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 2017. To check for an updated version, visit CMS.gov/outreach-and-education/training/cmsnationaltrainingprogram/index.html.

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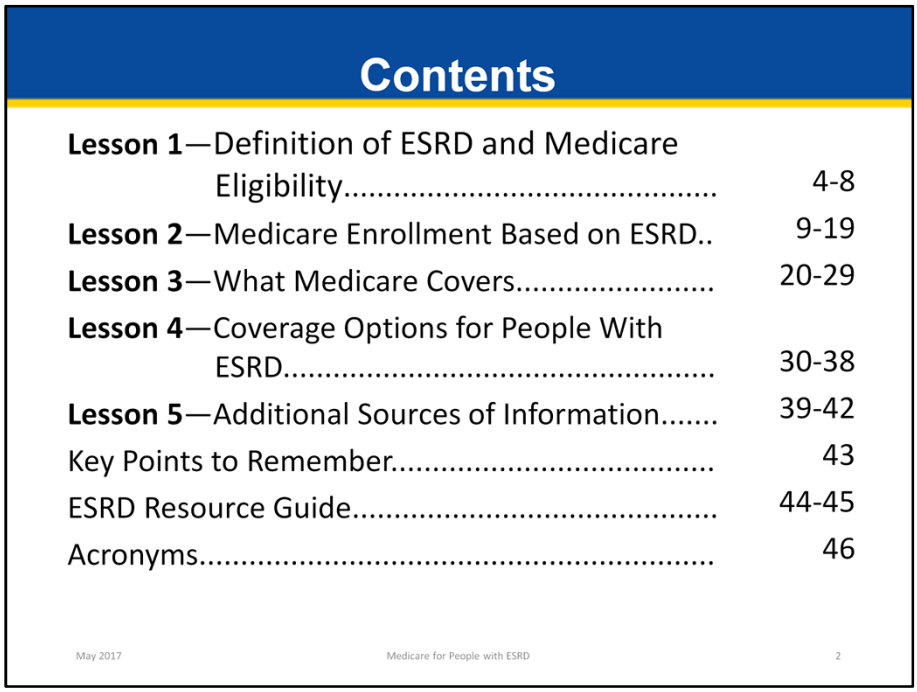
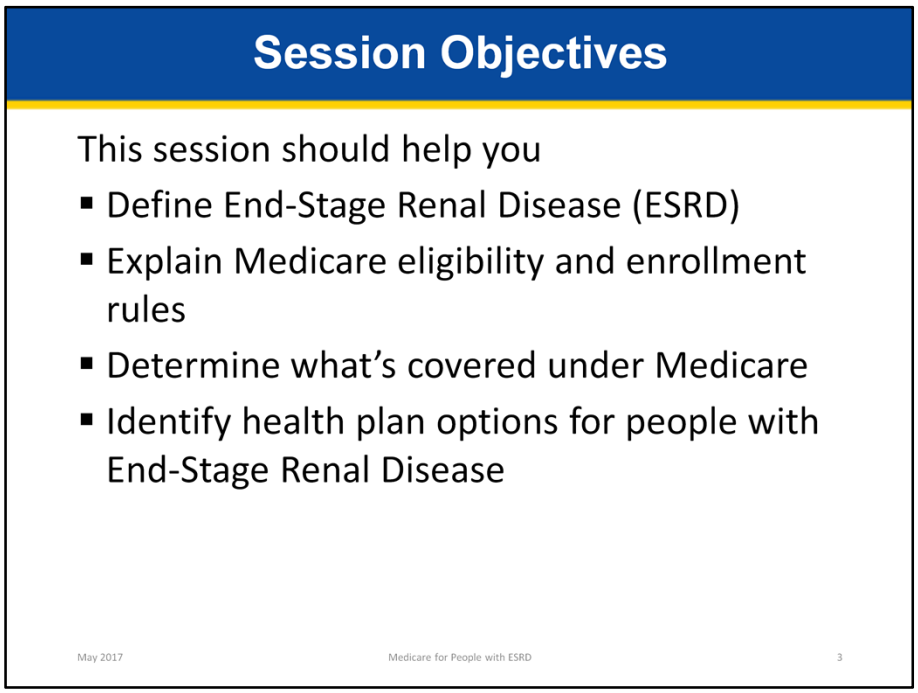


The lessons in this module, "Medicare for People With End-Stage Renal Disease," explain the Medicare Program for people with End-Stage Renal Disease (ESRD). It includes information on eligibility and enrollment, coverage, health plan options, and provides additional sources of information.

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. It can be easily adapted for presentations to groups of beneficiaries.

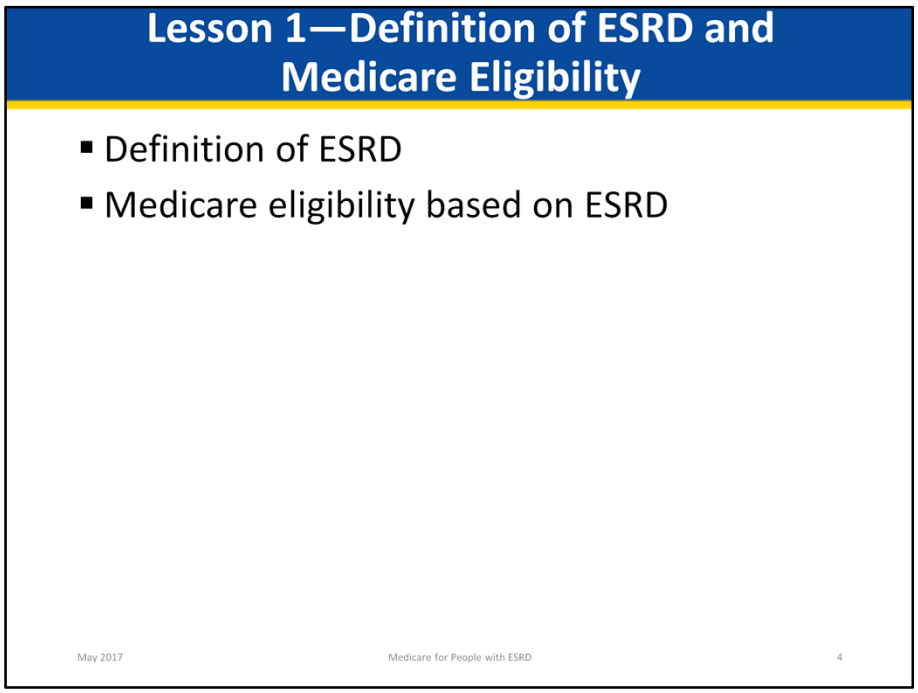
The module consists of 47 PowerPoint slides with corresponding speaker's notes, media used, activities, and check-your-knowledge questions. It can be presented in about 45 minutes. Allow approximately 15 more minutes for discussion, questions, and answers. Additional time may be needed for add-on activities.



