

Dialysis & Nephrology DIGEST

A monthly report by Benesch on the
Dialysis & Nephrology Industry

In This Issue

PAGE 2

RPA Perspective: 2025 Medicare Fee Schedule and ESRD PPS Final Rules—Highlights for Nephrology

PAGE 4

Calendar of Events

PAGE 6

Nephrology and Dialysis

Data indicate palliative care-based interventions may be beneficial to older adults with kidney disease

OIG finds \$7.5B in risk-adjusted MA payments possibly based on inappropriately applied HRAs, chart reviews

PAGE 7

NLRB calls on Satellite Healthcare to cease anti-union activities in CA; unions stage week-long walkouts at dialysis clinics in state

Evergreen Nephrology appoints John Donlan as CEO

DaVita hires former Vail Resorts exec as Chief People Officer

PAGE 8

DaVita claims partnerships with nearly 1,300 nephrologists in first year of VBC program

DaVita focused on upstream CKD management; Fresenius outlined HDF progress at ASN's Kidney Week

PAGE 9

Fresenius research finds benefits to personalized anemia therapy for patients undergoing hemodialysis

Strive Health: All of its KCEs generated net savings through CKCC program in 2022

Somatus expanded home-care model serves over 275K patients in all 50 states

PAGE 10

Vantive constructing R&D campus near Minneapolis to develop kidney care innovations

Study finds pandemic negatively impacted HHD rates for patients with disabilities, ESKD

Canadian researcher convinced CKD risk stratification can optimize quality of care

PAGE 11

Study finds kidney care recommendations, not alerts improve best practices

Small NC hospital offers telehealth nephrology services through CO-based tech company

ASN sets up panel to improve care prospects for patients with glomerular diseases

PAGE 12

AKF: Dialysis at Home Summit focuses on QOL benefits

Baxter estimates domestic supply of PD fluids disrupted by hurricanes could recover by end of year

CMS issues final rule increasing ESRD PPS base rate by 2.7% YoY

PAGE 13

CMS final rule for 2025 Medicare PFS includes

PAGE 14

VAC, ASC and Office-Based Labs

Newsweek ranks nation's best ASCs; 29 clinics share top spot

AVA researchers compare OBLs and ASCs backed by VC, PE, management firms with PE

RPA Perspective: 2025 Medicare Fee Schedule and ESRD PPS Final Rules—Highlights for Nephrology

The final rule for the 2025 Medicare Physician Fee Schedule was released on November 1, and the highlights from the rule from the Renal Physicians Association's (RPA's) perspective are highlighted below.

RPA is a non-profit 501c6 national nephrology specialty medical association whose mission is to empower the kidney community through education and advocacy in the pursuit of our vision for optimal kidney care for all. RPA is the voice of nephrology practice and a committed advocate for the kidney community for over 50 years, including advocating for appropriate valuation of nephrology-centric services and working with federal policy makers to promote high quality care for patients with kidney disease.

Physician Payment

- Per the CMS press release on the fee schedule rule, “the 2025 conversion factor (CF) will be reduced by 2.93% in CY 2025, compared to the average amount these services were paid for most of CY 2024. This amounts to an estimated CY 2025 PFS conversion factor of \$32.35, a decrease of \$0.94 (or 2.83%) from the current CY 2024 conversion factor of \$33.29.” Congress is expected to address the shortfall by year’s end.
- Nephrology overall is expected to have a valuation (i.e., RVU) impact of 0% but CMS parses this out, noting it will be a +1% impact in the non-facility (outpatient) setting, and a 0% impact in the facility (inpatient) setting.
- This is borne out by the service codes commonly billed by nephrology, with most of the dialysis (inpatient and outpatient) codes staying even or ticking up a hair, the same being true for E&M codes, with slight decreases in value for the two high volume dialysis circuit (interventional) codes.

G2211 Complexity Adjuster

- CMS also finalized its proposal to pay for G2211 with modifier -25 in the following situations: when it is “is reported by the same practitioner on the same day as an annual wellness visit (AWV), vaccine administration, or any Medicare Part B preventive service, including the Initial Preventive Physical Examination (IPPE), furnished in the office or outpatient setting.”

Dental Services for ESRD Patients

- The Agency also finalized its proposal to pay for certain dental services for ESRD/dialysis patients, with the press release language stating: “Medicare payment may be made for dental services inextricably linked to covered services, to include: (1) dental or oral examination in the inpatient or outpatient setting prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of end-stage renal disease and (2) medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of end-stage renal disease.”

