

**Centers for Medicare & Medicaid Services
National Training Program
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 (ESRD), 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.

Objectives

- Define ESRD
- Recognize Medicare eligibility and enrollment rules
- Discuss what is covered under Medicare for people with ESRD
- Identify health plan options for coverage
- Recognize ESRD information sources

Target Audience

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

Time Considerations

The module consists of 53 PowerPoint slides with corresponding speaker’s notes, activities, and quiz questions. It has a resource guide on slide 54 and National Training Program (NTP) contact slide on slide 55 to reference. It can be presented in 50 minutes. Allow approximately 10 more minutes for discussion, questions, and answers. Additional time may be added for add-on activities.

Course Materials

Materials are self-contained within the module. This module contains seven Check Your Knowledge and three discussion interactive learning questions that give participants the opportunity to apply the module concepts in a real-world setting. Additional slides are display as the NTP summary slide with email contact and Appendix. Slide 17 is a full-sized handout in Appendix A.

References (not otherwise listed in the resource guide)

- [cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/cms-statistics-reference-booklet/2013.html](https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/cms-statistics-reference-booklet/2013.html) or dnav.cms.gov
- United States Renal Data System at usrds.org/2013/view/default.aspx
- Medigap [cms.gov/medicare/health-plans/medigap/index.html](https://www.cms.gov/medicare/health-plans/medigap/index.html)

Module 6 - Medicare for People With End-Stage Renal Disease

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2014 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 Federally-facilitated Health Insurance Marketplace (also known as Exchanges).

The information in this module was correct as of May 2014.

To check for an updated version of this training module, visit cms.gov/outreach-and-education/training/cmsnationaltrainingprogram/index.html.

This set of CMS National Training Program materials isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Session Objectives

This session focuses on people with End-Stage Renal Disease (ESRD) to help you

- Define ESRD
- Recognize Medicare eligibility and enrollment rules
- Discuss what is covered under Medicare
- Identify health plan options for coverage
- Recognize ESRD information sources

05/01/2014

Medicare for People With End-Stage Renal Disease

This session will help you:

- Define End-Stage Renal Disease (ESRD)
- Recognize Medicare eligibility and enrollment rules
- Discuss what is covered under Medicare
- Identify health plan options for coverage
- Recognize ESRD information sources

Lesson 1 — Overview of Medicare for People With End-Stage Renal Disease (ESRD)

- Discuss ESRD
- Highlight the Medicare program for people with ESRD

05/01/2014

Medicare for People With End-Stage Renal Disease

Lesson 1, “Overview of Medicare for People With End-Stage Renal Disease (ESRD),” will provide you with information on the following:

- ESRD
- The Medicare program for people with ESRD

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

- ESRD is 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 500,000 were enrolled for ESRD in 2013
- Over 1 million Americans treated since 1973

05/01/2014

Medicare for People With End-Stage Renal Disease

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

The kidneys serve the following functions:

- 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, kidney.org

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

In 2013, over 500,000 people were enrolled in Medicare based on ESRD.

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

Need more information?

For more information, visit dnav.cms.gov/ and the United States Renal Data System at usrds.org/2013/view/default.aspx.



Five 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 Five – Medicare eligibility based on End-Stage Renal Disease

*Glomerular Filtration Rate

Source: National Kidney Foundation

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Medicare for People With End-Stage Renal Disease

There are five stages of chronic kidney disease (CKD). The National Kidney Foundation 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. CKD has different causes, e.g., hypertension, diabetes, or atherosclerosis.

A glomerular filtration rate (GFR) is a test that measures your kidney function level. 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 CKD, 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 Medicare Part B and Stage IV CKD, Medicare covers educational services. These are discussed in slide 23.

If you have **Stage V** CKD, you may be eligible for Medicare based on End-Stage Renal Disease. Your doctor will need to fill out paperwork discussed later in the presentation.

Check Your Knowledge—Question 1



End-Stage Renal Disease is:

- a. Stage V permanent kidney failure
- b. A disease that requires regular dialysis or a kidney transplant to maintain life
- c. A disease that affects many people in the United States
- d. All of the above



Refer to page 57 to check your answers.

Lesson 2 — Medicare Eligibility and How to Enroll If You Have End-Stage Renal Disease

- 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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Medicare for People With End-Stage Renal Disease

Lesson 2, “Medicare Eligibility and How to Enroll If You Have End-Stage Renal Disease,” covers the following:

- 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 Medicare Part A Based on End-Stage Renal Disease (ESRD)

- Eligibility requirements
 - Any age
 - Kidneys no longer function
 - Must have worked the required amount of time **or**
 - Getting or be 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

05/01/2014

Medicare for People With End-Stage Renal Disease

You're eligible for Medicare Part A, no matter how old you are, if your kidneys no longer function and you get a regular course of dialysis, engage in self-dialysis, or have recently received a kidney transplant at an approved hospital.

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:

- Currently receiving or 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 deadlines or waiting periods that apply.

Medicare entitlement based on End-Stage Renal Disease (ESRD) is different from entitlement based on a disability.

NOTE: Generally, the only way children under 20 can become eligible for Medicare is under the ESRD provision of the law, meaning they either need a regular course of dialysis, engage in self-dialysis, or have recently received a kidney transplant at an approved hospital.

Medicare Part B (Medical Insurance) 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
 - TTY users should call 1-800-325-0778
 - Railroad retirees call the Railroad Retirement Board at 1-877-772-5772
 - TTY users should call 1-312-751-4701

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Medicare for People With End-Stage Renal Disease

If you get Medicare Part A, you can also get Medicare Part B. 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 13). There is a monthly premium for Part B, which for most people is \$104.90 in 2015. The Part B deductible is \$147 per year in 2015.

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 End-Stage Renal Disease.

