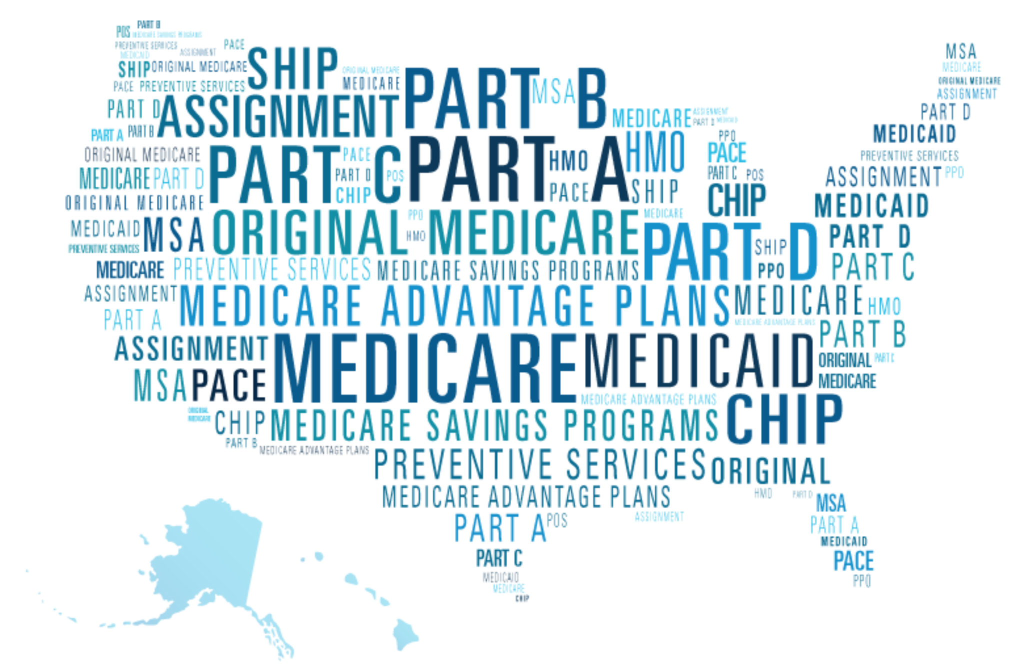
2015 National Training Program

Workbook

Module: 6

Medicare for People With End-Stage Renal Disease



Centers for Medicare & Medicaid Services (CMS)
National Training Program (NTP)
Instructor Information Sheet

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

Module Description

The lessons in this module, "Medicare for People With End-Stage Renal Disease," explain the Medicare program for people with End-Stage Renal Disease (ESRD). It includes information on eligibility and enrollment, coverage, health plan options, and provides additional sources of information.

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

Objectives

- Define ESRD
- Explain Medicare eligibility and enrollment rules
- Determine what's covered under Medicare
- Identify health plan options for people with ESRD

Target Audience

This module is designed for presentation to trainers and other information givers. It can be easily adapted for presentations to groups of beneficiaries.

Time Considerations

The module consists of 44 PowerPoint slides with corresponding speaker's notes, media used, activities, and quiz questions. It can be presented in about 45 minutes. Allow approximately 15 more minutes for discussion, questions, and answers. Additional time may be allocated for add-on activities.

Course Materials

No additional materials are needed.

References

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

Module 6—Medicare for People With End-Stage Renal Disease (ESRD)

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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.

The information in this module was correct as of May 2015. To check for an updated version, visit CMS.gov/outreach-and-education/training/cmsnationaltrainingprogram/index.html.

The CMS National Training Program provides this as an informational resource for our partners. It's not a legal document or intended for press purposes. The press can contact the CMS Press Office at press@cms.hhs.gov. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

Session Objectives

This session focuses on the Medicare program for people with End-Stage Renal Disease (ESRD), to help you

- Define End-Stage Renal Disease (ESRD)
- Explain Medicare eligibility and enrollment rules
- Determine what's covered under Medicare
- Identify health plan options for people with ESRD

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This session will help you

- Define End-Stage Renal Disease (ESRD)
- Explain Medicare eligibility and enrollment rules
- Determine what's covered under Medicare
- Identify health plan options for people with ESRD

NOTE: From this point on we will use the acronym ESRD when discussing End-Stage Renal Disease.

