DEPARTMENT OF HEALTH & HUMAN SERVICES

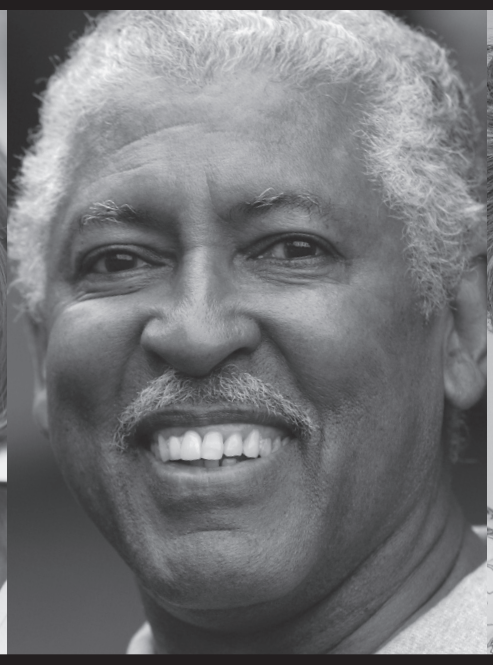
National Medicare

TRAINING PROGRAM

CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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



2011 Workbook

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

Module Description

The lessons in this module, *Medicare for People with End-Stage Renal Disease (ESRD) and Disabilities* will help you understand Medicare eligibility requirements, coverage options, and health plan options for people with ESRD and other qualifying disabilities.

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

The following sections are included in this module:

Slides	Topics
2	Session Objectives
3-40	Medicare for People with ESRD
41	Medicare for People with Disabilities

Slides	Topics
42	Session Objectives
43-53	Overview of Medicare for People with Disabilities
54	Information Sources

Objectives

- Describe ESRD Part A, Part B, and Part D eligibility and enrollment.
- Understand the resources available to people with ESRD.
- Explain the process for qualifying for disability benefits.

Target Audience

This module is designed for presentation to trainers and other information givers. It is suitable for presentation to groups of beneficiaries.

Learning Activities

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

Handouts

Slide 11 and a list of the ESRD networks are provided as full page handouts in the Appendix of this workbook. You may want to refer to these during your training if you provide copies of the workbooks to attendees. Or, you may wish to make copies of the handouts and distribute them as learning aids.

Time Considerations

The module consists of 54 PowerPoint slides with corresponding speaker's notes. It can be presented in 1 hour. Allow approximately 30 more minutes for discussion, questions and answers.

Video

Available in the 2011 NMTP CD Suite on the Job Aide CD -*Social Security Disability Benefits and Medicare – What You Need to Know.* The video consists of four 5-6 minute video segments.
Part 1: Social Security Disability Program
Part 2: How Medicare Works with Social Security Disability
Part 3: Medicare Supplemental Insurance (Medigap) for People Under 65 Years Old
Part 4: Continued Medicare Eligibility and Work Incentives

References

- *Dialysis Facility Compare http://www.medicare.gov/Dialysis*
- Your local ESRD network - www.esrdnetworks
- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services (CMS Pub. 10128)*
- *You Can Live – Your Guide to Living with Kidney Failure (CMS Pub. 02119)*
- *Medicare for Children with End-Stage Renal Disease (CMS Pub. 11392)*

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Medicare for People with End-Stage Renal Disease and Disabilities Module 6

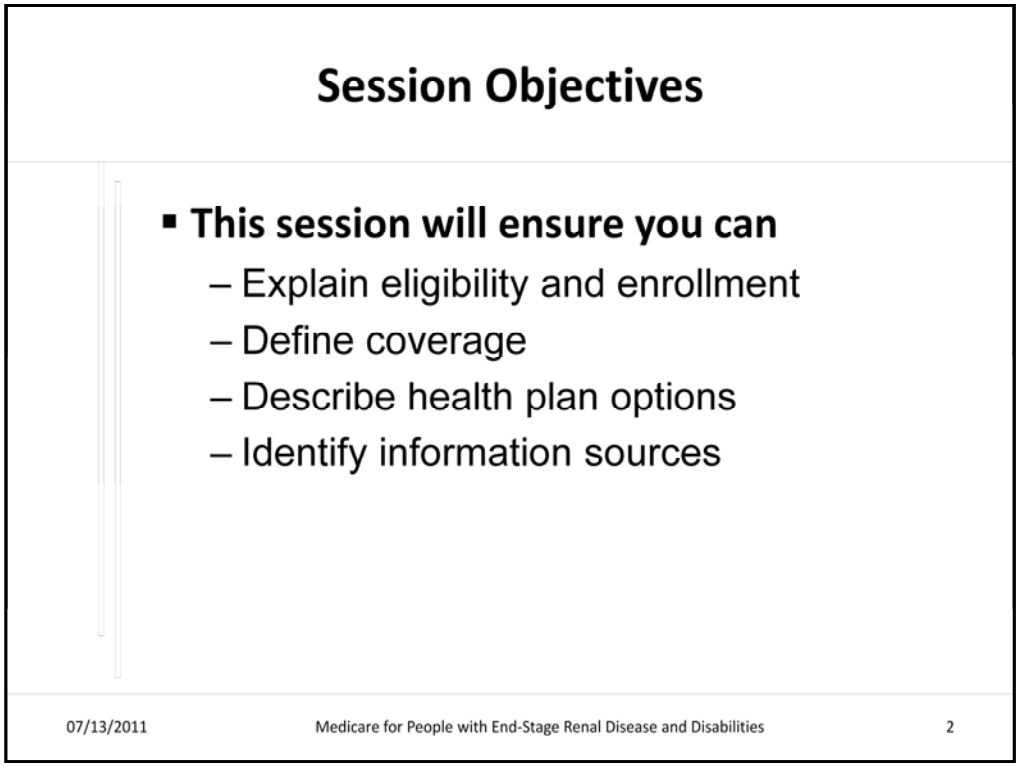
Module 6 explains *Medicare for People with End-Stage Renal Disease and Disabilities*.

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

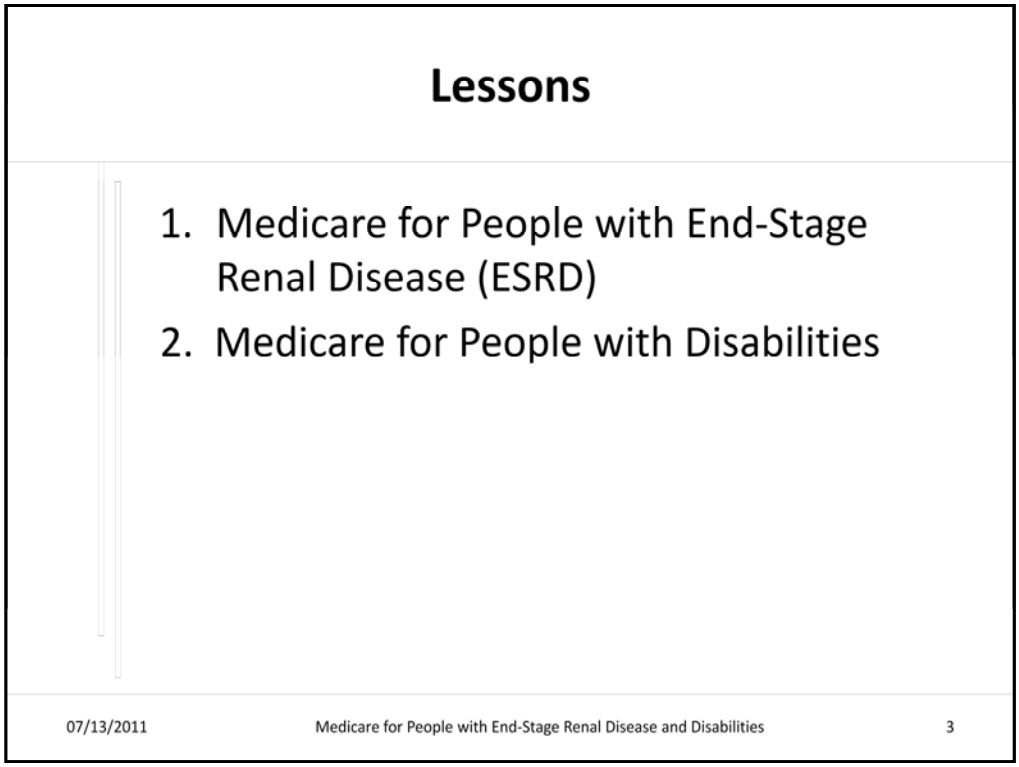
The information in this module was correct as of November 2011. To check for updates on health care reform, visit www.healthreform.gov. To check for an updated version of this training module, visit

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

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



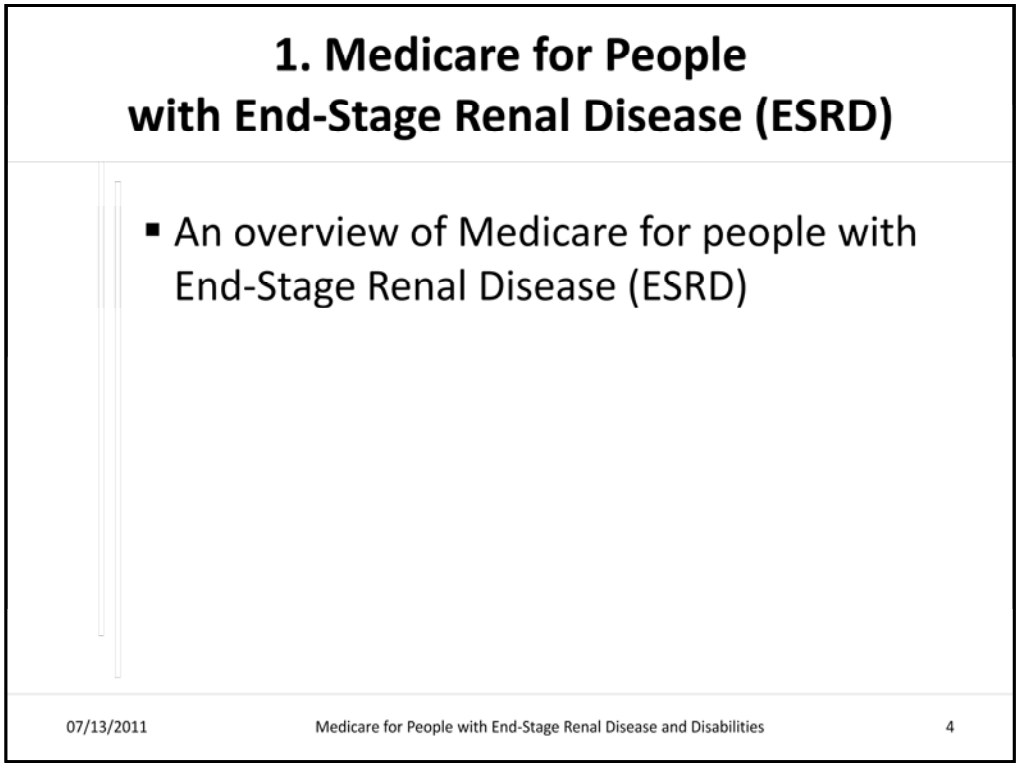
- This session will ensure you can
  - –Explain eligibility and enrollment
  - –Define coverage
  - –Describe health plan options
  - –Identify information sources



This module includes lessons on

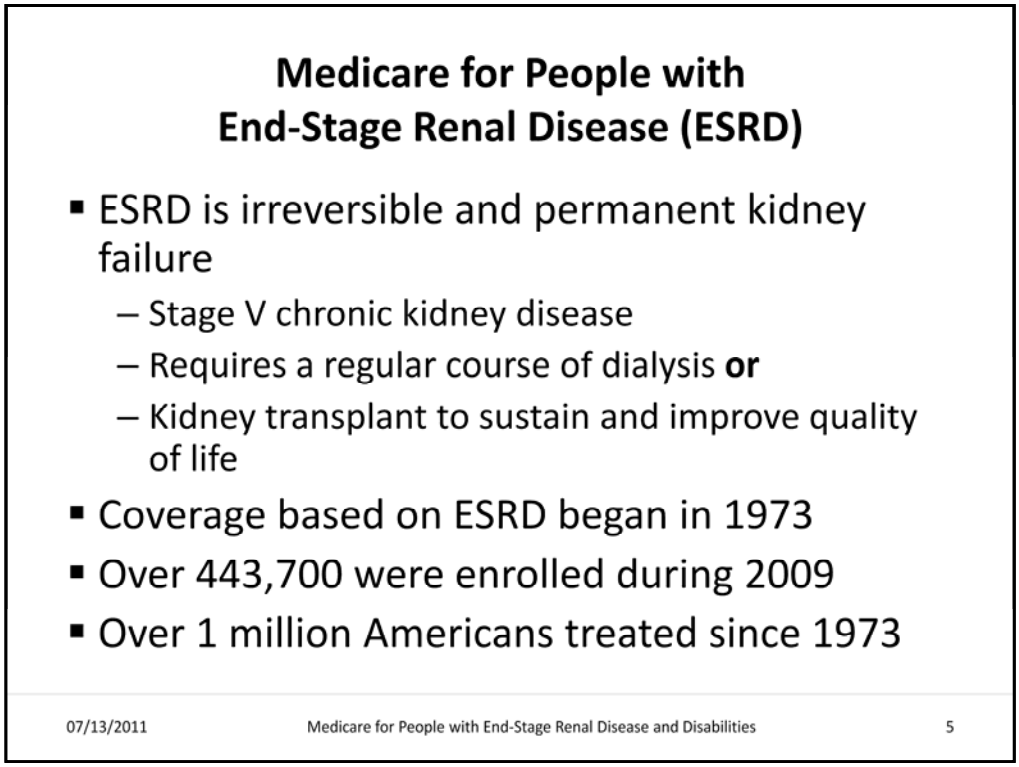
1. Medicare for People with End-Stage Renal Disease (ESRD)

2. Medicare for People with Disabilities



In this lesson we will:

- Provide an Overview
  - Learn about End-Stage Renal Disease (ESRD)
  - Review the Medicare program for people with ESRD
- Learn about Medicare eligibility and how to enroll
- Describe what is covered
- Define the health plan options
- Identify additional sources of information

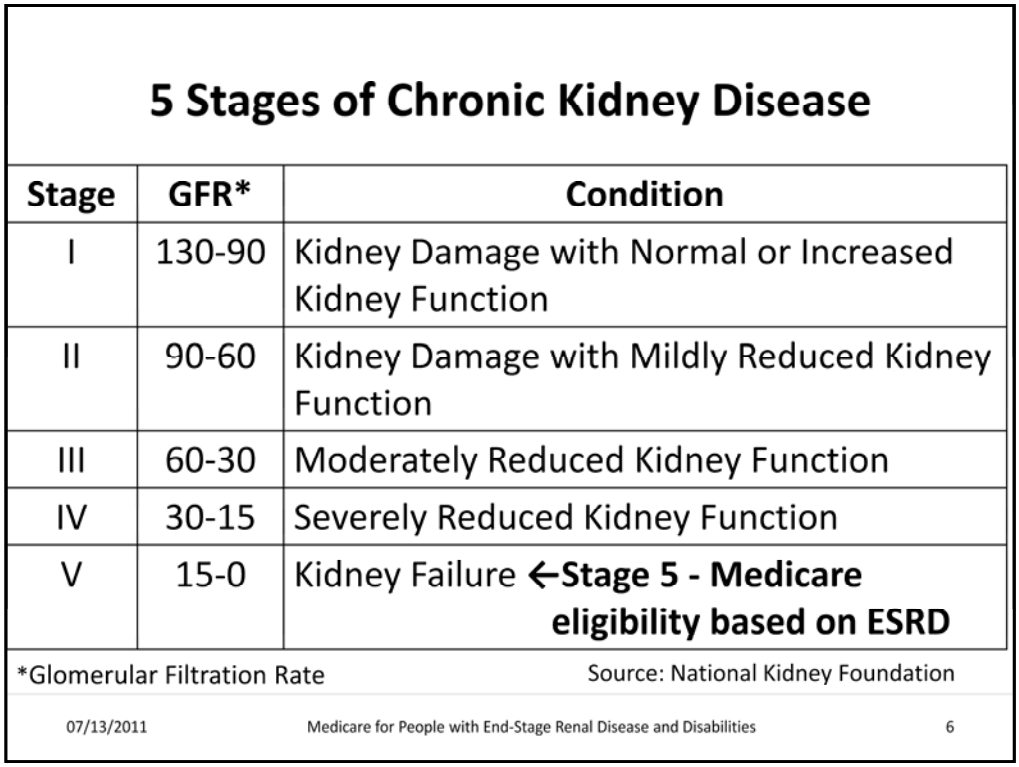


- End-Stage Renal Disease or ESRD is defined as permanent kidney failure that requires a regular course of dialysis or a kidney transplant to maintain life. The kidneys are powerful chemical factories that:
  - Remove waste products and drugs from the body
  - Balance the body's fluids
  - Release hormones that regulate blood pressure
  - Produce an active form of vitamin D that promotes strong, healthy bones
  - Control the production of red blood cells

Reference: National Kidney Foundation, www.kidney.org

- In 1972, Medicare was expanded to include two new groups of people, those with a disability and those with ESRD. The expanded coverage began in 1973.
- In 2009, over 443,700 people were enrolled in Medicare based on ESRD.
- Since the program began, more than 1 million Americans have received life-supporting treatments for renal failure—dialysis and/or a kidney transplant.

