



This module gives information about Medicare entitlement and benefits for people who have End-Stage Renal Disease.

References:

- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*, CMS Publication 10128, May 2008

This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the Federal agency that administers Medicare and Medicaid. The information in this module is correct as of January 2009.

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Lesson Topics

- Overview
- Eligibility and enrollment
- Coverage
- Health plan options
- Information sources

End-Stage Renal Disease is commonly referred to as ESRD.

In this lesson we will:

- Review the Medicare program for people with ESRD
- Learn the Medicare eligibility requirements for people with ESRD and how to enroll
- Describe the coverage
- Define the health plan options
- Identify additional sources of information

Lesson Topics

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Let's start with an overview of Medicare for people with ESRD.

End-Stage Renal Disease

- Kidney failure
 - Irreversible and permanent
 - Requires regular dialysis or a kidney transplant to maintain life
- Often referred to as ESRD

End-Stage Renal Disease or ESRD is defined as permanent kidney failure that requires a regular course of maintenance dialysis or a kidney transplant to maintain life.

The kidneys are powerful chemical factories that perform the following functions:

- Remove waste products from the body
- Remove drugs from the body
- Balance the body's fluids
- Release hormones that regulate blood pressure
- Produce an active form of vitamin D that promotes strong, healthy bones
- Control the production of red blood cells

Chronic kidney disease includes conditions that damage your kidneys and decrease their ability to keep you healthy by doing the jobs listed. If kidney disease gets worse, wastes can build to high levels in your blood and make you feel sick. You may develop complications like high blood pressure, anemia (low blood count), weak bones, poor nutritional health, and nerve damage. Also, kidney disease increases your risk of having heart and blood vessel disease. These problems may happen slowly over a long period of time. Chronic kidney disease may be caused by diabetes, high blood pressure and other disorders. Early detection and treatment can often keep chronic kidney disease from getting worse. When kidney disease progresses, it may eventually lead to kidney failure, which requires dialysis or a kidney transplant to maintain life.

Reference: National Kidney Foundation, www.kidney.org

Medicare for People with ESRD

- Coverage began in 1973
- Over 443,700 were enrolled during 2008

In 1972, Medicare was expanded to include two new groups of people, those with a disability and those with ESRD. The expanded coverage began in 1973.

During 2008, over 443,700 people were enrolled in Medicare based on ESRD.

Since the program began, more than **1 million** Americans have received life-supporting treatments for renal failure—dialysis and/or a kidney transplant.

Reference: 2008 CMS Statistics, CMS Publication 03480

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Now let's talk about Medicare eligibility and enrollment for people with ESRD.

Part A Eligibility

- Eligible for Medicare Part A at any age
 - Need regular course of maintenance dialysis or
 - Had kidney transplant
- AND at least one of the following
 - Worked required amount of time
 - Receiving Social Security, railroad retirement, or Federal retirement benefits
 - Spouse or dependent child of someone
 - Worked required amount of time or
 - Receives benefits

You are eligible for Medicare Part A (hospital coverage), no matter how old you are, if your kidneys no longer function and you get a regular course of maintenance dialysis or have had a kidney transplant AND

- You have worked the required amount of time under Social Security, the Railroad Retirement Board (RRB), or as a Federal government employee;

OR

- You are getting or are eligible for Social Security, railroad retirement, or Federal retirement benefits;

OR

- You are the spouse or dependent child of a person who has worked the required amount of time, or is getting benefits from Social Security, RRB or Federal retirement.

Medicare entitlement based on ESRD is different from entitlement based on a disability. You do not need to be receiving Social Security disability benefits to qualify for Medicare based on ESRD, and you may still be working.

(Note: Generally the only way children under age 20 can become eligible for Medicare is under the ESRD provision of the law, meaning they either need regular dialysis or have received a kidney transplant.)

Part B Eligibility

- Can enroll in Part B if entitled to Part A
 - Will have to pay Part B premium
- Part A and Part B for complete coverage
- For more information
 - Call Social Security at 1-800-772-1213
 - Call RRB at 1-877-772-5772

If you get Medicare Part A, you can also get Medicare Part B—medical coverage. Enrolling in Part B is your choice, but if you don't enroll when you get Part A, you must wait until a general enrollment period to apply and you may have to pay a penalty. We'll talk more about enrolling in Part B later.