If your physician has completed the Medical Evidence Report (CMS-2728), call Social Security for more information about the amount of work needed under Social Security or as a government employee to be eligible for Medicare. You can contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. If you work or worked for a railroad, call the Railroad Retirement Board (RRB) at 1-877-772-5772. TTY users should call 1-312-751-4701. You may also contact your local RRB office for more information.

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 (Medical Insurance)

Two scenarios

1. If you have Medicare due to age or disability
 - Enrollment based on End-Stage Renal Disease (ESRD) may eliminate a Part B penalty
2. If you have Medicare due to ESRD and reach 65
 - You have continuous coverage
 - Those not enrolled in Part B will be enrolled
 - You can decide whether or not to keep it

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Medicare for People With End-Stage Renal Disease

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 End-Stage Renal Disease (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 a higher premium for as long as you have Part B
 - 10 percent for each 12-month period, eligible but not enrolled
- No Special Enrollment Period for those with End-Stage Renal Disease unless covered under a Group Health Plan

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Medicare for People With End-Stage Renal Disease

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 End-Stage Renal Disease (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 percent for each 12-month period you were eligible but not enrolled.

There is no Special Enrollment Period (SEP) for Part B for people with ESRD unless you were covered under a Group Health Plan (GHP). In general, people with Medicare 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 an SEP to sign up for Medicare Part B. 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.

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
- If you have a Group Health Plan, you may want to delay enrolling
 - Near the end of the 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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Medicare for People With End-Stage Renal Disease

You can enroll in Medicare Part A and Part B based on End-Stage Renal Disease (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 for you to get Medicare. 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 group health plan or union Group Health Plan (GHP) coverage. If your GHP 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 because there are shorter time periods for eligibility and enrollment deadlines for transplant recipients (see pages 16-18).

Need more information?

Call 1-800-772-1213 to make an appointment to enroll in Medicare based on ESRD.

TTY users should call 1-800-325-0778.



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

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

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Medicare for People With End-Stage Renal Disease

If you're eligible for Medicare because you get a regular course of dialysis treatments, your Medicare entitlement 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 Group Health Plan (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 End-Stage Renal Disease (ESRD):

- There's a period of time when your GHP 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 functions for 36 months, your Medicare coverage will end. If after 36 months you can 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 Group Health Plan 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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Medicare for People With End-Stage Renal Disease

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 Group Health Plan (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 an Employer Group Health Plan (EGHP), you may want to delay applying for Medicare. Here are some things to consider:

- If your GHP pays all of your health care costs with no deductible or coinsurance, you may want to delay enrolling in Medicare until shortly before the 30-month coordination period ends. To avoid a break in coverage, this enrollment process should be done prior to the end of the 30-month period. Social Security does prospective Part B initially because of back premiums and you also have to allow for application processing time. Many EGHPs will cut off primary payment after the 30th month. If you 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, which means that the coverage is expected to pay on average as much as the standard Medicare prescription 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 <ul style="list-style-type: none"> ▪ Medicare paid for your transplant and the transplant took place in a Medicare-approved facility or ▪ Medicare was secondary payer but made no payment 	Are covered by Part B <ul style="list-style-type: none"> ▪ Medicare pays 80 percent ▪ Patient pays 20 percent <ul style="list-style-type: none"> • Coinsurance costs don't count toward catastrophic coverage under Part D
Didn't meet the transplant conditions above	May be covered by Part D (unless they would be covered by Part B, but the person hasn't enrolled in Part B) <ul style="list-style-type: none"> ▪ Costs vary by plan ▪ Helps cover drugs needed for other conditions

05/01/2014 Medicare for People With End-Stage Renal Disease

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, provided that the transplant was performed at a Medicare-approved facility, and Medicare made a payment for the transplant, or if Medicare made no payment, Medicare was the secondary payer.

Medicare entitlement ends 36 months after a successful kidney transplant if End-Stage Renal Disease (ESRD) is the only reason for Medicare entitlement, i.e., the person isn't 65 and doesn't get Social Security disability benefits. In this situation, all Medicare coverage will end. Enrolling in Part D (Medicare Prescription Drug Coverage) doesn't change this period.

If Part B covers these drugs, and you have a Part D plan, the Part B coinsurance costs don't count toward your Part D catastrophic coverage (True Out-of-Pocket cost).

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. However, 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 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're 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

05/01/2014 Medicare for People With End-Stage Renal Disease

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 a 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	<p>Entitlement based solely on ESRD</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<p>Must file new application and there is no waiting period if</p> <ul style="list-style-type: none"> • 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 • You have another kidney transplant > 36 months later

05/01/2014 Medicare for People With End-Stage Renal Disease

Medicare coverage *ends* if End-Stage Renal Disease (ESRD) is the **ONLY** reason you're covered by Medicare (i.e., you're not 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 (see process on slide 12).

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—Question 2



If dialysis begins in July, what month does Medicare coverage begin?

- a. August
- b. September
- c. October
- d. December



Refer to page 57 to check your answers.

Check Your Knowledge—Question 3



For those with Medicare due to End-Stage Renal Disease and a Group Health Plan (GHP), the GHP must pay first for how many months?

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



Refer to page 57 to check your answers.

Check Your Knowledge—Question 4



If End-Stage Renal Disease is the only reason for Medicare entitlement, when will coverage end?

- a. 12 months after the month you no longer require maintenance dialysis
- b. 2 years after the month you no longer require maintenance dialysis
- c. 36 months after the month you have a kidney transplant
- d. a. and c.



Refer to page 58 to check your answers.

