



Module 6: Medicare for People with End-Stage Renal Disease

 **National Medicare
TRAINING PROGRAM**

...helping people with Medicare make
informed health care decisions



Centers for Medicare & Medicaid Services
National Train-the-Trainer Workshops
Instructor Information Sheet
Module 6: Medicare for People with
End-Stage Renal Disease

Module Description

The Medicare for People with End-Stage Renal Disease training module provides an overview of Medicare eligibility and enrollment information for people with end-stage renal disease, including Medicare coverage details, health plan options, and sources for additional information.

The materials—up-to-date and ready-to-use—are designed for information givers/trainers familiar with the Medicare program, who would like to have prepared information for presentations.

The following sections are included in this module:

Slides	Topics
2	Objectives
3-6	Overview of Medicare for People with ESRD
7-29	Medicare Eligibility and How to Enroll
30-38	Health Plan Options
39-44	Additional Sources of Information

Objectives

- Understand Medicare eligibility for people with ESRD
- Recognize how people with ESRD enroll in Medicare
- Identify Medicare coverage considerations for people with ESRD
- Recognize other health plan options

Target Audience

This comprehensive module is designed for presentation to trainers and other information givers.

Learning Activities

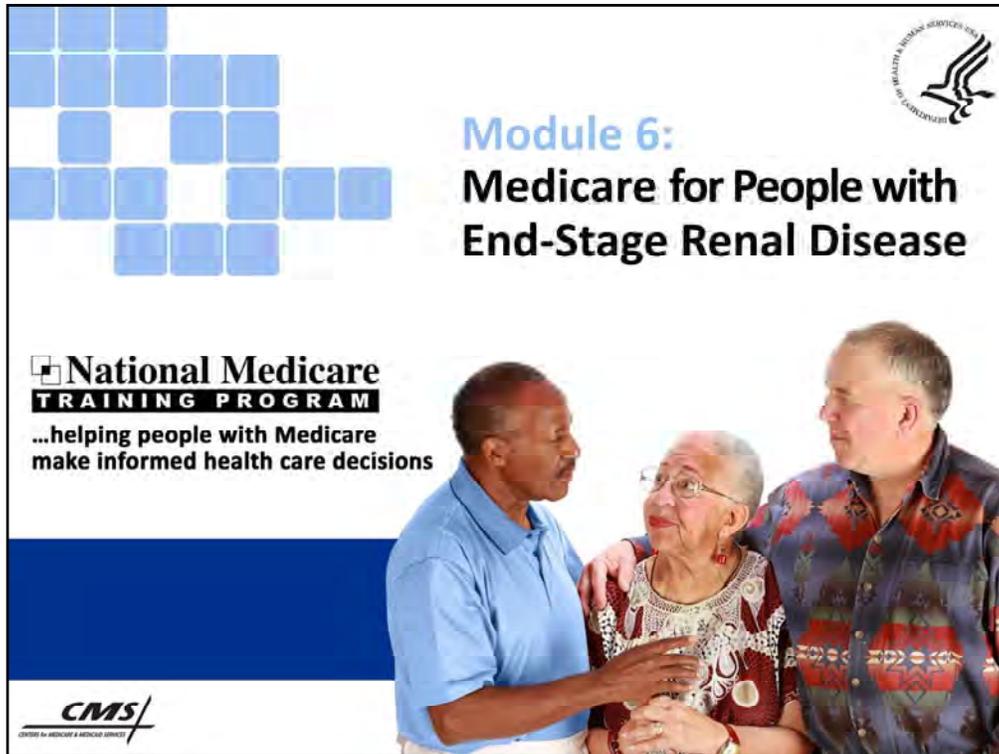
This module contains four interactive learning questions that give participants the opportunity to apply the module concepts in a real-world setting.

Time Considerations

The module consists of 44 PowerPoint slides with corresponding speaker's notes. It can be presented in about one hour. Allow approximately 30 more minutes for discussion, questions and answers.