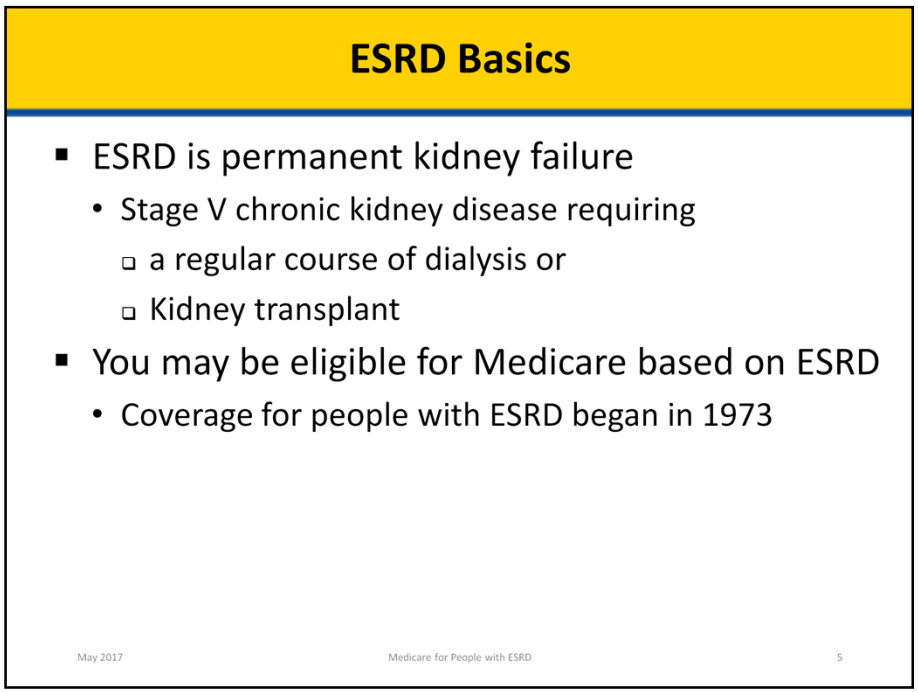
This session should help you

- 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.



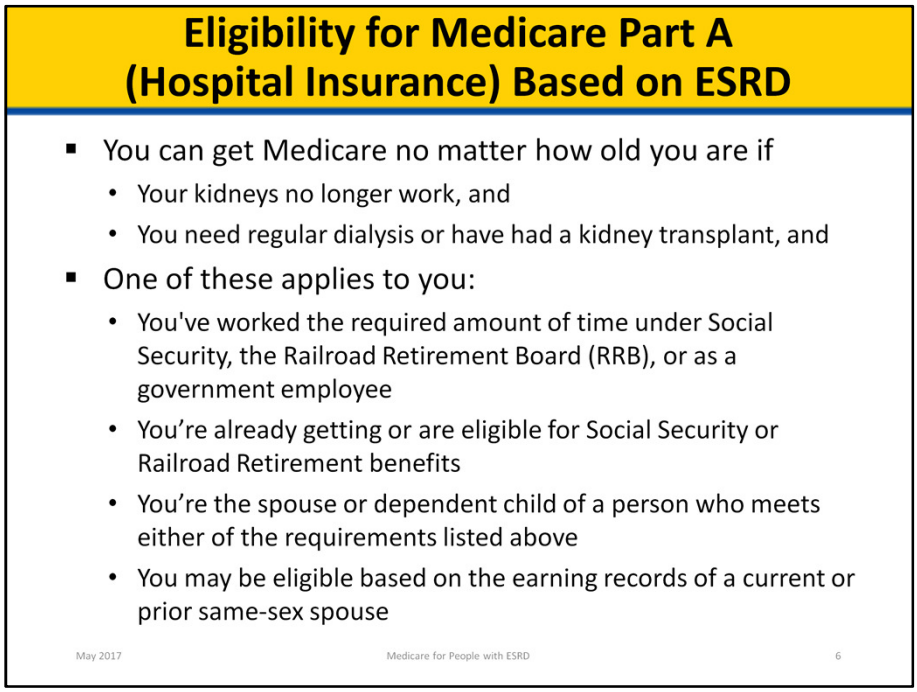
Lesson 1 helps to define ESRD and provides basic information about Medicare eligibility based on ESRD.



ESRD is defined as permanent kidney failure that requires a regular course of dialysis or a kidney transplant.

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.

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.