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RPA Perspective: 2025 Medicare Fee Schedule and ESRD PPS Final Rules—Highlights for Nephrology (cont'd)

- RPA advocated vigorously for the extension of dental coverage to all ESRD beneficiaries subsequent to similar coverage being provided to Medicare Part B-ID beneficiaries (for those covered under the immunosuppressive drug coverage program) several years ago.

New APCM Service Codes

- CMS also finalized its proposal to pay for Advanced Primary Care Management (APCM) services; Level 1 (G0556, with a projected payment in the July proposed rule of about \$10) is for persons with one chronic condition; Level 2 (G0557, with a projected payment in the proposed rule of about \$50) is for persons with two or more chronic conditions; and Level 3 (G0558, with a projected payment in the proposed rule of about \$110) is for persons with two or more chronic conditions and status as a Qualified Medicare Beneficiary.
- CMS highlights chronic kidney disease (CKD) as a condition for which they expect the APCM services would be provided.

Telehealth

- On telehealth, its proposals from the summer are finalized to:
 - “Beginning January 1, 2025, an interactive telecommunications system may include two-way, real-time, audio-only communication technology for any Medicare telehealth service furnished to a beneficiary in their home, if the distant site physician or practitioner is technically capable of using an interactive telecommunications system, but the patient is not capable of, or does not consent to, the use of video technology.
 - Through CY 2025, CMS will continue to permit distant site practitioners to use their currently enrolled practice locations instead of their home addresses when providing telehealth services from their home.
 - And, for a certain subset of services that are required to be furnished under the direct supervision of a physician or other supervising practitioner, to permanently adopt a definition of direct supervision that allows the supervising physician or practitioner to provide such supervision via a virtual presence through real-time audio and visual interactive telecommunications.”

To be clear, Congress still has to act to address the telehealth originating site and geographic restriction flexibilities in place until 12/31/2024.

2025 Medicare Fee Schedule Final Rule: click [here](#).

2025 Medicare Physician Fee Schedule Final Rule Fact Sheet: click [here](#).

RPA: click [here](#).

Calendar of Events

NOVEMBER 20, 2024

CMS ESRD Open Door Forum

RHA online event

For more information, please click [here](#).

FEBRUARY 2 – 5, 2025

**International Symposium on
Endovascular Therapy**

Orlando, FL

For more information, please click [here](#).

FEBRUARY 6–9, 2025

ISN World Congress of Nephrology

New Delhi, India

For more information, please click [here](#).

FEBRUARY 7–9, 2025

ASDIN: 21st Annual Scientific Meeting

Grapevine, TX

For more information, please click [here](#).

FEBRUARY 16–19, 2025

**American Venous Forum: Annual
Meeting**

Atlanta, GA

For more information, please click [here](#).

MARCH 29–APRIL 2, 2025

SIR: 2025 Annual Scientific Meeting

Nashville, TN

For more information, please click [here](#).

APRIL 3–6, 2025

**Renal Physicians Association 2025
Annual Meeting**

Las Vegas, NV

For more information, please click [here](#).

APRIL 10–13, 2025

2025 NKF Spring Clinical

Boston, MA

For more information, please click [here](#).

APRIL 23–25, 2025

RHA Virtual Spring Meeting

For more information, please click [here](#).

MAY 1–3, 2025

**OEIS 12th Annual National Scientific
Meeting**

Orlando, FL

For more information, please click [here](#).

MAY 1–4, 2025

ANNA: 2025 National Symposium

Portland, OR

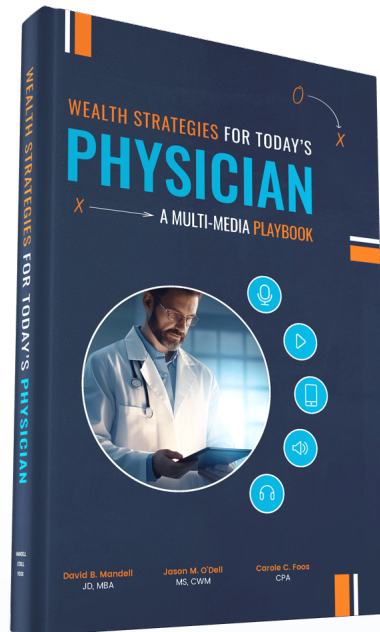
For information, please click [here](#).