Lesson 1—Overview of Medicare for People With ESRD

- ESRD Basics
- Medicare Eligibility based on ESRD

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Lesson 1 provides an overview of Medicare for people with ESRD. It includes basic information and Medicare eligibility based on ESRD.

ESRD Basics

- ESRD is permanent kidney failure
  - Stage V chronic kidney disease
    - Requires a regular course of dialysis **or**
    - Kidney transplant
- You may be eligible for Medicare based on ESRD
  - Coverage began in 1973

ESRD is defined as permanent kidney failure that requires a regular course of dialysis or a kidney transplant. In 1972, Medicare was expanded to include 2 new groups of people: certain people with a disability and those with ESRD. The expanded coverage began in 1973.

There are 5 stages of chronic kidney disease (CKD). The National Kidney Foundation developed guidelines to help identify the levels of kidney disease. If you have Stage 5 CKD, you may be eligible for Medicare based on ESRD. Visit kidney.org for more information about CKD.

Eligibility for Medicare Part A (Hospital Insurance) Based on ESRD

- Eligibility requirements
  - Any age
  - Kidneys no longer function, and
  - 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 child or
    - An eligible spouse (including through same-sex marriage)

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You can get Medicare no matter how old you are if your kidneys no longer work, you need regular dialysis or have had a kidney transplant, and one of these applies to you:

- You've worked the required amount of time under Social Security, the Railroad Retirement Board, or as a government employee
- You're already getting or are eligible for Social Security or Railroad Retirement benefits
- You're the spouse or dependent child of a person who meets either of the requirements listed above
  - You may be eligible based on the earning records of a current or prior same-sex spouse if you
    - Were married in a state that permits same-sex marriage
    - Were living together at the time of the application, or while the claim was pending final determination in a state that recognizes same-sex marriage, and
    - Were married for at least 10 years (if divorced)

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

NOTE: See CMS Product No. 11392 "Medicare for Children With End-Stage Renal Disease," at Medicare.gov/Pubs/pdf/11392.pdf for more information regarding children with ESRD.

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

If you qualify for Medicare Part A, you can also get Medicare Part B (Medical Insurance). Enrolling in Part B is your choice and isn't automatic. If you don't enroll in Part B when you get Part A, you must wait until a General Enrollment Period (January 1–March 31 each year) to apply, and you may have to pay a late enrollment penalty. You'll need both Part A and Part B to get the full benefits available from Medicare to cover certain 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 (ESRD), and for more information about the amount of work needed under Social Security or as a federal 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 at 1-877-772-5772. TTY users should call 1-312-751-4701.

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.

Check Your Knowledge–Question 1

A diagnosis of ESRD is the only eligibility requirement for Medicare based on ESRD.

a. True

b. False

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Check Your Knowledge—Question 1

A diagnosis of ESRD is the only eligibility requirement for Medicare based on ESRD.

a. True
b. False

ANSWER: b. False

In addition to meeting the medical requirements, one of these must also apply to you:

- You've worked the required amount of time under Social Security, the Railroad Retirement Board, or as a government employee
- You're already getting or are eligible for Social Security or Railroad Retirement benefits
- You're the spouse or dependent child of a person who meets either of the requirements listed above

Lesson 2—Medicare–Enrollment Based ESRD

- Enrolling in Medicare
- Medicare and Group Health Plan Coverage
- Enrollment considerations
- Rules for ESRD coverage
  - When it starts, continues, resumes, and ends

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Lesson 2 covers the following:

- Enrolling in Medicare
- Medicare and Group Health Plan Coverage
- Enrollment considerations
- Rules for ESRD coverage
  - When it starts, continues, resumes, and ends

Enrolling in Medicare Part B

- Enrollment based on ESRD may eliminate your Part B penalty if you already had Medicare due to age or disability
  - If you didn't enroll when you were first eligible
- 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

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

If you're receiving Medicare benefits based on ESRD when you turn 65, you have continuous coverage with no interruption. If you didn't have Part B prior to 65, you'll automatically be enrolled in Part B when you turn 65, but you can decide whether or not to keep it. If you were paying a higher Part B premium for late enrollment, the penalty will be removed when you turn 65.

