



Concerns

For kidney patients and their families

From the Committee Chair

Maggie Carey, Chair, Consumer Committee

Welcome to a special edition of *Common Concerns*. We feel it is important that you understand what is going on regarding national changes to Medicare payments for dialysis. This issue is to help you as a dialysis patient understand the changes you may see in your dialysis unit.

Changes in the way Medicare pays for dialysis treatments went into effect in January 2011. Your dialysis unit may have had to modify some of its procedures in light of the changes to Medicare Payments for dialysis.

What are these changes? How might these changes impact you? We will address

these questions in this issue of *Common Concerns*.

As always, knowledge is power. Read all that you can and don't hesitate to ask questions. Changes aren't always comfortable, but if we are well informed, we should be able to adjust together.

We are also taking this opportunity to address the effects of skipping or shortening your dialysis treatments. If you skip or shorten your treatments, you are shortening your life; this is a documented fact. Please read the article thoroughly and think this through carefully before you decide that you are too busy, too tired or just not in the mood to receive your full treatment. Life is just too precious to waste.

Changes to Dialysis Payments

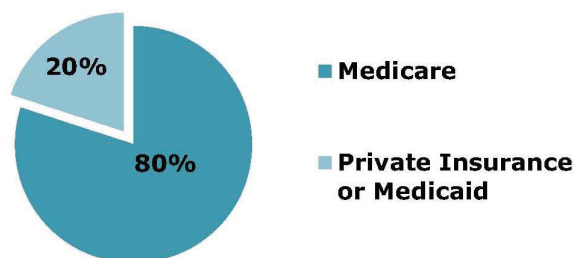
Understanding the Bundled Payment System

In January 2011, Medicare's payment for dialysis underwent a major change. This change is known as a *bundled payment system*.

Since 1983, Medicare has paid for dialysis treatment using a fixed or composite rate. Instead of paying dialysis facilities on a fee-for-service basis, many things such as labor, supplies, and certain blood tests were grouped together and paid at the composite rate. The dialysis facility billed the composite rate. Medicare would pay 80% of the amount, and the remaining 20% was billed either to your private insurance or to Medicaid.

Under the former composite rate system, the dialysis facilities could bill separately for some medications (EPO, Aranesp,

Payments for Dialysis Treatments



Vitamin D), and some lab tests that were needed more frequently than allowed under the composite rate.

Beginning in January 2011, this composite rate has increased, so that all medications (except some oral medications) and most lab tests are now included in what is called the *bundled payment system*, and dialysis units cannot bill separately for them.

What does this bundled type of payment system mean for you as a dialysis patient?

(Continued on Page 2)

Co-insurance

Medicare will continue to pay 80% of the bundled dialysis costs. The amount that Medicare pays a dialysis facility for each treatment has increased, but the actual amount depends on patient age, body size, and additional medical conditions you might have.

This means that your co-insurance payment is likely to increase. If you have not already done so, you may want to talk with your facility social worker to determine the financial impact in your specific situation.

Medications

Dialysis units must now pay for high-cost drugs like EPO and Aranesp.

This means that dialysis units are carefully evaluating the amount of these medications needed to maintain your hemoglobin in the CMS target range of 10-12 gm/dL. You may begin to receive more iron, which helps these medications work more efficiently. You may also notice that EPO is being given subcutaneously (under the skin) rather than into the dialysis line.

Some intravenous (IV) medications such as Vitamin D (Hectoral, Calcitrol, and Zemplar) are also available in an oral form. Most dialysis patients had been receiving these medications through an IV. Dialysis Units must now pay for these medications whether they are given orally or through an IV.

Because oral Vitamin D is very effective and costs less, many dialysis facilities are switching from the IV to the oral form. It is important for you to know that if your nephrologist gives you a prescription for one of these medications, your dialysis facility is responsible for covering the cost. Medicare Part D will not pay for this medication because it is part of the bundled payment system.

Laboratory Tests

Almost all laboratory tests are included in the bundled payment system. While the majority of lab tests will continue to be done monthly, some, like hemoglobin, may be done less frequently. For example, hemoglobin may be drawn twice a month instead of weekly.

This change in the frequency of lab tests is within the standard of practice.

Remember

You are the most important member of your health care team. There are several things you can do to make these changes to your dialysis treatments easier.

- *Ask questions.* When you see things being done differently, ask your health care team to explain the changes.
- *Stay informed.* There are many resources available to you; some are listed in this issue of Common Concerns.
- *Stay healthy.* Do whatever you can to stay as healthy as possible. Keep your access clean. If you dialyze using a catheter, consider having an AV fistula. Talk to your nephrologist about what dialysis access options are available to you. Take your medications as prescribed. Follow your dietary regimen.
- *Don't miss treatments.* Studies have shown that missing even one treatment per month can affect how long you live.
- *Consider other treatment options.* Check with your health care team to find out if home dialysis or transplant may be a good option for you.

Yes, change can be difficult. But together with your health care team, you can better understand these changes.

If you have concerns or questions about your care, please talk with your health care provider. You may also contact Network 11 toll-free at 1.800.973.3773.

For more information on kidney health care coverage, visit the following websites.

www.kidneydrugcoverage.org

www.kidneyschool.org

Skip Dialysis? Don't Do It!

