

2013 National Training Program

Module: 6

Medicare for People with End-Stage Renal Disease



Module 6: MEDICARE for PEOPLE with END STAGE RENAL DISEASE (ESRD)

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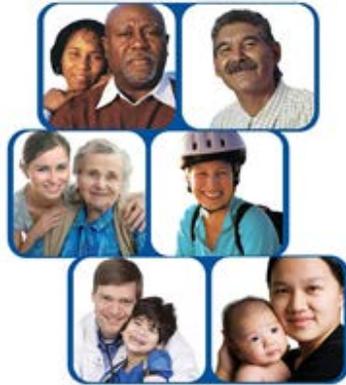
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This module can be presented in 45 minutes.
 Allow approximately 30 more minutes for discussion,
 questions and answers, and the learning activities.



National Training Program



Module 6 Medicare for People with End-Stage Renal Disease

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 the Health Insurance Marketplace (also known as Exchanges).

The information in this module was correct as of May 2013.

To check for an updated version of this training module, visit <http://cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html>.

To check for updates on the new health care legislation, visit www.HealthCare.gov.

To view the Affordable Care Act, visit <http://www.HealthCare.gov/law/index.html>

This set of CMS National Training Program materials isn't a legal document. Official Medicare program provisions are contained in the relevant statutes, regulations, and rulings.



Session Objectives

This session is for people with End-Stage Renal Disease (ESRD) to help you

- Recognize Medicare eligibility and enrollment rules
- Explain Medicare coverage
- Relate health plan options
- Refer to ESRD information sources

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This session is for people with End-Stage Renal Disease to help you

- Recognize Medicare eligibility and enrollment rules
- Explain Medicare coverage for people with ESRD
- Relate health plan options
- Refer to ESRD information sources

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

- In this lesson we will provide an overview
 - Discuss End-Stage Renal Disease (ESRD)
 - Highlight the Medicare program for people with ESRD

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In this lesson we will provide an overview:

- Discuss End-Stage Renal Disease (ESRD)
- Highlight 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 448,200 were enrolled for ESRD in 2011
- 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:

- 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 2011, over 448,200 people were enrolled in Medicare based on ESRD.

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



Need More Information?

Please visit: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ResearchGenInfo/CMSStatistics.html> or <https://dnav.cms.gov> and http://www.usrds.org/2011/view/v2_00a_intro.asp

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 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, your age, race, gender, 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.



Need More Information?

Please visit National Kidney Foundation: www.kidney.org



Lesson 2 - Medicare Eligibility and How to Enroll if you have ESRD

- Eligibility for Medicare Part A
- Eligibility for Medicare Part B
- Enrolling in Medicare
- Medicare and Group Health Plan Coverage
- Enrollment Considerations
- Medicare Coverage

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Lesson 2 covers Medicare eligibility and enrollment for people with ESRD:

- Eligibility for Medicare Part A
- Eligibility for Medicare Part B
- Enrolling in Medicare
- Medicare and Group Health Plan Coverage
- Enrollment Considerations
- Medicare Coverage

Eligibility for Part A Based on ESRD

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

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You're 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.

In addition to meeting the medical requirements, you must also have worked the required amount of time under Social Security, the Railroad Retirement Board (RRB), or as a government employee; **or**

- Are getting or are eligible for Social Security, railroad retirement, or Federal retirement benefits; **or**
- Are the spouse or dependent child of a person who has worked the required amount of time, or are 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.

Medicare Part B Eligibility

- You can enroll in Part B if entitled to Part A
 - You pay the monthly Part B premium
 - You may pay a penalty if you delay taking Part B
- You need both Part A and Part B for complete coverage
- For more information
 - Call Social Security at 1-800-772-1213
 - Railroad retirees call Railroad Retirement Board 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 12. There is a monthly premium for Part B, which is \$104.90 in 2013.

You'll need **both** Part A and Part B to have complete Medicare coverage for dialysis and kidney transplant services. Call your local Social Security office to make an appointment to enroll in Medicare based on ESRD.

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 work or worked for a railroad, call the Railroad Retirement Board (RRB) at 1-877-772-5772 or your local RRB office.

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.