There is a monthly premium for Part B, which in 2009 is \$96.40 for most people. In addition to this premium, you pay Part A and Part B deductibles and copayments or coinsurance for the services you receive.

You will need both Part A and Part B to have complete Medicare coverage for dialysis and kidney transplant services. We'll talk about this coverage in a minute.

Call Social Security at 1-800-772-1213 for more information about the amount of work needed under Social Security or as a government employee to be eligible for Medicare.

If you have railroad employment, call the Railroad Retirement Board (RRB) at 1-877-772-5772 or your local RRB office.

(If you don't qualify for Medicare, you may be able to get help from your state Medicaid agency to pay for your dialysis treatments. Your income must be below a certain level to receive Medicaid. In some states, if you have Medicare, Medicaid may pay some of the costs that Medicare doesn't cover. To apply for Medicaid, talk with the social worker at your hospital or dialysis facility or contact your local department of human services or social services.)

Part D Eligibility

- Medicare prescription drug coverage
 - Available for all people with Medicare
 - Must enroll in a plan to get coverage
 - You pay
 - Monthly premium
 - Share of prescription costs
 - Extra help for people with limited income and resources

Part D, Medicare prescription drug coverage, is available to all people with Medicare, including those entitled because of ESRD or a disability. Everyone with Medicare is eligible to join a Medicare prescription drug plan to help lower their prescription drug costs and protect against higher costs in the future. (Children who have Medicare based on ESRD can enroll in a Medicare drug plan, also.)

You must be enrolled in a plan to get Medicare prescription drug coverage.

When you enroll in a Medicare drug plan, you pay a monthly premium plus a share of the cost of your prescriptions. People with limited income and resources may be able get extra help paying for their costs in a Medicare drug plan.

Coverage Begins

- Fourth month of dialysis
 - First month if certain conditions are met
- Month you receive a kidney transplant
- Month you are admitted to approved hospital
 - For transplant or procedures preliminary to transplant
- 2 months before month of transplant
 - If transplant is delayed more than 2 months

Under the law, Medicare coverage for people with ESRD begins at different times depending on the circumstances. When you first enroll in Medicare based on ESRD and you are on dialysis, your Medicare **coverage usually starts the first day of the fourth month of dialysis treatments**. For example, if you start getting your dialysis treatments in July, your Medicare coverage would start on October 1.

In certain situations, coverage can begin earlier:

- Coverage will begin the first month of dialysis treatments if you participate in a self-dialysis training program in a Medicare-approved training facility during the first 3 months you get the dialysis and you expect to complete training and self-dialyze after that.
- Coverage also begins the first month of dialysis treatments if you were previously entitled to Medicare due to ESRD. (We'll cover multiple periods of entitlement on the next few slides.)

Medicare coverage begins the month you receive a kidney transplant or the month you are admitted to an approved hospital for transplant or for procedures preliminary to a transplant, providing that the transplant takes place in that month or within the 2 following months.

Medicare coverage can start 2 months before the month of your transplant if your transplant is delayed more than 2 months after you are admitted to the hospital for the transplant or for health care services you need before your transplant.

Coverage Ends

- If ESRD is the ONLY reason you were entitled
 - 12 months after month you no longer require maintenance dialysis OR
 - 36 months after month of kidney transplant

Medicare coverage ends if ESRD is the ONLY reason you are covered by Medicare (i.e., you are not age 65 or over or disabled under Social Security rules) AND

- You do not require maintenance dialysis for 12 months OR
- 36 months have passed after the month of a kidney transplant.

Coverage Continues

- No interruption in coverage
 - Within 12 months after stopping dialysis
 - Dialysis is resumed OR
 - Kidney transplant
 - Within 36 months after a kidney transplant
 - Dialysis starts OR
 - Another kidney transplant

Medicare coverage will continue without interruption if you resume dialysis or get a kidney transplant within 12 months after you stopped getting dialysis, or you start dialysis or receive another kidney transplant before the end of the 36-month post-transplant period.