Delaying Medicare Part B

- If you enroll in Part A and delay enrolling 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% for each 12-month period you were eligible but not enrolled
- No Special Enrollment Period for those with End-Stage Renal Disease

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If you enroll in Part A and wait to enroll in Part B, you may have a gap in coverage, since most expenses incurred for ESRD are covered by Part B rather than Part A. You'll only be able to enroll in Part B during a General Enrollment Period, January 1 to March 31 each year, with Part B coverage effective July 1 of the same year.

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

There's no Special Enrollment Period for Part B if you have ESRD. This includes individuals who are dually-entitled to Medicare based on ESRD and age or disability.

How to Enroll in Part A and Part B

- Enroll at your local Social Security office
- Get doctor/dialysis facility to fill out Form CMS-2728
  - If Social Security gets the form 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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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 and can get Medicare. If Form CMS-2728 is sent to Social Security before you apply, the office may contact you to ask if you want to complete an application.

In general, Medicare is the secondary payer of benefits for the first 30 months of Medicare eligibility (known as the 30-month coordination period) for people with ESRD who have an 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 you're getting near to the end of the 30-month coordination period. 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 slides 14–16).

Call Social Security at 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 ESRD
  - Your GHP/employer coverage 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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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 ESRD

- There's a period when your GHP will pay first on your health care bills and Medicare will pay second. This period 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's 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 enroll in Medicare again because you start dialysis or get another transplant, your Medicare coverage will start again 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.

Enrollment Considerations— 30-Month Coordination Period

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

The 30-month coordination period starts the first month you're able to get Medicare, even if you haven't signed up yet.

Example: You start dialysis in June. The 30-month coordination period generally starts September 1 (the fourth month of dialysis even if you don't have Medicare). 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. 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. However, you'll have to wait until the next General Enrollment Period (January 1–March 31) 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.

Enrollment Considerations—Immunosuppressive Drugs

If You	Your Immunosuppressive Drugs
Are entitled to Part A at time of transplant **and** ▪ Medicare paid for your transplant and the transplant took place in a Medicare-approved facility **or** ▪ Medicare was secondary payer but made no payment	Are covered by Part B ▪ Medicare pays 80% ▪ You pay 20% • 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 you would be covered by Part B, but you haven't enrolled in Part B) ▪ 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, 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 ESRD is the only reason for Medicare entitlement, i.e., the person isn't 65 and doesn't get Social Security disability benefits. 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 costs).

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.

When Medicare Coverage Based on ESRD Starts

Your Coverage Starts	Under the Following Circumstances
1st day of the 4th month	You get a regular course of dialysis in a facility
1st day of the month of the 1st month of dialysis	You participate in a home dialysis training program during the first 3 months of your regular course of dialysis (with expectation of completion)
1st day of the month	You get a kidney transplant
1st 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	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

Medicare coverage usually begins 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 can begin the first month of a regular course of dialysis treatments if you meet all of these conditions:

- You participate in a home dialysis training program offered by a Medicare-approved training facility during the first 3 months of your regular course of dialysis
- 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.

NOTE: When you enroll in Medicare based on ESRD and you're on dialysis, Medicare coverage usually starts on the first day of the fourth month of your dialysis treatments. This waiting period will start even if you haven't signed up for Medicare. For example, if you don't sign up until after you've met all the requirements, your coverage could begin up to 12 months before the month you apply.

When Coverage for ESRD Ends, Continues, or Resumes

When Coverage Ends	When Coverage Continues	When Coverage Resumes
Entitlement based solely on ESRD • Coverage ends 12 months after the month you no longer require a regular course of dialysis **or** • Thirty-six months after the month of your kidney transplant	• No interruption in coverage if you start a regular course of dialysis again 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	Must file new application and there's 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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If you're eligible for Medicare coverage only because of ESRD, your Medicare coverage will end

- Twelve months after the month you stop dialysis treatments, **or**
- Thirty-six months after the month you have a kidney transplant

Medicare coverage will continue without interruption if

- You start a regular course of dialysis again 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

NOTE: 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 11).