Please contact us if you would like to post information regarding your upcoming events or if you'd like to guest author an article for this newsletter.

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Dialysis & Nephrology DIGEST



Wealth Strategies for Today's Physician: A Multi-Media Playbook

Wealth advisors and speakers at Benesch conferences, David Mandell, JD, MBA and Carole Foos, CPA are thrilled to announce the launch of their first book in 4+ years, *Wealth Strategies for Today's Physician: A Multi-Media Playbook!* This comprehensive guide is designed specifically for physicians, offering a unique blend of tactics and multi-media resources to help doctors of all specialties achieve financial success.

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Wealth Strategies for Today's Physician is not just a traditional book. It's an innovative multi-media Playbook with over 250 pages of text, complemented by more than 90 links to videos and episodes of the *Wealth Planning for the Modern Physician* podcast. This format allows

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- **TAX REDUCTION:** Discover effective methods to minimize your tax liabilities and maximize your savings.
- **INVESTMENT TACTICS:** Learn how to make informed investment choices that can help you build long-term wealth.
- **INSURANCE PLANNING:** Understand the crucial insurance policies needed to protect your income and assets.
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Nephrology and Dialysis

OCTOBER 16, 2024

Data indicate palliative care-based interventions may be beneficial to older adults with kidney disease

The University of Rochester Medical Center interviewed participants and nephrologists in a pilot study involving elderly patients with advanced CKD. One group of patients received standard care and kidney therapy clinic-based education, while the other had nephrologist care, a therapy decision aid and end-of-life planning. Patients and nephrologists praised the intervention for improving communication and decision-making regarding kidney therapy. The study highlights an approach which includes palliative specialists addresses the emotionally taxing nature of kidney therapy decisions, particularly for older, frail adults who prioritize quality of life over longevity. Nephrologists note the intervention supports conservative kidney management and symptom management. However, some concerns were raised about involving palliative care specialists in nephrology practices, indicating a need for further large-scale testing.

SOURCE: [Healio \(sub. rec.\)](#)

OCTOBER 31, 2024

OIG finds \$7.5B in risk-adjusted MA payments possibly based on inappropriately applied HRAs, chart reviews

The Department of Health and Human Services Office of Inspector General (OIG) [reports](#) that in FY2023, MA plans received \$7.5 billion in risk-adjustments payments based on health risk assessments (HRA) and chart reviews which lacked follow-up visits, procedures, tests or supplies. OIG explains two-thirds of the total resulted from in-home HRAs and HRA-linked chart reviews, which it claims are more vulnerable to misuse as they're normally conducted by third parties. It also finds three-fourths of the payments were related to 13 conditions, including diabetes and congestive heart failure. OIG adds 20 MA companies were responsible for 80% of the \$7.5 billion in payments, even though they covered half of MA enrollees. OIG recommends CMS impose additional restrictions on the use of diagnoses relying solely on in-home HRAs and chart reviews but CMS isn't going along with the proposal, stating OIG failed to prove that diagnoses delivered by this method are inaccurate.

Related: [Medicare Advantage: Questionable use of health risk assessments continues to drive up payments to plans by billions](#) (Report Highlights)—OIG

Source: AHLA

Nephrology and Dialysis (cont'd)

OCTOBER 30, 2024

NLRB calls on Satellite Healthcare to cease anti-union activities in CA; unions stage week-long walkouts at dialysis clinics in state

Healthcare workers' union SEIU-UHW filed 77 unfair labor practice charges against Satellite Healthcare, alleging the dialysis provider is engaging in anti-union activities. Employees are attempting to unionize but the SEIU-UHW contends they're being subject to wrongful terminations, withheld wage increases and canceled bargaining sessions. The NLRB [petitioned](#) a CA federal court for an injunction against Satellite to reverse those actions. Meanwhile, 900 unionized dialysis workers at 37 DaVita, Fresenius, Satellite and U.S. Renal dialysis clinics across CA [staged](#) a six-day work stoppage to protest what they call unfair labor practices.

SOURCE: SEIU-UHW

OCTOBER 22, 2024

Evergreen Nephrology appoints John Donlan as CEO

[John Donlan](#) joins Nashville-based Evergreen a year after he co-founded [AllaraCare](#) in Boston, where he served as CEO. Before that, he held various executive positions at [Steward Health Care](#). As CEO at Evergreen, Donlan will focus on the company's national expansion while continuing to enhance outcomes and reduce medical expenses in value-based programs.