Enrolling in Medicare Part B

- If you have Medicare due to age or disability
 - ESRD enrollment may eliminate a Part B penalty
- If you have Medicare due to ESRD and reach age 65
 - You have continuous coverage
 - Those not enrolled in Part B will be enrolled
 - You can decide whether or not to keep it
 - Those enrolled in Part B and paying a penalty
 - Part B penalty is eliminated

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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'll no longer have to pay the penalty when you become entitled to Medicare based on ESRD. You'll 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.

If you're receiving Medicare benefits based on ESRD when you turn 65, you have continuous coverage with no interruption. If you didn't have Part B prior to 65, you'll automatically be enrolled in Part B when you turn 65, but you can 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 turn 65.

Delaying Medicare Part B

- If you enroll in Part A and wait to enroll in Part B
 - You must wait for a General Enrollment Period
 - January 1 to March 31 each year, coverage effective July 1 of the same year
 - You may have to pay higher premium as long as you have Part B
 - 10% for each 12-month period, eligible but not enrolled
- 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'll 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, people with Medicare who have Group Health Plan (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 to sign up for Medicare Part B. You can enroll anytime you have Group Health Plan (GHP) coverage based on current employment or up to 8 months after the month the employment or GHP coverage ends, whichever comes first.

How to Enroll in Part A and Part B

- Enroll at your local Social Security office
- Doctor/dialysis facility to fill out Form CMS-2728
 - If Social Security gets it before you enroll, they may contact you to see if you want to enroll
- You may want to delay enrolling
 - Until after 30-month coordination period
 - Won't have to pay Part B premium until you need it
- 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. The CMS 2728 is the medical documentation form that your doctor will complete in order for you to get Medicare. It is available at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms2728.pdf>.

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'll 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.)



Need More Information?

The CMS 2728 is the medical documentation form that your doctor will complete in order for a patient to get Medicare available at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms2728.pdf>.

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

- If enrollment is based solely on ESRD
 - GHP/employer is the only payer during first 3 months
- Medicare is the secondary payer during 30-month coordination period
 - Begins when first eligible for Medicare
 - Even if not enrolled
- Separate period each time enrolled based on ESRD
 - No 3-month waiting period
 - New 30-month coordination period if you have GHP

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If you're 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 won't 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're 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's 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're eligible for Medicare, even if you haven't signed up.

Enrollment Considerations - 30-month Coordination Period

- You might want Medicare during coordination period
 - To pay GHP deductible/coinsurance
 - If you are getting a transplant soon
 - Affects coverage for immunosuppressive drugs
 - Coverage for living donor
- Delaying Part B or Part D could mean
 - Wait for applicable enrollment period to enroll
 - Possible penalty for late enrollment

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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're 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 (Medicare Prescription Drug Coverage), 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're getting a kidney transplant soon, immunosuppressive drug therapy is covered by 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 – Immunosuppressive Drugs

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

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

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.

Part D won't cover immunosuppressive drugs if they would be covered by Part B but the person hasn't 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.

Medicare Coverage for People with ESRD Begins	
1 st day of the 4 th month	Of a regular course of hemodialysis in a facility
1 st day of the month	A regular course of dialysis begins if a home dialysis or a self-dialysis training program is initiated (with expectation of completion)
1 st day of the month	You get a kidney transplant
1 st day of the month	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 3 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 get a kidney transplant or the month you're 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're admitted to the hospital for the transplant or for health care services you need before your transplant.

When Coverage for ESRD Ends, Continues or Resumes

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 your kidney transplant.
When Coverage Continues	No interruption in coverage if you: Resume regular course of dialysis within 12 months after regular dialysis stopped or	You have a kidney transplant or Regular course of dialysis starts within 36 months after transplant or You received another kidney transplant within 36 months after transplant
When Coverage Resumes	Resume regular course of dialysis more than 12 months after regular dialysis ends	Regular course of dialysis starts You have another kidney transplant Must file new application No waiting period

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

- You don't require a regular course of dialysis for 12 months **or**
- 36 months have passed after the month of the kidney transplant.

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 get another kidney transplant before the end of the 36-month post-transplant period.

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

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.

Check Your Knowledge – Lesson 2



Answer the following question:

For those with Medicare due to ESRD and a group health plan, the group health plan must pay first for ___ months.