Coverage Resumes

- More than 12 months after dialysis ends
 - Dialysis is resumed OR
 - Kidney transplant
- More than 36 months after kidney transplant
 - Dialysis starts OR
 - Another kidney transplant
- Must file new application
- No waiting period

Medicare coverage will resume with **no waiting period** if:

- You start dialysis again or get a kidney transplant more than 12 months after you stopped getting dialysis or
- You start dialysis or get another kidney transplant more than 36 months after the month of a kidney transplant.

It is important to note that for coverage to resume, you must **file a new application** for this new period of Medicare entitlement.

Enrolling in Part A and Part B

- Enroll at local Social Security office
 - Doctor or dialysis facility will need to complete Form CMS-2728
- May want to delay enrolling if covered by group health plan (GHP)
- Get the facts before deciding to delay
 - Especially if transplant is planned

You can enroll in Medicare Part A and Part B based on ESRD at your local Social Security office. Call 1-800-772-1213 to make an appointment to enroll in Medicare based on ESRD. (TTY users should call 1-800-325-0778.) Social Security will need your doctor or the dialysis facility to complete Form CMS-2728 to document that you have ESRD. If Form CMS-2728 is sent to Social Security before you apply, the office may contact you to ask if you want to complete an application.

In general, Medicare is the secondary payer of benefits for the first 30 months of Medicare eligibility for people with ESRD who have employer or union group health plan coverage. If you are covered by a group health plan, or if for any reason Medicare would not pay for your medical care, you may want to delay applying for Medicare. It is important to understand the provisions of eligibility and enrollment, especially if you will soon receive a kidney transplant. We will discuss this situation in more detail shortly.

Enrolling in Part B

- Enroll in Part A and delay enrolling in Part B
 - Must wait for General Enrollment Period
 - January 1 through March 31 each year
 - Coverage begins July 1
 - May have to pay higher Part B premium
 - 10% for each 12-month period eligible but not enrolled
 - For as long as you have Part B
- No Special Enrollment Period

If you enroll in Part A and wait to enroll in Part B, you may have a delay. You will only be able to enroll in Part B during a General Enrollment Period, January 1 to March 31 each year, with Part B coverage effective July 1 of the same year.

In addition, your Part B premium may be higher. This late enrollment penalty is 10% for each 12-month period you were eligible but not enrolled.

Note: There is no Special Enrollment Period for Part B for people with ESRD.

Enrolling in Part B

- Have Medicare due to age or disability
 - ESRD enrollment may eliminate Part B penalty
- Medicare due to ESRD at age 65
 - Have continuous coverage
 - Will be enrolled in Part B with no penalty
 - Not enrolled in Part B or
 - Enrolled and paying a penalty
 - Can decide to keep or decline

It's important to note that if you already have Medicare because of age or disability but did not take Part B, or your Part B coverage stopped, you can enroll in Medicare based on ESRD and get Part B without paying a higher premium. If you already have Part B and are paying a higher premium for late enrollment and you enroll in Medicare based on ESRD, the penalty will be removed.

If you are receiving Medicare benefits based on ESRD when you reach age 65, you have continuous coverage with no interruption. If you did not have Part B prior to age 65, you will automatically be enrolled in Part B when you reach age 65, but you will again be able to decide whether or not to keep it. If you were paying an additional Part B premium for late enrollment, the penalty will be removed when you reach age 65.

Medicare and GHP Coverage

- If ESRD is only reason you have Medicare
 - During first three months of dialysis
 - Generally Medicare will not pay
 - GHP is generally the only payer
- Medicare is secondary payer for 30-month coordination period

As we said earlier, if you are eligible for Medicare because you get dialysis treatments, your Medicare coverage will usually start the fourth month of dialysis. Therefore, Medicare generally will not pay anything during your first 3 months of dialysis unless you already have Medicare because of age or disability. If you are covered by GHP, that plan is generally the only payer for the first 3 months of dialysis.

Once you have Medicare coverage because of ESRD, there is a period of time when your group health plan will pay first on your health care bills and Medicare will pay second. This period of time is called a **30-month coordination period**. (However, some Medicare plans sponsored by employers will pay first. Contact your plan's benefits administrator for more information.)