References

- www.Medicare.gov/dialysis
- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*, CMS Pub. #10128
- *Dialysis Facility Compare Tool at www.medicare.gov*, CMS Pub. # 10208
- *Medicare for Children with End-Stage Renal Disease*, CMS Pub. # 11392
- National Kidney Foundation - www.kidney.org
- American Kidney Fund - www.kidneyfund.org
- United Network for Organ Sharing - www.unos.org



Module 6 explains *Medicare for People with End-Stage Renal Disease*.

This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the Federal agency that administers Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and Pre-existing Condition Insurance Plans.

The information in this module was correct as of April 2012. To check for updates on health care reform, visit www.healthreform.gov. To check for an updated version of this training module, visit

www.cms.hhs.gov/NationalMedicareTrainingProgram/TL/list.asp on the web.

This set of National Medicare Training Program materials is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.



Session Objectives

- This session will help you understand Medicare for people with End-stage Renal Disease
 - Medicare eligibility and enrollment
 - Medicare coverage
 - Health plan options
 - Information sources

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This session will help you understand Medicare for people with End-stage Renal Disease

- Medicare eligibility and enrollment
- Medicare coverage
- Health plan options
- Information sources



Lessons

1. Overview of End-Stage Renal Disease and Medicare
2. Medicare Eligibility and How to Enroll
3. What is Covered Under Medicare
4. Health Plan Options
5. Additional Sources of Information

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This module has five lessons

1. Overview of End-Stage Renal Disease and Medicare
2. Medicare Eligibility and How to Enroll
3. What is covered under Medicare
4. Health plan options
5. Additional sources of information



1. Overview of Medicare for People with End-Stage Renal Disease (ESRD)

- End-Stage Renal Disease (ESRD)
- The Medicare program for people with ESRD

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In this lesson we will:

- Provide an overview
 - Learn about End-Stage Renal Disease (ESRD)
 - Review the Medicare program for people with ESRD

Medicare for People with End-Stage Renal Disease (ESRD)

- ESRD is irreversible and permanent kidney failure
 - Stage V chronic kidney disease
 - Requires a regular course of dialysis **or**
 - Kidney transplant to sustain and improve quality of life
- Coverage based on ESRD began in 1973
- Over 438,200 were enrolled for ESRD in 2010
- Over 1 million Americans treated since 1973

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End-Stage Renal Disease or ESRD is defined as permanent kidney failure that requires a regular course of dialysis or a kidney transplant to maintain life. The kidneys are powerful chemical factories that

- Remove waste products and 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

Reference: National Kidney Foundation, www.kidney.org

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.

In 2010, over 438,200 people were enrolled in Medicare based on ESRD. (Source: CMS, Center for Strategic Planning)

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

5 Stages of Chronic Kidney Disease

Stage	GFR*	Condition
I	130-90	Kidney Damage with Normal or Increased Kidney Function
II	90-60	Kidney Damage with Mildly Reduced Kidney Function
III	60-30	Moderately Reduced Kidney Function
IV	30-15	Severely Reduced Kidney Function
V	15-0	Kidney Failure Stage 5 – Medicare eligibility based on ESRD

*Glomerular Filtration Rate

Source: National Kidney Foundation

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There are five stages of chronic kidney disease - The National Kidney Foundation (NKF) developed guidelines to help identify the levels of kidney disease. This helps doctors provide the proper care, based on different tests and treatments required at each stage. Chronic kidney disease (CKD) has different causes, e.g., hypertension, diabetes, or atherosclerosis.

Your glomerular filtration rate (GFR) is a test that measures what level your kidneys are functioning. GFR is used to determine what stage you may be in with your kidney disease. Your GFR is calculated using your blood creatinine test results, what your age, race, gender are, and some additional factors.

With chronic kidney disease, the kidneys usually fail over a period of time. If CKD is caught early, medicines and changes to your lifestyle may help slow its progress and delay symptoms so you may feel better longer.

If you have Stage V chronic kidney disease, you may be eligible for Medicare based on ESRD.

Resource: National Kidney Foundation www.kidney.org.