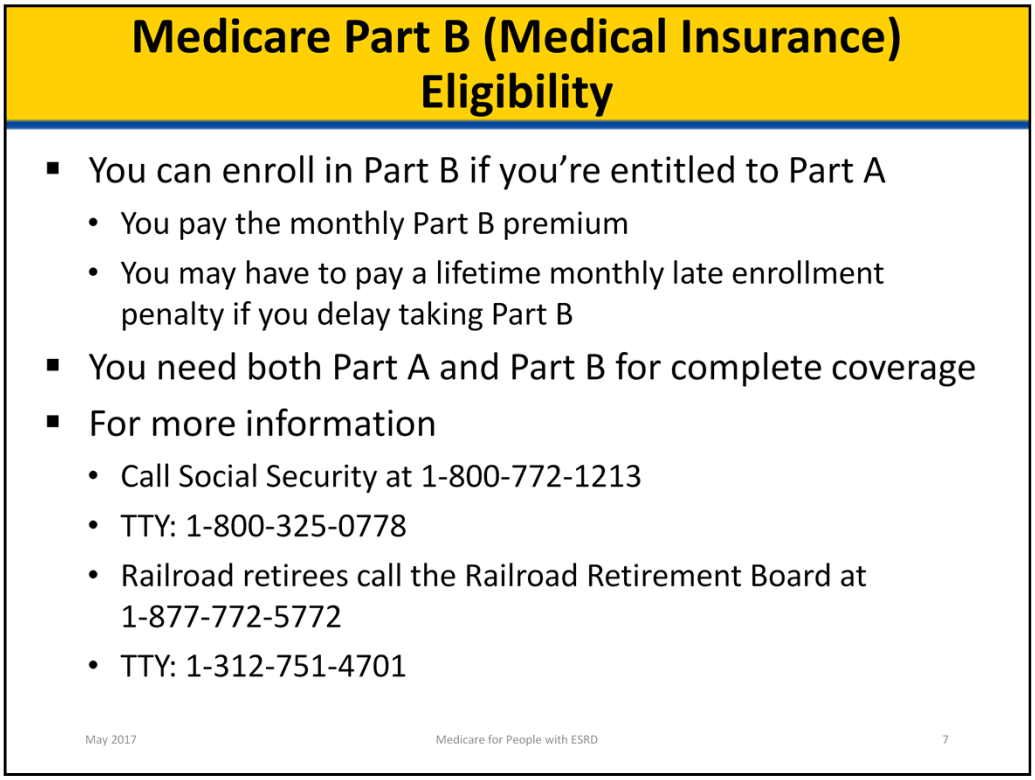


You can get Medicare no matter how old you are if your kidneys no longer work, you need regular dialysis, or have had a kidney transplant, and one of these applies to you:

- 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.

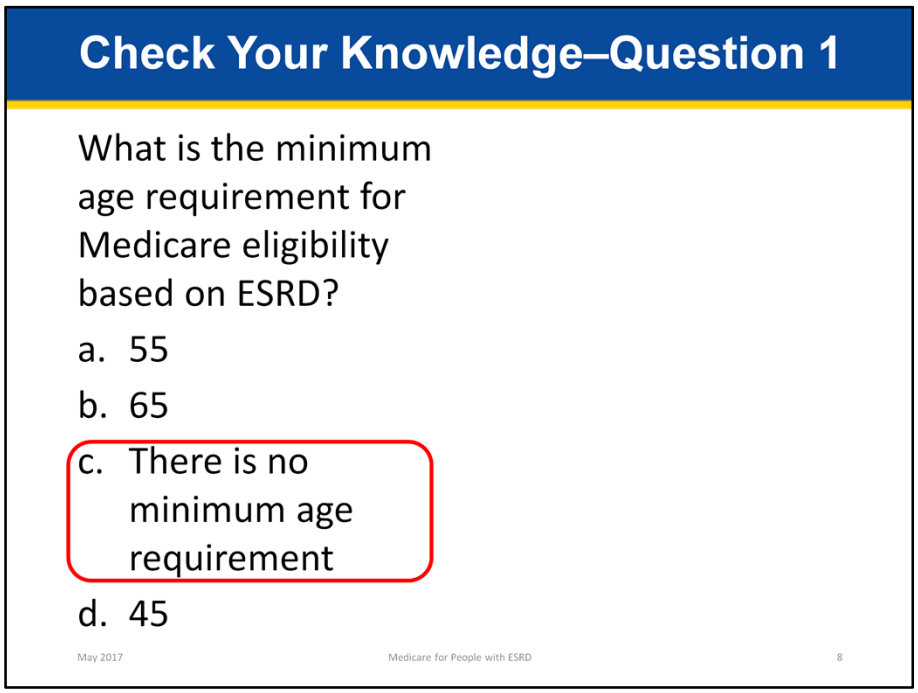
NOTE: See CMS Product No. 11392 "Medicare for Children With End-Stage Renal Disease," at Medicare.gov/Pubs/pdf/11392.pdf for more information regarding children with ESRD.



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 lifetime monthly 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 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: 1-800-325-0778. If you work or worked for a railroad, call the Railroad Retirement Board at 1-877-772-5772. TTY: 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

What is the minimum age requirement for Medicare eligibility based on ESRD?