Check Your Knowledge—Question 2

If you're receiving a regular course of dialysis in a Medicare-approved facility, when will your Medicare coverage based on ESRD start?

a. The first day of the next month
b. 60 days after dialysis begins
c. 30 days after dialysis begins
d. The first day of the fourth month

Check Your Knowledge—Question 2

If you're receiving a regular course of dialysis in a Medicare-approved facility, when will your Medicare coverage based on ESRD start?

a. The first day of the next month
b. 60 days after dialysis begins
c. 30 days after dialysis begins
d. The first day of the fourth month

ANSWER: d. The first day of the fourth month

Medicare coverage will begin on the first day of the fourth month of a regular course of dialysis (see slide 15).

Check Your Knowledge—Question 3

Your Medicare entitlement based solely on ESRD ends

a. 12 months after the month you no longer require a regular course of dialysis
b. 36 months after the month of your kidney transplant
c. 90 days after your kidney transplant
d. Both a and b are correct

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Check Your Knowledge—Question 3

Your Medicare entitlement based solely on ESRD ends

a. 12 months after the month you no longer require a regular course of dialysis
b. 36 months after the month of your kidney transplant
c. 90 days after your kidney transplant
d. Both a and b are correct

ANSWER: d. Both a and b are correct

Medicare entitlement based solely on ESRD 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.

Lesson 3—What Medicare Covers

- Medicare coverage related to ESRD includes
  - Dialysis services
  - Home dialysis training
  - Transplant coverage

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Lesson 3, "What Medicare Covers," explains the following benefits related to ESRD includes

- Dialysis services
- Home dialysis training
- Transplant coverage

What Medicare Covers

- All services covered by Original Medicare
  - Medicare Part A (Hospital Insurance)
  - Medicare Part B (Medical Insurance)
- Special services for ESRD (dialysis and transplant patients)
  - Immunosuppressive drugs
    - Under certain conditions
  - Other special services

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As a person entitled to Medicare based on ESRD, you're entitled to all Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) services covered under Original Medicare. You may also choose to 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 include coverage for immunosuppressive drugs for transplant patients, as long as certain conditions are met (described earlier), and other services for transplant and dialysis patients.

Visit Medicare.gov/coverage/dialysis-services-and-supplies.html for more information on covered services and supplies.

Covered Dialysis Services

- Paid under Part A
  - Inpatient dialysis treatments
- Paid under Part B
  - Outpatient dialysis treatments and doctors' services
  - Home dialysis training
  - Home dialysis equipment and supplies
  - Some support services and drugs for home dialysis
  - Medical nutrition therapy

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If you have Medicare as a result of ESRD, your covered treatments and services may include the following:

- Part A–Inpatient dialysis treatments
- Part B
  - Outpatient dialysis treatments (if you get treatments in a Medicare-approved dialysis facility)
  - Outpatient doctor services
  - Home 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

Part B also covers medical nutrition therapy services and certain related services. A registered dietician or nutrition professional who meets certain requirements can provide these services, which may include nutritional assessment, one-on-one counseling, and therapy services, either in person or through an interactive telecommunications system.

If you get dialysis in a dialysis facility, Medicare covers medical nutrition therapy as part of your overall dialysis care.

Home Dialysis

- Two types can be done at home
  - Hemodialysis
  - Peritoneal dialysis
- Most common drugs covered by Medicare
  - Heparin to slow blood clotting
  - Drug to help clotting when necessary
  - Topical anesthetics
  - Epoetin alfa for anemia management

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There are 2 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. The newly cleaned blood then flows through another set of tubes and back into your body.
- Peritoneal uses a special solution (called dialysate) that flows through a tube into your abdomen. After a few hours, the dialysate takes wastes from your blood and can be drained from your abdomen. After draining the used dialysate, your abdomen is filled with fresh dialysate, and the cleaning process begins again.