SOURCE: Evergreen Nephrology

OCTOBER 17, 2024

DaVita hires former Vail Resorts exec as Chief People Officer

[Jessica Hergenreter](#) spent over 13 years in various executive positions at [Vail Resorts](#), the last four as VP of human resources. She focused on talent acquisition and development while fostering a culture of diversity and inclusion for Vail Resorts' 55,000 employees. Hergenreter will fulfill a similar function for DaVita's 70,000 workers worldwide.

SOURCE: DaVita

Nephrology and Dialysis (cont'd)

OCTOBER 22, 2024

DaVita claims partnerships with nearly 1,300 nephrologists in first year of VBC program

The company states the federal program, part of the Comprehensive Kidney Care Contracting model, showed significant improvements in patient outcomes, including a 16% increase in optimal start rates for dialysis. DaVita doubled its value-based care arrangements from 11 to 22 Kidney Contracting Entities, enhancing patient engagement and access to kidney transplants. The initiative has also embedded care team members in 68% of nephrology practices and increased patient education through the Kidney Smart program.

SOURCE: DaVita

OCTOBER 23, 2024

DaVita focused on upstream CKD management; Fresenius outlined HDF progress at ASN's Kidney Week

At the week-long event in San Diego, DaVita Clinical Research provided updates on the following five scientific studies:

1. Nephrologist Visits Lower Rates of Hospitalization, Mortality, and ESKD Transition in CKD Patients;
2. Racial Disparities Exist in the Transplant Process among Hispanic Patients on Dialysis;
3. Association of Heavy Precipitation with the In-Center Dialysis Treatment Absenteeism;
4. Early Clinical Indicators of ESKD Transition or Renal Recovery in AKI-Dialysis Patients; and
5. Systolic Blood Pressure Threshold and Clinical Outcomes in CKD 4/5 Patients.

Fresenius Medical Care presented nearly 75 abstracts at the ASN Kidney Week, focused on the following topics:

- Advancing High-Volume Hemodiafiltration (HDF);
- Sustainability and Equity in Kidney Care;
- Harnessing the Power of Global Databases to Drive Care; and
- Leveraging AI, Computational Medicine and Advanced Analytics for Patient Care.

SOURCE: DaVita

Nephrology and Dialysis (cont'd)

OCTOBER 24, 2024

Fresenius research finds benefits to personalized anemia therapy for patients undergoing hemodialysis

The [study](#) suggests the use of anemia therapy assistance software, improves hemoglobin stability and reduces the use of erythropoiesis-stimulating agents (ESAs) among hemodialysis (HD) patients. Personalized treatment, Fresenius points out, reduced the amount of ESAs required by HD patients by 25%. Overall, patients with access to physiological models and computer-aided individualized therapy had better outcomes than those receiving standard therapy.

SOURCE: Fresenius Medical Care

OCTOBER 24, 2024

Strive Health: All of its KCEs generated net savings through CKCC program in 2022

Strive Health, which operates kidney contracting entities (KCE) in 10 states, claims the highest per-beneficiary savings among all participants in Medicare's Comprehensive Kidney Care Contracting program for 2022. The company generated net savings in 100% of its KCEs, contributing \$12 million of a total \$63 million saved for Medicare. Strive Health's value-based care (VBC) model focuses on early identification and appropriate care for patients with CKD to prevent progression to ESKD and reduce the need for in-center dialysis. This VBC approach, it concludes, leads to better patient outcomes and increased kidney transplants.

OCTOBER 24, 2024

Somatus expanded home-care model serves over 275K patients in all 50 states

Somatus states the company's growth is driven by new and expanded provider partnerships that extend its AI/ML-powered home-based care model to patients with chronic kidney and cardiovascular diseases. It claims contractual partnerships with over 20,000 physicians, including 2,300 in value-based care arrangements. As well, it expanded into the self-funded segment, delivering its program to thousands of active employees, retirees and beneficiaries.

SOURCE: Somatus

Nephrology and Dialysis (cont'd)

OCTOBER 24, 2024

[Vantive constructing R&D campus near Minneapolis to develop kidney care innovations](#)

Baxter sold off its kidney care business, Vantive to PE firm Carlyle for \$3.8 billion. In the meantime, a \$41-million R&D center is planned for a Minneapolis suburb, one of four Vantive has on the drawing board worldwide. Vantive says the center of excellence will support the company's renal care and organ-support therapies, including dialysis and continuous renal-replacement therapy.