2. Medicare Eligibility and How to Enroll

- Eligibility for Part A
- Eligibility for Part B
- Medicare Coverage for People with ESRD
- Enrolling in Medicare
- Enrollment Considerations

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Lesson 2 covers Medicare eligibility and enrollment:

- Eligibility for Part A
- Eligibility for Part B
- Medicare Coverage for People with ESRD
- Enrolling in Medicare
- Enrollment Considerations

Eligibility for Part A Based on ESRD

- Eligibility requirements
 - Any age
 - Kidneys no longer function
 - Worked the required amount of time **or**
 - Getting/eligible for Social Security, Railroad Retirement, or Federal retirement **or**
 - Spouse or child
 - Entitlement based on ESRD
 - Different from entitlement based on a disability

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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 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 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.
- You must also file an application, and meet any waiting periods that apply.

Medicare entitlement based on ESRD is different from entitlement based on a disability.

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 a regular course of dialysis or have received a kidney transplant.

Part B Eligibility

- Can enroll in Part B if entitled to Part A
 - Pay monthly Part B premium
 - May pay penalty if Part B enrollment delayed
- 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

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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. See coordination period on slide 18.

There is a monthly premium for Part B, which is \$99.90 in 2012.

You will need **both** Part A and Part B to have complete Medicare coverage for dialysis and kidney transplant services.

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're already enrolled in Medicare based on age or disability, and you're already paying a higher Part B premium because you didn't enroll in Part B when you were first eligible, you will no longer have to pay the penalty when you become entitled to Medicare based on ESRD. You will still have to pay the Part B premium. Call your local Social Security office to make an appointment to enroll in Medicare based on ESRD.

NOTE: 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.

Medicare Coverage for People with ESRD Begins	
1 st day of the 4 th month	Of a regular course of dialysis
1 st day of the month	In which a regular course of dialysis begins <i>if</i> a home dialysis or a self-dialysis training program is initiated (with expectation of completion)
1 st day of the month	In which you receive a kidney transplant
1 st day of the month	In which you are admitted to a Medicare approved transplant facility for a kidney transplant or procedures preliminary to a kidney transplant if transplant takes place in the same month or within the following 2 months
2 months before the month of your transplant	If your transplant is delayed more than 2 months after you're admitted to the hospital for the transplant or for health care services you need for the transplant

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Medicare coverage will begin on the first day of the fourth month of a regular course of dialysis. This initial three month period is called the qualifying period.

Coverage will begin the first month of a regular course 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 a regular course of dialysis and your doctor expects you to finish training and be able to do your own dialysis treatments.

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.

When Coverage Ends

- Entitlement based solely on ESRD, coverage ends
 - 12 months after the month you no longer require a regular course of dialysis or
 - 36 months after the month of kidney transplant

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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 a regular course of dialysis for 12 months **or**
- 36 months have passed after the month of the kidney transplant.

Note: Remember, you need both Part A and Part B to get the maximum benefits available under Medicare for people with ESRD. If you don't pay your Part B premium or if you choose to cancel it, your Part B coverage will end.

When Coverage Continues

- No interruption in coverage
 - Resume regular course of dialysis
 - You have a kidney transplant

or

 - Regular course of dialysis starts
 - You received another kidney transplant
- Within 12 months after regular dialysis stopped
- Within 36 months after transplant

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Medicare coverage will continue without interruption

- If you resume a regular course of dialysis or get a kidney transplant within 12 months after you stopped getting a regular course of dialysis, **or**
- You start a regular course of dialysis or receive another kidney transplant before the end of the 36-month post-transplant period.

When Coverage Resumes

- Resume regular course of dialysis
 - You have a kidney transplant
- or
- Regular course of dialysis starts
 - You have another kidney transplant
 - Must file new application
 - No waiting period
- More than 12 months after regular dialysis ends
- More than 36 months after kidney transplant

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

- You start a regular course of dialysis again or get a kidney transplant more than 12 months after you stopped getting a regular course of dialysis, **or**
- You start a regular course of 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/dialysis facility to fill out Form CMS-2728
- May want to delay enrolling
- Get facts before deciding to delay
 - Especially if transplant is planned

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You can enroll in Medicare Part A and Part B based on ESRD at your local Social Security office. 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 (known as the 30-month coordination period) for people with ESRD who have employer or union group health plan (EGHP) coverage. If your group health plan coverage will pay for most or all of your health care costs (for example, if it doesn't have a yearly deductible), you may want to delay enrolling in Part A and Part B until the 30-month coordination period is over. If you delay enrollment, you won't have to pay the Part B premium for coverage you don't need yet. After the 30-month coordination period, you should enroll in Part A and Part B.