Lesson 3 — What is Covered Under Medicare

- Medicare coverage related to End-Stage Renal Disease includes
 - Kidney Disease Education Services
 - Dialysis Services
 - Home Dialysis Training
 - Transplant Coverage

05/01/2014

Medicare for People With End-Stage Renal Disease

Lesson 3, “What Is Covered Under Medicare” explains the following benefits related to End-Stage Renal Disease:

- 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
 - Medicare Part B
- Special services for End-Stage Renal Disease (dialysis and transplant patients)
 - Immunosuppressive drugs
 - Under certain conditions
 - Other special services

05/01/2014

Medicare for People With End-Stage Renal Disease

As a person entitled to Medicare based on End-Stage Renal Disease (ESRD), you're entitled to all Medicare Part A and Medicare Part B services covered under Original Medicare. You may also get the same prescription drug coverage (Part D) 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.



Need more information?

See also [medicare.gov/coverage/dialysis-services-and-supplies.html](https://www.medicare.gov/coverage/dialysis-services-and-supplies.html).

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 (Medical Insurance)
 - Provided to help delay need for dialysis or transplant

05/01/2013

Medicare for People With End-Stage Renal Disease

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 (CKD), Part B (Medical Insurance) covers up to six sessions of kidney disease education services if your doctor refers you for the service. You pay 20 percent 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 informed decisions if you develop End-Stage Renal Disease.
- Education may be helpful in prolonging kidney function and overall health; the goal is to put off dialysis or transplant for as long as possible.

NOTE: CKD 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. CKD may be caused by diabetes, high blood pressure, and other disorders. Early detection and treatment can often keep CKD from getting worse. When kidney disease progresses, it may eventually lead to kidney failure, which then will require 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 and supplies
 - Some support services and drugs for home dialysis

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Medicare for People With End-Stage Renal Disease

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're 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 on next slide)
 - Self-dialysis training
 - Home dialysis equipment and supplies (see details on 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 on slide 26)

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 and chair
 - Sterile drapes, gloves, scissors
 - Alcohol wipes
- If you complete home dialysis training, your Medicare coverage will start the month you begin regular dialysis
 - Services such as fistula placement could be covered

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Medicare for People With End-Stage Renal Disease

You may qualify for home or self-dialysis training if you think you could benefit from learning how to do self-dialysis 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—generally, it takes 3 to 8 weeks to prepare the patient for home dialysis.
- Certain home support services may be covered, including visits by trained technicians to help during emergencies and to check your dialysis equipment and water supply.

Medicare may also cover certain home dialysis equipment and supplies, including alcohol, wipes, dialysis machines and chair, sterile drapes, rubber gloves, and scissors for as long as you need dialysis at home.

Medicare coverage can start as early as the first month of dialysis if you meet all of the following conditions:

- You take part in a home dialysis training program offered by a Medicare-approved training facility to teach you how to give yourself dialysis treatments at home.
- Your doctor expects you to finish training and be able to do your own dialysis treatments.

Important: Medicare won't cover surgery or other services needed to prepare for dialysis (such as surgery for a blood access [fistula]) before Medicare coverage begins. However, if you complete home dialysis training, your Medicare coverage will start the month you begin regular dialysis, and these services could be covered.

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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Medicare for People With End-Stage Renal Disease

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.

Some of the most common drugs covered by Medicare under the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) include the following: Heparin, which slows blood clotting; a drug to help clotting when necessary; topical anesthetics; and Epoetin alfa for managing anemia.

NOTE: For renal dialysis services furnished on or after January 1, 2014, all ESRD facilities are paid 100 percent under the ESRD PPS, and blended payments are no longer made. All ESRD-related injectable drugs and biologicals and oral equivalents of those injectable drugs and biologicals are included in the ESRD PPS.

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
- Oral-only drugs furnished for the treatment of End-Stage Renal Disease, specifically phosphate binders and Sensipar®
- Transportation to dialysis facility
 - Except in special cases

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Medicare for People With End-Stage Renal Disease

It's also important to understand what Medicare doesn't pay for. The following aren't paid for by Medicare:

- Paid dialysis aides to help with home dialysis
- Any lost income 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
- Oral-only drugs furnished for the treatment of End-Stage Renal Disease, specifically phosphate binders and Sensipar®
- 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)
 - All medically-necessary care related to a donation for a living donor
- Preparation for transplant
- The Organ Procurement and Transplant Network registry fee
- Laboratory tests

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Medicare for People With End-Stage Renal Disease

There are Medicare-covered services for transplant patients. Although Medicare covers medically-necessary hospitalizations for End-Stage Renal Disease (ESRD) patients, those who are undergoing a kidney transplant have special coverage.

Medicare Part A covers the following:

- 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. All medically-necessary care related to a donation for a living donor in the hospital is covered, including any care necessary due to complications. Healthy individuals can usually live with just one kidney.
- It also covers the Organ Procurement and Transplant Network registry fee, which 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 for People With End-Stage Renal Disease

Medicare Part B (Medical Insurance) transplant patient coverage includes the following:

- Surgeon's services for a transplant for both the patient and the donor. The donor doesn't have to meet a deductible.
- Medicare Part B also covers immunosuppressive drug therapy following a kidney transplant under certain conditions.

Check Your Knowledge—Question 5



Which service is covered by Medicare?

- a. Paid dialysis aides
- b. Lost pay
- c. Organ Procurement and Transplant Network registry fee
- d. A place to stay during treatment



Refer to page 58 to check your answers.

Learning Activity - 1

Susan had Medicare due to End-Stage Renal Disease. She got a covered kidney transplant in March 2006. On March 31, 2009, her Medicare coverage ended. When she turned 65, she got Medicare again (effective date of April 1, 2012, for Parts A, B, and D).

The pharmacy just tried to bill her prescription immunosuppressive drug Prograf. It came back as an invalid transplant date under Part B. It's denied under Part D because of no prior authorization.