30-Month Coordination Period

- Begins when first eligible for Medicare
 - Even if not enrolled
- During coordination period
 - GHP pays first
 - Medicare pays second
- Medicare pays first after 30 months
- New 30-month period begins if new period of Medicare coverage

The 30-month coordination period starts the first month you are able to get Medicare, even if you have not signed up yet. For example, if you start dialysis in June, the 30-month coordination period will generally start September 1, the fourth month of dialysis. If you have GHP coverage during the 30-month coordination period, it is very important to tell the person who provides your medical care so your services are billed correctly.

After the 30-month coordination period, Medicare will pay first for all Medicare-covered services. Your GHP coverage may pay for services not covered by Medicare. Check with your plan's benefits administrator.

There is a separate 30-month coordination period each time you enroll in Medicare based on ESRD. For example, if you get a kidney transplant that continues to work for 36 months, your Medicare coverage will end. If after 36 months you enroll in Medicare again because you start dialysis or get another transplant, your Medicare coverage will start right away. There will be no 3-month waiting period before Medicare begins to pay. However, there will be a new 30-month coordination period if you have GHP coverage.

Remember, the 30-month coordination period begins the first month you are **eligible** for Medicare, even if you have not signed up.

Enrollment Considerations

- Medicare during 30-month coordination period
 - May not need Medicare
 - Could help pay deductibles and coinsurance
 - Higher premium if delay Part B
 - Possible higher premium if delay Part D
 - Affects coverage for immunosuppressive drugs

As we mentioned earlier, if you are covered by GHP, you may want to delay applying for Medicare. If you have GHP coverage, consider the following:

- If your plan will pay all of your health care costs with no deductible or coinsurance, you may want to delay enrolling in Medicare until the 30-month coordination period is over. However, if you must pay a deductible or coinsurance under your GHP, enrolling in Medicare Parts A and B could pay those costs.
- If you enroll in Part A but delay enrolling in Part B, you will not have to pay the Part B premium during this time. However, as we mentioned earlier, you will have to wait until the next General Enrollment Period to enroll in Part B (with coverage effective July 1), and your Part B premium may be higher.
- If you enroll in Part A but delay enrolling in Part D, you will not have to pay a Part D premium during this time. However, similar to Part B, you may have to wait until the next Annual Coordinated Election Period (with coverage effective January 1) to enroll in Part D. Your Part D premium may be higher, unless you have creditable drug coverage.
- If you will soon be receiving a kidney transplant, one important consideration is that immunosuppressive drug therapy is covered by Medicare Part B only under certain conditions, shown on the next slide. (Also consider that doctors' services are covered by Part B, and services for a living kidney donor may not be covered by your GHP.)

Enrollment Considerations

- Immunosuppressive Drugs
 - Covered by Part B
 - If entitled to Part A at time of transplant AND
 - Medicare paid for the transplant OR
 - Medicare was secondary payer but made no payment
 - Part D may cover if transplant conditions not met

Immunosuppressive drug therapy is only covered by Medicare Part B for people who were entitled to Part A at the time of a kidney transplant, and the transplant was performed at a Medicare-approved facility, and

- Medicare made payment for the transplant,
OR
- If Medicare made no payment, Medicare was secondary payer.

That means if you delay enrolling in Medicare and have a transplant under your GHP, your immunosuppressive drugs will not be covered by Medicare Part B. We'll discuss this subject in more detail when we talk about Medicare coverage for transplant patients.

(IMPORTANT NOTE: If you apply for Medicare based on ESRD within 12 months of a kidney transplant, you can get Part A retroactive to the month of the transplant. You can choose to either delay Part B or take Part B. If you enroll in Part B, you can choose coverage retroactive to the Part A entitlement date or it may be effective the month the application is filed. If you decline to enroll in Part B, you must wait until a General Enrollment Period to enroll later.)

If you don't meet the conditions for Part B coverage of immunosuppressive drugs, you may be able to get coverage by enrolling in Part D.

But remember, Medicare entitlement ends 36 months after the month of a successful kidney transplant if ESRD is the only reason you have Medicare, i.e., you are not age 65 or over and you have not received Social Security disability payments for 24 months or longer. At the end of the 36 months, you will lose your coverage under all parts of Medicare, including Part D.

Enrollment Considerations

- Immunosuppressive drugs
 - Covered under Part B
 - Medicare pays 80% and you pay 20%
 - Does not count toward Part D catastrophic
 - Part D coverage
 - Only if conditions for Part B coverage not met
 - Helps pay for drugs needed for other conditions
 - Extra help for people with limited income and resources

Should Transplant Recipients Enroll in Part D?