If you will soon receive a kidney transplant, get the facts about eligibility and enrollment before deciding to delay.

Call 1-800-772-1213 to make an appointment to enroll in Medicare based on ESRD. (TTY users should call 1-800-325-0778.)

Enrolling in Part B

- Enroll in Part A and wait to enroll in Part B
 - Must wait for General Enrollment Period
 - May have to pay higher premium as long as you have Part B
- No Special Enrollment Period for those with ESRD

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If you enroll in Part A and wait to enroll in Part B, you may have a gap in coverage, since most expenses incurred for ESRD are covered by Part B rather than Part A. 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.

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

In general, Medicare beneficiaries who have GHP coverage based on their own or a spouse's current employment (or a family member's current employment, if disabled) qualify for a Special Enrollment Period. You can enroll anytime you have GHP coverage based on current employment or up to 8 months after the month the employment or GHP coverage ends, whichever comes first.

Enrolling in Part B

- Have Medicare due to age or disability
 - ESRD enrollment may eliminate Part B penalty
- Medicare due to ESRD and reach age 65
 - Have continuous coverage
 - Those not enrolled in Part B
 - Those enrolled in Part B and paying a penalty

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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 a higher Part B premium for late enrollment, the penalty will be removed when you reach age 65.

Medicare and Group Health Plan Coverage (30-Month Coordination Period)

- If enrollment based solely on ESRD
 - GHP/employer is only payer during first 3 months
- Medicare is secondary payer for 30-month coordination period
 - Begins when first eligible for Medicare
 - Even if not enrolled
- Separate period each time enrolled based on ESRD
 - Medicare coverage will start right away

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If you are eligible for Medicare because you get a regular course of dialysis treatments, your Medicare coverage will usually start the fourth month of a regular course of dialysis. Therefore, Medicare generally will not pay anything during your first 3 months of a regular course of dialysis unless you already have Medicare because of age or disability. If you are covered by a GHP, that plan is generally the only payer for the first 3 months of a regular course 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).
- 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/coinsurance
 - Higher premium if delay Part B
 - Possible higher premium if delay Part D
 - Affects coverage for immunosuppressive drugs

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The 30-month coordination period starts the first month you are able to get Medicare, even if you have not signed up yet.

Example: You start dialysis in June. The 30-month coordination period generally starts September 1 (the fourth month of dialysis). Tell your providers if you have GHP coverage during this period so your services are billed correctly. After the 30-month coordination period, Medicare pays first for all Medicare-covered services. Your GHP may pay for services not covered by Medicare. If you are covered by a GHP, you may want to delay applying for Medicare. Consider the following:

- If your GHP pays all of your health care costs with no deductible or coinsurance, you may want to delay enrolling in Medicare until after the 30-month coordination period. If you do 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 Part B, you don't pay the Part B premium during this time. You have to wait until the next General Enrollment Period to enroll (coverage effective July 1) and your premium may be higher.
- If you enroll in Part A but delay Part D, you don't have to pay a Part D premium during this time. You may have to wait until the next Open Enrollment Period to enroll (from October 15 – December 7, with coverage effective January 1) and your premium may be higher without creditable drug coverage.
- If you will soon be receiving a kidney transplant, immunosuppressive drug therapy is covered by Medicare Part B only under certain conditions. (Remember doctors' services are covered by Part B, and services for a living kidney donor may not be covered by your GHP).

Enrollment Considerations

If You	Your Immunosuppressive Drugs
Are entitled to Part A at time of transplant and Medicare paid for your transplant and the transplant took place in a Medicare-approved facility or Medicare was secondary payer but made no payment	<ul style="list-style-type: none"> ▪ Are covered by Part B <ul style="list-style-type: none"> • Medicare pays 80% • Patient pays 20% ▪ Do not count toward catastrophic coverage under Part D
Did not meet the transplant conditions above	<ul style="list-style-type: none"> ▪ May be covered by Part D <ul style="list-style-type: none"> • Costs vary by plan ▪ Helps cover drugs needed for other conditions

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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, 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

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

Medicare entitlement ends 36 months after a successful kidney transplant if ESRD is the only reason for Medicare entitlement, i.e., the person is not age 65 and does not receive Social Security disability benefits. In this situation, all Medicare coverage will end. Enrolling in Part D does not change this period.