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Medicare for People With End-Stage Renal Disease

Lesson 3—Learning Activity Scenario—1

Medicare Part A/B/D Discussion—Read scenario and continue to next slide.

Susan had Medicare due to End-Stage Renal Disease.

- She got a covered kidney transplant in March 2006.
- On March 31, 2009, her Medicare coverage ended.
- When she turned 65, she got Medicare again (effective date of April 1, 2012, for Parts A, B, and D).

The pharmacy just tried to bill her immunosuppressive drug Prograf, but it came back as an invalid transplant date under Part B. It's denied under Part D because of no prior authorization.

(Continued on the next page.)

Learning Activity 1 — Questions

- What determines who pays for her immunosuppressive drugs?
 - Was she entitled to Medicare Part A when she had the transplant?
 - Was the transplant performed in a Medicare-certified facility?
 - Did Medicare pay for the transplant?
 - Was Medicare secondary payer but made no payment?
 - Or did none of the above apply?

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Medicare for People With End-Stage Renal Disease

Lesson 3 Learning Activity 1—Questions

- What determines who pays for her immunosuppressive drugs?
 - Was she entitled to Medicare Part A when she had the transplant?
 - Was the transplant performed in a Medicare-certified facility?
 - Did Medicare pay for the transplant?
 - Was Medicare secondary payer but made no payment?
 - Or did none of the above apply?

Refer also to slides 16-17.

(Continued on the next page.)

Learning Activity 1 — Discussion

- Under what circumstances would Part B cover the drug?
- Under what circumstances would Part D cover the drug?
- What do you do next?
 - Determine if Susan’s records show the correct information about her transplant
 - Call 1-800-MEDICARE (TTY users should call 1-877-486-2048)
- Other thoughts?

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Medicare for People With End-Stage Renal Disease

Learning Activity 1—Discussion

Under what circumstances would Part B cover the drug?

- If Susan had Medicare Part A when she had the transplant, and the transplant was performed in a Medicare-certified facility, Medicare Part B should cover her immunosuppressive drugs. (Medicare Part A didn’t need to pay for the transplant if she had some other insurance primary to Medicare. There is no requirement that she have Part B at the time of the transplant.)

Under what circumstances would Part D cover the drug?

- If she didn’t meet the conditions above, Part D could cover the drugs.
 - What do you do next?
 - ☐ To determine if Susan’s records show the correct information about her transplant, call 1-800-MEDICARE (TTY users should call 1-877-486-2048).

Lesson 4 — Health Plan Options for People With End-Stage Renal Disease (ESRD)

- Medigap (Medicare Supplement Insurance) Policies
- Medicare Advantage Plans
 - Special Needs Plans
 - Prescription drug plans
- Medicare, Health Insurance Marketplace, and ESRD

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Medicare for People With End-Stage Renal Disease

Lesson 4, “Health Plan Options for People With End-Stage Renal Disease (ESRD),” explains the following:

- Medigap (Medicare Supplement Insurance) policies
- Medicare Advantage Plans, including Special Needs Plans and Medicare Prescription Drug Plans
- Medicare, Health Insurance Marketplace, and ESRD

End-Stage Renal Disease (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
- Some states require selling to under 65
- If available may cost more
- New Medigap Open Enrollment Period
 - At 65

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Medicare for People With End-Stage Renal Disease

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 End-Stage Renal Disease (ESRD) under 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 (everyone still gets another Medigap Open Enrollment Period when you reach 65), you'll be able to buy **any** Medigap policy sold in your state, if available.

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

End-Stage Renal Disease (ESRD) and Medicare Advantage (MA) Plans

- Original Medicare is usually the only option
- Possible exceptions
 - You've had a successful kidney transplant
 - Your Employer Group Health 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 for People With End-Stage Renal Disease

Medicare Advantage (MA) Plans are generally **not** available to people with End-Stage Renal Disease (ESRD). For most people with ESRD, Original Medicare is usually the only option.

You may be able to join an MA Plan if you're already getting your health benefits (for example, through an EGHP) through the same organization that offers the MA Plan. While you're in an MA Plan, the plan will be the primary provider of your health care coverage. You must use your MA Plan's Identification 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 MA 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 who 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.

- MA Plans include:
 - Health Maintenance Organization plans
 - Preferred Provider Organization plans
 - Private Fee-for-Service plans
 - Medicare Medical Savings Account Plans
 - Special Needs Plans

You may be able to join a Medicare Special Needs Plan. However, there are some exceptions, which we'll cover in the next few slides.

End-Stage Renal Disease (ESRD) and Medicare Advantage (MA) Plans - Continued

- 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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Medicare for People With End-Stage Renal Disease

There are a few other situations in which someone with End-Stage Renal Disease (ESRD) can join a Medicare Advantage (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 End-Stage Renal Disease (ESRD)
 - Provide special provider expertise
 - Focused care management
- Must provide prescription drug coverage
- Available in limited areas
- Visit [medicare.gov/find-a-plan/](https://www.medicare.gov/find-a-plan/) to see if a SNP for ESRD is available in your area

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Medicare for People With End-Stage Renal Disease

Special Needs Plans (SNPs) 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 SNPs may accept people with End-Stage Renal Disease (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. SNPs are available in limited areas, and only a few serve people with ESRD.

The SNP 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. SNPs also must provide Medicare prescription drug coverage. For example, an SNP 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. An SNP 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 SNP for people with ESRD is available in your area

- Visit [medicare.gov](https://www.medicare.gov) (click "Find Health & Drug Plans").
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



End-Stage Renal Disease and Medicare Prescription Drug Plans

- Medicare prescription drug coverage (Part D)
 - Available for all people with Medicare
 - Cover drugs not covered under Part B
 - 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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Medicare for People With End-Stage Renal Disease

Part D, Medicare prescription drug coverage, is available to all people with Medicare, including those entitled because of End-Stage Renal Disease (ESRD) or a disability.