Some of the most common drugs covered by Medicare under the 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% 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 Training

- Home dialysis training
  - Doctor approval for home-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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You may qualify for home 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.

- Home dialysis training (it generally 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, the dialysis machine 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 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

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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 or the person who may be helping you during home 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

Ambulance Transportation

- Covered by Medicare in some cases
- Need written order from your doctor
  - For non-emergency, scheduled, repetitive ambulance services
    - Must be medically necessary
    - Must be dated within 60 days of that service
- If you're in a Medicare Advantage (MA) Plan, it may cover some non-ambulance transportation to dialysis centers and doctors

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In some cases, Medicare may cover ambulance transportation when you have ESRD. There are multiple factors that contribute to whether or not your ambulance transport is covered for dialysis.

For non-emergency, scheduled, repetitive ambulance services, the ambulance supplier must get a written order from your doctor before you get the ambulance service. The doctor's written order must certify that ambulance transportation is medically necessary and must be dated no earlier than 60 days before you get the ambulance service.

If you're in a Medicare Advantage Plan (like a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO)), the plan may cover some non-ambulance transportation to dialysis centers and doctors. Read your plan materials, or call the plan for more information.

For more information about ambulance coverage, visit Medicare.gov/publications to read or print the booklet "Medicare Coverage of Ambulance Services." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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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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 as long as their kidney transplant is done in a hospital that's approved by Medicare to do kidney transplants.

Medicare Part A covers the following:

- Inpatient hospital services for a kidney transplant and/or preparation for a transplant (as long as the hospital is 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 (for you and your potential donor).

Medicare Part B Transplant Patient Coverage

- Surgeon's services for patient and donor
  - No deductible for donor
- Immunosuppressive drug therapy
  - After transplant under certain conditions

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Medicare Part B 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.
- Immunosuppressive drug therapy following a kidney transplant under certain conditions.

Check Your Knowledge—Question 4

Inpatient hospital services for both the patient and donor are covered by Medicare Part A.

a. True

b. False

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Check Your Knowledge—Question 4

Inpatient hospital services for both the patient and donor are covered by Medicare Part A.

a. True
b. False

ANSWER: a. True

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 (for you and your potential donor).

ESRD and Medigap Policies

- Medigap (Medicare Supplement Insurance) policies
  - Helps fill the “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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Lesson 4, “Coverage Options for People With ESRD,” explains the following:

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

ESRD and Medigap Policies

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- People with ESRD may not be able to buy Medigap
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- If available may cost more
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  - At 65

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A Medigap (Medicare Supplement Insurance) policy is health insurance sold by private insurance companies to help fill "gaps" (like deductibles and coinsurance) in Original Medicare coverage. Federal law doesn't require insurance companies to sell Medigap policies to people under 65; however, the following states do require Medigap insurance companies sell to people under 65:

- Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, and Wisconsin
  - Medigap isn't available to people with ESRD under 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 they 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, the U.S. standard–setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia, and 5 U.S. territories.

ESRD and Medicare Advantage (MA) Plans

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

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

You may be able to join an MA Plan if you're already getting your health benefits (for example, through an employer group health plan (EGHP)) through the same organization that offers an 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.

ESRD and Medicare Advantage (MA) Plans Continued

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

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There are a few other situations in which someone with ESRD can join 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 ESRD by providing benefits such as
  - Special provider expertise
  - Focused care management
- Must provide prescription drug coverage
- Available in limited areas
- Visit Medicare.gov/find-a-plan/ to see if a SNP for ESRD is available in your area

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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 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. SNPs 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 SNP for people with ESRD is available in your area

- Visit Medicare.gov (click "Find Health & Drug Plans").
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

ESRD and Medicare Prescription Drug Coverage

- Medicare prescription drug coverage (Part D)
  - Available for all people with Medicare
  - Covers drugs not covered under Part B
  - Must enroll in a plan to get coverage
  - You pay a monthly premium and a share of prescription drug costs
  - Extra Help is available for certain people with limited income and resources

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

While many drugs (i.e., immunosuppressive drugs needed following a kidney transplant) are covered under Part B, 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 prescription drug costs and protect against higher costs in the future. Children who have Medicare based on ESRD can also enroll in a Medicare drug plan.