Now let's talk more about Part D enrollment considerations for people with ESRD and GHP coverage.

It is important to note that you cannot get drugs you can get under Part B, such as immunosuppressive drug therapy under the conditions we just discussed, through Medicare prescription drug coverage. (Note: Part D will not cover your immunosuppressive drugs if they would be covered by Part B but you have not enrolled.)

Under Part B, Medicare pays 80% of the cost of medications and you must pay the balance, called coinsurance. While the 20% coinsurance under Part B is generally less than the cost-sharing under Part D, you will not be able to count your out-of-pocket expenses for Part B drugs in determining whether you reach the catastrophic coverage limit under Part D.

However, under Part D, if you have limited income and resources, you may be eligible for extra help with your drug costs.

In addition, Part D could help pay for outpatient drugs you need to treat other medical conditions, such as medications for high blood pressure, to control blood sugar, or to lower cholesterol.

Lesson Topics

- ✓ Overview
- ✓ Eligibility and enrollment
- Coverage
 - Dialysis patients
 - Transplant patients
- Health plan options
- Information sources

Now let's talk about what services are covered for people with Medicare based on ESRD.

Covered Benefits

- All services covered by Original Medicare
 - Medicare Part A
 - Medicare Part B
- Special services for
 - Dialysis patients
 - Transplant patients
 - Including immunosuppressive drugs
 - Under certain conditions

As a person entitled to Medicare based on ESRD, you are entitled to all Medicare Part A and Medicare Part B services covered under Original Medicare. You can also get the same prescription drug coverage as any other person with Medicare.

In addition, special services are available for people with ESRD. These services include immunosuppressive drugs for transplant patients, as long as certain conditions are met, and other services for transplant and dialysis patients.

Covered Dialysis Services

- Inpatient dialysis treatments
- Facility dialysis treatments
- Home dialysis training
- Self-dialysis training
- Home dialysis equipment and supplies
- Certain support services and drugs for home dialysis

Now let's look at the **special covered services for dialysis patients**.

Dialysis is a treatment that cleans your blood when your kidneys don't work. It gets rid of harmful wastes and extra salt and fluids that build up in your body. It also helps control blood pressure and helps your body keep the right amount of fluids. Dialysis treatments help you feel better and live longer, but they are not a cure for permanent kidney failure.

Covered treatments and services include:

- Inpatient dialysis treatments
- Facility dialysis treatments
- Home dialysis training
- Self-dialysis training
- Home dialysis equipment and supplies
- Certain home support services
- Certain drugs for home dialysis

Home Dialysis

- Types of dialysis performed at home
 - Hemodialysis
 - Peritoneal dialysis
- Most common drugs covered by Medicare
 - Heparin to slow blood clotting
 - Drug to help clotting when necessary
 - Topical anesthetics
 - Epoetin alfa for anemia management

There are two types of dialysis that can be performed at home, hemodialysis and peritoneal dialysis.

- Hemodialysis uses a special filter (called a dialyzer) to clean your blood. The filter connects to a machine. During treatment, your blood flows through tubes into the filter to clean out wastes and extra fluids. Then the newly cleaned blood flows through another set of tubes and back into your body.
- Peritoneal dialysis uses a cleaning solution, called dialysate, that flows through a special tube into your abdomen. After a few hours, the dialysate gets drained from your abdomen, taking the wastes from your blood with it. Then you fill your abdomen with fresh dialysate and the cleaning process begins again.

Medicare Part B covers some drugs for home dialysis, including:

- Heparin, which slows blood clotting
- A drug to help clotting when necessary
- Topical anesthetics
- Epoetin alfa for managing anemia.

Services NOT Covered

- Paid dialysis aides
- Lost pay
- Place to stay during your treatment
- Blood for home dialysis
 - Unless part of doctor's service or
 - Needed to prime the dialysis equipment
- Transportation to the dialysis facility
 - Except in special cases

It's also important to understand what Medicare does **not pay** for.