- a. 36
- b. 30
- c. 24
- d. 18



Refer to page 43 to check your answers.



Lesson 3 - What is Covered Under Medicare

- Medicare coverage related to ESRD includes
 - Kidney Disease Education Services
 - Dialysis Services
 - Home Dialysis Training
 - Transplant Coverage

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Lesson 3 explains what's covered under Medicare for people with ESRD:

- Kidney Disease Education Services
- Dialysis Services
- Home Dialysis Training
- Transplant Coverage

What is Covered Under Medicare

- All services covered by Original Medicare
 - Medicare Part A (Hospital)
 - Medicare Part B (Medical)
- Special services for ESRD (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're 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 6 sessions if referred by your doctor
 - Covered by Medicare Part B
 - Provided to help delay need for dialysis or transplant

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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, Part B covers up to 6 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.

NOTE: 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.

Covered Dialysis Services

- Paid under Part A
 - Inpatient dialysis treatments
- Paid under Part B
 - 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 (see details next slide)
 - Self-dialysis training
 - Home dialysis equipment and supplies (see details next slide)
 - 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 (see details slide 24)

Home Dialysis Training

- Home dialysis training
 - Doctor approval for self dialysis
 - Occurs at Medicare certified facility during dialysis
- Home dialysis equipment and supplies
 - Dialysis machine
 - Sterile drapes, gloves, scissors
 - Alcohol wipes

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Home dialysis training - You may qualify for training if you think you would benefit from self-dialysis training for at-home treatments, and your doctor approves. Training sessions will occur at the same time you get dialysis treatment. The training must be conducted by a dialysis facility that has been certified by Medicare to provide home dialysis training.

- Self-dialysis training – It generally takes 3 to 8 weeks to prepare the patient for home dialysis.
- Certain home support services - May include visits by trained technicians to help during emergencies and to check your dialysis equipment and water supply.

Home dialysis equipment and supplies (all kidney dialysis equipment and supplies, including alcohol, wipes, dialysis machines, sterile drapes, rubber gloves, and scissors for as long as you need dialysis at home.)

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

*Part B covers heparin, the antidote for heparin (when medically necessary), and topical anesthetics.

**Part B also covers erythropoiesis stimulating agents (ESAs) (like epoetin alfa or darbepoetin alfa) to treat anemia related to your renal disease)

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 doesn't 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).
- Laboratory tests.

Medicare Part B Transplant Patient Coverage

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

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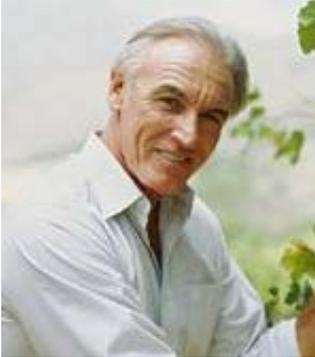
Medicare Part B Transplant Patient Coverage includes:

- 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.

Case Study Discussion – Lesson 3



Discuss the following:



Jeff is 58 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?



Refer to page 43 to check your answers.

Check Your Knowledge – Lesson 3



Answer the following question:

Which of the following are true if you're receiving Medicare benefits based on ESRD when you turn 65?

- a. If you were paying a higher Part B premium for late enrollment, the penalty will be removed.
- b. You have continuous coverage with no interruption.
- c. You'll be automatically enrolled in Part B if you don't already have it.
- d. All of the above



Refer to page 43 to check your answers.



Lesson 4 - Health Plan Options for People with ESRD

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

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Lesson 4 explains health plan options for people with ESRD.

- Medigap (Medicare Supplement Insurance) policies
- Medicare Advantage Plans, including Special Needs Plans and Medicare Prescription Drug 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 Open Enrollment Period (OEP)
 - At age 65

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Federal law doesn't require insurance companies to sell Medigap policies to people under 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 Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, and Wisconsin*
- Medigap isn't available to people with ESRD under age 65 in California, Massachusetts, and Vermont
- In Delaware, Medigap is only available to people under 65 if they have ESRD

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

If you live in a state that has a Medigap Open Enrollment Period for people under 65, you'll still get another Medigap Open Enrollment Period when you reach 65, and you'll be able to buy **any** Medigap policy sold in your state.