Reference: 2008 CMS Statistics, CMS Publication 03480



5 Stages of Chronic Kidney Disease

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

*Glomerular Filtration Rate

Source: National Kidney Foundation

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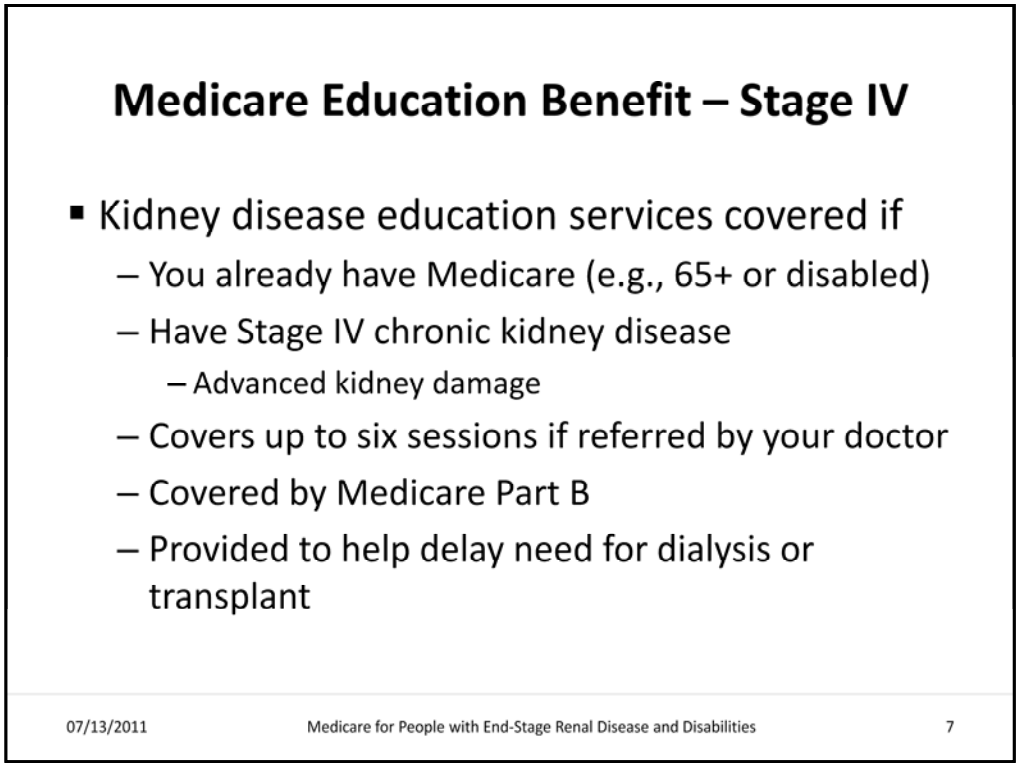
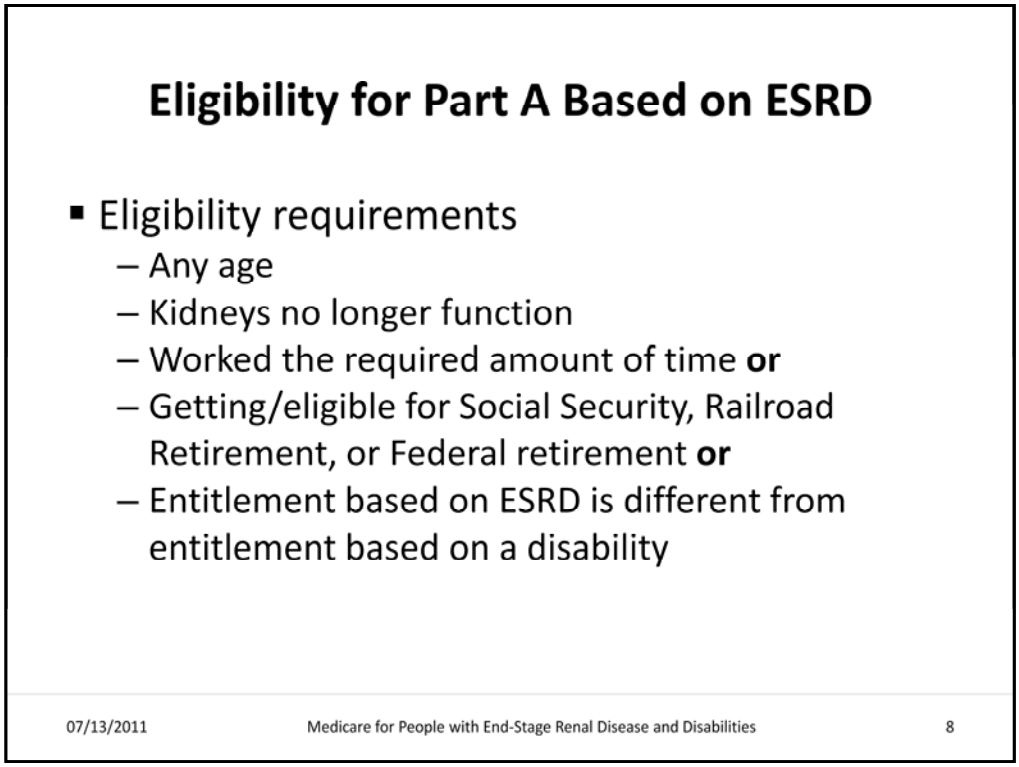
- **There are five stages of chronic kidney disease** - The National Kidney Foundation (NKF) developed guidelines to help identify the levels of kidney disease. This helps doctors provide the proper care, based on different tests and treatments required at each stage. Chronic kidney disease (CKD) has different causes, e.g., hypertension, diabetes, or atherosclerosis.
- Your glomerular filtration rate (GFR) is a test that measures at what level your kidneys are functioning. GFR is used to determine what stage you may be in with your kidney disease. Your GFR is calculated using your blood creatinine test results, what your age, race, gender are, and some additional factors.
- With chronic kidney disease, the kidneys usually fail over a period of time that can vary. If CKD is caught early, medicines and changes to your lifestyle may help slow its progress and delay symptoms so you may feel better longer.
- If you have Stage V chronic kidney disease, you may be eligible for Medicare based on ESRD.

Resource: National Kidney Foundation www.kidney.org.

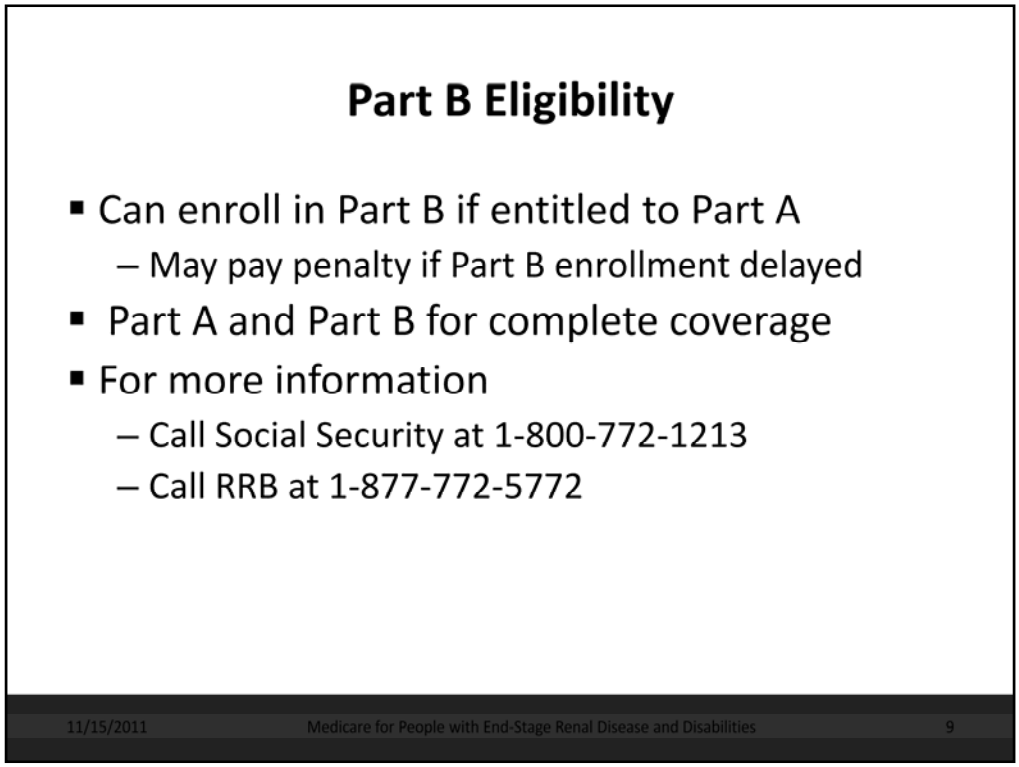


- Chronic kidney disease includes conditions that damage your kidneys and decrease their ability to keep you healthy. If kidney disease gets worse, wastes can build to high levels in your blood and make you feel sick. You may develop complications like high blood pressure, anemia (low blood count), weak bones, poor nutritional health, and nerve damage. Also, kidney disease increases your risk of having heart and blood vessel disease. These problems may happen slowly over a long period of time. Chronic kidney disease may be caused by diabetes, high blood pressure and other disorders. Early detection and treatment can often keep chronic kidney disease from getting worse. When kidney disease progresses, it may eventually lead to kidney failure, which requires dialysis or a kidney transplant to maintain life.
- A person with Stage IV chronic kidney disease has advanced kidney damage and will likely need dialysis or a kidney transplant in the near future.
- For people who have Medicare, and have Stage IV chronic kidney disease, Medicare Part B covers up to six sessions of kidney disease education services if your doctor refers you for the service.
  - 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.
  - You pay 20% of the Medicare-approved amount, and the Part B deductible applies. 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.



- You are eligible for Medicare Part A (hospital coverage), no matter how old you are, if your kidneys no longer function and you get a regular course of dialysis or have had a kidney transplant, and
  - You have worked the required amount of time under Social Security, the Railroad Retirement Board (RRB), or as a government employee; **or**
  - You are getting or are eligible for Social Security, railroad retirement, or Federal retirement benefits; **or**
  - You are the spouse or dependent child of a person who has worked the required amount of time, or is getting benefits from Social Security, RRB or Federal retirement.
  - You must also file an application, and meet any waiting periods that apply.
- Medicare entitlement based on ESRD is different from entitlement based on a disability.

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

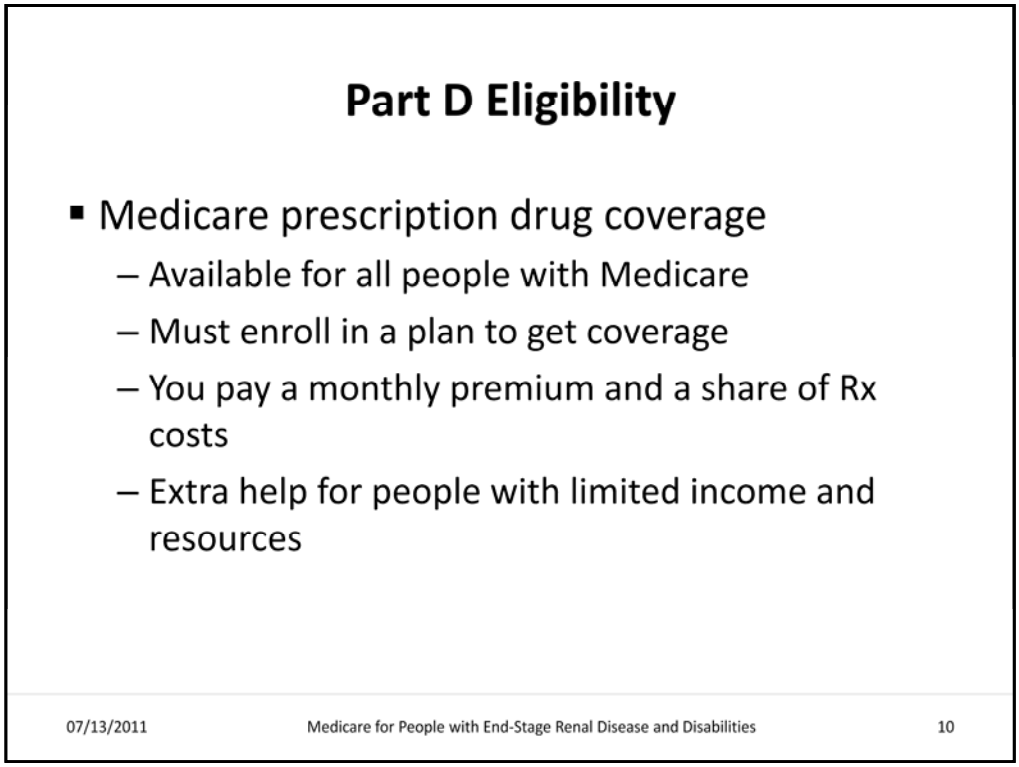


- If you get Medicare Part A, you can also get Medicare Part B—medical coverage. Enrolling in Part B is your choice, but if you don't enroll when you get Part A, you must wait until a general enrollment period to apply and you may have to pay a penalty. See coordination period on slide 18.
- There is a monthly premium for Part B, which is $99.90 in 2012. (*Most people who have had their premiums deducted from their Social Security payments prior to 2009 will continue to pay the 2009 Part B premium of $96.40 in 2012.) In addition to this premium, you pay Part A and Part B deductibles and copayments or coinsurance for the services you receive.
- **You will need both Part A and Part B to have complete Medicare coverage for dialysis and kidney transplant services**.

Call Social Security at 1-800-772-1213 for more information about the amount of work needed under Social Security or as a government employee to be eligible for Medicare. If you have railroad employment, call the Railroad Retirement Board (RRB) at 1-877-772-5772 or your local RRB office.

- If you're already enrolled in Medicare based on age or disability, and you're already paying a higher Part B premium because you didn't enroll in Part B when you were first eligible, the penalty will stop when you become entitled to Medicare based on ESRD. Call your local Security office to make an appointment to enroll in Medicare based on ESRD.

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



- Part D, Medicare prescription drug coverage, is available to all people with Medicare, including those entitled because of ESRD or a disability.
- While many drugs are covered under Part B (i.e., immunosuppressive drugs needed following a kidney transplant), other drugs are not covered under Part B (i.e., drugs needed to treat related conditions, such as high blood pressure). Thus, ESRD patients should consider enrolling in a Part D plan.
  - Everyone with Medicare is eligible to join a Medicare prescription drug plan to help lower their prescription drug costs and protect against higher costs in the future. (Children who have Medicare based on ESRD can enroll in a Medicare drug plan also.)
  - You must enroll in a plan to get Medicare prescription drug coverage.
  - When you enroll in a Medicare prescription drug plan, you pay a monthly premium plus a share of the cost of your prescriptions.
  - People with limited income and resources may be able get extra help paying for their costs in a Medicare prescription drug plan.

Medicare Coverage for People with ESRD Begins	
1st day of the 4th month	Of a regular course of dialysis
1st day of the month	In which a regular course of dialysis begins *if* a home dialysis or a self- dialysis training program is initiated (with expectation of completion)
1st day of the month	In which you receive a kidney transplant
1st day of the month	In which you are admitted to a Medicare approved transplant facility for a kidney transplant or procedures preliminary to a kidney transplant if transplant takes place in the same month or within the following 2 months
2 months before the month of your transplant	If your transplant is delayed more than 2 months after you're admitted to the hospital for the transplant or for health care services you need for the transplant
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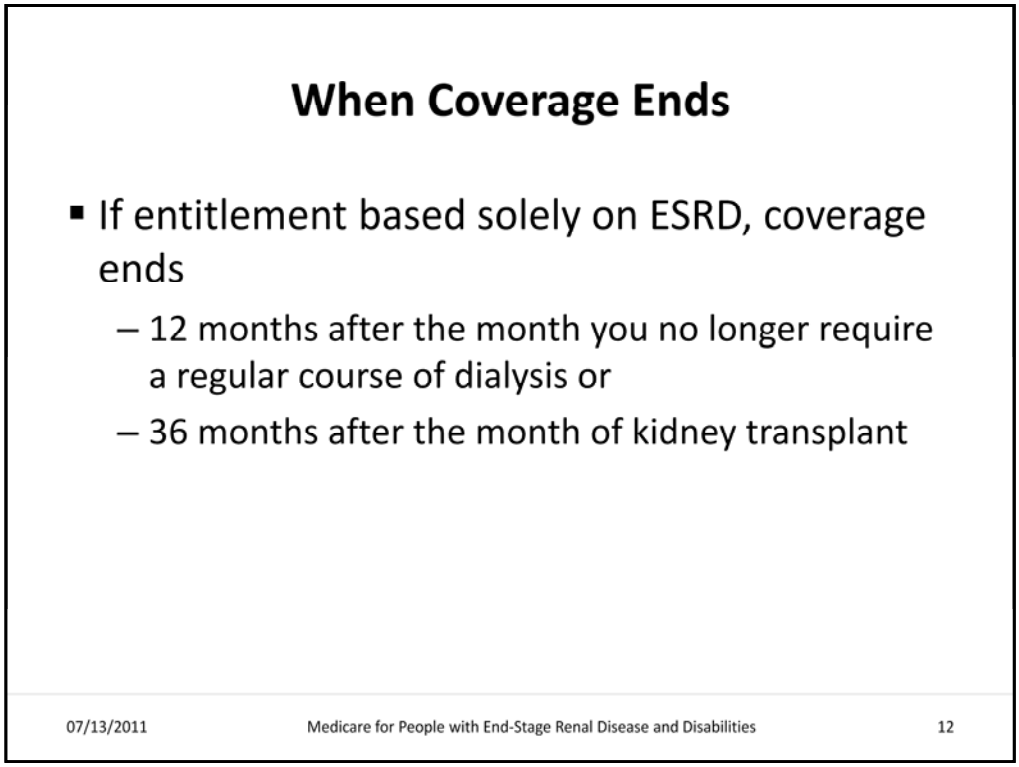
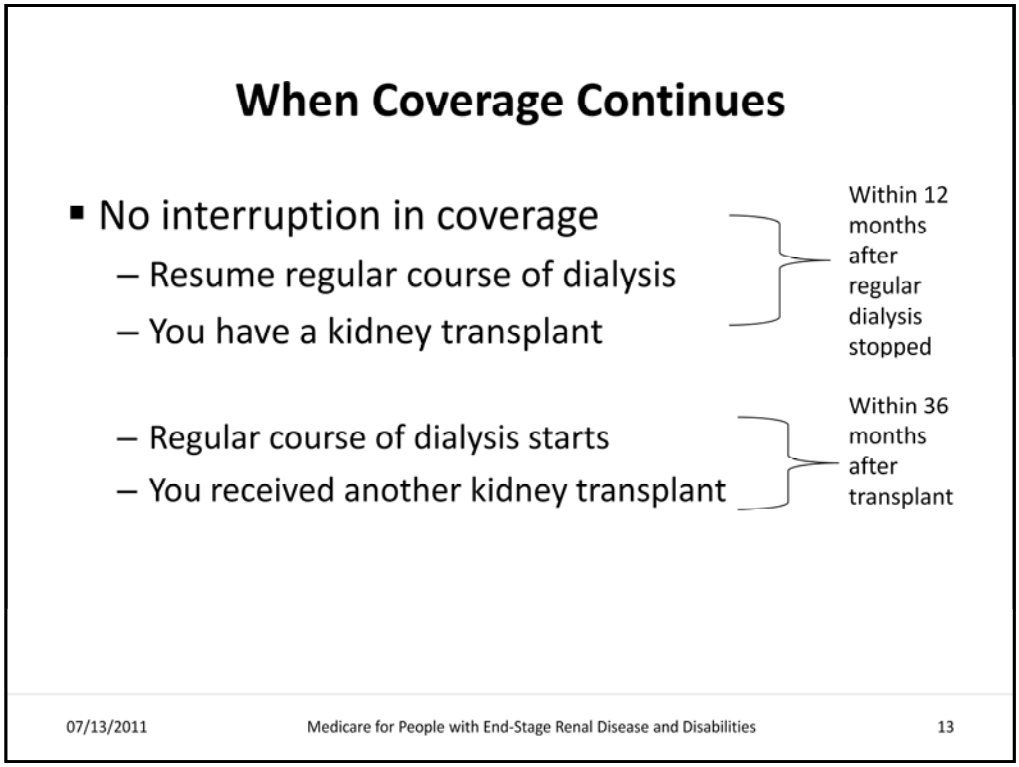
- Medicare coverage will begin on the first day of the fourth month of a regular course of dialysis. This initial three month period is called the qualifying period.
- Coverage will begin the first month of a regular course of dialysis treatments if
  - You participate in a self-dialysis training program in a Medicare-approved training facility during the first 3 months you get a regular course of dialysis
  - and your doctor expects you to finish training and be able to do your own dialysis treatments.
- Medicare coverage begins the month you receive a kidney transplant or the month you are admitted to an approved hospital for transplant or for procedures preliminary to a transplant, providing that the transplant takes place in that month or within the 2 following months.
- Medicare coverage can start 2 months before the month of your transplant if your transplant is delayed more than 2 months after you are admitted to the hospital for the transplant or for health care services you need before your transplant.

Note: This chart is provided as a handout in the corresponding workbook (see Appendix A).

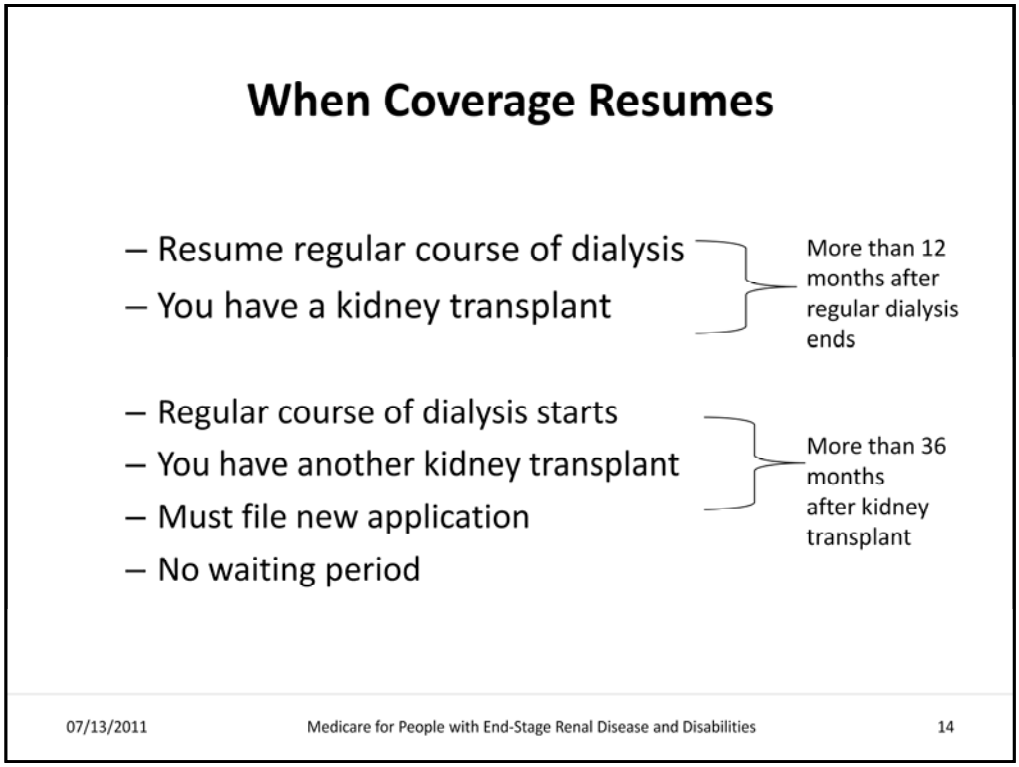


- Medicare coverage ends if ESRD is the ONLY reason you are covered by Medicare (i.e., you are not age 65 or over or disabled under Social Security rules) **and**
  - You do not require a regular course of dialysis for 12 months **or**
  - 36 months have passed after the month of the kidney transplant.