Part D will not cover immunosuppressive drugs if they would be covered by Part B but the person has not enrolled in Part B.

Part D could help pay for outpatient drugs needed to treat other medical conditions, such as high blood pressure, uncontrolled blood sugar, or high cholesterol.

Note: People who apply for Medicare based on ESRD within 12 months of a kidney transplant can get Part A retroactive to the month of the transplant. They can choose to either delay Part B or take Part B with coverage retroactive to the Part A entitlement date or effective with the month the application is filed.

Let's look at a case study...

Brad is 59 and is entitled to Medicare based on ESRD. He began a regular course of dialysis 3 months ago, so he believes his Medicare coverage will begin in his 4th month of a regular course of dialysis.

- Is he correct?
- Are there situations when it would begin earlier?

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Answer: Yes, he is correct.

Coverage for people with ESRD begins at different times depending on the circumstances.

When you first enroll in Medicare based on ESRD (permanent kidney failure) and you are on dialysis, your Medicare coverage usually starts the **fourth** month of a regular course of dialysis treatments. For example, if you start getting a regular course of dialysis treatments in July, your Medicare coverage would start on October 1.

However, as we mentioned earlier, coverage will begin the **first** month of a regular course 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 a regular course of dialysis treatments and you expect to complete training and self-dialyze after that.

Coverage also begins the **first** month of a regular course of dialysis treatments if you were **previously entitled** to Medicare due to ESRD.

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



3. What is Covered Under Medicare

- Educations Benefit
- Dialysis Services
- Home Dialysis
- Transplant Coverage

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Lesson 3 explains what is covered under Medicare:

- Educations Benefit
- Dialysis Services
- Home Dialysis
- Transplant Coverage

What is Covered Under Medicare

- All services covered by Original Medicare
 - Medicare Part A
 - Medicare Part B
- Special services for dialysis and transplant patients
 - Immunosuppressive drugs
 - Under certain conditions
 - Other special services

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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 (described earlier), and other services for transplant and dialysis patients.

Medicare Education Benefit – Stage IV

- Kidney disease education services covered if
 - You already have Medicare (e.g., 65+ or disabled)
 - Have Stage IV chronic kidney disease
 - Advanced kidney damage
 - Covers up to six sessions if referred by your doctor
 - Covered by Medicare Part B
 - Provided to help delay need for dialysis or transplant

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Chronic kidney disease includes conditions that damage your kidneys and decrease their ability to keep you healthy. 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.

A person with Stage IV chronic kidney disease has advanced kidney damage and will likely need dialysis or a kidney transplant in the near future.

For people who have Medicare, and have Stage IV chronic kidney disease, Medicare Part B covers up to six sessions of kidney disease education services if your doctor refers you for the service. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

- These sessions provide information on managing your condition to help delay the need for dialysis, help prevent complications, and to explain dialysis options so you can make an informed decision if you develop End-stage renal disease.
- By doing everything possible to help prolong kidney function and overall health, the goal is to put off dialysis or transplant for as long as possible.

Covered Dialysis Services

- Inpatient dialysis treatments
- Facility dialysis treatments
- Home dialysis training
- Self-dialysis training
- Home dialysis equipment & supplies
- Some support services & drugs for home dialysis

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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 the following:

- Inpatient dialysis treatments paid under Part A
- The following services are paid under Part B
 - Facility dialysis treatments
 - Home dialysis training
 - Self-dialysis training
 - Home dialysis equipment and supplies
 - Certain home support services (may include visits by trained technicians to help during emergencies and to check your dialysis equipment and water supply)
 - Certain drugs for home dialysis

Home Dialysis

- Two types can be done 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

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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.

With the implementation of the ESRD Prospective Payment System (PPS), effective for claims with dates of service on or after January 1, 2011, all ESRD-related injectable drugs and biologicals and oral equivalents of those injectable drugs and biologicals are included in the ESRD PPS.