SOURCE: Minnesota Star Tribune

OCTOBER 24, 2024

[Study finds pandemic negatively impacted HHD rates for patients with disabilities, ESKD](#)

Healthcare consultancy [Avalere](#) points out that before the pandemic, 34.5% of ESKD patients with disabilities transitioned to home hemodialysis (HHD), but this number dropped to 26% post-pandemic. The study used Medicare fee-for-service claims data from over 4,000 ESKD patients. Researchers found no statistically significant differences when accounting for race, sex, age, dual status or beneficiary state. The findings suggest the need for access solutions to enhance the utilization of HHD by disadvantaged populations with ESKD.

Source: Healio (sub. rec.)

OCTOBER 18, 2024

[Canadian researcher convinced CKD risk stratification can optimize quality of care](#)

At an Institute for Value-Based Medicine event, Dr. Navdeep Tangri of the University of Manitoba discussed how the interplay of population health strategies and policy reformation can benefit patient care. He highlighted innovations in diagnostics, such as home testing kits and therapeutics, including new treatments for diabetic kidney disease and other glomerular diseases. Saying CKD risk stratification can optimize care, Tangri emphasized the need to connect diagnosed patients with effective therapies to improve early detection, intervention efforts and patient outcomes.

Related: [Long-term benefits show the value of upfront investments in value-based care—AJMC](#)

Source: AJMC

Nephrology and Dialysis (cont'd)

OCTOBER 24, 2024

Study finds kidney care recommendations, not alerts improve best practices

The Yale School of Medicine finds for adults hospitalized with AKI, recommendations from kidney action teams sent via EHR led to better adherence to clinical guidelines and enhanced patient outcomes than electronic alerts. Of the recommendations generated, the median number per patient was three and median time from AKI detection to recommendations was 56 minutes. Eighty percent of the recommendations were related to volume, 55% to medication, 16% to potassium level, 10% to acid base and 2% to renal consultation. The study emphasizes the importance of integrating recommendations into clinical workflows. Researchers note this method reduced alert fatigue among healthcare providers and suggest tailored recommendations can improve kidney care in hospital settings.

SOURCE: Healio (sub. rec.)

OCTOBER 23, 2024

Small NC hospital offers telehealth nephrology services through CO-based tech company

Central Carolina Hospital is partnering with [TeleNeph](#) to offer inpatient dialysis services and nephrology support for inpatients. TeleNeph's platform is designed so patients at small and rural healthcare facilities have access to nephrology care without needing to be transferred to larger, urban hospitals. TeleNeph will provide training, software and dialysis equipment, along with 24/7 access to nephrologists via telehealth, ensuring patients with kidney ailments can receive care locally.

SOURCE: Sandhills Sentinel

OCTOBER 4, 2024

ASN sets up panel to improve care prospects for patients with glomerular diseases

The Glomerular Diseases Collaborative (GD-C) was initiated by the American Society of Nephrology (ASN). The panel will develop interventions to improve early identification of patients with GD, expand clinical knowledge, advocate for improved access to specialists and clinical trials and promote equitable treatment access. A strategic advisory panel for GD was formed by the ASN last year that identified gaps in care and knowledge.

Source: DocWire News

Nephrology and Dialysis (cont'd)

OCTOBER 28, 2024

AKF: Dialysis at Home Summit focuses on QOL benefits

The American Kidney Fund's (AKF) Dialysis at Home Kidney Community Event included sessions on patient-provider collaboration, infection prevention and managing CKD comorbidities. Highlights included a panel on managing health conditions like anemia, gout, hyperkalemia and hyperphosphatemia while navigating home dialysis, featuring experts from the Arthritis Foundation, DaVita Kidney Care and an interventional nephrologist. The session also included a demonstration by Dr. Blake Shusterman, the so-called "Cooking Doc" who outlined menus that support kidney health.

Source: AKF

OCTOBER 21, 2024

Baxter estimates domestic supply of PD fluids disrupted by hurricanes could recover by end of year

Flooding caused by Hurricane Helene damaged a Baxter facility in NC that manufacture fluids used for home dialysis units. The disruption is being felt across the country, with Baxter encouraging healthcare providers to limit the number of new patients for home dialysis while stocks recover. The federal government is allowing the company to import fluids from overseas but Baxter is confident the number of new patient starts will recover to pre-hurricane levels by the end of the year.