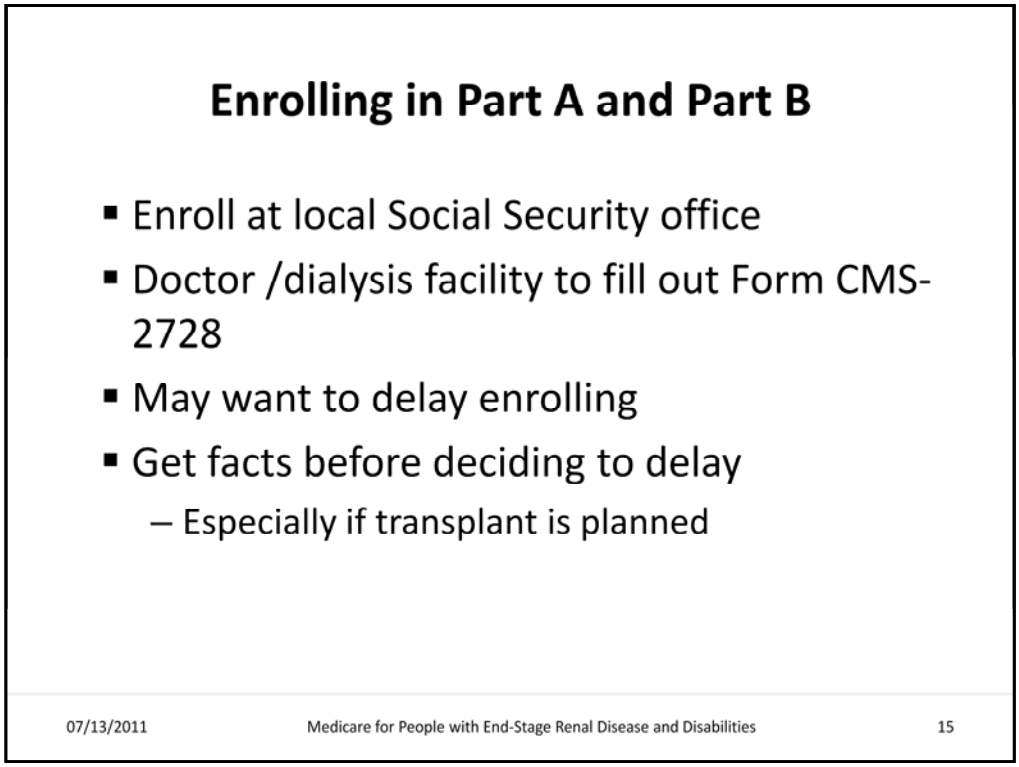
Note: Remember, you need both Part A and Part B to get the benefits available under Medicare for people with ESRD. If you don't pay your Part B premium or if you choose to cancel it, your Part B coverage will end.



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

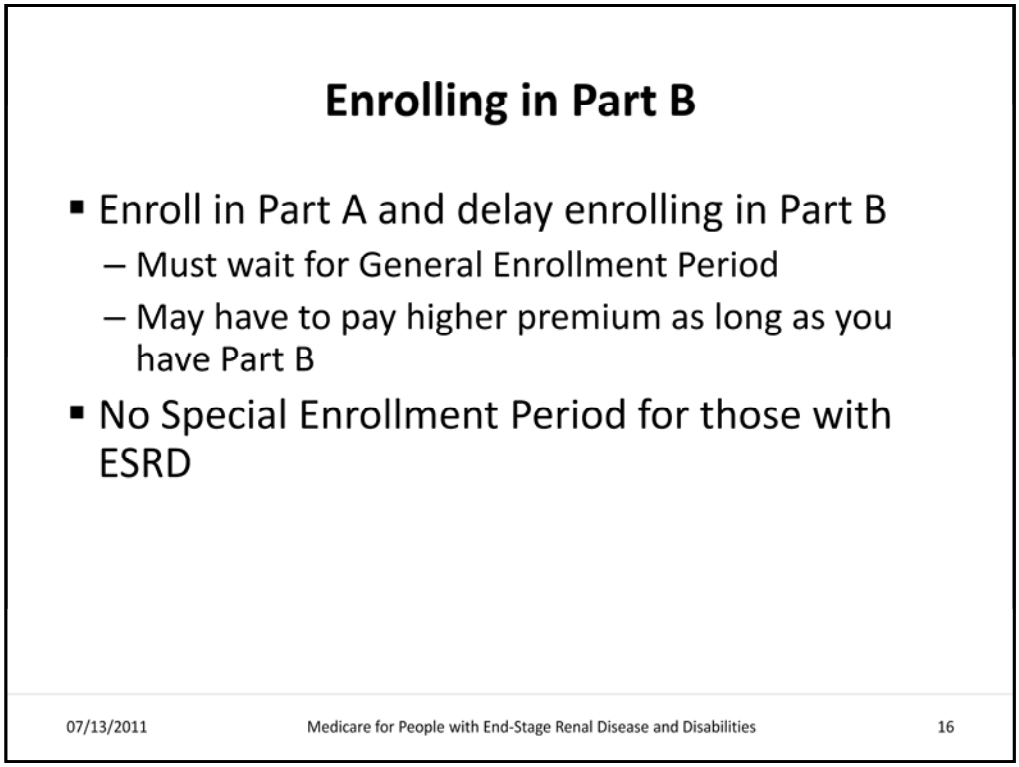


- Medicare coverage will resume with **no waiting period** if
  - You start a regular course of dialysis again or get a kidney transplant more than 12 months after you stopped getting a regular course of dialysis, **or**
  - You start a regular course of dialysis or get another kidney transplant more than 36 months after the month of a kidney transplant.
- It is important to note that for coverage to resume, you must file a new application for this new period of Medicare entitlement.

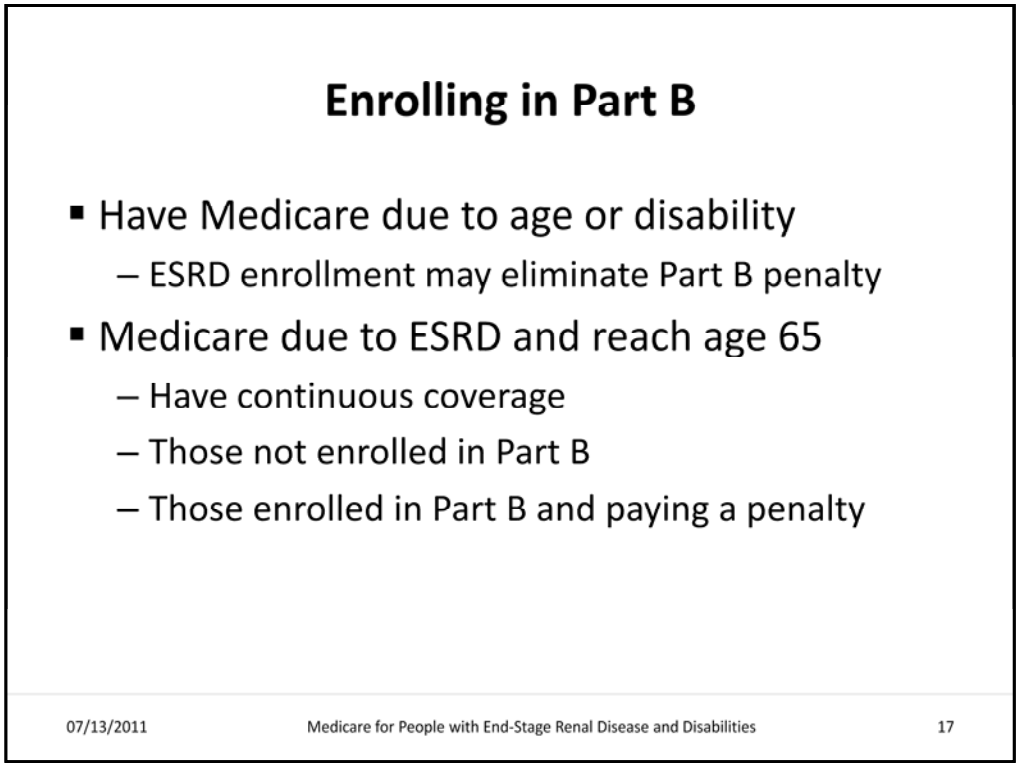


- You can enroll in Medicare Part A and Part B based on ESRD at your local Social Security office. Social Security will need your doctor or the dialysis facility to complete Form CMS-2728 to document that you have ESRD. If Form CMS-2728 is sent to Social Security before you apply, the office may contact you to ask if you want to complete an application.
- In general, Medicare is the secondary payer of benefits for the first 30 months of Medicare eligibility for people with ESRD who have employer or union group health plan (EGHP) coverage. If you are covered by a group health plan, and if for any reason Medicare would not pay for your medical care, you may want to delay applying for Medicare. It is important to understand the provisions of eligibility and enrollment, especially if you will soon receive a kidney transplant.

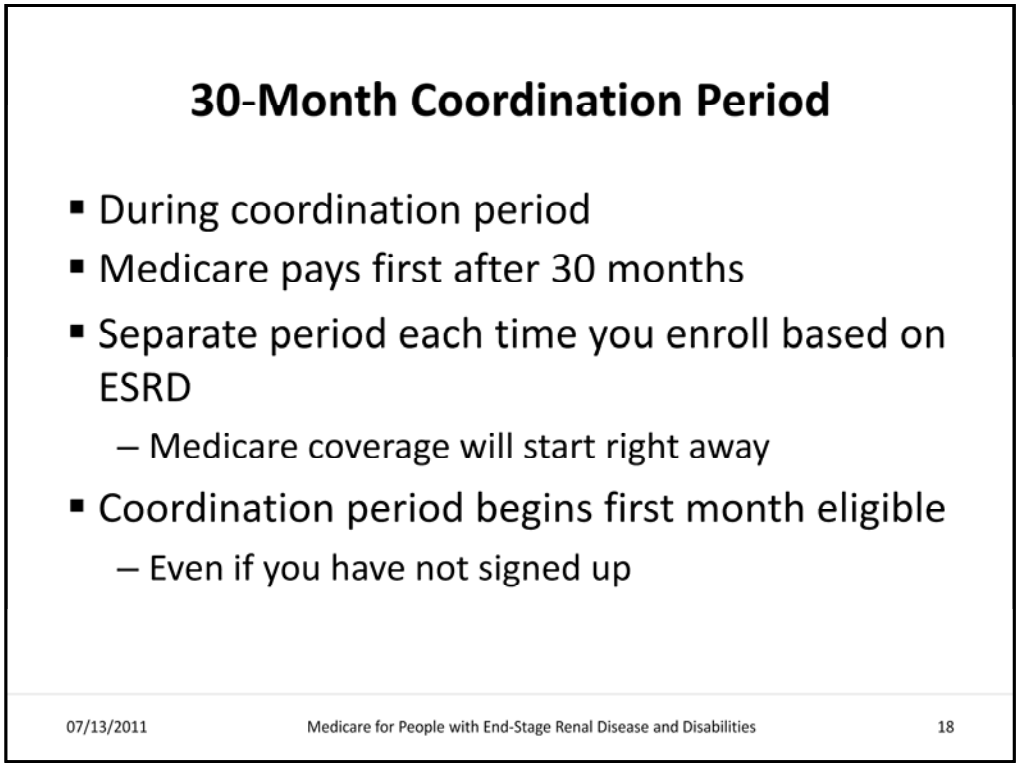
Call 1-800-772-1213 to make an appointment to enroll in Medicare based on ESRD. (TTY users should call 1-800-325-0778.)



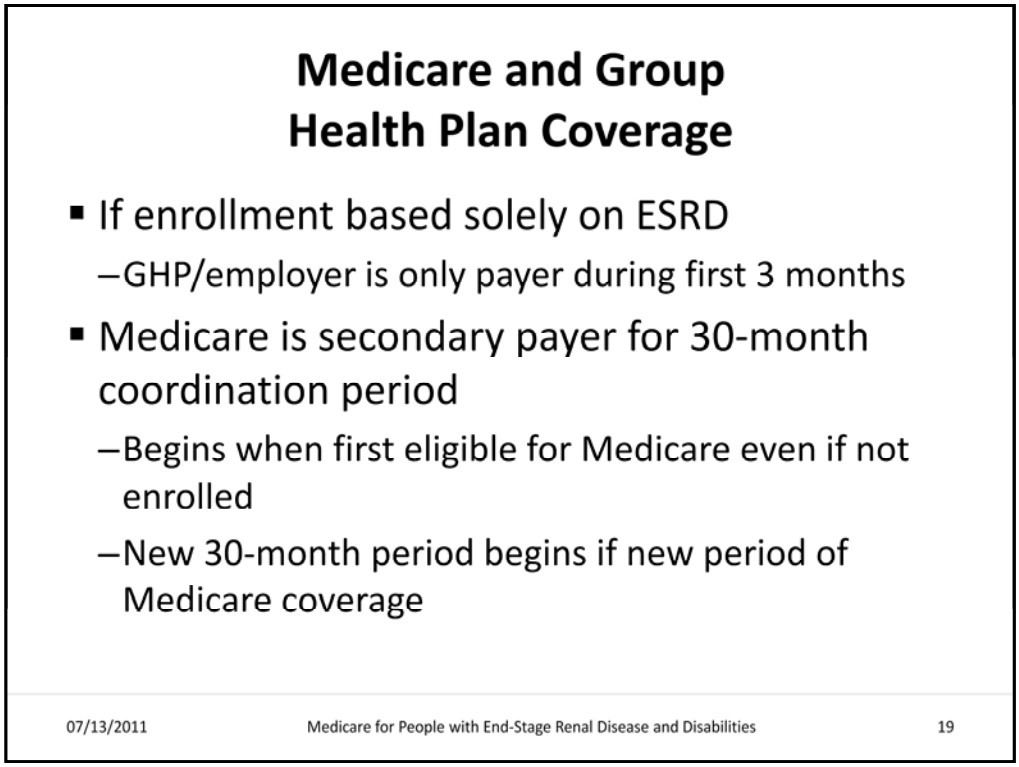
- If you enroll in Part A and wait to enroll in Part B, you may have a delay. You will only be able to enroll in Part B during a General Enrollment Period, January 1 to March 31 each year, with Part B coverage effective July 1 of the same year.
- In addition, your Part B premium may be higher. This late enrollment penalty is 10% for each 12-month period you were eligible but not enrolled.
- There is no Special Enrollment Period for Part B for people with ESRD.
- In general, Medicare beneficiaries who do not take Part B while working usually qualify for a Special Enrollment Period, which consists of any time while you or your spouse are working and are covered under a GHP or 8 months following the month of retirement, or employment termination, whichever comes first.



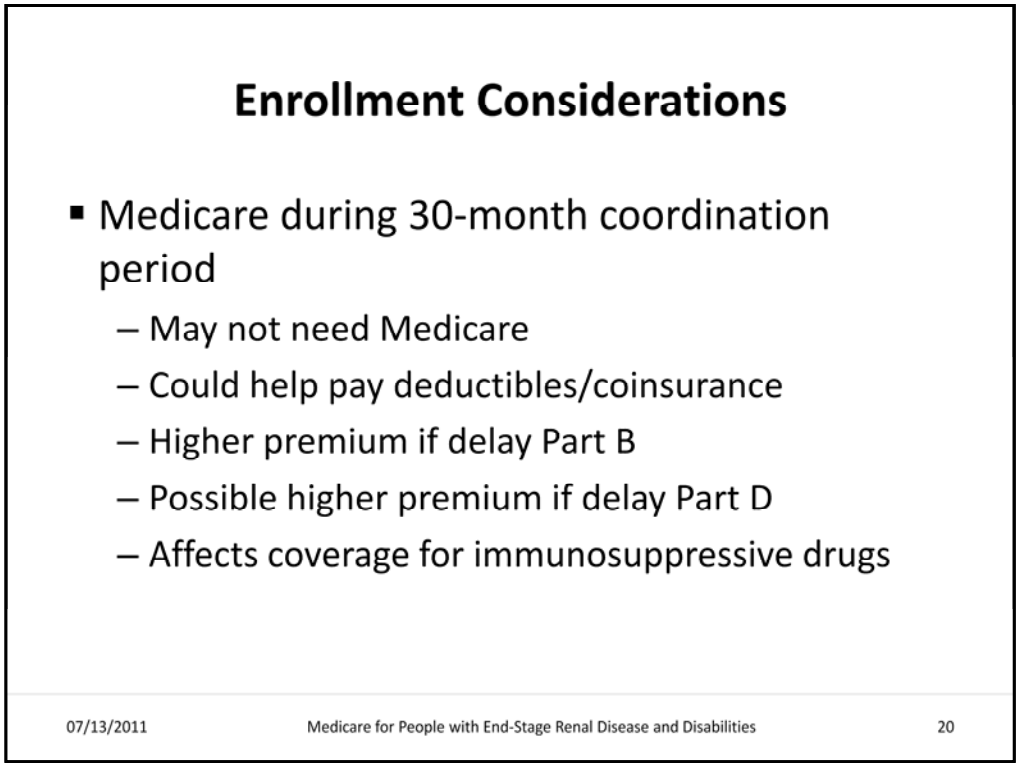
- It's important to note that if you already have Medicare because of age or disability but did not take Part B, or your Part B coverage stopped, you can enroll in Medicare based on ESRD and get Part B without paying a higher premium. If you already have Part B and are paying a higher premium for late enrollment and you enroll in Medicare based on ESRD, the penalty will be removed.
- If you are receiving Medicare benefits based on ESRD when you reach age 65, you have continuous coverage with no interruption. If you did not have Part B prior to age 65, you will automatically be enrolled in Part B when you reach age 65, but you will again be able to decide whether or not to keep it. If you were paying a higher Part B premium for late enrollment, the penalty will be removed when you reach age 65.



- Once you have Medicare coverage because of ESRD
  - There is a period of time when your group health plan will pay first on your health care bills and Medicare will pay second. This period of time is called a **30-month coordination period**. (However, some Medicare plans sponsored by employers will pay first. Contact your plan's benefits administrator for more information.)
- There is a separate 30-month coordination period each time you enroll in Medicare based on ESRD. For example, if you get a kidney transplant that continues to work for 36 months, your Medicare coverage will end. If after 36 months you enroll in Medicare again because you start dialysis or get another transplant, your Medicare coverage will start right away. There will be no 3-month waiting period before Medicare begins to pay. However, there will be a new 30-month coordination period if you have GHP coverage.
- **Remember,** the 30-month coordination period begins the first month you are eligible for Medicare, even if you have not signed up.