Some of the most common drugs covered by Medicare include

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

Home Dialysis Services NOT Covered Under Part B

- Paid dialysis aides
- Lost pay
- Place to stay during your treatment
- Blood for home dialysis (some exceptions)
- Non-treatment related medicines
- Transportation to dialysis facility
 - Except in special cases

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

- 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
- Non-treatment related medicines
- 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.

Part A Transplant Patient Coverage

- Inpatient services
 - Must be in a Medicare-approved transplant center
- Transplant (living or cadaver donor)
 - Full cost of care for a living donor
- Preparation for transplant
- National Kidney Registry fee
- Laboratory tests

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There are 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. The hospital must be a Medicare-approved transplant center.

- Medicare covers both living and cadaver donors. The full cost of care for the kidney donor in the hospital is covered, including any care necessary due to complications. People have two kidneys and healthy individuals can usually live with just one.
- It also covers the National Kidney Registry fee (The National Kidney Registry aims to provide living donor transplants for people facing kidney failure) and laboratory tests.

Medicare Part B

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

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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.
- Medicare Part B also covers immunosuppressive drug therapy following a kidney transplant under certain conditions.

Let's look at a case study

Jeff is 48 years old and just applied for Medicare based on ESRD. He knows he will probably need a kidney transplant in the near future. What does he need to know, especially about immunosuppressive drug therapy coverage under Part B? Part D?

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In order for Medicare Part B to pay for his immunosuppressive drug therapy, he must be entitled to Medicare Part A at the time his transplant is performed in a Medicare-approved facility, and Medicare must pay for the transplant **or**, even if Medicare makes no payment, Medicare is still secondary payer.

He also must be enrolled in Medicare Part B to get immunosuppressive drug therapy.

If he does not meet those conditions, he may be able to get coverage under Part D.

Jeff should also know that, if he has Medicare only because of kidney failure, his immunosuppressive drug therapy coverage will end 36 months after the month of his transplant.

If a person already has Medicare because of age or disability before getting ESRD, or becomes eligible for Medicare because of age or disability after receiving a Medicare-covered transplant, Medicare Part B will continue to pay for immunosuppressive drugs with no time limit.



4. Health Plan Options

- Medigap (Medicare Supplement Insurance) Policies
- Medicare Advantage Plans
 - Special Needs Plans
 - Medicare Prescription Drug Plans

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Lesson 4 covers Medigap (Medicare Supplement Insurance) policies and Medicare Advantage Plans.

ESRD and Medigap Policies

- Medigap (Medicare Supplement Insurance) policies
 - Cover gaps in Original Medicare coverage
- People with ESRD may not be able to buy Medigap
- If available may cost more
- Some states require selling to under age 65
- New Medigap OEP at age 65

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Federal law doesn't require insurance companies to sell Medigap policies to people under age 65.

The following states do require Medigap insurance companies sell to people under 65:

- Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, and Wisconsin
- Medigap is not available to people with ESRD under age 65 in California, Massachusetts and Vermont
- Medigap is only available to people under age 65 with ESRD in Delaware

Even if your state isn't on the list above, here are some things you need to know:

- Some insurance companies may voluntarily sell Medigap policies to some people under age 65.
- Some states require that people under age 65 who are buying a Medigap policy be given the best price available.
- Generally, Medigap policies sold to people under age 65 may cost more than policies sold to people over age 65.

If you live in a state that has a Medigap open enrollment period for people under age 65, you will still get another Medigap open enrollment period when you reach age 65, and you will be able to buy **any** Medigap policy sold in your state.

ESRD and Medicare Advantage (MA) Plans

- Usually can't join an MA Plan if you have ESRD
 - Exception for those who have had a kidney transplant
- Original Medicare is always an option
 - Usually only choice
- However, you may be able to join an MA Plan
 - If your EGH plan is same organization as the MA Plan
 - MA plan is primary provider of your health care coverage
 - May be able to join a Medicare Special Needs Plan

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

You may be able to join a Medicare Advantage Plan if you're already getting your health benefits (for example, through an employer health plan) through the same organization that offers the Medicare Advantage Plan. While you're in a Medicare Advantage Plan, the plan will be the primary provider of your health care coverage. You must use your Medicare Advantage Plan ID card instead of your red, white, and blue Medicare card when you see your doctor or get other kinds of health care services. 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
 - Special Needs Plans

You may be able to join a Medicare Special Needs Plan.