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. 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 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. See next slide for exceptions.

NOTE: See "Medicare & the Health Insurance Marketplace" for more information: Medicare.gov/Pubs/pdf/11694.pdf or Medicare.gov/about-us/affordable-care-act/medicare-and-the-marketplace.html.

ESRD and State High-Risk Pools

- Exception for people with Medicare and ESRD
  - 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 lost that coverage
  - Inside and outside the Health Insurance Marketplace
  - HHS won’t enforce anti-duplication provisions
- Visit CMS.gov for memo relating to Marketplace policies and high-risk pool individuals

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There’s 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 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.

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 issuers may sell individual market health insurance policies to certain people with Medicare under 65 who lose state high-risk pool coverage. Visit CMS.gov/Medicare/Health-Plans/Medigap/Downloads/Sale-of-Individual-Market-Policies-to-Certain-Medicare-Beneficiaries.pdf to view the memo.

Check Your Knowledge—Question 5

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

a. Medicare Advantage Plans

b. Medicare Prescription Drug Plans

c. Medicare Parts A & B

d. Employer coverage

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Check Your Knowledge—Question 5

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

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

ANSWER: a. 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.

Lesson 5—Additional Sources of Information

- Websites
- Publications
- Other resources

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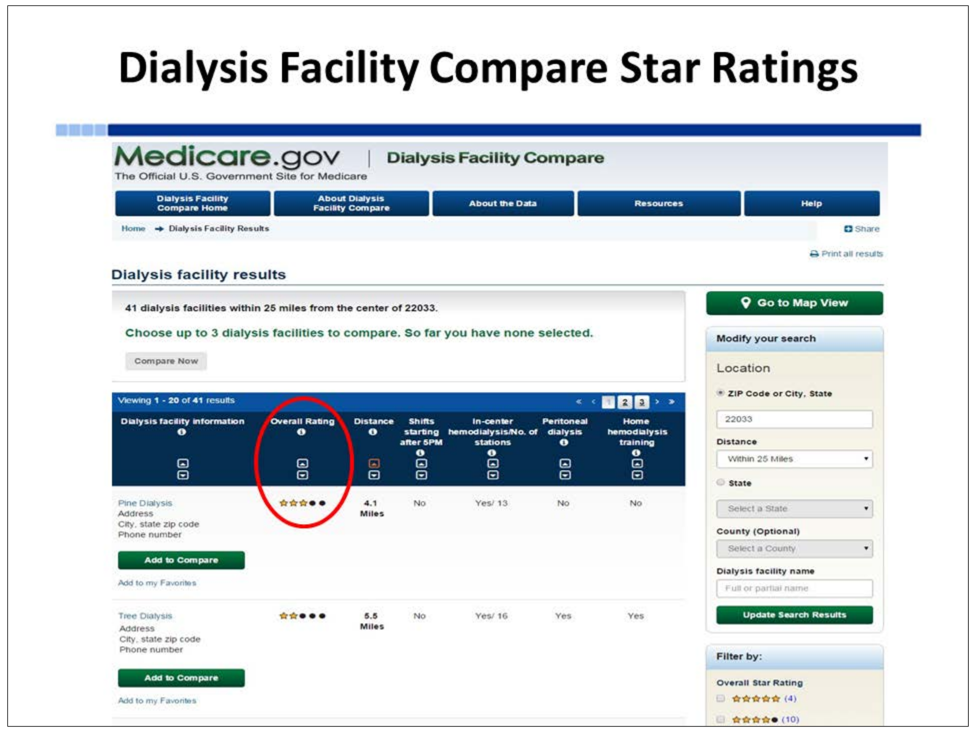
Lesson 5, "Additional Sources of Information," provides you with the following:

- Websites
- Publications
- Other resources



The Centers for Medicare & Medicaid Services (CMS) has a Dialysis Facility Compare (DFC) tool on Medicare.gov where you can search for a facility near you by ZIP Code, city, or state. It also helps you find and compare Medicare-certified dialysis facilities and provides information about chronic kidney disease, dialysis, and transplants.