a. 55

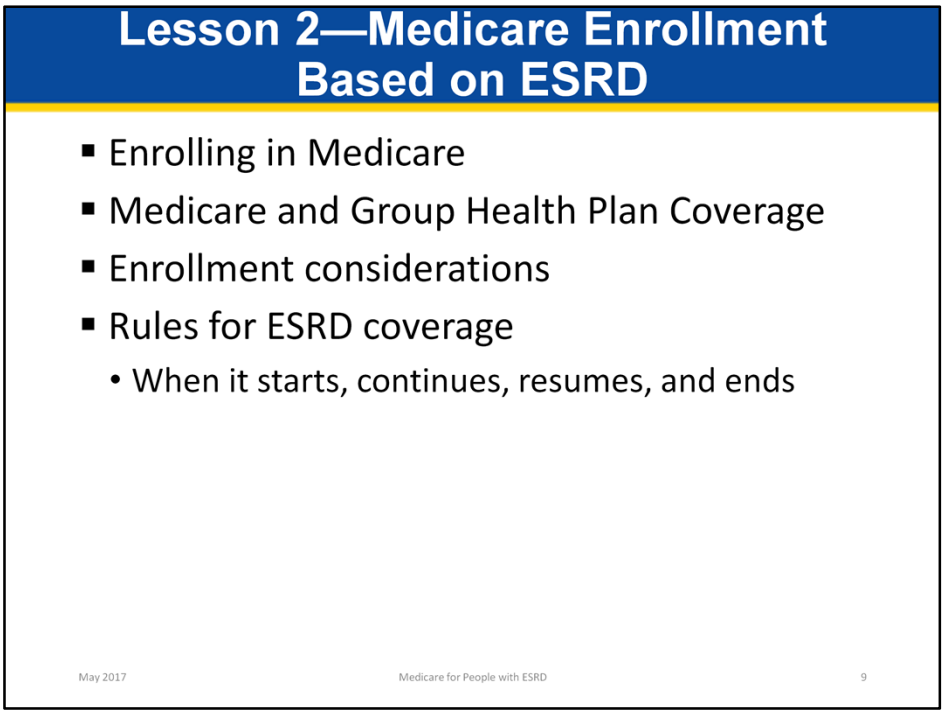
b. 65

c. There is no minimum age requirement

d. 45

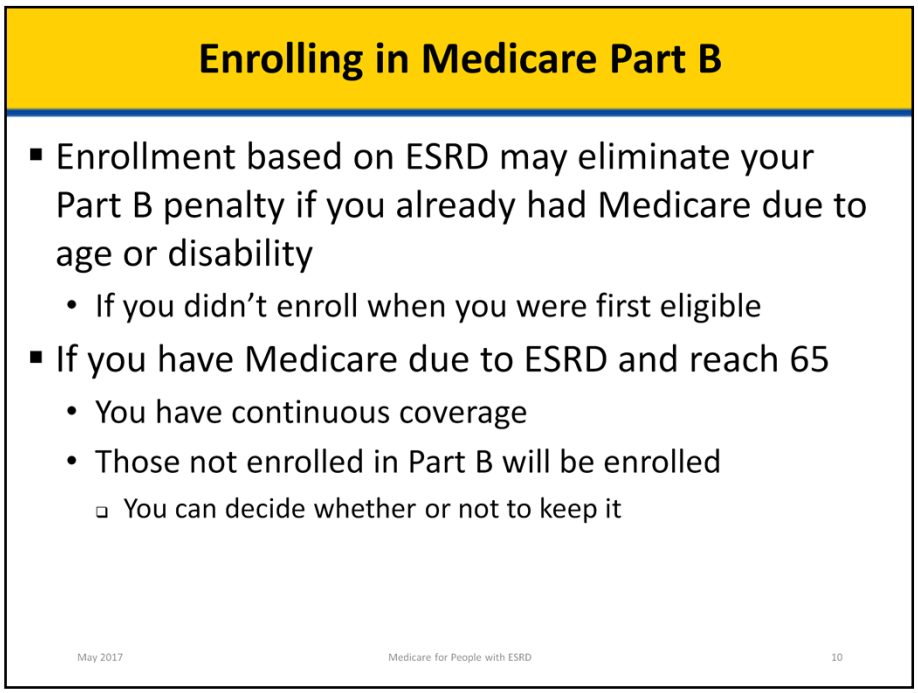
ANSWER: c. There is no minimum age requirement

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 you meet certain other eligibility requirements.



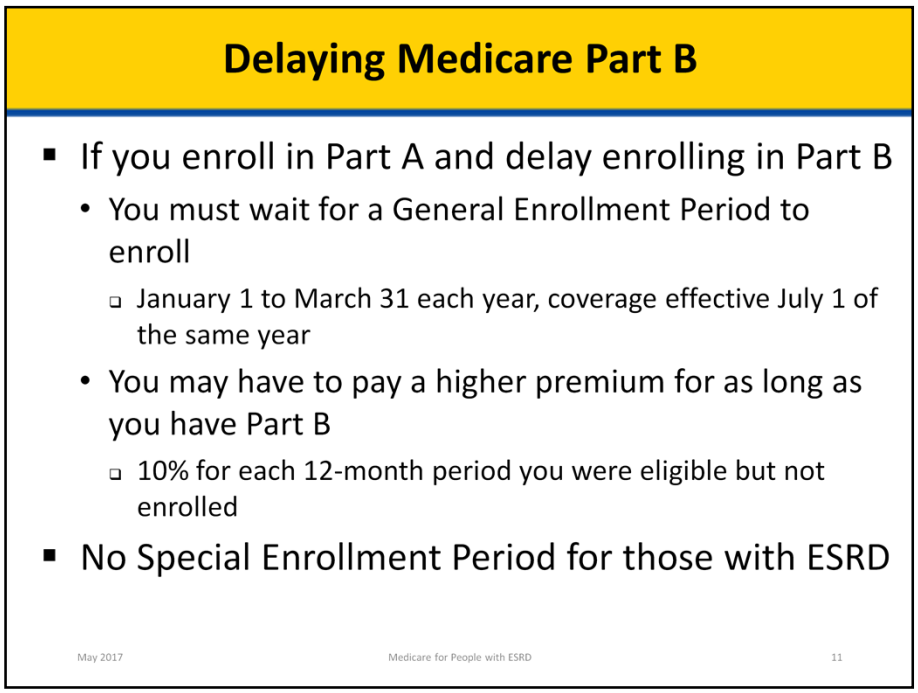
Lesson 2 provides information on Medicare enrollment based on ESRD. It explains the following:

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



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.