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

ESRD and Medicare Advantage Plans

- If 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

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There are a few other situations in which someone with ESRD can join an MA 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.
- If you've had a successful kidney transplant, you may be able to join a plan.
- 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.

Special Needs Plans (SNPs)

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

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Special Needs Plans limit all or most of their membership to people in certain institutions (like a nursing home), or who are eligible for both Medicare and Medicaid, or for people with certain chronic or disabling conditions.

Some Medicare Advantage Special Needs Plans may accept people with ESRD. These plans must provide all Part A and Part B health care and services. They also must provide Medicare prescription drug coverage. 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 only a few serve people with ESRD.

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 for people with ESRD is available in your area

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

Let's look at a case study...

- Rachel is 43 years old and was diagnosed with ESRD 8 months ago. She has looked at some marketing materials from a Medicare HMO Plan and would like to join.
 - Can she join?
 - Discuss the situations where she would be able to join
 - Might she have another option?

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Answer: Generally, no, she cannot join the HMO Plan.

Medicare Advantage plans, such as HMO, PPO, and PFFS plans are generally not available to people with ESRD. (People who are already enrolled in an MA Plan and who then later develop ESRD may stay in that plan or may join another plan offered by the same organization in the same state).

Rachel might be able to join a Medicare Advantage Plan

- If she has a successful kidney transplant. An individual who receives a kidney transplant and who no longer requires a regular course of dialysis to maintain life is not considered to have ESRD for purposes of MA eligibility. Such an individual may elect to enroll in a MA plan, if he/she meets other applicable eligibility requirements. If an individual is only eligible for Medicare on the basis of ESRD (i.e., not based on disability or age), the individual would only be permitted to remain enrolled as an MA enrollee during his or her remaining months of Medicare eligibility.
- If she was in a non-Medicare health plan when she became eligible for Medicare. She may join an MA Plan offered by the same organization that offered the non-Medicare health plan. There must be no break in coverage between the non-Medicare plan and the MA Plan.
- If she is enrolled in an MA Plan and her plan leaves Medicare or no longer provides coverage in her service area, she can join another Medicare Advantage Plan if one is available in her service area.
- If her employer or union sponsors a Medicare Advantage Plan, she may be able to enroll in that plan under other limited circumstances.

There may also be a Medicare Special Needs Plan (SNP) in her area that provides specialized coverage for people with ESRD.

ESRD and Medicare Prescription Drug Plans

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

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Part D, Medicare prescription drug coverage, is available to all people with Medicare, including those entitled because of ESRD or a disability.

While many drugs are covered under Part B (i.e., immunosuppressive drugs needed following a kidney transplant), other drugs are not covered under Part B (i.e., drugs needed to treat related conditions, such as high blood pressure). Thus, ESRD patients should consider enrolling in a Part D plan.

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 enroll in a plan to get Medicare prescription drug coverage.

When you enroll in a Medicare prescription 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 prescription drug plan.

Exercise

Which is true about End-Stage-Renal Disease?

1. It is kidney failure that requires a regular course of dialysis or a kidney transplant to maintain life
2. It is often referred to as ESRD
3. You do not need to be receiving Social Security disability benefits to qualify for Medicare based on ESRD
4. All of the above

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Which is true about End-Stage-Renal Disease?

1. Kidney failure that requires a regular course of dialysis or a kidney transplant to maintain life
2. Often referred to as ESRD
3. You do not need to be receiving Social Security disability benefits to qualify for Medicare based on ESRD
4. All of the above

Answer: 4. All of the above

Exercise

Coverage based on ESRD

1. Can begin the fourth month of a regular course of dialysis
2. Will end if you train for self dialysis
3. Cannot resume if ended
4. Will end one year after a successful kidney transplant

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Coverage based on ESRD

1. Can begin the fourth month of a regular course of dialysis
2. Will end if you train for self dialysis
3. Cannot resume if ended
4. Will end one year after a successful kidney transplant