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



- The 30-month coordination period starts the first month you are able to get Medicare, even if you have not signed up yet.
- Example: You start dialysis in June. The 30-month coordination period generally starts September 1 (the fourth month of dialysis). Tell your providers if you have GHP coverage during this period so your services are billed correctly. After the 30-month coordination period, Medicare pays first for all Medicare-covered services. Your GHP may pay for services not covered by Medicare. If you are covered by a GHP, you may want to delay applying for Medicare. Consider the following:
  - If your GHP pays all of your health care costs with no deductible or coinsurance, you may want to delay enrolling in Medicare until after the 30-month coordination period. If you do pay a deductible or coinsurance under your GHP, enrolling in Medicare Parts A and B could pay those costs.
  - If you enroll in Part A but delay Part B, you don't pay the Part B premium during this time. You have to wait until the next General Enrollment Period to enroll (coverage effective July 1) and your premium may be higher.
  - If you enroll in Part A but delay Part D, you don't have to pay a Part D premium during this time. You may have to wait until the next Annual Coordinated Election Period to enroll (starting in 2011, AEP runs from October 15 – December 7, with coverage effective January 1) and your premium may be higher without creditable drug coverage.
  - If you will soon be receiving a kidney transplant, immunosuppressive drug therapy is covered by Medicare Part B only under certain conditions. (Remember doctors' services are covered by Part B, and services for a living kidney donor may not be covered by your GHP.)

Enrollment Considerations

If You	Your Immunosuppressive Drugs
Are entitled to Part A at time of transplant **and** Medicare paid for your transplant and the transplant took place in a Medicare-approved facility **or** Medicare was secondary payer but made no payment	▪Are covered by Part B –Medicare pays 80% –Patient pays 20% –Do not count toward catastrophic coverage under Part D
Did not meet the transplant conditions above	▪ May be covered by Part D –Costs vary by plan ▪ Helps cover drugs needed for other conditions

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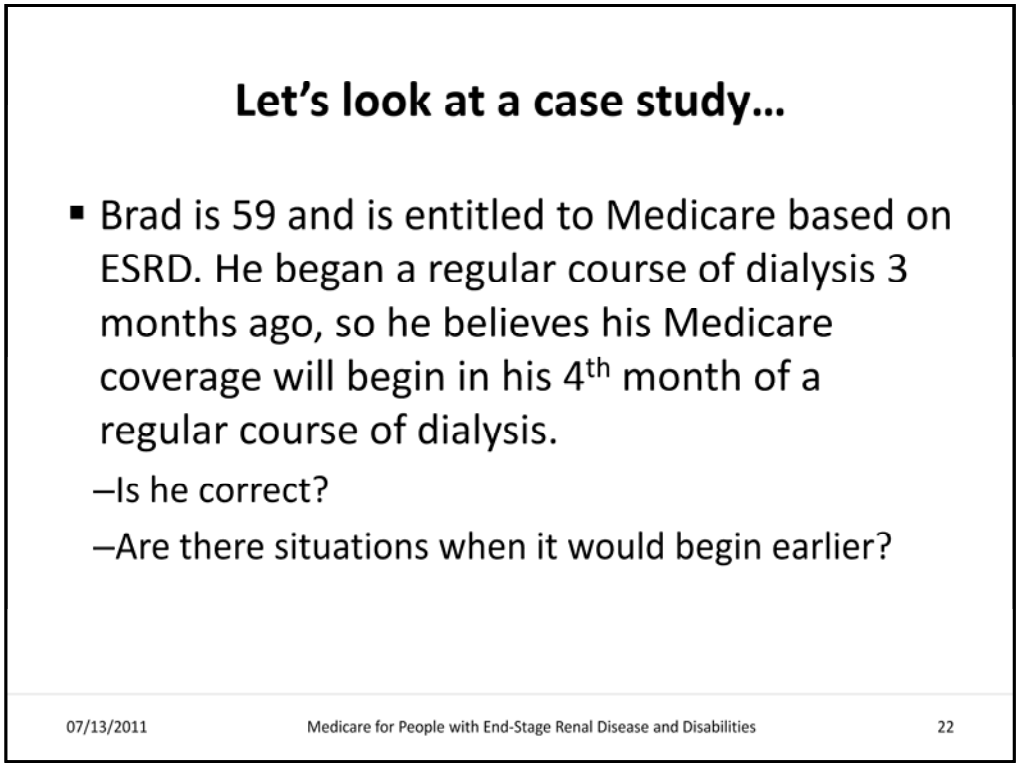
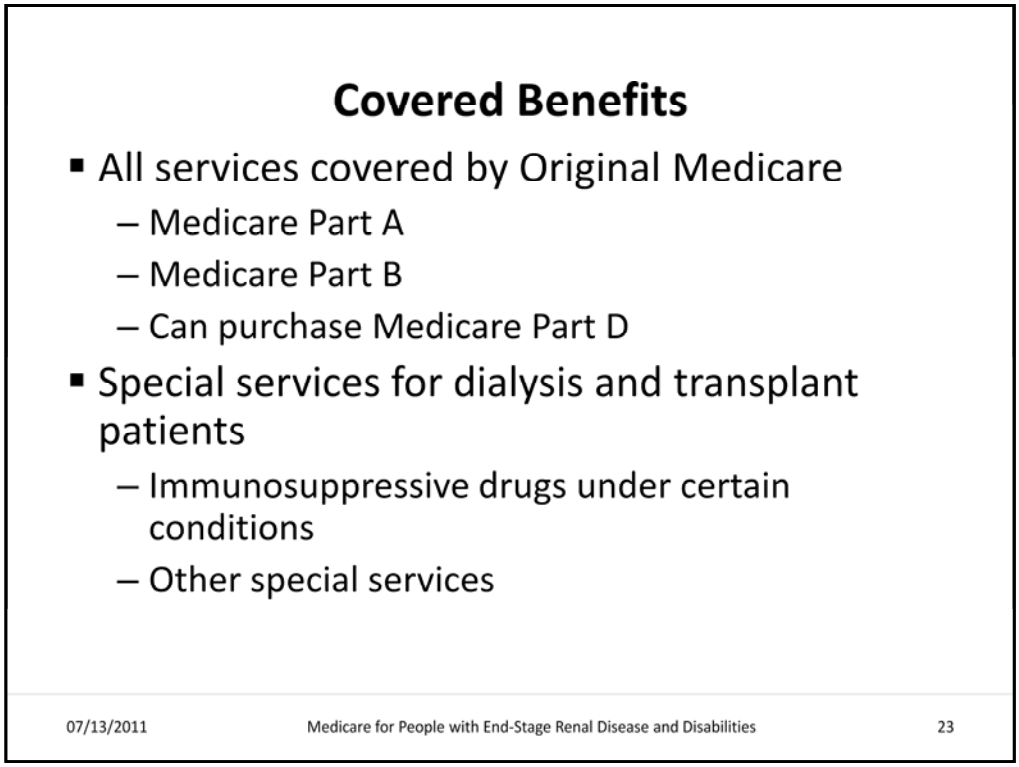
- Immunosuppressive drug therapy is only covered by Medicare Part B for people who were entitled to Part A at the time of a kidney transplant, the transplant was performed at a Medicare-approved facility, and
  – Medicare made payment for the transplant, or
  – If Medicare made no payment, Medicare was secondary payer
- People who don't meet the conditions for Part B coverage of immunosuppressive drugs may be able to get coverage by enrolling in Part D.
- Medicare entitlement ends 36 months after a successful kidney transplant if ESRD is the only reason for Medicare entitlement, i.e., the person is not age 65 and does not receive Social Security disability benefits. In this situation, all Medicare coverage will end. Enrolling in Part D does not change this period.
- Part D will not cover immunosuppressive drugs if they would be covered by Part B but the person has not enrolled in Part B.
- Part D could help pay for outpatient drugs needed to treat other medical conditions, such as high blood pressure, uncontrolled blood sugar, or high cholesterol.

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

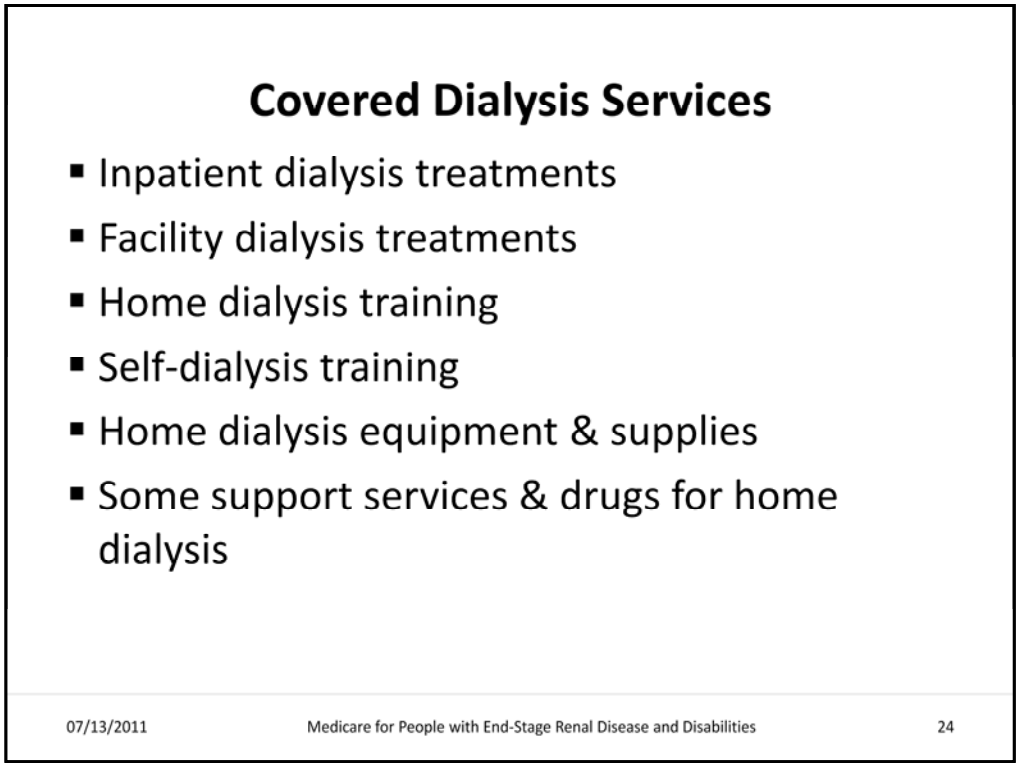


Answer: Yes, he is correct.

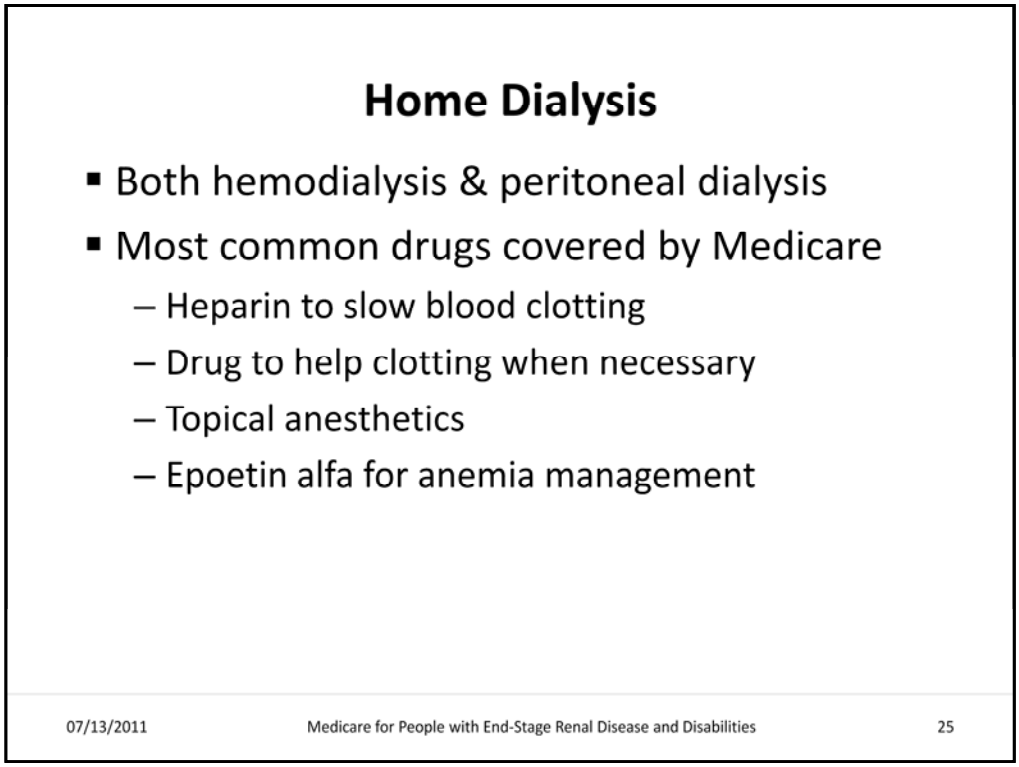
- Coverage for people with ESRD begins at different times depending on the circumstances.
- When you first enroll in Medicare based on ESRD (permanent kidney failure) and you are on dialysis, your Medicare coverage usually starts the **fourth** month of a regular course of dialysis treatments. For example, if you start getting a regular course of dialysis treatments in July, your Medicare coverage would start on October 1.
- However, as we mentioned earlier, coverage will begin the **first** month of a regular course of dialysis treatments if you participate in a **self-dialysis training program** in a Medicare-approved training facility during the first 3 months you get a regular course of dialysis treatments and you expect to complete training and self-dialyze after that.
- Coverage also begins the **first** month of a regular course of dialysis treatments if you were **previously entitled** to Medicare due to ESRD.
- Medicare coverage begins the month you receive a kidney transplant or the month you are admitted to an approved hospital for a transplant or for procedures preliminary to a transplant, providing that the transplant takes place in that month or within the following 2 months.
- Medicare coverage can start 2 months before the month of your transplant if your transplant is delayed more than 2 months after you are admitted to the hospital for the transplant or for health care services you need before your transplant.



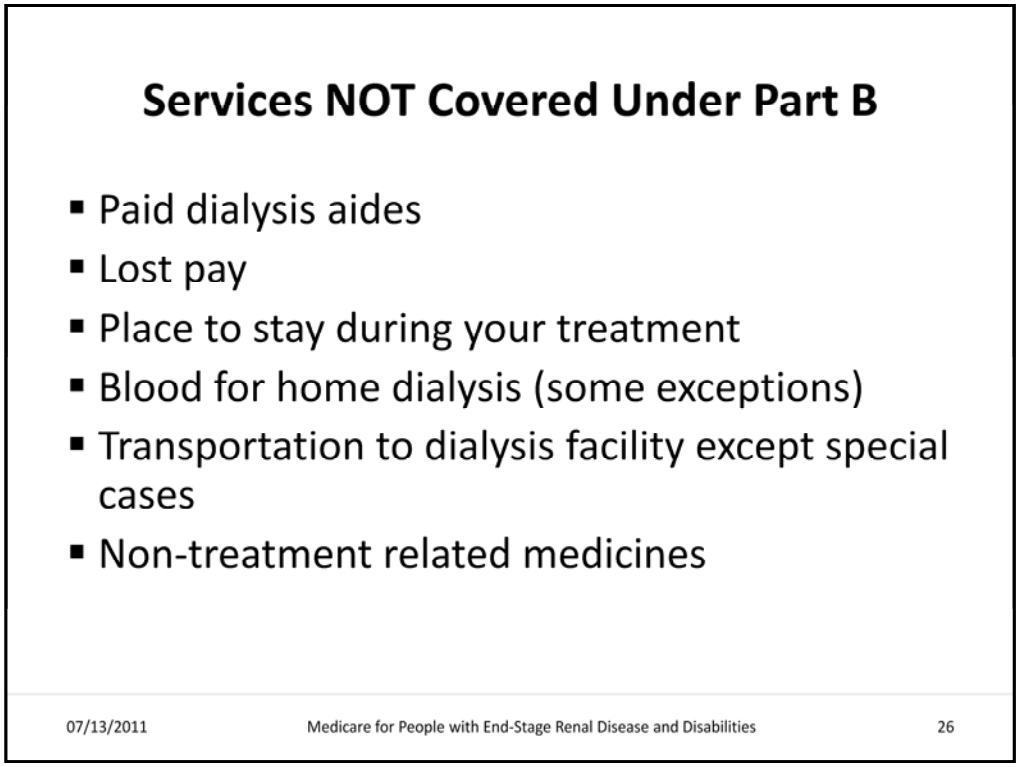
- As a person entitled to Medicare based on ESRD, you are entitled to all Medicare Part A and Medicare Part B services covered under Original Medicare. You can also get the same prescription drug coverage as any other person with Medicare.
- In addition, special services are available for people with ESRD. These services include immunosuppressive drugs for transplant patients, as long as certain conditions are met, and other services for transplant and dialysis patients.



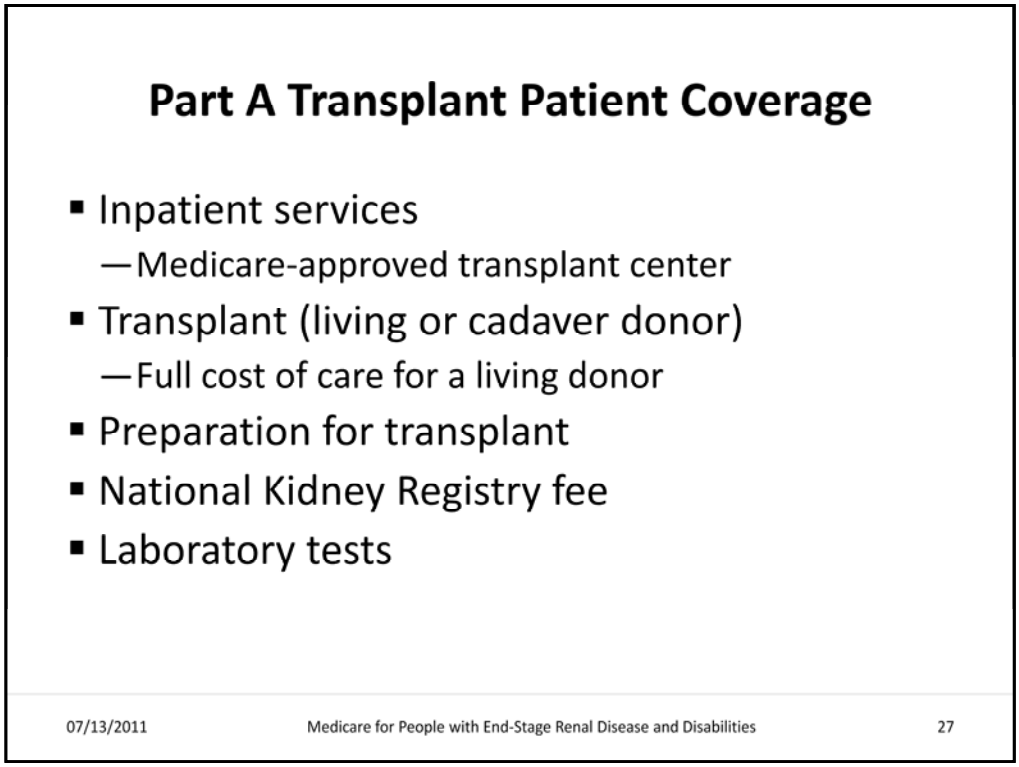
- Dialysis is a treatment that cleans your blood when your kidneys don't work. It gets rid of harmful wastes and extra salt and fluids that build up in your body. It also helps control blood pressure and helps your body keep the right amount of fluids. Dialysis treatments help you feel better and live longer, but they are not a cure for permanent kidney failure.
- Covered treatments and services include:
  - Inpatient dialysis treatments paid under Part A
  - The following services are paid under Part B
    - Facility dialysis treatments
    - Home dialysis training
    - Self-dialysis training
    - Home dialysis equipment and supplies
    - Certain home support services (may include visits by trained technicians to help during emergencies and to check your dialysis equipment and water supply)
  - Certain drugs for home dialysis