While many drugs (i.e., immunosuppressive drugs needed following a kidney transplant) are covered under Part B (Hospital Insurance), 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 his/her 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?

For more information, visit medicare.gov and click "Get Help With Costs".

Medicare and the Health Insurance Marketplace

- Medicare isn't part of the Marketplace
- If you have Medicare you're covered and don't need to do anything related to the Marketplace
 - Part A is considered minimum essential coverage
- It's against the law for someone who knows you have Medicare to sell you a Marketplace plan even if you only have Part A or Part B

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Medicare for People With End-Stage Renal Disease

Medicare isn't part of the Marketplace.

If you have Medicare, you're covered and don't need to do anything related to the Marketplace.

Part A is considered minimum essential coverage.

It's against the law for someone who knows you have Medicare to sell you a Marketplace plan even if you only have Part A or Part B (Medical Insurance).

Need more information?

The Health Insurance Marketplace is a separate topic. You may refer to CMS Product No. 11694 – “Medicare & the Health Insurance Marketplace” for more information:

marketplace.cms.gov/getofficialresources/publications-and-articles/medicare-and-the-health-insurance-marketplace.pdf.



ESRD and Marketplace Qualified Health Plan Exception

NEW!

- Exception for people with Medicare and (End-Stage Renal Disease) ESRD in the Marketplace
 - In limited situations, issuers may sell individual market health insurance policies to people with Medicare under 65 who obtained supplemental coverage through a state high risk pool but lose that coverage
 - HHS won't enforce anti-duplication provisions

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Medicare for People With End-Stage Renal Disease

There is a small population of people with Medicare under 65 who currently get supplemental coverage through state high risk pools (approximately 6,000 people nationwide). These beneficiaries are disabled or have End-Stage Renal Disease (ESRD). Unlike beneficiaries over 65, these beneficiaries have no guaranteed federal right to purchase Medicare supplement insurance, and have obtained coverage through their states' high-risk pools, which pay their cost-sharing under Original Medicare.

Persons who were previously receiving insurance through state high-risk pools will generally be eligible to purchase insurance in the individual market, both inside and outside the Marketplace.

Under the Affordable Care Act, starting in January 2014, health insurance companies are required to issue policies without using traditional underwriting procedures, even for high-risk individuals. As a result, at least three states have announced their intent to close their high-risk pools between February 1, 2014, and April 1, 2014, and several other states have indicated that they may do so in the next 2 years.

The U.S. Department of Health and Human Services won't enforce the anti-duplication provisions of section 1882(d)(3)(A) of the Social Security Act (the Act) from January 10, 2014, to December 31, 2015, if certain Medicare beneficiaries under 65 lose state high-risk pool coverage.

NOTE: A policy memo has been issued about "The Sale of Individual Market Policies to Medicare Beneficiaries Under 65 Losing Coverage Due to High-Risk Pool Closures." The bulletin sets forth circumstances under which the Secretary has determined that issuers may sell individual market health insurance policies to certain people with Medicare under 65 who lose state high-risk pool coverage.

Need more information?

Visit [cms.gov/medicare/health-plans/medigap/index.html](https://www.cms.gov/medicare/health-plans/medigap/index.html) to view the memo under the Downloads section for more information.



Check Your Knowledge—Question 6



Which Medicare option is NOT available to MOST people with End-Stage Renal Disease?

- a. Medicare Advantage Plans
- b. Medicare Prescription Drug Plans
- c. Medicare Parts A & B
- d. Employer coverage



Refer to page 58 to check your answers.

Check Your Knowledge—Question 7



When counseling someone with End-Stage Renal Disease on Medicare options, which of the following would you recommend?

- a. Part A
- b. Part B
- c. Part D
- d. All of the above



Refer to page 59 to check your answers.

Learning Activity — 2

As a general rule, can individuals who have Medicare enroll in coverage through the Marketplace?

No. Consistent with the longstanding prohibitions on the sale and issuance of duplicate coverage to Medicare beneficiaries (section 1882(d) of the Social Security Act), it's **illegal** to knowingly sell or issue a Qualified Health Plan to a Medicare beneficiary.

Are there any exceptions?

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Medicare for People With End-Stage Renal Disease

Learning Activity—2

As a general rule, can individuals who have Medicare enroll in coverage through the Marketplace?

No. Consistent with the longstanding prohibitions on the sale and issuance of duplicate coverage to Medicare beneficiaries (section 1882(d) of the Social Security Act), it's illegal to knowingly sell or issue a Qualified Health Plan to a Medicare beneficiary. This prohibition doesn't apply in the Small Business Health Options Program Marketplace.

Are there any exceptions? Discuss. (See the next page.)

Learning Activity 2 — Discussion

There is a small population of people with Medicare under 65 who currently get supplemental coverage through **state** high-risk pools (approximately 6,000 people nationwide). These individuals are disabled or have End-Stage Renal Disease.

The U.S. Department of Health and Human Services won't enforce the anti-duplication provisions as previously described from January 10, 2014, to December 31, 2015, if certain Medicare beneficiaries under 65 lose state high-risk pool coverage.

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Medicare for People With End-Stage Renal Disease

Learning Activity 2 - Discussion

There is a small population of people with Medicare under 65 who currently get supplemental coverage through state high-risk pools (approximately 6,000 people nationwide). These individuals are disabled or have End-Stage Renal Disease (ESRD).

The U.S. Department of Health and Human Services won't enforce the anti-duplication provisions of section 1882(d)(3)(A) of the Social Security Act (the Act) from January 10, 2014, to December 31, 2015, if certain people with Medicare under 65 lose state high-risk pool coverage.



Need more information?