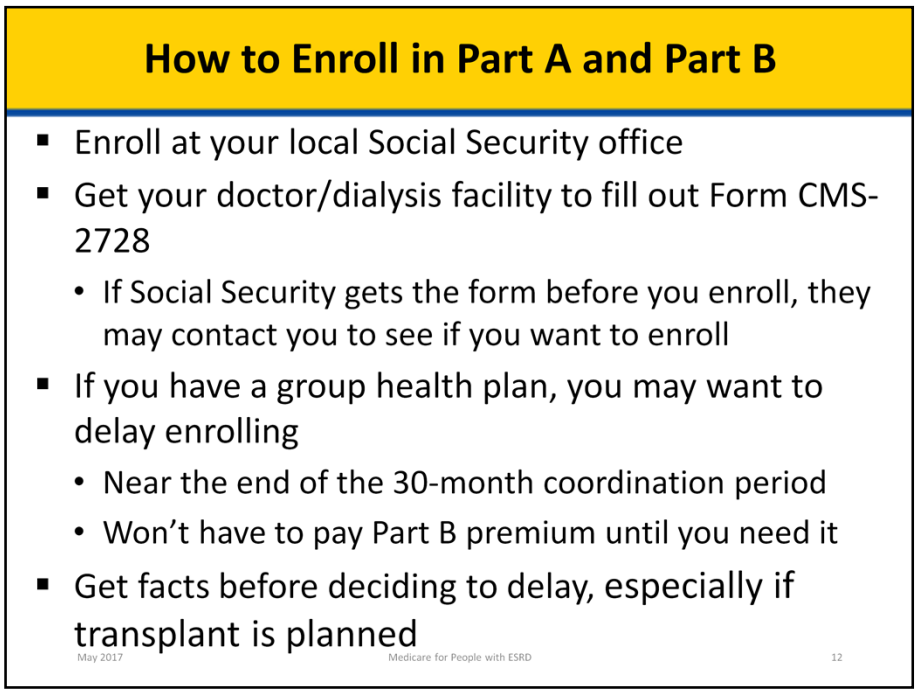
If you're receiving Medicare benefits based on ESRD when you turn 65, you have continuous coverage with no interruption. If you didn't have Part B prior to 65, you'll automatically be enrolled in Part B when you turn 65, but you can decide whether or not to keep it.



If you 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. For more information, visit https://secure.ssa.gov/apps10/poms.nsf/lnx/0600801247.

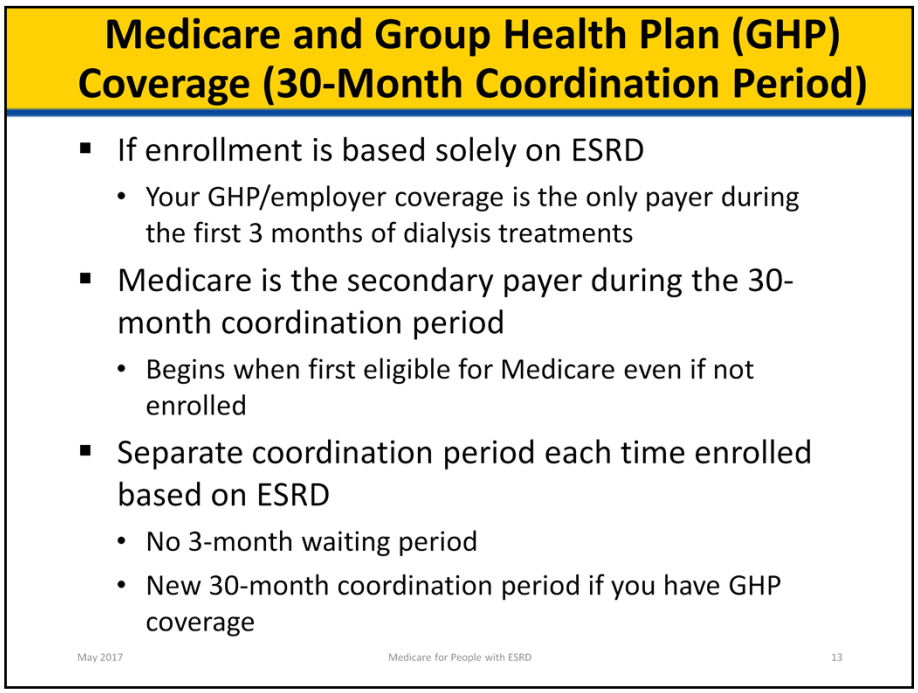


You can enroll in Medicare Part A and Part B based on ESRD at your local Social Security office. Social Security will need your doctor or the dialysis facility to complete Form CMS-2728 to document that you have ESRD and can get Medicare. If Form CMS-2728 is sent to Social Security before you apply, the office may contact you to ask if you want to complete an application.

Regardless of the number of employees and whether the coverage is based on current employment status, 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 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).

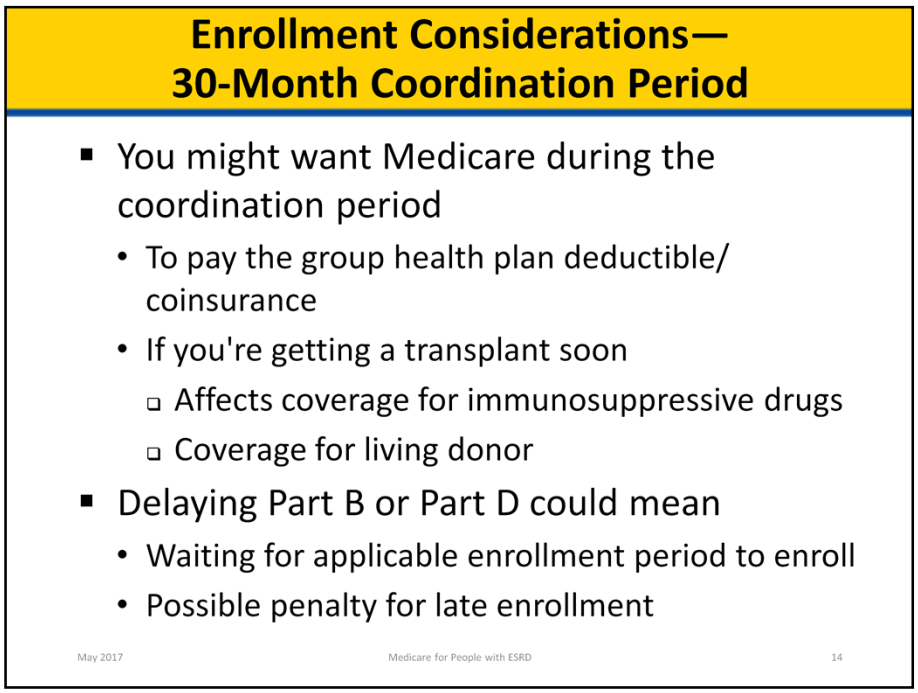
Call Social Security at 1-800-772-1213 to make an appointment to enroll in Medicare based on ESRD. TTY: 1-800-325-0778.