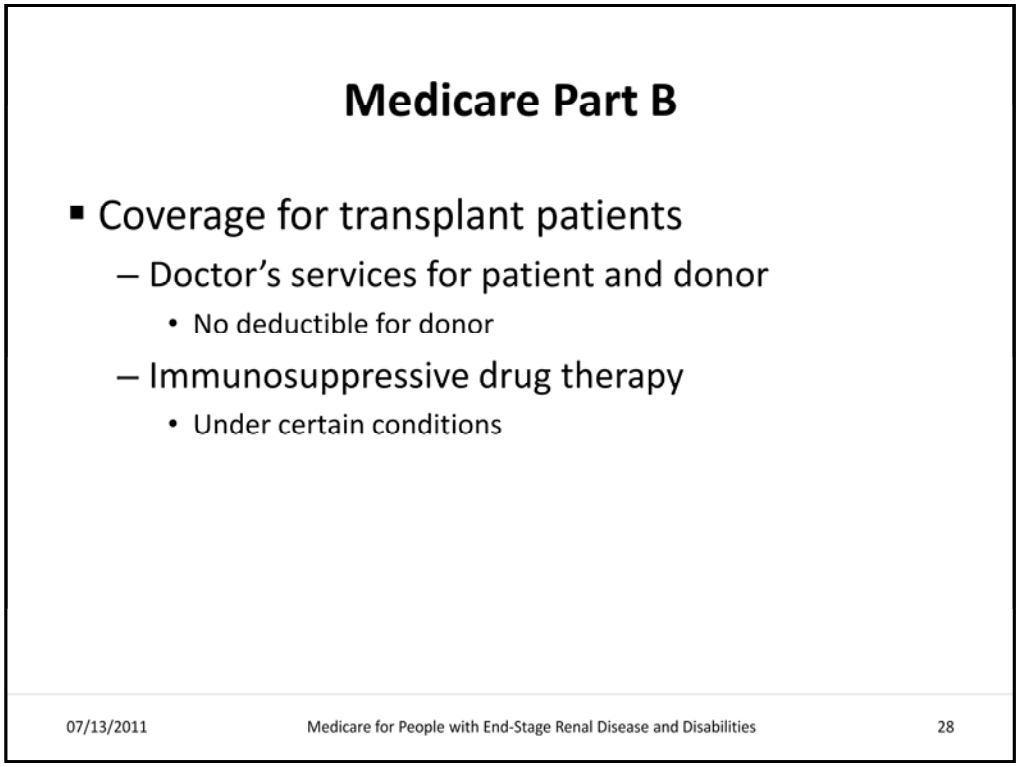
- There are two types of dialysis that can be performed at home, hemodialysis and peritoneal dialysis.
  - Hemodialysis uses a special filter (called a dialyzer) to clean your blood. The filter connects to a machine. During treatment, your blood flows through tubes into the filter to clean out wastes and extra fluids. Then the newly cleaned blood flows through another set of tubes and back into your body.
  - Peritoneal dialysis uses a cleaning solution, called dialysate, that flows through a special tube into your abdomen. After a few hours, the dialysate gets drained from your abdomen, taking the wastes from your blood with it. Then you fill your abdomen with fresh dialysate and the cleaning process begins again.
- Medicare Part B covers some drugs for home dialysis, including:
  - Heparin, which slows blood clotting
  - A drug to help clotting when necessary
  - Topical anesthetics
  - Epoetin alfa for managing anemia



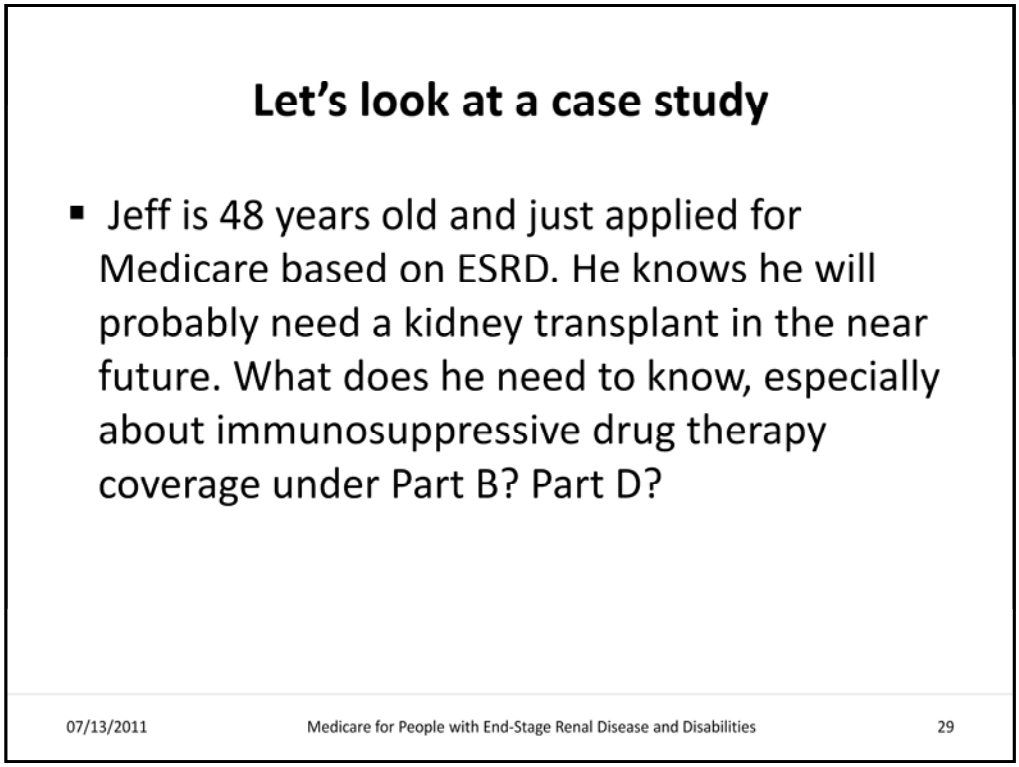
- It's also important to understand what Medicare does **not pay** for. Medicare does not cover:
  - Paid dialysis aides to help with home dialysis
  - Any lost pay to you and the person who may be helping you during self- dialysis training
  - A place to stay during your treatment
  - Blood or packed red blood cells used for home dialysis unless part of a doctor's service or needed to prime the dialysis equipment
  - Transportation to the dialysis facility except in special cases
    - Medicare covers round-trip ambulance services from home to the nearest dialysis facility **only** if other forms of transportation would be harmful to your health. The ambulance supplier must get a written order from your primary doctor before you get the ambulance service. The doctor's **written order** must be dated no earlier than 60 days before you get the ambulance service.
- Non-treatment related medicines



- 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 and laboratory tests.



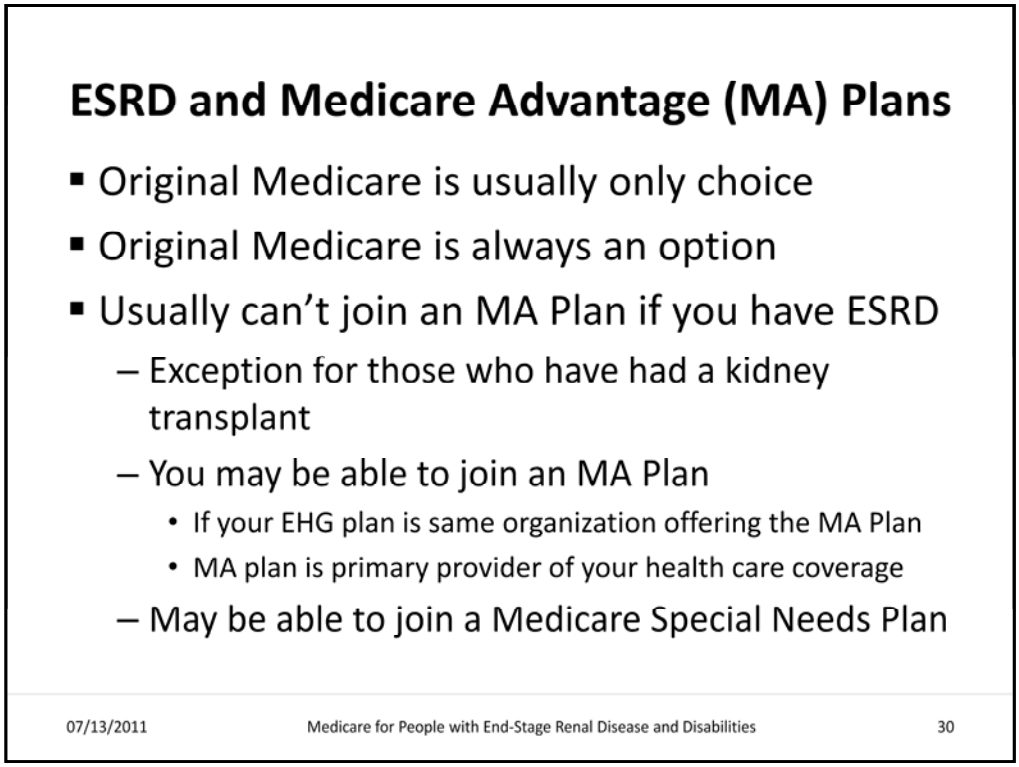
- Medicare Part B covers
  - Surgeon's services for a transplant for both the patient and the donor. There is no deductible to be met for the donor.
  - Medicare Part B also covers immunosuppressive drug therapy following a kidney transplant under certain conditions.



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**, if Medicare makes no payment, Medicare is secondary payer. He also must be enrolled in Medicare Part B at the time of the immunosuppressive drug therapy. If he does not meet those conditions, he may be able to get coverage under Part D.

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

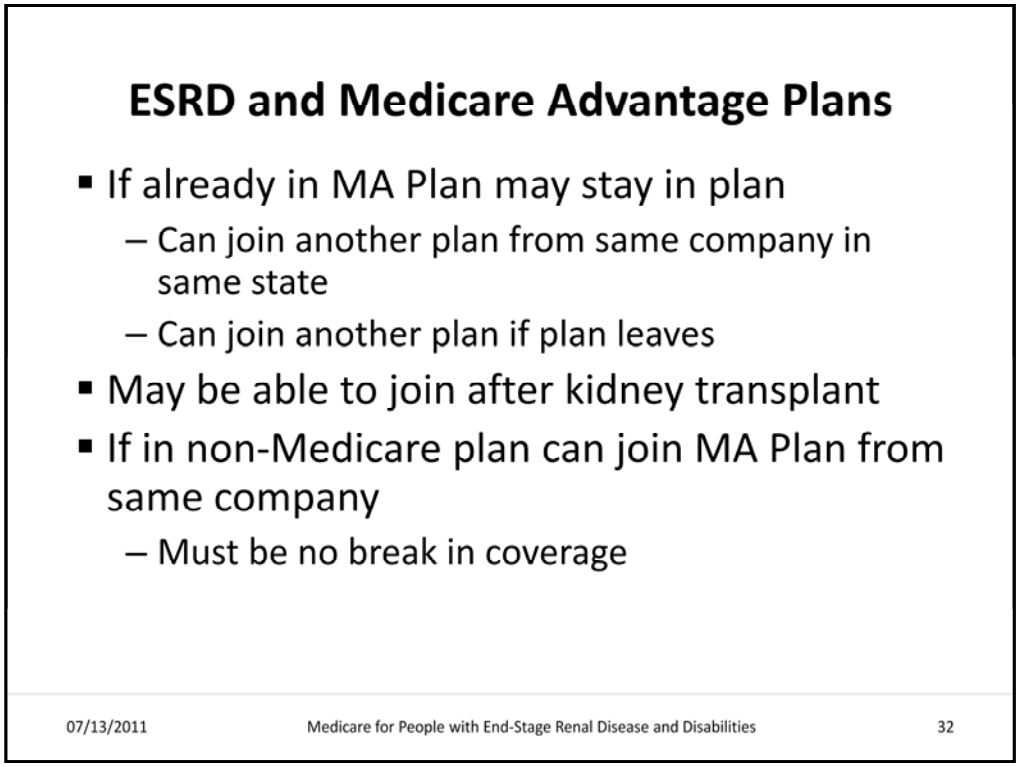
If a person already has Medicare because of age or disability before getting ESRD, or becomes eligible for Medicare because of age or disability after receiving a Medicare-covered transplant, Medicare Part B will continue to pay for immunosuppressive drugs with no time limit.



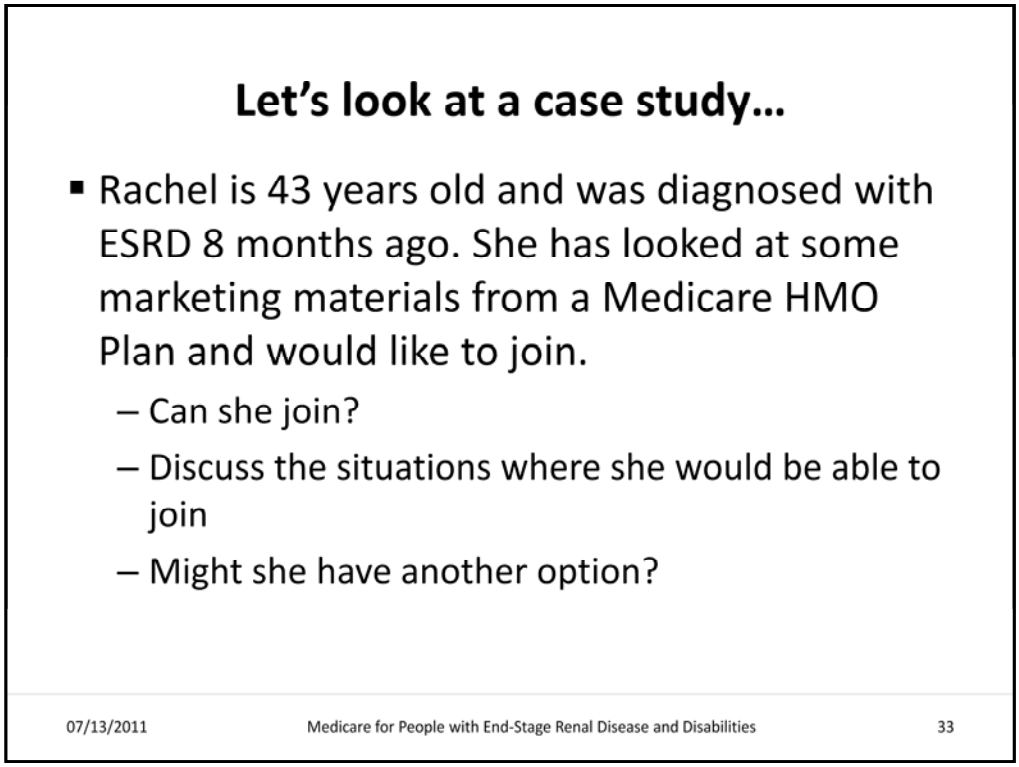
- Medicare Advantage plans are **generally not available to people with ESRD**. For most people with ESRD, Original Medicare is usually the only choice, and it is always an option.
- You may be able to join a Medicare Advantage Plan if you're already getting your health benefits (for example, through an employer health plan) through the same organization that offers the Medicare Advantage Plan. While you're in a Medicare Advantage Plan, the plan will be the primary provider of your health care coverage. You must use your Medicare Advantage Plan ID card instead of your red, white, and blue Medicare card when you see your doctor or get other kinds of health care services. In most Medicare Advantage plans, you usually get all your Medicare-covered health care through the plan, and the plan may offer extra benefits. You may have to see doctors that belong to the plan or go to certain hospitals to get services. You will have to pay other costs (such as copayments or coinsurance) for the services you get.
  - Medicare Advantage plans include:
    - Health Maintenance Organization plans
    - Preferred Provider Organization plans
    - Private Fee-for-Service plans
    - Medicare Medical Savings Account (MSA) Plans
    - Special Needs Plans
- You may be able to join a Medicare Special Needs Plan.

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

- Special Needs Plans limit all or most of their membership to people
  - In certain institutions (like a nursing home) **or**
  - Eligible for both Medicare and Medicaid **or**
  - With certain chronic or disabling conditions
- Some Medicare Advantage Special Needs Plans may accept people with ESRD. These plans must provide all Part A and Part B health care and services. They also must provide Medicare prescription drug coverage. These plans can be designed specifically for people with ESRD, or they can apply for a waiver to accept ESRD patients. Special Needs Plans are available in limited areas, and only a few serve people with ESRD.
- The Special Needs Plan must be designed to provide Medicare health care and services to people who can benefit the most from things like special expertise of the plan's providers, and focused care management. Special Needs Plans also must provide Medicare prescription drug coverage. For example, a Special Needs Plan for people with diabetes might have additional providers with experience caring for conditions related to diabetes, have focused special education or counseling, and/or nutrition and exercise programs designed to help control the condition. A Special Needs Plan for people with both Medicare and Medicaid might help members access community resources and coordinate many of their Medicare and Medicaid services.
- To find out if a Medicare Special Needs Plan for people with ESRD is available in your area
  - Visit www.medicare.gov
  - Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



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

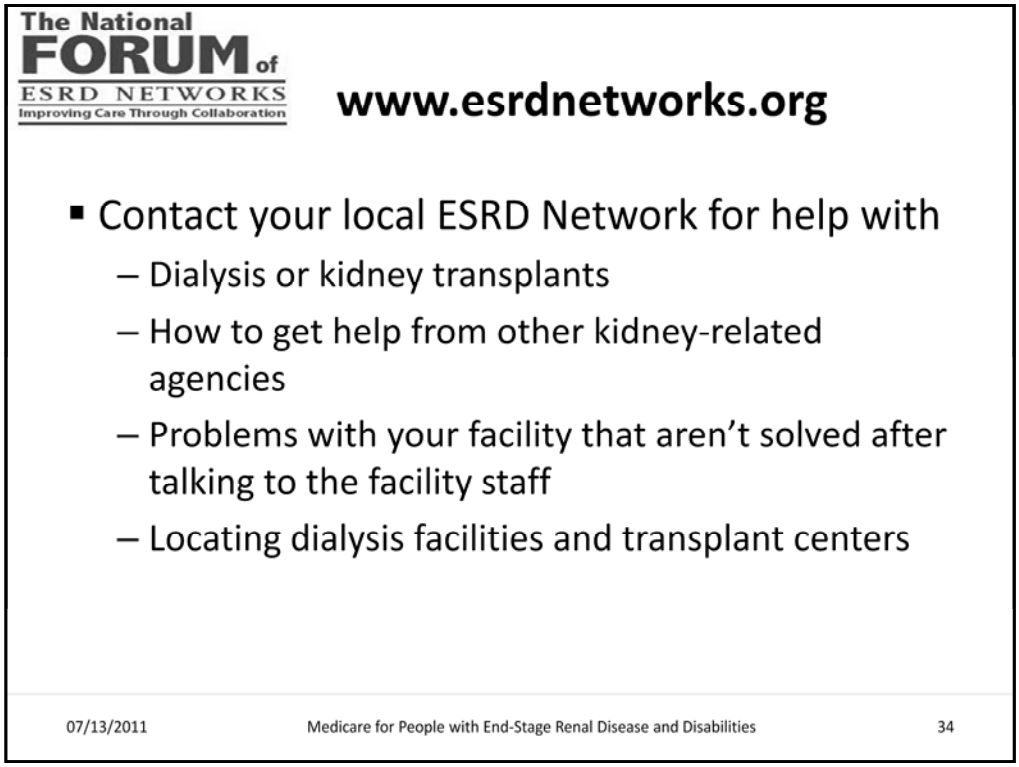


Answer: Generally, no, she cannot join the HMO Plan.

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

Rachel might be able to join a Medicare Advantage Plan

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



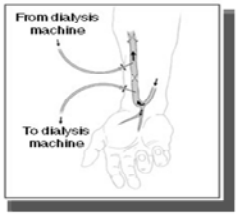
- The End-Stage Renal Disease Networks are an excellent source of information for people with Medicare and health care providers. There are 18 ESRD Networks serving different geographic areas in the United States and the territories. The ESRD Networks are responsible for developing criteria and standards related to the quality and appropriateness of care for ESRD patients. They assess treatment modalities and quality of care. They also provide technical assistance to the dialysis facilities. Like other Medicare agents and partners, they help educate people with Medicare about the Medicare program and help resolve their complaints and grievances.
- You can get contact information for your local ESRD Network in *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*, CMS Publication 10128, from http://www.medicare.gov/Publications , and from www.esrdnetworks.org

Note: A list with contact information for ESRD networks by state is provided in the corresponding workbook (see Appendix B).

arteriovenous FISTULA FIRST
AVF – The first choice for hemodialysis

www.fistulafirst.org

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



Source NIDDK of NIH.