Visit [cms.gov/medicare/health-plans/medigap/index.html](https://www.cms.gov/medicare/health-plans/medigap/index.html) to view the memorandum under the Downloads for more information.

Lesson 5 — Additional Sources of Information

- Websites
- Publications
- Other Resources

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Medicare for People With End-Stage Renal Disease

Lesson 5, “Additional Sources of Information,” provides you with the following:

- Websites
- Publications
- Other Resources

Dialysis Facility Compare

The screenshot displays the Medicare.gov Dialysis Facility Compare interface. At the top, the Medicare.gov logo and 'Dialysis Facility Compare' title are visible. Below the logo are navigation tabs: 'Dialysis Facility Compare Home', 'About Dialysis Facility Compare', 'About the Data', 'Resources', and 'Help'. The main content area is divided into two sections. On the left, the 'Find a Dialysis Facility' section contains a search form with fields for 'Location' (with an example '45602 or Lima, OH or Ohio'), 'ZIP Code or City, State or State', and 'Dialysis Facility Name'. A 'Search' button is located below the form. On the right, the 'Dialysis Facility Results' section shows '55 dialysis facilities within 25 miles from the center of 21228'. Below this, there is a table of results. The table has columns for 'Dialysis Facility Information', 'Distance', 'Shifts', 'In-Center', 'Peritoneal', and 'Home'. The first row shows 'CHARING CROSS DIALYSIS' with a distance of 0.0 miles. The second row shows 'DAVITA - NORTH ROLLING ROAD DIALYSIS' with a distance of 1.2 miles. The third row shows 'US RENAL CARE - WEST' with a distance of 2.0 miles. To the right of the table is a 'Modify Your Results' sidebar with options to 'Update Results', 'Go to Map View', and filters for 'Location', 'Distance', and 'Find Dialysis Facilities'.

The Centers for Medicare & Medicaid Services (CMS) has a Dialysis Facility Compare tool on Medicare.gov where you can search for a facility near you by ZIP code, city, and state. ([medicare.gov/dialysisfacilitycompare/search.html](https://www.medicare.gov/dialysisfacilitycompare/search.html))

Overview of Tabs

Home: Find and compare information about the services and quality of care provided at dialysis facilities in any state by ZIP code. 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 about quality measures, and how and where information for dialysis facilities is collected.

Resources: Find information and links to checklists, publications, other websites on kidney disease and dialysis treatment, including chronic kidney disease, hemodialysis, peritoneal dialysis, pediatric dialysis, kidney transplants, and family support. (See next slide.)

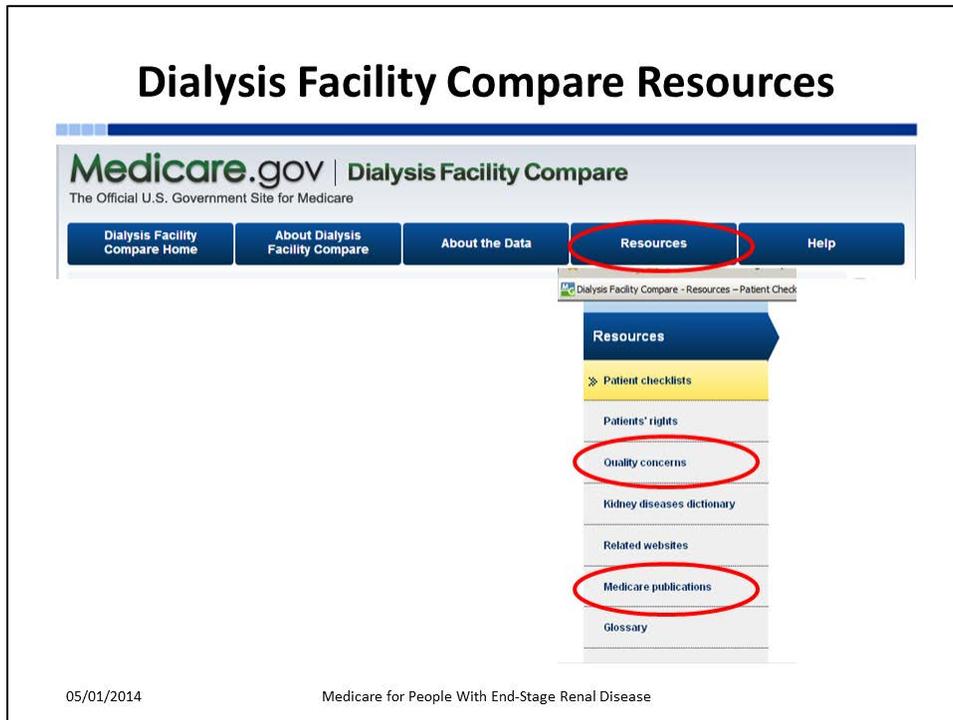
Help: Highlights how to navigate the website.

Need more information?

For general questions regarding Dialysis Facility Compare and the data, visit [medicare.gov](https://www.medicare.gov) or <mailto:support@dialysisreports.org>.



Dialysis Facility Compare Resources



From the Resources tab you can link to:

- Patient Checklists - Learn important questions to ask your health care team and dialysis facility.
- Patient Rights - Find out about your rights as a person with kidney disease.
- Quality Concerns - End-Stage Renal Disease (ESRD) Networks are nonprofit organizations paid by Medicare. They assist dialysis facilities with improving the quality of care patients get.
- Kidney Disease Dictionary - Get definitions of commonly used terms from the kidney disease dictionary provided by the National Institutes of Health.
- Related Websites - You can also find websites for children, parents, and caregivers. medicare.gov/dialysisfacilitycompare/resources/related-websites.html
- Medicare Publications - listed on the resource page of this presentation. CMS Product No. 10128 was updated in 2014.
- Glossary - Get definitions about dialysis-related terms used on the Website.
- FAQs - for general questions regarding Dialysis Facility Compare and the data email support@dialysisreports.org.