This slide lists services and supplies that are not covered:

- Paid dialysis aides to help with home dialysis
- Any lost pay to you and the person who may be helping you during self- dialysis training
- A place to stay during your treatment
- Blood or packed red blood cells used for home dialysis unless part of a doctor's service or needed to prime the dialysis equipment

Transportation to the dialysis facility except in special cases

- Medicare covers round-trip ambulance services from home to the nearest dialysis facility **only** if other forms of transportation would be harmful to your health. The ambulance supplier must get a written order from your primary doctor before you get the ambulance service. The doctor's **written order** must be dated no earlier than 60 days before you get the ambulance service.

Medicare Part A

- Coverage for transplant patients
 - Inpatient hospital services
 - Transplant
 - Living or cadaver donor
 - Preparation for transplant
 - Kidney Registry fee
 - Laboratory tests
 - Full cost of care for a living donor
 - Including care needed due to complications

Now let's look at the **special Medicare-covered services for transplant patients**. Although Medicare covers medically necessary hospitalizations for ESRD patients, those who are undergoing a kidney transplant have special coverage. Medicare Part A covers inpatient hospital services for a kidney transplant and/or preparation for a transplant. It also covers the Kidney Registry fee and laboratory tests. The full cost of care for the kidney donor in the hospital is covered, including any care necessary due to complications.

Medicare covers both living and cadaver donors. People have two kidneys and healthy individuals can usually live with just one.

Medicare Part B

- Coverage for transplant patients
 - Surgeon's services
 - Doctor's services to donor
 - No deductible
 - Immunosuppressive drug therapy
 - Under certain conditions

Medicare Part B covers surgeon's services for a transplant for both the patient and the donor. There is no deductible to be met for the donor. As we noted earlier, Medicare Part B also covers immunosuppressive drug therapy following a kidney transplant under certain conditions.

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Now let's talk about the health plan options available for people with ESRD.

Medicare Advantage (MA) Plans

- Original Medicare usually only choice
- Original Medicare is always an option
- MA usually not an option
 - Some exceptions

Many people can choose to get their Medicare benefits through a Medicare Advantage plan. In most Medicare Advantage plans, you usually get all your Medicare-covered health care through the plan, and the plan may offer extra benefits. You may have to see doctors that belong to the plan or go to certain hospitals to get services. You will have to pay other costs (such as copayments or coinsurance) for the services you get.

Medicare Advantage plans include:

- Health Maintenance Organization plans
- Preferred Provider Organization plans
- Private Fee-for-Service plans
- Medicare Medical Savings Account (MSA) Plans and
- Special Needs Plans

Medicare Advantage plans are **generally not available to people with ESRD**. For most people with ESRD, Original Medicare is usually the only choice, and it is always an option.

However, there are some exceptions, which we will cover on the next few slides.

Special Needs Plans

- Limit membership to certain groups of people
- Some SNPs serve people with ESRD
- Designed to provide
 - Special expertise of providers
 - Focused care management
- Available in limited areas
- Must provide prescription drug coverage

Some Medicare Advantage Special Needs Plans may accept people with ESRD. These plans can be designed specifically for people with ESRD, or they can apply for a waiver to accept ESRD patients. Special Needs Plans are available in limited areas, and in 2007 only a few serve people with ESRD.

Special Needs Plans limit all or most of their membership to people:

- In certain institutions (like a nursing home), or
- Eligible for both Medicare and Medicaid, or
- With certain chronic or disabling conditions.

The Special Needs Plan must be designed to provide Medicare health care and services to people who can benefit the most from things like special expertise of the plan's providers, and focused care management. Special Needs Plans also must provide Medicare prescription drug coverage. For example, a Special Needs Plan for people with diabetes might have additional providers with experience caring for conditions related to diabetes, have focused special education or counseling, and/or nutrition and exercise programs designed to help control the condition. A Special Needs Plan for people with both Medicare and Medicaid might help members access community resources and coordinate many of their Medicare and Medicaid services.