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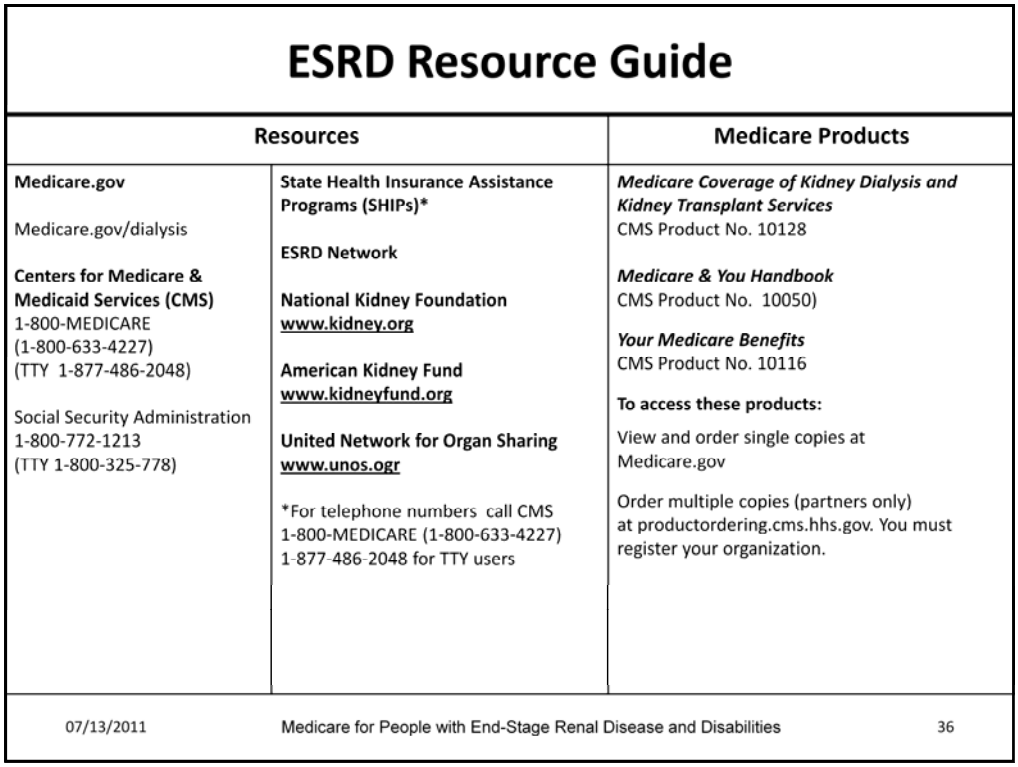
- You may be interested in knowing that the ESRD Networks are currently working with Medicare to increase the use of **arteriovenous (AV) fistulas**. "Fistula First" is the name given to the National Vascular Access Improvement Initiative. This quality improvement project is being conducted by all 18 ESRD Networks to promote the use of Arteriovenous Fistulas (AVFs) in providing hemodialysis for all suitable dialysis patients.
- A fistula is a connection, surgically created by joining a vein and an artery in the forearm, that allows blood from the artery to flow into the vein and provide access for dialysis. Fistulas last longer, need less rework, and are associated with lower rates of infections, hospitalization, and death than other types of access. Other access types include grafts (using a synthetic tube to connect the artery to a vein in the arm) and catheters (needles "permanently" inserted into a regular vein, but left protruding from the skin).

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



ESRD Resource Guide

Resources		Medicare Products
Medicare.gov 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 1-800-325-778)	**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.ogr** *For telephone numbers call CMS 1-800-MEDICARE (1-800-633-4227) 1-877-486-2048 for TTY users	***Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*** CMS Product No. 10128 ***Medicare & You Handbook*** CMS Product No. 10050) ***Your Medicare Benefits*** CMS Product No. 10116 **To access these products:** View and order single copies at Medicare.gov Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization.

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Government resources for more information

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

Industry resources for more information

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

Medicare Products

- ***Medicare Coverage of Kidney Dialysis and Kidney Transplant Services***
  CMS Product No. 10128

- **Medicare & You Handbook**
  CMS Product No. 10050)

- ***Your Medicare Benefits***
  CMS Product No. 10116

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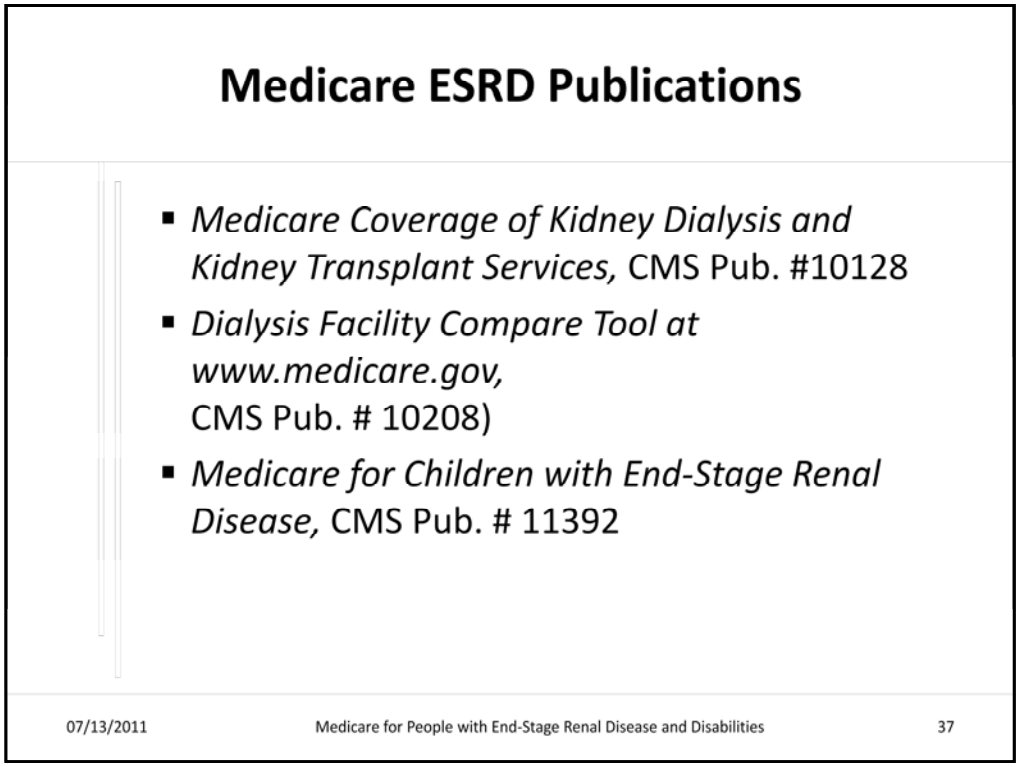
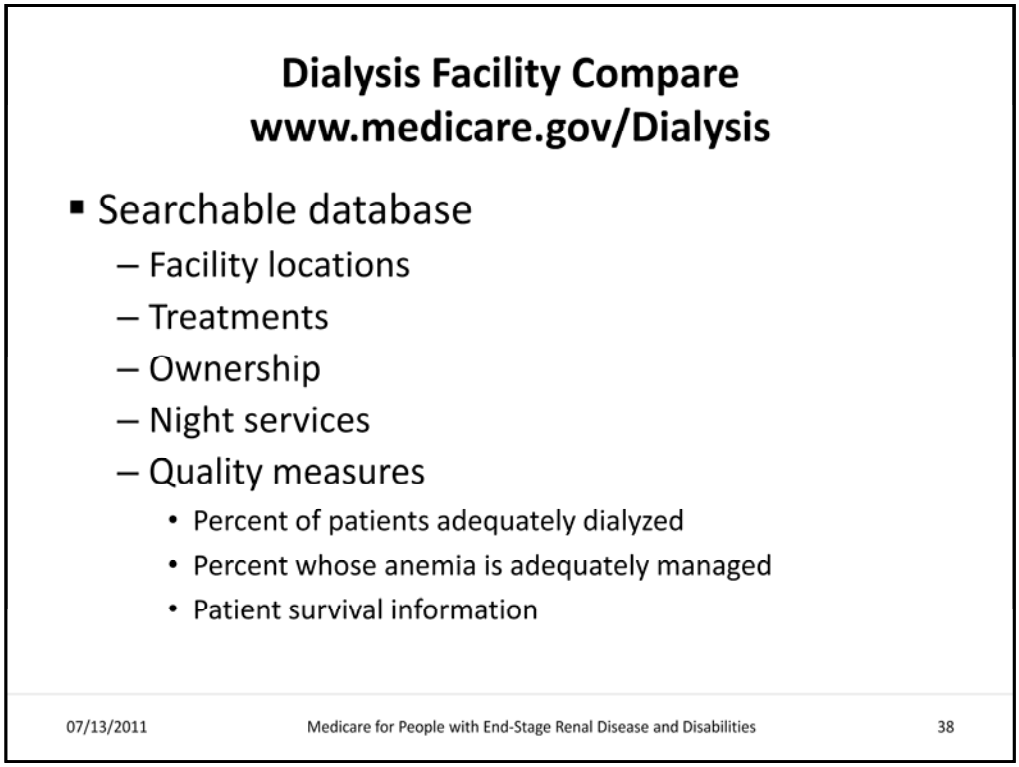
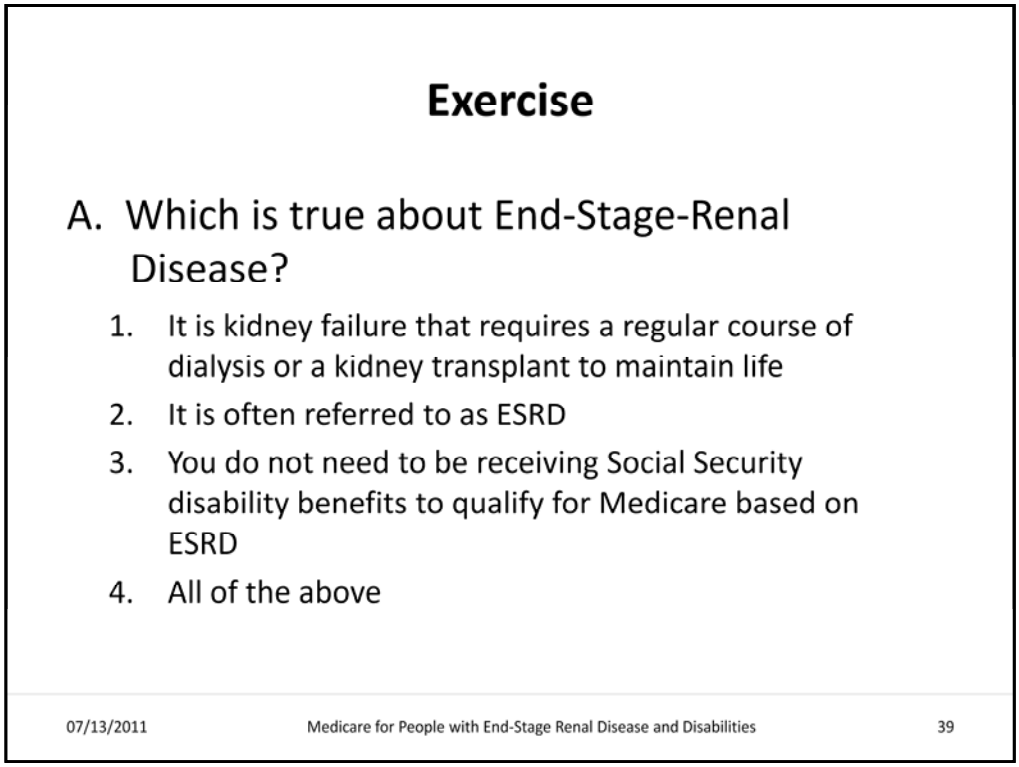


- The Centers for Medicare & Medicaid Services (CMS) publishes a number of helpful pamphlets and brochures for people with ESRD, including those shown on this slide. You can read or print these publications from the www.medicare.gov web site.



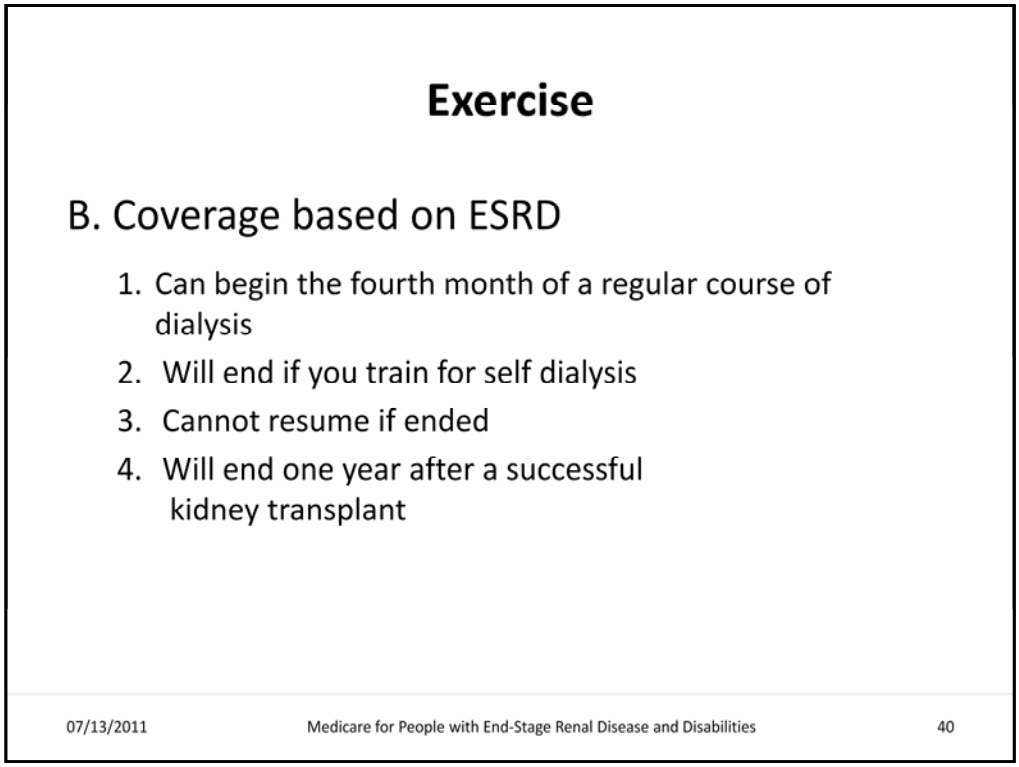
- Dialysis Facility Compare web page provides important information and resources for patients and family members who want to learn more about chronic kidney disease and dialysis. It provides detailed information about Medicare-certified dialysis facilities, and lets you compare facilities in your area and nationwide. You can compare facility characteristics—including location, treatment choices, ownership information, and whether evening shifts are available—and quality measures. Look at the information on Dialysis Facility Compare carefully. Use it with other information as you compare facilities and decide where to get dialysis.
- The phone numbers and URLs for some of the kidney disease groups are found in the Resources section of this website.
- If you don't have access to the Internet or are not familiar with it, you might get help from a family member or friend who is familiar with the Internet. And you can always go to your local public library or senior center and use their computers at minimal or no charge.
- "Quality" means how well a facility treats its patients. You should discuss the quality measures with the dialysis facility staff and/or your physician to help you understand what they mean and to find out what the most recent results are for the facility. The quality measures include:
  - **Anemia** - how many patients at a facility whose anemia (low red blood cell count) wasn't controlled.
  - **Hemodialysis Adequacy** - how many patients at a facility get their blood cleaned enough during dialysis.
  - **Patient Survival** - if the patients treated at a facility generally live longer than, as long, or not as long as expected.



A. Which is true about End-Stage-Renal Disease?

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

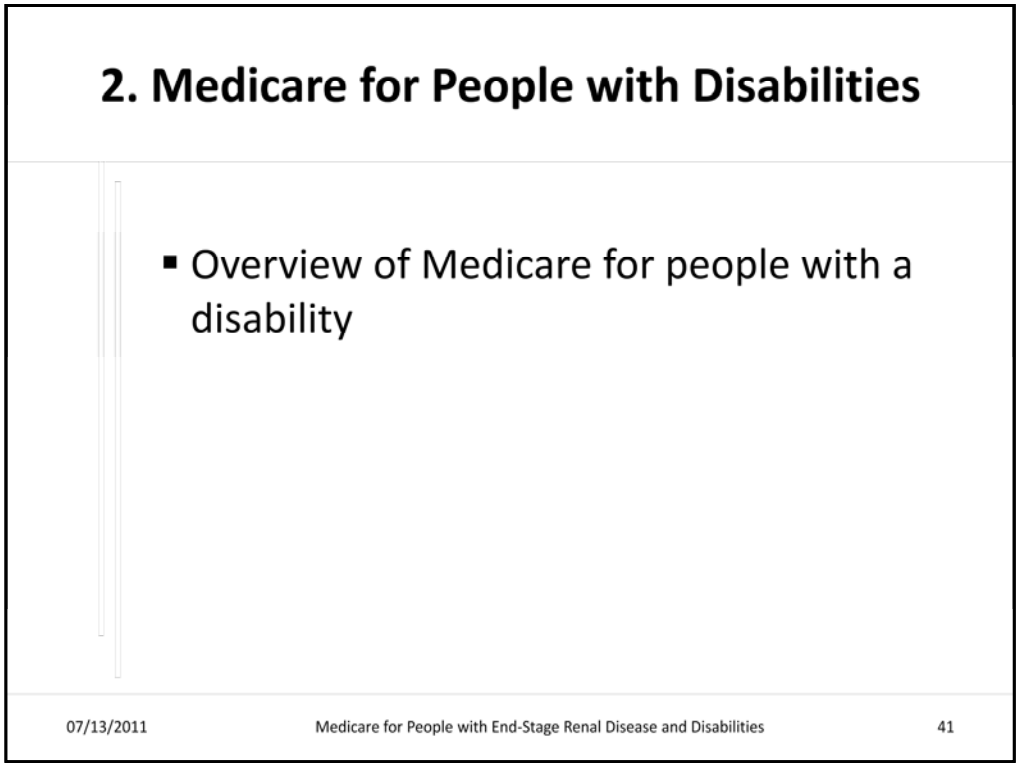
Answer: 4. All of the above



B. Coverage based on ESRD

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

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

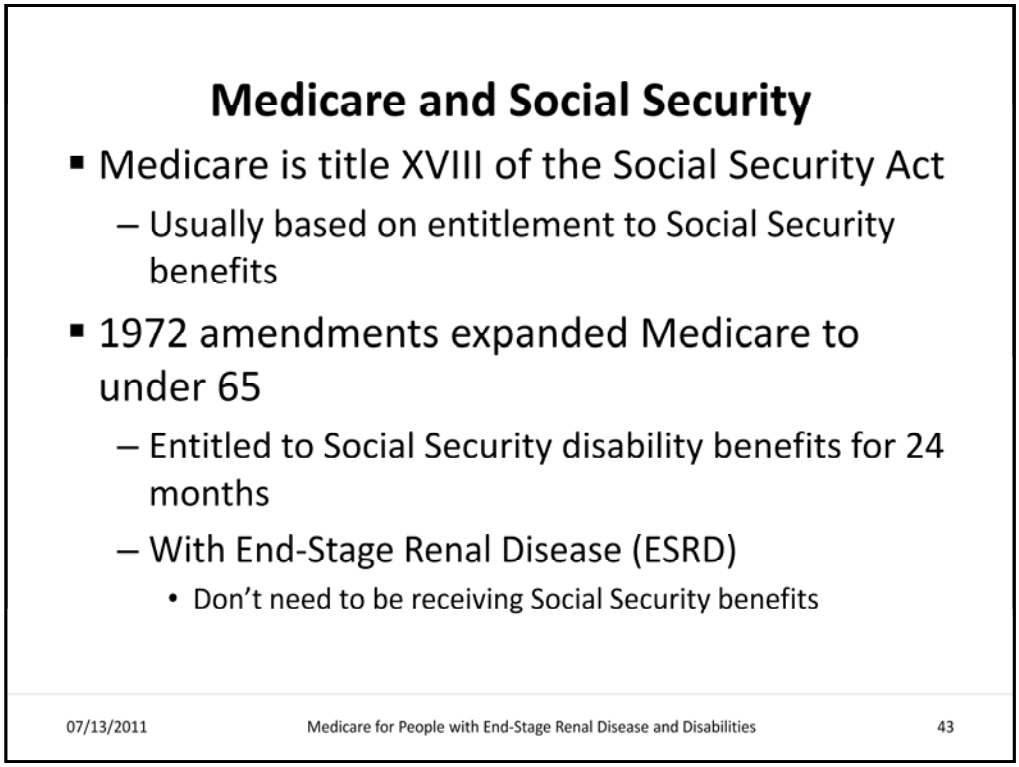


This lesson explains the following.