Barbara (dialysis patient)

Although it can be confusing and uncomfortable, dialysis is our lifeline. Believe it or not, the more dialysis you get, the better you will feel and the more things you will be able to do.

The whole dialysis process can be overwhelming. Sometimes it is much easier to turn a deaf ear and do what's easiest at the moment, but avoiding dialysis will only make things worse. We are all our own best advocates, and there is so much to learn about living in the world of dialysis. We learn one step at a time. Much of what we learn can lead us to a healthier lifestyle with more energy and healthier bones.

Each time you are dialyzing, ask your health care team to explain just one thing about the process: diet, phosphorus binders, fluids, machine setting, and anything that comes to mind. You might be surprised at the positive results of asking questions.

Importance of Going to Dialysis

Most hemodialysis patients have been told by their health care practitioner how important it is to come to every dialysis treatment. Did you know that missing only one dialysis treatment per month can increase your chance of dying within the next two years by more than 25%? Did you also know that patients who come to every dialysis treatment but request to come off of the dialysis machine early more than three times a month are 20% more likely to die within the next two years?

Adhering to the treatment regimen that your doctor has prescribed is important because dialysis treatment replaces the function that your kidneys can no longer do. Adequate hemodialysis can only replace a very small part (15%) of what normal kidneys do. If you do not get enough dialysis, your body will retain the waste products and extra fluid that cause you to feel tired and sick.

If you are not getting enough dialysis, you may experience symptoms such as weakness, tiredness, weight loss, poor

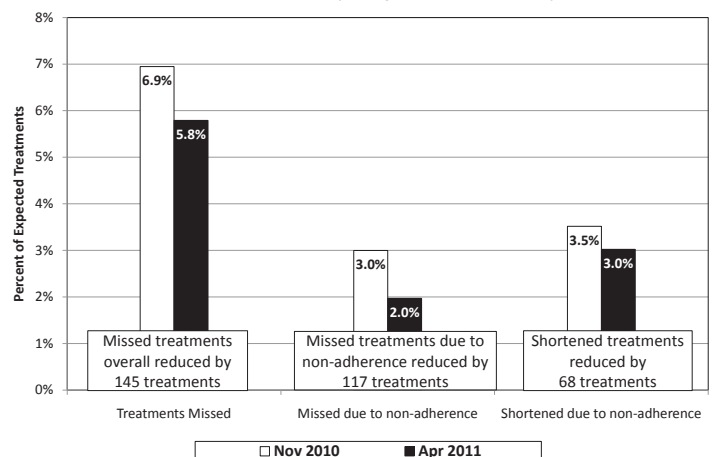
appetite, disturbed sleep, feeling depressed, trouble breathing, nausea, or a bad taste in your mouth. You may also be more likely to have an infection and experience prolonged bleeding. Additionally, you will be at greater risk for being hospitalized, having a heart attack, and even death. On the other hand, if you are receiving enough dialysis, you will experience greater energy, improved appetite, improved sleep, better overall health, and a longer life.

In 2010, Network 11 asked dialysis facilities how frequently patients were missing or shortening their dialysis treatments. Facilities reported that up to 9% of their patients were missing a dialysis treatment at least once a month, and up to a third of dialysis patients were shortening their treatments by 15 minutes or more at least once every month. These percentages show that many patients in Network 11 dialysis facilities are putting their health at serious risk by not adhering to their prescribed treatment time. Patients give many reasons for either missing or shortening their dialysis treatment. Some of these reasons include boredom, feeling ill, lack of transportation, or conflict with other activities.

Network 11 developed a project aimed at helping facility staff and patients decrease the chances of missed or shortened treatments. Network 11 provided resources to facilities on how to educate patients and how to change procedures that could help patients adhere to their prescribed dialysis time.

Reduction in Missed Treatments due to Intervention

Source: 2011 Network 11 Improving Missed Treatment Project



(Continued on Page 4)

(Continued from Page 3)

All 19 facilities that participated in the projects were able to implement new ideas into their facilities. Nearly all of the facilities showed improvement by decreasing the number of patients who were missing or shortening their treatments.

If you are a patient that has been either missing or shortening your dialysis treatments, talk to your dialysis social worker, nurse, or doctor about why this happens. Together you can find ways that enable you to attend all your treatments and stay for your entire treatment time.

In this way, you are no longer putting your life at risk.

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Fistula First Priorities

The Fistula First Project began in 2003 through a partnership of the Centers for Medicare & Medicaid Services (CMS), the Institute for Health care Improvement (IHI), ESRD Networks, and various other organizations. The project sought to improve vascular access for dialysis patients by increasing arterial venous fistula (AVF) use. K-DOQI guidelines state that AVF should be the access for at least 50% of incident and 65% of prevalent hemodialysis patients, and the CMS goal is 66% of prevalent hemodialysis patients dialyzing with an AVF. Network 11 is working in several ways to increase AVF incidence and prevalence rates. Overall, Network 11 has achieved nearly 24% improvement in AVF prevalence.

Visit the Network 11 Website to see a list of facilities that have achieved their AVF prevalence rate improvement goals for 2010! http://www.esrdnet11.org/quality/fistula_first_avf_prevalence_goals.asp



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