.

If you go to the hospital because of an avoidable complication, your dialysis clinic is penalized in the amount of your missed dialysis sessions, or about \$250 per treatment.

If you go to the hospital because of an avoidable complication, the dialysis organization must pay for the cost of your hospitalization, or roughly \$15,000.

If you experience emergent fluid overload, you will likely have to go to the hospital.

If you require additional time on dialysis to remove excess fluid, the dialysis clinic has the flexibility, and the incentive, to provide it at no extra cost to you or Medicare.

If your vascular access is not functioning, you may have to miss multiple dialysis sessions while you seek treatment at a vascular access center.

The integrated care team will intervene immediately, using relationships they have built with local health care providers to address your vascular access as soon as possible and sometimes in the same day.

If you go to the hospital to treat a serious infection, you may be prescribed several medications that might be contraindicated for your ESRD.

The integrated care team will review your medications after discharge to identify any contraindications and coordinate with your physicians if dosing adjustments are needed.

You, the patient, may have a combination of health care and other needs that each provider, individually, may not be able to solve.

The integrated care team works like your health care concierge: collecting needed information from your providers, holistically evaluating your needs, and functioning as your health care advocate so that you get the right care at the right time.