SOURCE: medicare.gov/dialysisfacilitycompare/resources/patient-checklists.html

- The End-Stage Renal Disease (ESRD) Networks
 - Develop standards related to the quality and appropriateness of care for ESRD patients
- Contact your local ESRD Network for help with
 - Dialysis or kidney transplants
 - How to get help from other kidney-related agencies
 - Problems with quality of care at your facility that aren't solved after talking to the facility staff
 - Locating dialysis facilities and transplant centers

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Medicare for People With End-Stage Renal Disease

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the End-Stage Renal Disease (ESRD) Network Program consists of a national network of 18 ESRD Networks, responsible for each U.S. state, territory, and the District of Columbia. ESRD Networks service geographic areas based on the number and concentration of ESRD beneficiaries. ESRD Networks work with consumers and ESRD facilities and other providers of ESRD services to refine care delivery systems to make sure ESRD patients get the right care at the right time.

The ESRD Networks are an excellent source of information for people with Medicare and health care providers. 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.

Need more information?

You can get contact information for your local ESRD Network in "Medicare Coverage of Kidney Dialysis and Kidney Transplant Services," CMS Publication 10128, from medicare.gov/pubs/pdf/10128.pdf, and from esrdnetworks.org.

A list with contact information for ESRD networks by state/region is available at esrdnetworks.org.



Medicare ESRD Publications on Medicare.gov

Product Title	CMS Product No.
"Medicare Coverage of Kidney Dialysis and Kidney Transplant Services"	10128
"Medicare for Children With End-Stage Renal Disease"	11312
"Medicare Helps Cover Kidney Disease Education"	11456
"Medicare and Kidney Disease Education Services"	11454
"Medicare's Coverage of Dialysis and Kidney Transplant Benefits: Getting Started"	11360
"Filing a Complaint Concerning Dialysis or Kidney Transplant Care"	11314

- View and order single copies at medicare.gov.
- Order multiple copies (partners only) at productordering.cms.hhs.gov.

05/01/2014

Medicare for People With End-Stage Renal Disease

The Centers for Medicare & Medicaid Services (CMS) publishes a number of helpful products for people with End-Stage Renal Disease (ESRD), including those shown on this slide. The two products shown here are updated for 2014 and are listed on the resource page of this presentation.

You can read or print these products at the following:

"Medicare Coverage of Kidney Dialysis and Kidney Transplant Services," CMS Product No. 10128
medicare.gov/publications/pubs/pdf/10128.pdf

"Medicare for Children With End-Stage Renal Disease," CMS Product No. 11392
medicare.gov/publications/pubs/pdf/11392.pdf

"Medicare Helps Cover Kidney Disease Education," CMS Product No. 11456
medicare.gov/publications/pubs/pdf/11456.pdf

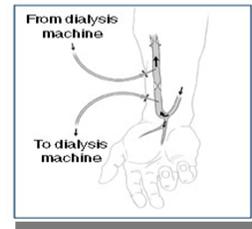
"Medicare and Kidney Disease Education Services," CMS Product No. 11454
medicare.gov/publications/pubs/pdf/11454.pdf

"Medicare's Coverage of Dialysis and Kidney Transplant Benefits: Getting Started," CMS Product No. 11360
medicare.gov/publications/pubs/pdf/11360.pdf

"Filing a Complaint Concerning Dialysis or Kidney Transplant Care," CMS Product No. 11314. This fact sheet provides information about filing complaints and grievances in the Medicare ESRD program by or on behalf of an individual with kidney failure.
medicare.gov/publications/pubs/pdf/11314.pdf

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.

05/01/2014

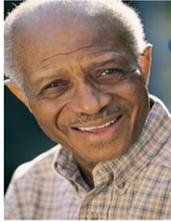
Medicare for People With End-Stage Renal Disease

The End-Stage Renal Disease (ESRD) Networks are currently working with Medicare to increase the use of arteriovenous fistulas (AVFs). “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 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 re-work, and are associated with lower rates of infection, 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, of the U.S. National Institutes of Health.

Learning Activity — 3



They never wash their hands! What should I do?

If Jay came to you with a complaint about the quality of care he received at a dialysis center, what would you recommend?

Call 1-800-MEDICARE (TTY 1-877-486-2048) to get the number of the End-Stage Renal Disease Network in his state and file a complaint with them.

05/01/2014

Medicare for People With End-Stage Renal Disease

Learning Activity—3

If Jay came to you with a complaint about the quality of care received at a dialysis center, what would you recommend?

Recommend Jay call 1-800-MEDICARE (TTY users should call 1-877-486-2048) to get the number of the End-Stage Renal Disease Network in his state and file a complaint with them.

Key Points to Remember

- ✓ You're eligible for Medicare Part A, with required work credits and medical documentation, 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.
- ✓ Original Medicare is usually the only choice for most people with End-Stage Renal Disease (ESRD) – having Part A, B, and D provides the most comprehensive coverage.
- ✓ There's a period of time when your Group Health Plan will pay first on your health care bills and Medicare will pay second.
- ✓ ESRD networks handle quality of care concerns.

05/01/2014

Medicare for People With End-Stage Renal Disease

End-Stage Renal Disease (ESRD) is permanent kidney failure. If you have Stage V chronic kidney disease you may require a regular course of dialysis or kidney transplant to sustain and improve quality of life.

You're eligible for Medicare Part A, with medical documentation, and required work credits, no matter how old you are, if your kidneys no longer function and you get a regular course of dialysis, engage in self-dialysis, or have recently received a kidney transplant at an approved hospital.

We discussed enrollment options and learned that you receive all Part A and Part B services, you can get Part D (Medicare prescription drug coverage), and receive some additional special services.