* Insurance companies selling Medigap policies are required to report data to the National Association of Insurance Commissioners (NAIC).



Need More Information?

Please visit: <http://www.medicare.gov/medigap/under65.asp>
 Or <http://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>

ESRD and Medicare Advantage (MA) Plans

- Original Medicare usually only option
- Possible exceptions
 - You've had a successful kidney transplant
 - Your GHP plan is in same organization as the MA Plan
 - Can have no break in coverage
 - A Medicare Special Needs Plan for people with ESRD

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Medicare Advantage (MA) 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'll 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'll cover on the next few slides.

ESRD and MA Plans

- If already in an MA Plan and develop ESRD
 - May stay in plan
 - Can join another plan from same company in same state
 - Can join another plan if plan leaves Medicare

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There are a few other situations in which someone with ESRD can join an MA Plan:

- If you're 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're 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 MA 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.



Need More Information?

To find out if a Medicare Special Needs Plan for people with ESRD is available in your area visit www.medicare.gov (click "Find Health & Drug Plans").

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

ESRD and Medicare Prescription Drug Plans

- Medicare prescription drug coverage (Part D)
 - 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 aren't covered under Part B (i.e., drugs needed to treat related conditions, such as high blood pressure). For this reason, 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 (copayment or coinsurance).

People with limited income and resources may be able to get extra help paying for their costs in a Medicare prescription drug plan.



Need More Information?

Please visit: www.Medicare.gov and click "Get Help With Costs."



Lesson 5 - Additional Sources of Information

- Websites
- Publications
- Other Resources

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Lesson 5 covers Additional Sources of Information for people with ESRD.

- Websites
- Publications
- Other Resources



CMS has a Dialysis Facility Compare tool on www.Medicare.gov

Overview of Tabs:

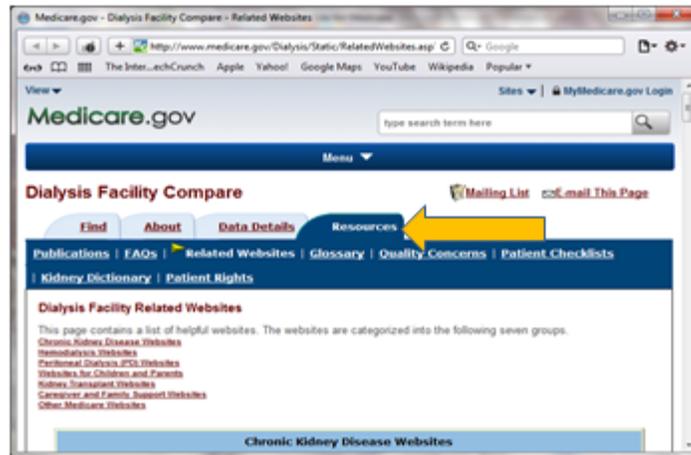
Find: Find and compare information about the services and quality of care provided at dialysis facilities in any state. You can also find addresses and phone numbers for each facility.

About: Read more information about the Dialysis Facility Compare website and Medicare coverage for dialysis

Data Details: Learn how and where information for dialysis facilities is collected.

Resources: Find information and links to other web sites on kidney disease and dialysis treatment, including chronic kidney disease, hemodialysis, peritoneal dialysis, pediatric dialysis, kidney transplants, and family support (shown on next slide).

Dialysis Facility Compare Resources



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From the Resources tab you can link to:

- Publications
- FAQ's
- Glossary—Get definitions about dialysis-related terms used on the Web site.
- Quality Concerns—Learn what to do if you have a concern or complaint about the quality of care you get from a dialysis facility.
- Patient Checklists—Learn important questions to ask your health care team and dialysis facility.
 - Patient Tools:
 - ❑ What to ask Dialysis Care Providers
 - ❑ What to ask Dialysis Centers
 - Kidney Dictionary—Get definitions of commonly used terms from the kidney disease dictionary provided by the National Institutes of Health.
 - Patient Rights—Find out about your rights as a person with kidney disease.

Related Websites: You can also find websites for children, parents, and caregivers.



Need More Information?

See also Job aid – for direct links to ESRD related websites at
<http://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Training-Library-Items/CMS026515.html>

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.