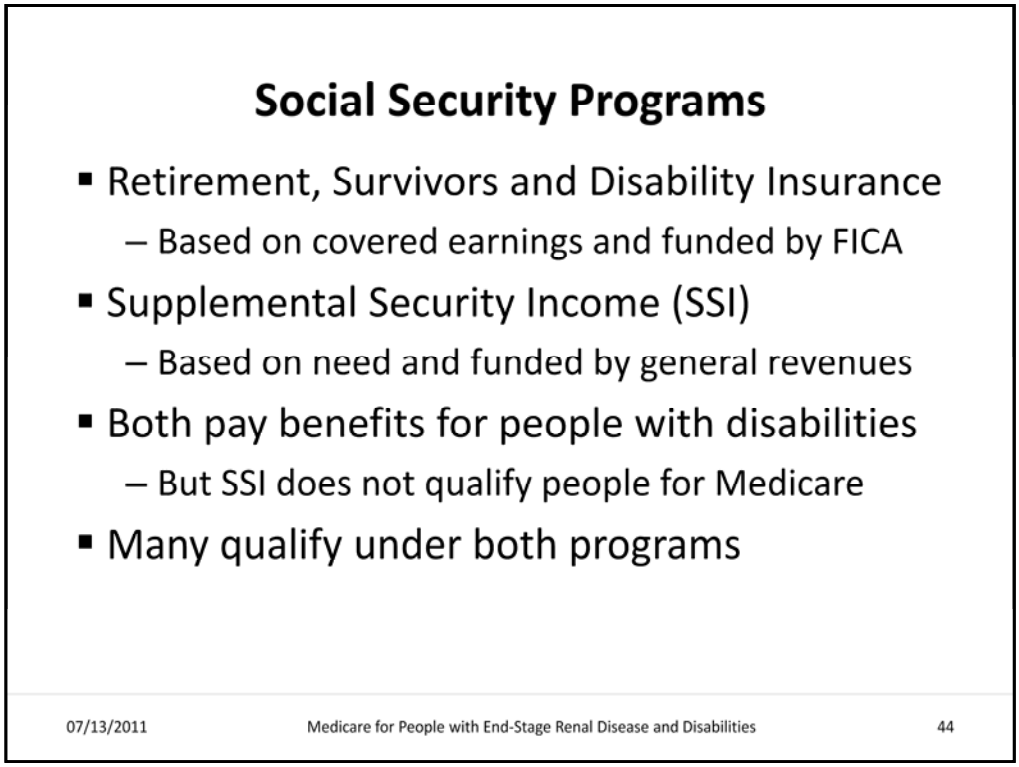
- It will focus on a different group of people, those entitled to Medicare because of a disability. (It is important to note that some, but not all, people with Medicare based on ESRD also meet the requirements for Medicare based on disability.)
- At the end of this lesson, you should understand:
  - The eligibility requirements
  - The enrollment process
  - Medicare health plan choices available to people with a disability, including Medicare prescription drug coverage
  - Medigap options for people with a disability
  - Information sources
- We will also provide a list of resources with additional information about Social Security disability programs and Medicare. Since the Medicare provisions for people with a disability can be complicated, it is important to know where to look for more information.

This session will ensure you can

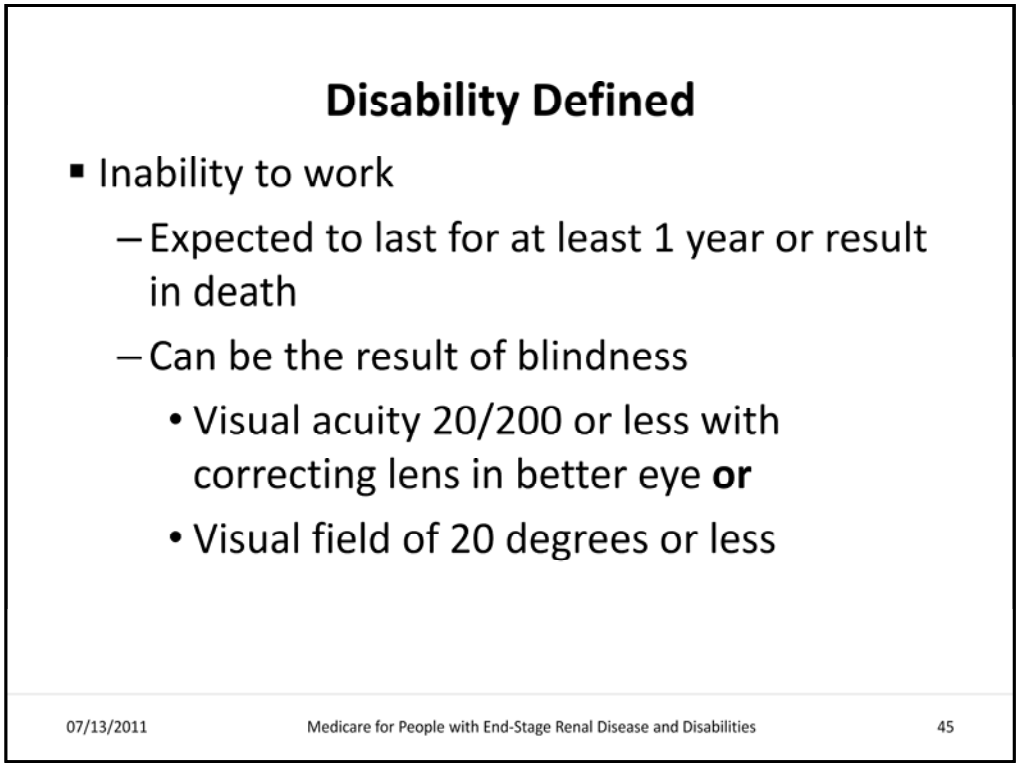
- Define the role of Medicare for people with disabilities
- Explain eligibility and enrollment
- Describe Medicare plan options
- Clarify the role of Medigap
- Identify information sources



- To understand Medicare entitlement based on disability, it helps to first understand the relationship between Medicare and Social Security.
- Medicare is title XVIII (18) of the Social Security Act, and most people become eligible for Medicare because of their entitlement to Social Security benefits. (Qualified government employees, railroad employees, and others also can become eligible for Medicare.)
  - On July 30, 1965, President Lyndon Johnson signed the Social Security Act of 1965 to provide Medicare health insurance for the elderly (people 65 and over), as well as Medicaid coverage for the poor.
  - The 1972 Social Security Amendments expanded Medicare to cover two additional groups:
    - People under age 65 with a disability who have been entitled to Social Security benefits for 24 months
    - People with End-Stage Renal Disease (ESRD) who meet special Social Security earnings requirements. (We covered Medicare entitlement based on ESRD in lesson A of this module.)
- Remember, people with ESRD do not need to be entitled to Social Security benefits to qualify for Medicare. However, if they are also entitled to disability benefits, they may qualify under both programs.

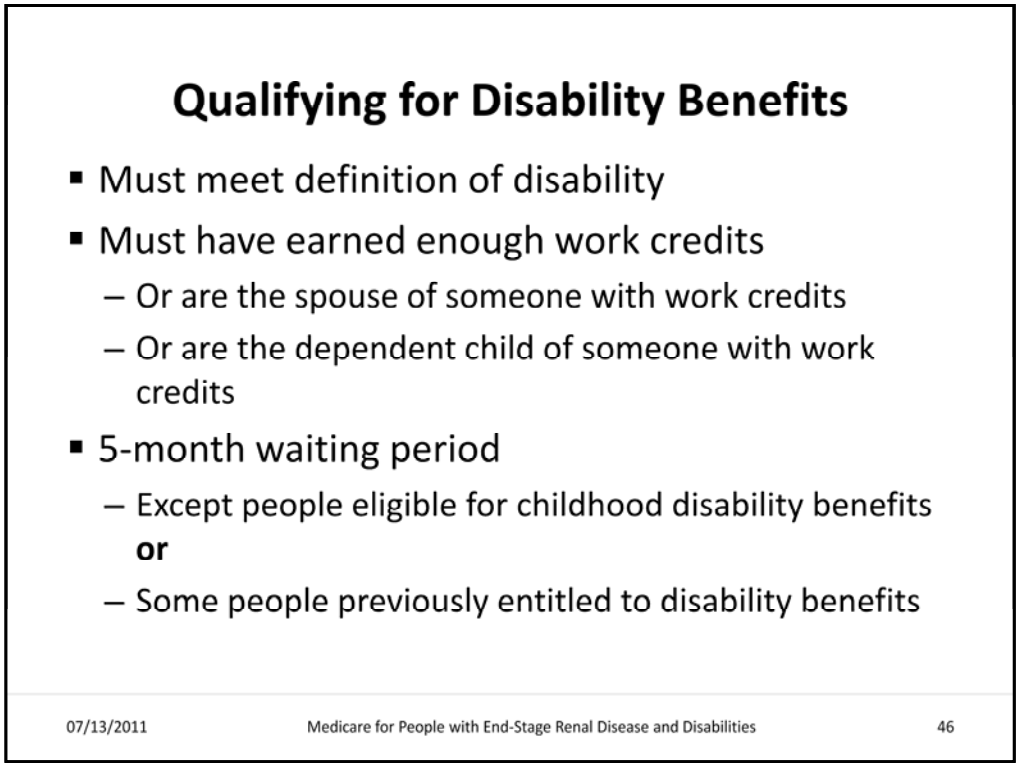


- Social Security administers two major programs, both of which pay disability benefits:
  1. Retirement, Survivors and Disability Insurance (RSDI), which is title II of the Social Security Act
     - RSDI benefits are commonly known as Social Security benefits and are sometimes referred to as Old-Age, Survivors and Disability Insurance (OASDI) benefits
     - Eligibility is based on a person's lifetime history of earnings covered by Social Security
     - This program is funded by Social Security (FICA) taxes. (FICA stands for "Federal Insurance Contributions Act." This is the tax withheld from our salaries, and paid by people who are self-employed, that funds the Social Security and Medicare programs.)
  2. Supplemental Security Income (SSI), which is title XVI of the Social Security Act
     - SSI is for people of any age who are disabled or blind, and people who are age 65 or over. Eligibility for this program is based on need, and the program is funded by general tax revenues (not by Social Security taxes).
- While both of these programs pay cash benefits for people with disabilities, receiving SSI does not qualify a person for Medicare. However, many people qualify under both programs.



- Social Security determines eligibility for disability benefits. To receive Social Security disability benefits, the law requires you to have a physical and/or mental condition that keeps you from working and is expected to last for at least a year or result in death. The impairment must keep you from doing any substantial work. People who are working in 2011 and have earnings of more than $1,000 a month generally cannot be considered disabled. You must not only be unable to do your previous work, but also any other type of work considering your age, education, and work experience. No benefits are payable for partial disability or for short-term disability.
- People who are blind may qualify as disabled. You can be found legally blind under Social Security rules if your vision cannot be corrected to more than 20/200 in the better eye, or if your visual field is 20 degrees or less, even with a corrective lens (a condition known as “tunnel vision”). Many people who meet the legal definition of blindness still have some sight and may be able to read large print and get around without a cane or a guide dog. In 2011, people who are blind can earn up to $1,640 a month before their work is considered substantial.

Note: No person is considered disabled if drug or alcohol abuse is a material contributing factor.



- Most people get Medicare because of their entitlement to Social Security (RSDI or title II) benefits. This includes people under age 65 who have a disability.
- Once you file an application for disability benefits, Social Security will determine if you meet all of the requirements to receive cash benefits. In addition to meeting the definition of disability, you qualify based on either

– Your own work credits **or**

– Your relationship to someone who has earned the required number of work credits.

- People can earn up to four work credits per year. Contact Social Security for information about the required number of credits and the types of relationships needed to qualify.
- In most cases, there is a waiting period of 5 full calendar months from the time your disability began until benefits can begin. If your application is approved, your first Social Security benefit will be paid starting with the sixth full month after the date your disability began. The 5-month waiting period for cash benefits does not apply to people who get childhood disability benefits or to some people who were previously entitled to disability benefits.

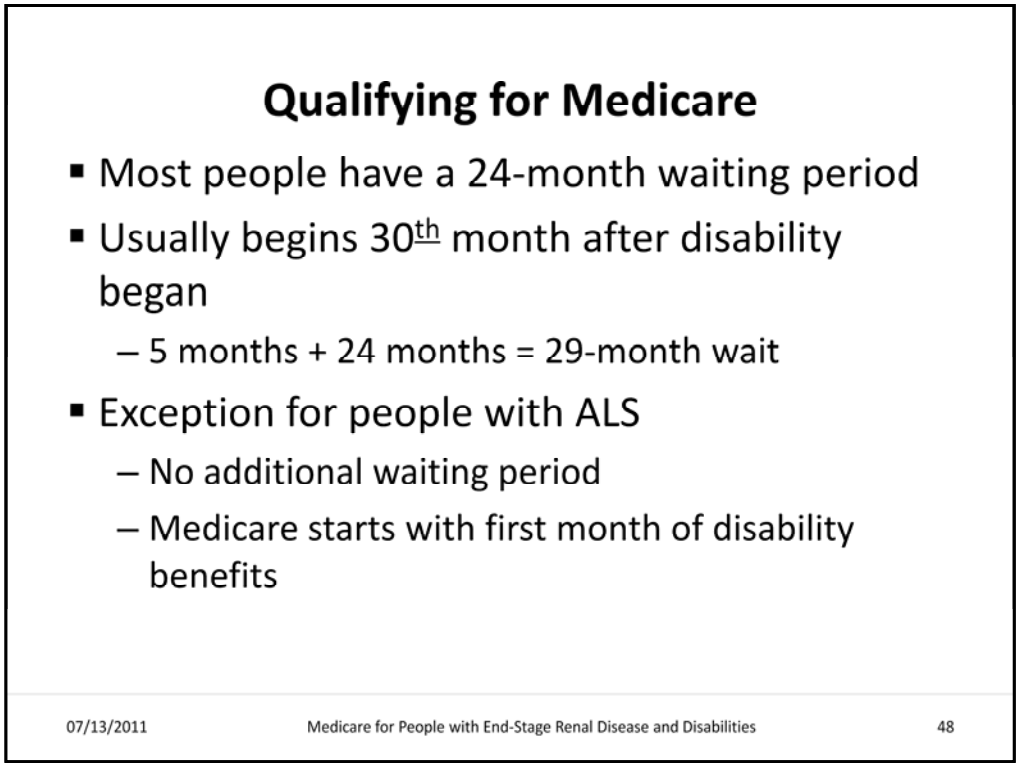
- You can shorten the application process by taking certain documents and information with you when you apply.

These include:

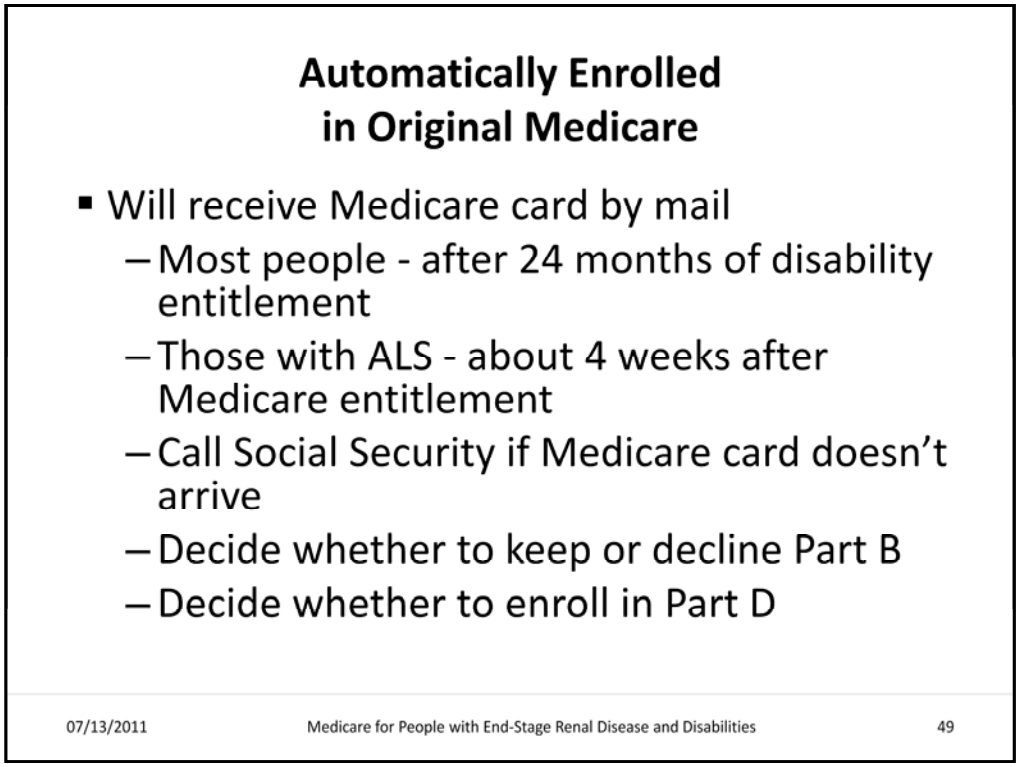
- Social Security number and proof of age for you and your dependents, and dates of any prior marriages if your spouse is applying
- Names, addresses, phone numbers, fax numbers, and dates of treatment for doctors, hospitals, clinics, and institutions that have treated you
- Names of all medications you are taking
- If available, your medical records showing exams, treatments, and laboratory and other test results
- A summary of where you have worked and the kind of work you did, including your most recent W-2 form (Wage and Tax Statement), or if self-employed your Federal tax return.

IMPORTANT: You must provide original documents or copies certified by the issuing office. Social Security will make photocopies and return the original documents.