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.



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 employer group health plan (EGHP) 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 EGHP may pay for services not covered by Medicare. If you're covered by an EGHP, you may want to delay applying for Medicare. Here are some things to consider:

- If your EGHP 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 EGHP, enrolling in Medicare Part A and Part 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 you may have to pay a lifetime monthly late enrollment penalty if you don't have other creditable drug coverage (drug coverage that is expected to pay on average as much as 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, if you had it) ▪ Costs vary by plan ▪ Helps cover drugs needed for other conditions

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 in 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, if the person had it.
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 Starts Based on ESRD

Your Coverage Starts	Under the Following Circumstances
First day of the fourth month	You get a regular course of dialysis in a facility
First day of the month of the First 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)
First day of the month	You get a kidney transplant
First 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
Two 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** • 36 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	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 more than 36 months later

If you're eligible for Medicare coverage only because of ESRD, your Medicare coverage will end

- 12 months after the month you stop dialysis treatments, **or**
- 36 months after the month you have a kidney transplant

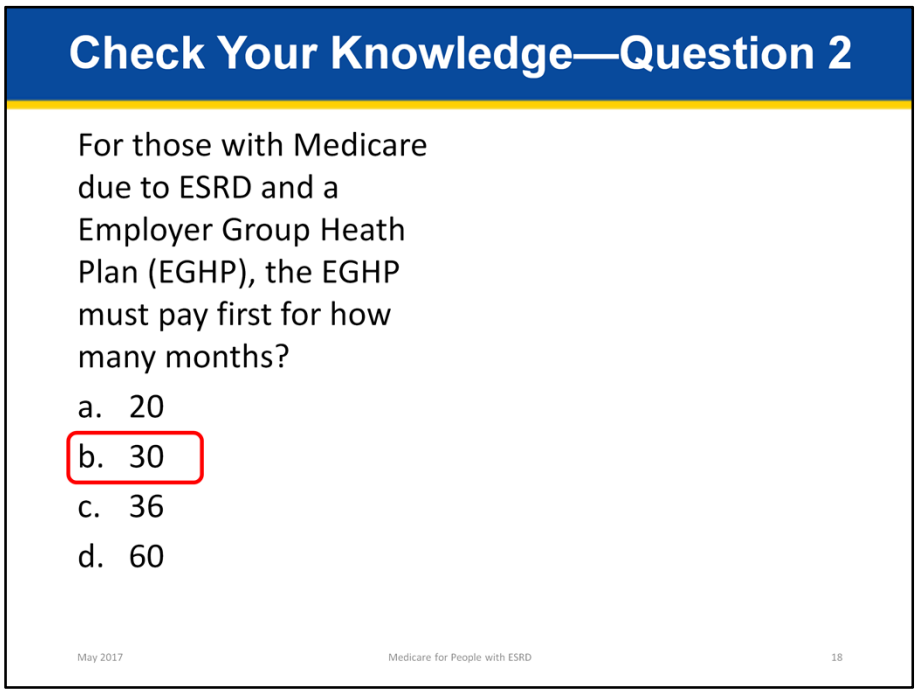
Medicare coverage will *continue* without interruption if

- 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 12).



Check Your Knowledge - Question 2
For those with Medicare due to ESRD and an Employer Group Health Plan (EGHP), the EGHP must pay first for how many months?

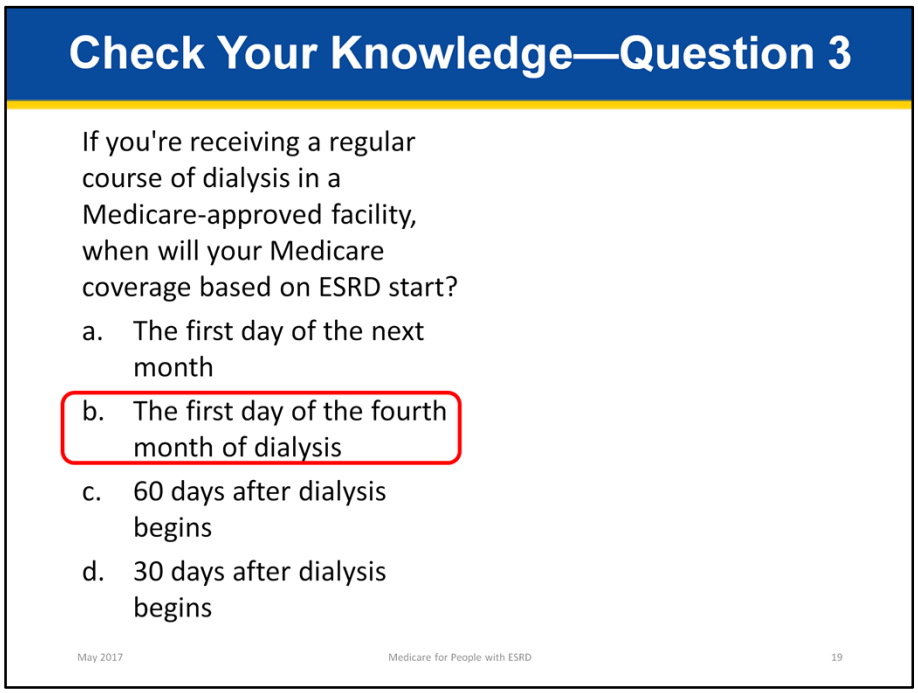
a. 20

b. 30

c. 36

d. 60

Answer: b. 30 months
In general, Medicare is the secondary payer of benefits for the first 30 months of Medicare eligibility (known as the 30-month coordination period) for people with ESRD who have employer or union GHP coverage.