We discussed what services are covered and that Original Medicare is usually the only choice most people with ESRD have for Medicare coverage. Employer Group Health Plan coverage has a 30-month coordination period.

We also learned that 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.

We discussed Dialysis Facility Compare, and ESRD networks that handle quality of care concerns.

Need more information?

Key coverage resources are located at
[medicare.gov/coverage/dialysis-services-and-supplies.html](https://www.medicare.gov/coverage/dialysis-services-and-supplies.html).



ESRD Resource Guide

ESRD Resource Guide		Medicare Products
<p>Resources</p>	<p>Medicare.gov www.medicare.gov/people-like-me/esrd/dialysis-information.html</p> <p>Centers for Medicare & Medicaid Services (CMS) 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)</p> <p>Social Security 1-800-772-1213 (TTY 1-800-325-0778)</p> <p>Medicare Learning Network ESRD PPS: cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/end-stage-renal-disease-prospective-payment-system-icn905143.pdf</p>	<p>State Health Insurance Assistance Programs (SHIPs) For telephone numbers call 1-800-MEDICARE (1-800-633-4227) 1-877-486-2048 (TTY)</p> <p>ESRD Networks www.esrdnetworks.org</p> <p>National Kidney Foundation kidney.org</p> <p>American Kidney Fund akfinc.org/</p> <p>United Network for Organ Sharing unos.org/</p> <p>Medical Evidence Form (CMS 2728) cms.gov/medicare/cms-forms/downloads/cms2728.pdf</p>
		<p>“Medicare Coverage of Kidney Dialysis and Kidney Transplant Services,” CMS Product No. 10128</p> <p>“Medicare for Children with End-Stage Renal Disease,” CMS Product No. 11312</p> <p>“Medicare Helps Cover Kidney Disease Education,” CMS Product No. 11456</p> <p>“Medicare and Kidney Disease Education Services,” CMS Product No. 11454</p> <p>“Medicare’s Coverage of Dialysis and Kidney Transplant Benefits: Getting Started,” CMS Product No. 11360</p> <p>To access these products: View and order single copies at medicare.gov. Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization.</p>

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Appendix A When Coverage for ESRD Ends, Continues, or Resumes

Appendix A

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

Must file new application and there is 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
- You have another kidney transplant > 36 months later

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Medicare for People With End-Stage Renal Disease

Check Your Knowledge Answer Key



Question 1 (page 6)

End-Stage Renal Disease is:

- a. Stage V permanent kidney failure
- b. A disease that requires regular dialysis or a kidney transplant to maintain life
- c. A disease that affects many people in the United States
- d. All of the above

Answer: d

d. All of the above

Question 2 (page 18)

If dialysis begins in July, what month does Medicare coverage begin?

Answer: c

c. October – The fourth month of dialysis. When you enroll in Medicare based on End-Stage Renal Disease (ESRD) and you're on dialysis, Medicare coverage usually starts on the first day of the fourth month of your dialysis treatments.

Exceptions - In certain situations, coverage can begin earlier.

- Coverage will begin the first month of dialysis treatments if you participate in a self-dialysis training program in a Medicare-approved training facility and you expect to complete training and self-dialyze after that.
- Coverage also begins the first month of dialysis treatments if you were previously entitled to Medicare due to ESRD.
- Medicare coverage begins the month you receive 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 needed before your transplant.

Question 3 (page 19)

For those with Medicare due to ESRD and a Group Health Plan (GHP), the GHP must pay first for how many months?

Answer: c

c. 30 months. 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 GHP coverage.

Question 4 (page 20)

If End-Stage Renal Disease (ESRD) is the only reason for Medicare entitlement, when will coverage end?

- a. 12 months after the month you no longer require maintenance dialysis
- b. 2 years after the month you no longer require maintenance dialysis
- c. 36 months after the month you have a kidney transplant
- d. a. and c.

Answer: d

d. a and c. If ESRD is the only reason for Medicare entitlement, coverage ends 12 months after the month you no longer require maintenance dialysis, or 36 months after the month you have a kidney transplant.

Question 5 (page 30)

Which service is covered by Medicare?

Answer: c

c. Organ Procurement and Transplant Network registry fee.

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
- Oral-only drugs furnished for the treatment of ESRD, specifically phosphate binders and Sensipar®
- 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.

Question 6 (page 42)

Which Medicare option is NOT available to MOST people with ESRD?

Answer: a

a. Medicare Advantage (MA) Plans. MA Plans, such as Health Maintenance Organizations, Preferred Provider Organizations, and Private Fee-for-Service 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.

Question 7 (page 43)

When counseling someone with End-Stage Renal Disease (ESRD) on Medicare options, which of the following would you recommend?

- a. Part A
- b. Part B
- c. Part D
- d. All of the above

Answer: d

d. All of the above

Discuss why. Ask audience for rationale.

People with ESRD who enroll in Part A, B, and D can receive complete dialysis and transplant care and coverage for drugs for other conditions.

Acronyms

AVF	Arteriovenous Fistulas
CMS	Centers for Medicare & Medicaid Services
CKD	Chronic Kidney Disease
EGHP	Employer Group Health Plan
ESRD	End-Stage Renal Disease
GFR	Glomerular Filtration Rate
GHP	Group Health Plan
MA	Medicare Advantage
NTP	National Training Program
PPS	Prospective Payment System
RRB	Railroad Retirement Board
SEP	Special Enrollment Period
SNP	Special Needs Plan
TTY	Teletypewriter/Text Telephone

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Website: [cms.gov/outreach-and-education/training/cmsnationaltrainingprogram](https://www.cms.gov/outreach-and-education/training/cmsnationaltrainingprogram)

Email: training@cms.hhs.gov

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