In January 2015, CMS added a DFC Star Rating System in an effort to make data on dialysis centers easier to understand and use. The star ratings show whether your dialysis center provides quality dialysis care–that is, care known to get the best results for most dialysis patients.

The star ratings use several measures reported on DFC, which reflect the quality of care at each dialysis center. If you're new to dialysis, you and your doctor can talk about what the ratings mean and how you can use them with other information to help you decide where to go for treatment. You’re encouraged to visit the centers you're interested in before deciding where to go for your dialysis treatment.

For more details on measures used to determine the star rating of dialysis facilities, visit Medicare.gov/Dialysisfacilitycompare/#data/star-ratings-system. A patient checklist with questions you can ask your providers to help you determine the facility and treatment options that are right for you is available at Medicare.gov/Dialysisfacilitycompare/#resources/patient-checklists.

ESRDnetworks.org

- 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
    - Patients are no longer required to begin the complaint process at the facility
  - Locating dialysis facilities and transplant centers

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Under the direction of the Centers for Medicare & Medicaid Services (CMS), the 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.

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

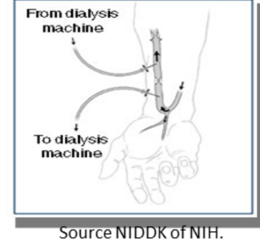
The ESRD Networks also help educate people with Medicare about the Medicare program and help resolve complaints and grievances. To protect patients from reprisal, CMS policy no longer requires the complaint process to start at the facility; patients can now bypass the facility and report grievances directly to the ESRD Network.

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.

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

Fistula First

- National Vascular Access Improvement Initiative
  - To increase use of fistulas for hemodialysis
  - Improved outcomes
- A fistula is a surgical connection joining a vein and an artery in the forearm
  - Provides access for dialysis



Source NIDDK of NIH.

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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.

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 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.
- ✓ 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.
- ✓ ESRD Networks handle quality of care concerns.

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ESRD is permanent kidney failure. If you have Stage V chronic kidney disease you may require a regular course of dialysis or kidney transplant.

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 home-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.

Key coverage resources are located at Medicare.gov/coverage/dialysis-services-and-supplies.html.

ESRD Resource Guide

Resources		Medicare Products
Medicare.gov Medicare.gov/people-like-me/esrd/dialysis-information.html **Medicare Call Center** 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048) **Social Security** 1-800-772-1213 (TTY 1-800-325-0778) SSA.gov **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	**State Health Insurance Assistance Programs (SHIPs)** For telephone numbers call 1-800-MEDICARE (1-800-633-4227) 1-877-486-2048 (TTY) **ESRD Networks** esrdnetworks.org **Fistula First** esrdncc.org/ffcl/ **National Kidney Foundation** kidney.org **American Kidney Fund** akfinc.org/ **United Network for Organ Sharing** unos.org/ **Medical Evidence Form (CMS 2728)** CMS.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms2728.pdf	"Medicare Coverage of Kidney Dialysis and Kidney Transplant Services," CMS Product No. 10128 "Medicare for Children With End-Stage Renal Disease," CMS Product No. 11312 "Medicare Helps Cover Kidney Disease Education," CMS Product No. 11456 "Medicare and Kidney Disease Education Services," CMS Product No. 11454 "Medicare's Coverage of Dialysis and Kidney Transplant Benefits: Getting Started," CMS Product No. 11360 **To access these products:** View and order single copies at Medicare.gov/publications Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization.

Acronyms

AVF	Arteriovenous Fistulas
CMS	Centers for Medicare & Medicaid Services
CKD	Chronic Kidney Disease
DFC	Dialysis Facility Compare
EGHP	Employer Group Health Plan
ESRD	End-Stage Renal Disease
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

CMS National Training Program (NTP)

To view all available NTP training materials, or to subscribe to our email list, visit

CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html

For questions about training products email training@cms.hhs.gov

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