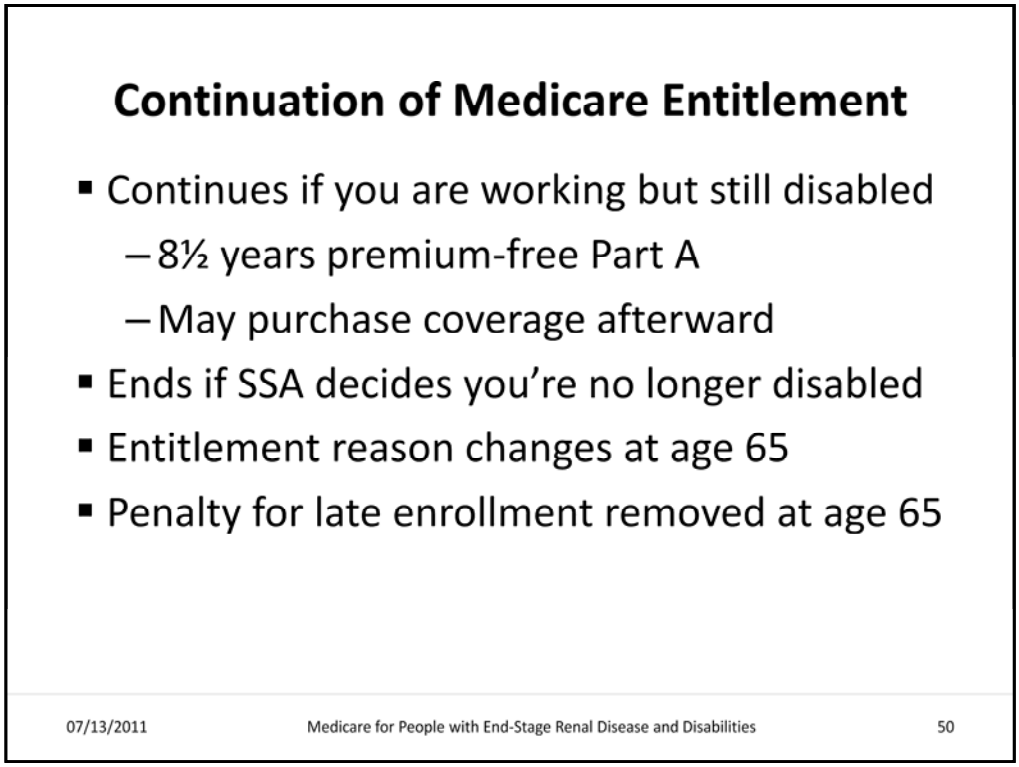
- **You should not wait to apply, even if you don't have all of the information.** The Social Security office will help you get the information you need. (If you have railroad employment, call the Railroad Retirement Board (RRB) at 1-877-772-5772 or your local RRB office.)



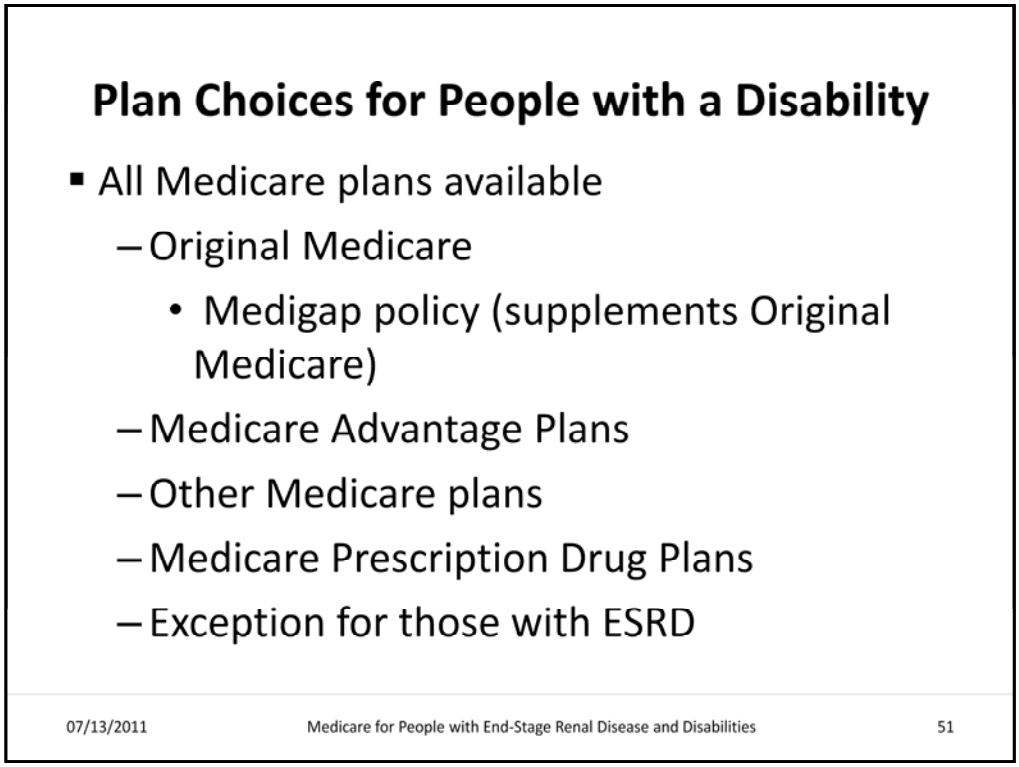
- In most cases, you must be entitled to disability benefits for 24 months before Medicare can begin, so the earliest you can receive Medicare is usually the 30th month after becoming disabled (i.e., 5-month waiting period for benefits to begin plus 24-month waiting period for Medicare = 29 months before Medicare entitlement begins in the 30th month).
- However, there is an exception. The 24-month Medicare waiting period does not apply to people who have Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's Disease). People with ALS get Medicare the first month they are entitled to disability benefits.



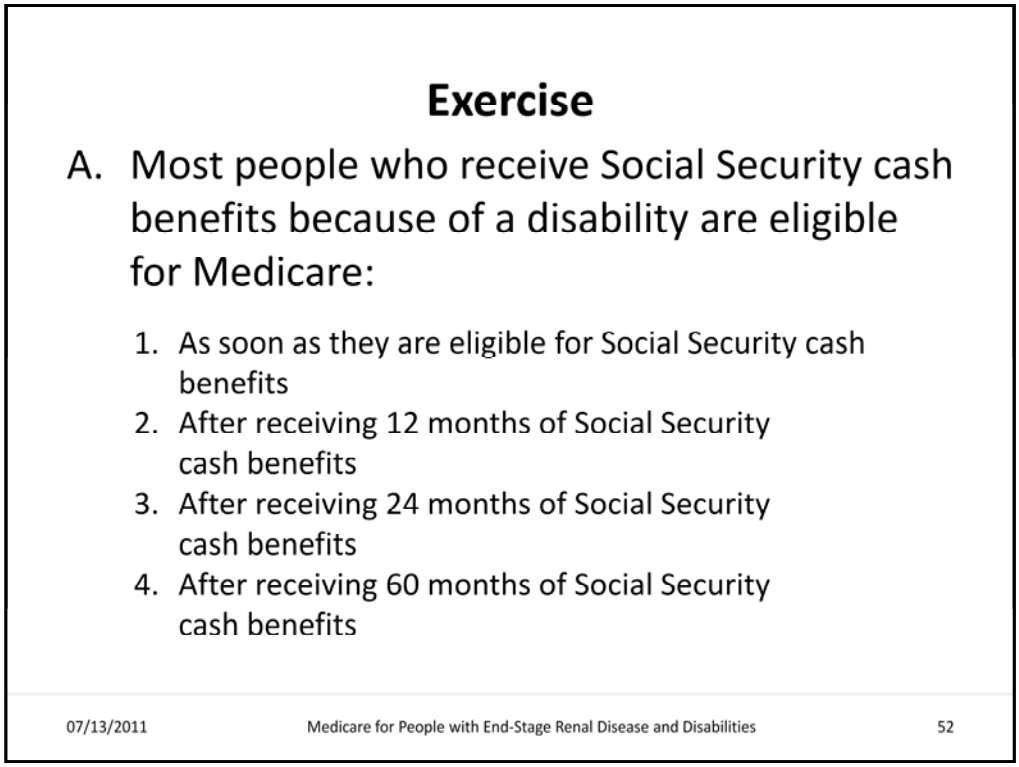
- You are automatically enrolled in Original Medicare when you have been entitled to Social Security disability benefits for at least 24 months, or the first month you are entitled because of ALS. You should receive a Medicare card in the mail about 3 months prior to your 25th month of disability benefits.
  - If you have ALS you will get your card about 4 weeks after you are entitled to Medicare.
  - If you do not receive your card, or if you have any questions about when you should be receiving your card, you should call 1-800-772-1213 or your local Social Security office.
- Once you receive your Medicare card, you must decide if you want to keep Part B of Medicare. Some people may not need Part B. For example, you may have health care coverage under a group health plan based on your own current employment or the current employment of a family member. Before deciding, you should check with Social Security or CMS to be sure you won't be charged a higher Part B premium for late enrollment if you decide later that you do want Part B. Instructions are sent with the Medicare card explaining what to do if you do not want Part B.
  - If you decide you want Part B, you can choose to remain with Original Medicare or select another health plan option.
- You also have the option to enroll in Medicare prescription drug coverage (Part D).



- As long as you continue to meet the requirements for Social Security disability benefits, you continue to be entitled to Medicare. If Social Security determines that your benefits should stop because of medical recovery (meaning your medical condition has improved and no longer meets the disability definition), your Medicare entitlement based on disability ends.
- Social Security has work incentives to support people who are still medically disabled but try to work in spite of their disability. Continuation of Medicare coverage is one type of work incentive.
  - You may have at least 8½ years of extended Medicare coverage if you return to work. Medicare continues even if Social Security determines that you can no longer receive cash benefits because you are earning above the substantial gainful activity level ($1000 per month in 2010).
  - After this period, you may buy Medicare Part A (and Part B) for as long as you continue to be disabled. You will be billed for your Medicare premiums. If you are receiving Medicare benefits based on disability when you reach age 65, you have continuous coverage with no interruption. You will get Part A free, if you have been buying it. However, the reason for entitlement changes from disability to age. If you did not have Part B when you were disabled, you will automatically be enrolled in Part B when you turn age 65, but you will again be able to decide whether or not to keep it.
- If you were paying an additional Part B premium (penalty for late enrollment) while you were disabled, the penalty will be removed when you reach age 65.

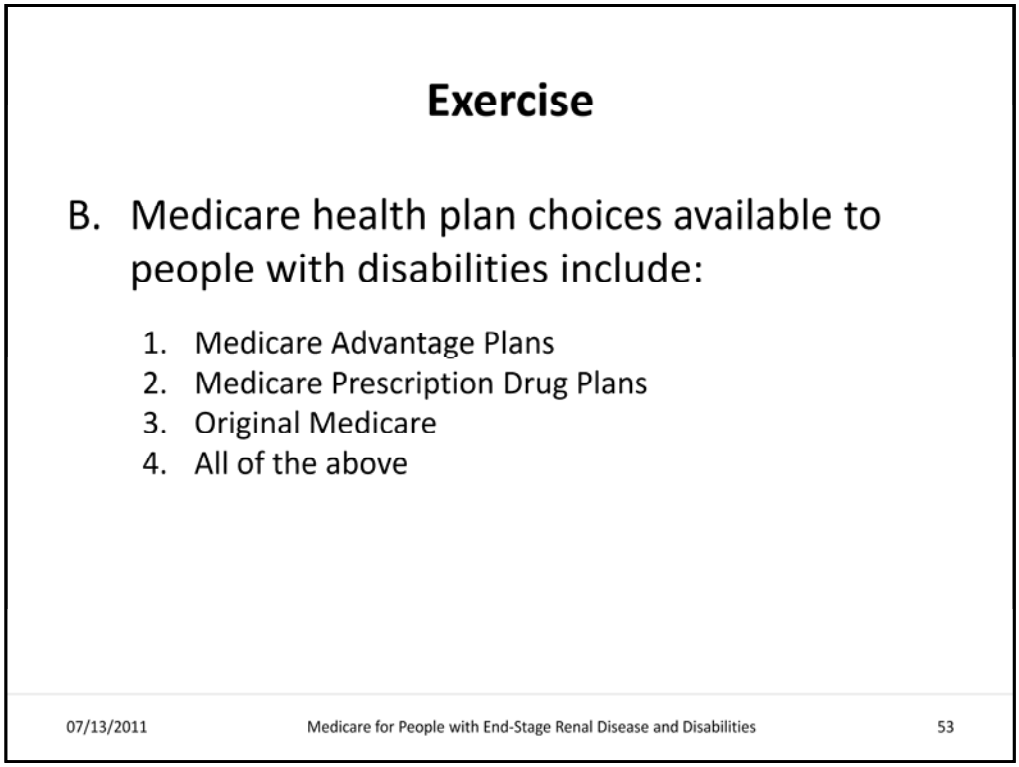


- The same Medicare health plan choices are available to people with disabilities as those available to people age 65 and older, except for those with ESRD. You may choose Original Medicare or a Medicare Advantage Plan or other Medicare plan that is available in your area. You may also join a Medicare drug plan. Enrolling in a Medicare drug plan is optional but can provide substantial savings for people with chronic medical conditions who may be taking multiple prescription drugs.



A. Most people who receive Social Security cash benefits because of a disability are eligible for Medicare
   1. As soon as they are eligible for Social Security cash benefits
   2. After receiving 12 months of Social Security cash benefits
   3. After receiving 24 months of Social Security cash benefits
   4. After receiving 60 months of Social Security cash benefits

Answer: 3. After receiving 24 months of Social Security cash benefits



B. Medicare health plan choices available to people with disabilities include:

1. Medicare Advantage Plans
2. Medicare Prescription Drug Plans
3. Original Medicare
4. All of the above

Answer: 4. All of the above

ESRD Resource Guide

Resources

Medicare.gov

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 1-800-325-778)

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.ogr

*For telephone numbers call CMS
1-800-MEDICARE (1-800-633-4227)
1-877-486-2048 for TTY users

Medicare Products

Medicare Coverage of Kidney Dialysis and Kidney Transplant Services
CMS Product No. 10128

Medicare & You Handbook
CMS Product No. 10050)

Your Medicare Benefits
CMS Product No. 10116

To access these products:

View and order single copies at Medicare.gov

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

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

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State	Agency Name	Contact Information
Alabama	Network 8, Inc.	Toll Free: (877) 936-9260 Local: (601) 936-9260 Visit agency website
Alaska	Northwest Renal Network - Network 16	Toll Free: (800) 262-1514 Local: (206) 923-0714 Visit agency website
American Samoa	Western Pacific Renal Network, LLC - Network 17	Toll Free: (800) 232-3773 Local: (415) 897-2400 Visit agency website
Arizona	Intermountain ESRD Network - Network 15	Toll Free: (800) 783-8818 Local: (303) 831-8818 Visit agency website
Arkansas	ESRD NW Organization #13	Toll Free: (800) 472-8664 Local: (405) 942-6000 Visit agency website
California	Western Pacific Renal Network, LLC - Network 17	Toll Free: (800) 232-3773 Local: (415) 897-2400 Visit agency website
California	Southern California Renal Disease Council - Network 18	Toll Free: (800) 637-4767 Local: (323) 962-2020 Visit agency website
Colorado	Intermountain ESRD Network - Network 15	Toll Free: (800) 783-8818 Local: (303) 831-8818 Visit agency website
Connecticut	ESRD Network of New England - Network 1	Toll Free: (866) 286-3773 Local: (203) 387-9332 Visit agency website
Delaware	ESRD Network 4, Inc.	Toll Free: (800) 548-9205 Local: (412) 325-2250 Visit agency website
Florida	Florida Medical Quality Assurance Inc.,The Florida ESRD Network - Network 7	Toll Free: (800) 826-3773 Local: (813) 383-1530 Visit agency website

Georgia	Southeastern Kidney Council - Network 6	Toll Free: (800) 524-7139 Local: (919) 855-0882 Visit agency website
Guam	Western Pacific Renal Network, LLC - Network 17	Toll Free: (800) 232-3773 Local: (415) 897-2400 Visit agency website
Hawaii	Western Pacific Renal Network, LLC - Network 17	Toll Free: (800) 232-3773 Local: (415) 897-2400 Visit agency website
Idaho	Northwest Renal Network - Network 16	Toll Free: (800) 262-1514 Local: (206) 923-0714 Visit agency website
Illinois	The Renal Network - Network 9/10	Toll Free: (800) 456-6919 Local: (317) 257-8265 Visit agency website
Indiana	The Renal Network - Network 9/10	Toll Free: (800) 456-6919 Local: (317) 257-8265 Visit agency website
Iowa	ESRD Network #12	Toll Free: (800) 444-9965 Local: (816) 880-9990 Visit agency website
Kansas	ESRD Network #12	Toll Free: (800) 444-9965 Local: (816) 880-9990 Visit agency website
Kentucky	The Renal Network - Network 9/10	Toll Free: (800) 456-6919 Local: (317) 257-8265 Visit agency website
Louisiana	ESRD NW Organization #13	Toll Free: (800) 472-8664 Local: (405) 942-6000 Visit agency website
Maine	ESRD Network of New England - Network 1	Toll Free: (866) 286-3773 Local: (203) 387-9332 Visit agency website

Maryland	Mid-Atlantic Renal Coalition - Network 5	Toll Free: (866) 651-6272 Local: (804) 794-3757 Visit agency website
Massachusetts	ESRD Network of New England - Network 1	Toll Free: (866) 286-3773 Local: (203) 387-9332 Visit agency website
Michigan	Renal Disease Network of the Upper Midwest, Inc. - Network 11	Toll Free: (800) 973-3773 Local: (651) 644-9877 Visit agency website
Minnesota	Renal Disease Network of the Upper Midwest, Inc. - Network 11	Toll Free: (800) 973-3773 Local: (651) 644-9877 Visit agency website
Mississippi	Network 8, Inc.	Toll Free: (877) 936-9260 Local: (601) 936-9260 Visit agency website
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Montana	Northwest Renal Network - Network 16	Toll Free: (800) 262-1514 Local: (206) 923-0714 Visit agency website
Nebraska	ESRD Network #12	Toll Free: (800) 444-9965 Local: (816) 880-9990 Visit agency website
Nevada	Intermountain ESRD Network - Network 15	Toll Free: (800) 783-8818 Local: (303) 831-8818 Visit agency website
New Hampshire	ESRD Network of New England - Network 1	Toll Free: (866) 286-3773 Local: (203) 387-9332 Visit agency website
New Jersey	Trans-Atlantic Renal Council - Network 3	Toll Free: (888) 877-8400 Local: (609) 490-0310 Visit agency website
New Mexico	Intermountain ESRD Network - Network 15	Toll Free: (800) 783-8818 Local: (303) 831-8818 Visit agency website

New York	ESRD NW of New York - Network 2	Toll Free: (800) 238-3773 Local: (516) 209-5578 Visit agency website
North Carolina	Southeastern Kidney Council - Network 6	Toll Free: (800) 524-7139 Local: (919) 855-0882 Visit agency website
North Dakota	Renal Disease Network of the Upper Midwest, Inc. - Network 11	Toll Free: (800) 973-3773 Local: (651) 644-9877 Visit agency website
Northern Mariana Islands	Western Pacific Renal Network, LLC - Network 17	Toll Free: (800) 232-3773 Local: (415) 897-2400 Visit agency website
Ohio	The Renal Network - Network 9/10	Toll Free: (800) 456-6919 Local: (317) 257-8265 Visit agency website
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South Dakota	Renal Disease Network of the Upper Midwest, Inc. - Network 11	Toll Free: (800) 973-3773 Local: (651) 644-9877 Visit agency website

Tennessee	Network 8, Inc.	Toll Free: (877) 936-9260 Local: (601) 936-9260 Visit agency website
Texas	ESRD Network of Texas - Network 14	Toll Free: (877) 886-4435 Local: (972) 503-3215 Visit agency website
Utah	Intermountain ESRD Network - Network 15	Toll Free: (800) 783-8818 Local: (303) 831-8818 Visit agency website
Vermont	ESRD Network of New England - Network 1	Toll Free: (866) 286-3773 Local: (203) 387-9332 Visit agency website
Virgin Islands	Trans-Atlantic Renal Council - Network 3	Toll Free: (888) 877-8400 Local: (609) 490-0310 Visit agency website
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Washington	Northwest Renal Network - Network 16	Toll Free: (800) 262-1514 Local: (206) 923-0714 Visit agency website
Washington D.C.	Mid-Atlantic Renal Coalition - Network 5	Toll Free: (866) 651-6272 Local: (804) 794-3757 Visit agency website
West Virginia	Mid-Atlantic Renal Coalition - Network 5	Toll Free: (866) 651-6272 Local: (804) 794-3757 Visit agency website
Wisconsin	Renal Disease Network of the Upper Midwest, Inc. - Network 11	Toll Free: (800) 973-3773 Local: (651) 644-9877 Visit agency website
Wyoming	Intermountain ESRD Network - Network 15	Toll Free: (800) 783-8818 Local: (303) 831-8818 Visit agency website

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E-mail: NMTP@cms.hhs.gov
Website: cms.gov/NationalMedicareTrainingProgram

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244