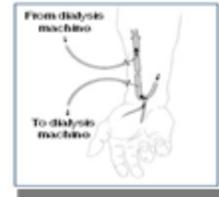
You can get contact information for your local ESRD Network in *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*, CMS Publication 10128, from <http://www.medicare.gov/Publications>, and from www.esrdnetworks.org



Need More Information?

A list with contact information for ESRD networks by state is available at:
<http://www.medicare.gov/dialysisfacilitycompare/ESRD.html>

- 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.

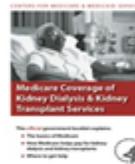
You may be interested in knowing that the ESRD Networks are currently working with Medicare to increase the use of arteriovenous (AV) fistulas. “Fistula First” is the name given to the National Vascular Access Improvement Initiative. This quality improvement project is being conducted by all 18 ESRD 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
- *Medicare for Children with End-Stage Renal Disease*, CMS Pub. # 11392



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Medicare ESRD Publications:

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

ESRD Resource Guide		
Resources	Medicare Products	
<p>Medicare.gov www.Medicare.gov/dialysis Centers for Medicare & Medicaid Services (CMS) 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048) Social Security Administration 1-800-772-1213 (TTY 1-800-325-7778) Medicare Learning Network ESRD PPS: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/End-Stage-Renal-Disease-Prospective-Payment-System-IC1905143.pdf</p>	<p>State Health Insurance Assistance Programs (SHIPs)* ESRD Network National Kidney Foundation www.kidney.org American Kidney Fund www.kidneyfund.org United Network for Organ Sharing www.unos.org *For telephone numbers call CMS 1-800-MEDICARE (1-800-633-4227) 1-877-486-2048 for TTY users Medical Documentation Form (CMS 2728) http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms2728.pdf</p>	<p>Medicare Products <i>Medicare Coverage of Kidney Dialysis and Kidney Transplant Services</i> CMS Product No. 10128 <i>Medicare for Children with End-Stage Renal Disease</i> CMS Product No. 11312 <i>Medicare & You Handbook</i> CMS Product No. 10050 <i>Your Medicare Benefits</i> CMS Product No. 10116 To access these products: View and order single copies at www.medicare.gov Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization. ESRD Related Websites Job Aid at http://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Training-Library-Items/CMS026515.html</p>



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Answer Key

Check Your Knowledge - Lesson 2 (from p. 17)



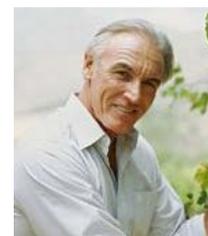
For those with Medicare due to ESRD and a group health plan, the group health plan must pay first __ for months.

- a. 36
- b. 30
- c. 24
- d. 18

ANSWER: b. 30 – *This is called the 30-month coordination period.*

Case Study Discussion - Lesson 3 (from p. 27)

Jeff is 58 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?



ANSWER:

Jeff will need **both** Part A and Part B to have complete Medicare coverage for dialysis and kidney transplant services. 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 Jeff already had 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 his immunosuppressive drugs with no time limit.

Check Your Knowledge - Lesson 3 (from p. 28)

Which of the following are true if you're receiving Medicare benefits based on ESRD when you turn 65?

- a. If you were paying a higher Part B premium for late enrollment, the penalty will be removed.
- b. You have continuous coverage with no interruption.
- c. You'll be automatically enrolled in Part B if you don't already have it.
- d. All of the above

ANSWER: d. *All of the above*

Acronyms

AV	Arteriovenous
CHIP	Children's Health Insurance Program
CKD	Chronic Kidney Disease
CMS	Centers for Medicare & Medicaid Services
ESA	Erythropoiesis-stimulating agent
ESRD	End-Stage Renal Disease
FAQ	Frequently Asked Question(s)
GFR	Glomerular filtration rate
GHP	Group Health Plan
MA	Medicare Advantage
MSA	Medical Savings Account
NAIC	National Association of Insurance Commissioners
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NKF	National Kidney Foundation
NTP	National Training Program
PPS	Prospective Payment System
RRB	Railroad Retirement Board
SNP	Special Needs Plan

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Website: [cms.gov/www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram](https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram)

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