To find out if a Medicare Special Needs Plan is available in your area for people with ESRD:

- Visit www.medicare.gov on the web.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

ESRD and MA Plans

- Already in MA plan
 - May stay in plan
 - Can join another plan from same company in same state
 - Can join another plan if plan leaves
- May be able to join after kidney transplant
- If in non-Medicare plan, can join MA plan from same company
 - Must be no break in coverage

There are a few other situations in which someone with ESRD can join an MA plan. For example:

- If you've had a successful kidney transplant, you may be able to join a plan.
- If you are already in an MA plan and develop ESRD, you can stay in the plan or join another plan offered by the same company in the same state.
- You may also join an MA plan if you are in a non-Medicare health plan and later become eligible for Medicare based on ESRD. You can join an MA plan offered by the same organization that offered your non-Medicare health plan. There must be no break in coverage between the non-Medicare plan and the MA plan.
- If your plan leaves Medicare or no longer provides coverage in your area, you can join another Medicare Advantage plan if one is available in your area and is accepting new members.
- MA plans may choose to accept enrollees with ESRD who are enrolling in an MA plan through an employer or union group under certain limited circumstances.

If you have ESRD and decide to leave your MA plan, you can choose only Original Medicare.

Lesson Topics

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- Information sources

Now that you understand how the Medicare program works for people with ESRD, let's cover the most important topic—where to get more information.

ESRD Networks

- Help ESRD patients get Medicare
- Develop quality standards
- Evaluate type and quality of care
- Provide technical assistance to dialysis facilities
- Resolve patient complaints and grievances
- Educate Medicare beneficiaries

The End-Stage Renal Disease Networks are an excellent source of information for people with Medicare and health care providers. There are 18 ESRD Networks serving different geographic areas in the United States and the territories. The ESRD Networks **are responsible for developing criteria and standards related to the quality and appropriateness of care for ESRD patients.** They assess treatment modalities and quality of care. They also provide technical assistance to the dialysis facilities. Like other Medicare agents and partners, they help educate people with Medicare about the Medicare program and help resolve their complaints and grievances.

You can get contact information for your local ESRD Network in *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*, CMS Publication 10128, from www.medicare.gov/Dialysis under resources and quality concerns, and from www.esrdnetworks.org on the web.

Other ESRD Information Sources

- 1-800-MEDICARE
- State Health Insurance Assistance Programs
- American Association of Kidney Patients
 - 1-800-749-2257, www.aakp.org
- National Kidney Foundation
 - 1-800-622-9010, www.kidney.org
- American Kidney Fund
 - 1-800-638-8299, www.kidneyfund.org
- United Network for Organ Sharing
 - 1-888-894-6361, www.unos.org

Other sources of information for people with ESRD and their families and friends include:

- The Medicare helpline at 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048
- Your State Health Insurance Assistance Program (SHIP)
- The American Association of Kidney Patients
- The National Kidney Foundation
- The American Kidney Fund
- The United Network for Organ Sharing

If you have ESRD, be sure to read the available information carefully and ask questions when necessary.

Medicare ESRD Publications

- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services* (CMS Pub. 10128)
- *Dialysis Facility Compare Brochure* (CMS Pub. 10208)
- *Preparing for Emergencies: A Guide for People on Dialysis* (CMS Pub. 10150)
- *You Can Live – Your Guide to Living with Kidney Failure* (CMS Pub. 02119)

The Centers for Medicare & Medicaid Services (CMS) publishes a number of helpful pamphlets and brochures for people with ESRD, including those shown on this slide. You can read or print these publications from the www.medicare.gov web site.

If You Want to Know More ...

- Social Security 1-800-772-1213
 - TTY users call 1-800-325-0778
- 1-800-MEDICARE (1-800-633-4227)
 - TTY users call 1-877-486-2048
- U.S. Railroad Retirement Board, www.rrb.gov
- State Health Insurance Assistance Program (SHIP)
- State Office on Aging
- Internet
 - www.socialsecurity.gov
 - www.medicare.gov
 - www.cms.hhs.gov

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Medicare for People with End Stage Renal Disease or a Disability

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There are many information resources for people who have Medicare because of a disability. Since eligibility is determined by Social Security status, the Social Security toll-free number or the local Social Security office is often the first place to call.

A Medicare customer service representative also can give you information or refer you to the proper agency.

If you have railroad employment, you should contact the Railroad Retirement Board.

Your local State Health Insurance Assistance Program (SHIP) or State Office on Aging may have additional resources.

The Internet also offers a wide variety of information at the following websites for people who have Medicare because of a disability:

- www.socialsecurity.gov/disability
- www.medicare.gov
- www.cms.hhs.gov

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