Answer: 1. Can begin the fourth month of a regular course of dialysis



5. Additional Sources of Information

- Websites
- Publications
- Other Resources

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Lesson 5 covers additional sources of Information

- Websites
- Publications
- Other Resources

www.esrdnetworks.org

- Contact your local ESRD Network for help with
 - Dialysis or kidney transplants
 - How to get help from other kidney-related agencies
 - Problems with your facility that aren't solved after talking to the facility staff
 - Locating dialysis facilities and transplant centers



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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 <http://www.medicare.gov/Publications> , and from www.esrdnetworks.org

NOTE: A list with contact information for ESRD networks by state is available at <http://www.medicare.gov/Dialysis/Static/ContactList.asp?dest=NAV%7CHome%7CResources%7CESRDContacts%7CContacts&ContactType=ESRD>.

www.fistulafirst.org

- National Vascular Access Improvement Initiative
 - To increase use of fistulas for hemodialysis
 - Surgical connections joining a vein and an artery in the forearm
 - Provides access for dialysis
 - Improved outcomes



Source NIDDK of NIH.

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You may be interested in knowing that the ESRD Networks are currently working with Medicare to increase the use of **arteriovenous (AV) fistulas**. “Fistula First” is the name given to the National Vascular Access Improvement Initiative. This quality improvement project is being conducted by all 18 ESRD Networks to promote the use of Arteriovenous Fistulas (AVFs) in providing hemodialysis for all suitable dialysis patients.

A fistula is a connection, surgically created by joining a vein and an artery in the forearm, that allows blood from the artery to flow into the vein and provide access for dialysis. Fistulas last longer, need less rework, and are associated with lower rates of infections, hospitalization, and death than other types of access. Other access types include grafts (using a synthetic tube to connect the artery to a vein in the arm) and catheters (needles "permanently" inserted into a regular vein, but left protruding from the skin).

NOTE: Graphic courtesy of the National Institute of Diabetes and Digestive and Kidney Diseases (**NIDDK**), of the U.S. National Institutes of Health.

Medicare ESRD Publications

- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services, CMS Pub. #10128*
- *Dialysis Facility Compare Tool at www.medicare.gov, CMS Pub. # 10208)*
- *Medicare for Children with End-Stage Renal Disease, CMS Pub. # 11392*

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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.

ESRD Resource Guide		
Resources		Medicare Products
<p>Medicare.gov www.Medicare.gov/dialysis</p> <p>Centers for Medicare & Medicaid Services (CMS) 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)</p> <p>Social Security Administration 1-800-772-1213 (TTY 1-800-325-778)</p>	<p>State Health Insurance Assistance Programs (SHIPs)*</p> <p>ESRD Network</p> <p>National Kidney Foundation www.kidney.org</p> <p>American Kidney Fund www.kidneyfund.org</p> <p>United Network for Organ Sharing www.unos.org</p> <p>*For telephone numbers call CMS 1-800-MEDICARE (1-800-633-4227) 1-877-486-2048 for TTY users</p>	<p><i>Medicare Coverage of Kidney Dialysis and Kidney Transplant Services</i> CMS Product No. 10128</p> <p><i>Medicare & You Handbook</i> CMS Product No. 10050)</p> <p><i>Your Medicare Benefits</i> CMS Product No. 10116</p> <p>To access these products: View and order single copies at Medicare.gov</p> <p>Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization.</p>
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Government resources for more information

- Call the Centers for Medicare & Medicaid Services (CMS), 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.
- Beneficiary information is available on Medicare.gov
- Call the Social Security Administration (SSA), 1-800-772-1213. TTY users call 1-800-325-0778.

Industry resources for more information

- Contact your State Health Insurance Assistance Program (SHIP) and/or your State Insurance Department. For telephone numbers, call CMS, 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

Medicare Products

- ***Medicare Coverage of Kidney Dialysis and Kidney Transplant Services***
CMS Product No. 10128
- ***Medicare & You Handbook***
CMS Product No. 10050
- ***Your Medicare Benefits***
CMS Product No. 10116

To access these products: View and order single copies at Medicare.gov

Order multiple copies (partners only) at www.productordering.cms.hhs.gov. You must register your organization.



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