Source: BNN Bloomberg

NOVEMBER 1, 2024

CMS issues final rule increasing ESRD PPS base rate by 2.7% YoY

CMS [set](#) the base rate for the ESRD prospective payment system (PPS) at \$273.82 in CY2025 and expect to pay out \$6.6 billion to 7,700 ESRD facilities that provide renal dialysis. Other updates in the final rule include:

Wage-index changes to adjust ESRD PPS payments based on geographies. CMS will apply the wage-index floor of 0.6000 and a 5% cap on wage-index decreases from the prior year;

Updates to the outlier policy to include drugs and biological products. Methodologies for calculating fixed-dollar loss (FDL) and Medicare allowable payment (MAP) amounts are being altered, with the FDL amount for pediatric beneficiaries increasing from \$11.32 to \$234.26 and the MAP amount going up from \$23.36 to \$59.60 compared to last year. For adult beneficiaries, the FDL amount will decrease from \$71.76 to \$45.41 and the MAP amount will decrease from \$36.28 to \$31.02;

(continued on next page)

Nephrology and Dialysis (cont'd)

Changes to the low-volume payment adjustment (LVPA) creates a 28.9% upward adjustment to the ESRD PPS base rate for ESRD facilities that provide fewer than 3,000 dialysis treatments and an 18.3% augmentation for ESRD facilities that provide between 3,000 and 3,999 treatments;

Changes to the payment for renal dialysis services furnished to individuals with AKI in their homes is being finalized. CMS will permit ESRD facilities to bill Medicare for the home and self-dialysis training add-on payment adjustment for beneficiaries with AKI; and

An update to ESRD facility conditions for coverage (CfC) in which CMS is finalizing changes to clarify that home dialysis is available to all renal dialysis beneficiaries, including beneficiaries with AKI and ESRD.

Source: CMS

NOVEMBER 8, 2024

CMS final rule for 2025 Medicare PFS includes

The final rule by CMS for the CY2025 Medicare Physician Fee Schedule (PFS) **includes** a 2.93% YoY reduction in the conversion factor to \$32.35. Congress is likely to address the shortfall by year's end. Nephrology will have a valuation impact (RVU) of 0% overall, but CMS says there'll be a 1% impact in the outpatient setting and a 0% impact in the inpatient setting. Most service codes relating to dialysis will remain flat next year. Elsewhere in the PFS:

- CMS finalized a proposal to pay for certain dental services for patients with ESRD or on dialysis patients that are "inextricably linked to covered services" such as
 - Dental or oral examination in the inpatient or outpatient setting prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of ESRD;
 - Medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of ESRD;
- CMS finalized a proposal to pay for Advanced Primary Care Management (APCM) services:
 - Level 1, with a projected payment in the proposed rule of about \$10, for persons with one chronic condition;
 - Level 2, with a projected payment in the proposed rule of about \$50, for persons with two or more chronic conditions; and
 - Level 3, with a projected payment in the proposed rule of about \$110, for persons with two or more chronic conditions and status as a Qualified Medicare Beneficiary.

SOURCE: CMS

VAC, ASC and Office-Based Labs

OCTOBER 15, 2024

Newsweek ranks nation's best ASCs; 29 clinics share top spot

Newsweek expanded the scope of the rankings by evaluating over 5,000 ASCs for quality of care, patient experience, performance data and peer recommendations, before deciding on the top 650 in the nation. Unlike last year, when each ASC was scored on a scale of 0% to 100%, the publication provides only their overall ranking both nationally and within states. Twenty-nine ASCs shared the top ranking, with each of them based in a different state.

Source: Newsweek

JULY 16, 2024

AVA researchers compare OBLs and ASCs backed by VC, PE, management firms with PE

The healthcare landscape is increasingly shifting toward OBLs and ASCs, with CMS encouraging business and corporate models for interventional radiologists to practice outside traditional hospitals. A study by FL-based [American Vascular Associates](#) examines how VC, PE or management firm with PE deals facilitate transitions that provide opportunities for growth, efficiency and enhanced control over practice operations. The research also covers the financial aspects of establishing an OBL or ASC, noting that to establish the former generally costs \$1.5 million, while startup costs for the latter are typically double that. AVA's study emphasizes how PE deals can adapt to the specific needs of medical practices and underscores the potential for long-term wealth creation and the flexibility of these models to meet the goals of individual practices.

Source: Techniques in Vascular and Interventional Radiology

For more information regarding our nephrology, dialysis and office-based lab experience, or if you would like to contribute to the newsletter, please contact:

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