Check Your Knowledge—Question 3

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

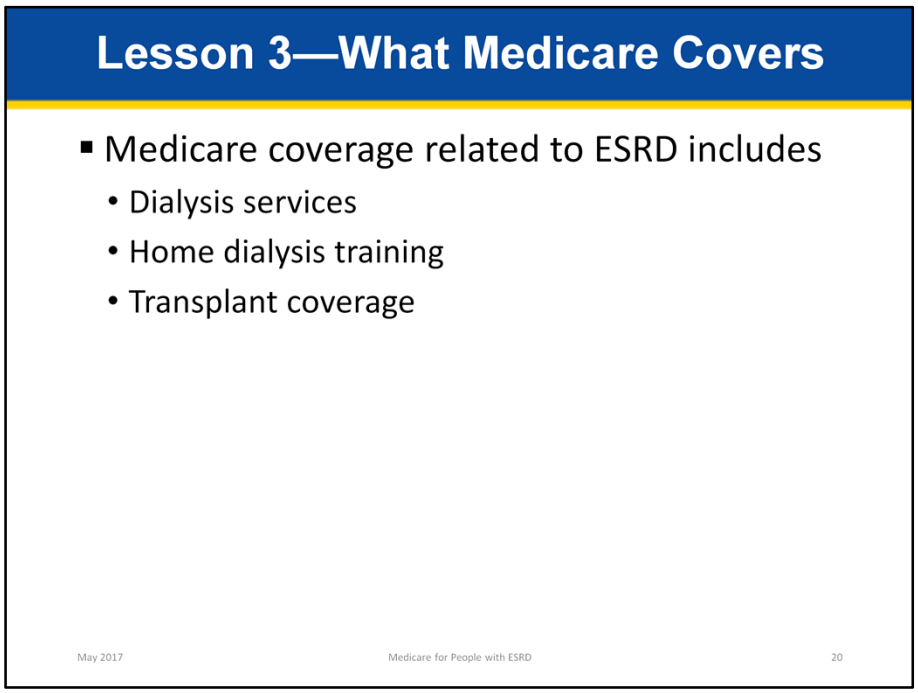
b. The first day of the fourth month of dialysis

c. 60 days after dialysis begins

d. 30 days after dialysis begins

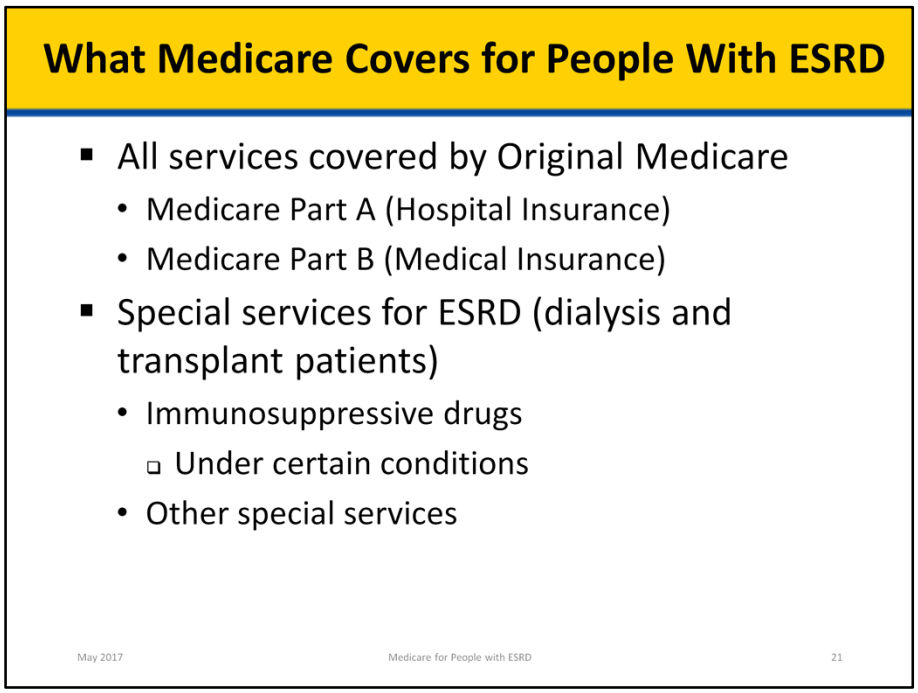
ANSWER: b. The first day of the fourth month of dialysis

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



Lesson 3 provides information about the following Medicare-covered services for people with ESRD:

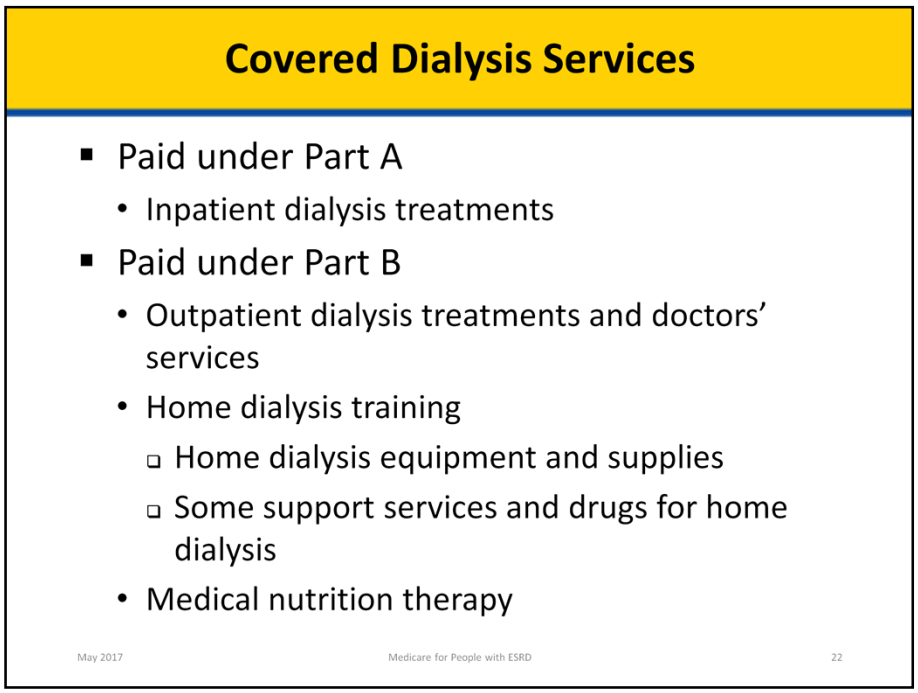
- Dialysis services
- Home dialysis training
- Transplant coverage



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.

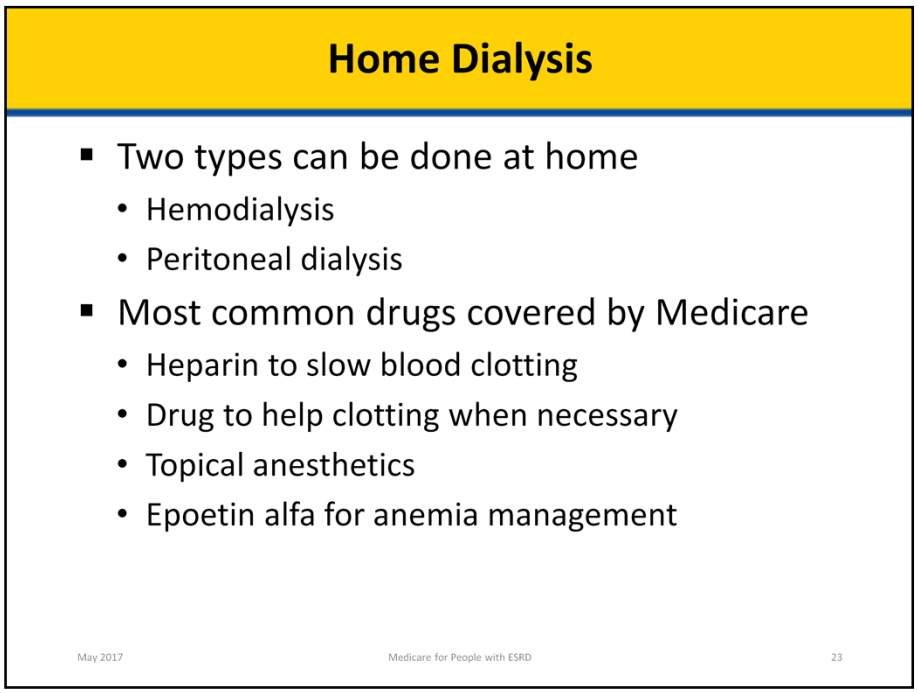
In addition, special services are available for people with ESRD. These include coverage for immunosuppressive drugs for transplant patients, as long as certain conditions are met (described earlier), and other services for transplant and dialysis patients.

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



If you have Medicare based on 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) and 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
    - Medical nutrition therapy services and certain related services, if you get dialysis in a dialysis facility

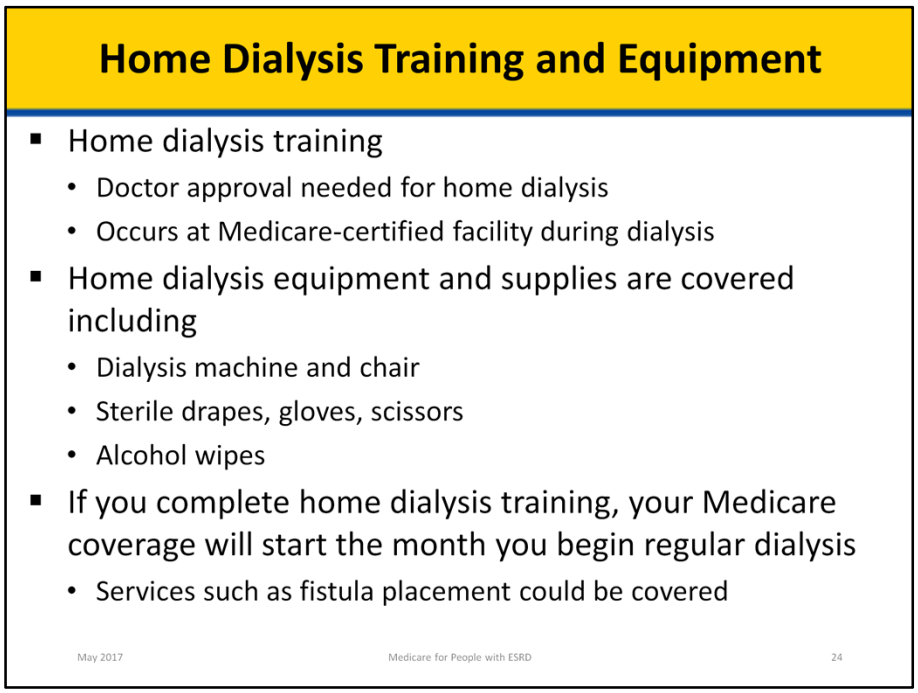


There are 2 types of dialysis that can be performed at home, hemodialysis and peritoneal dialysis:

1. 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.
2. 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 Prospective Payment System.



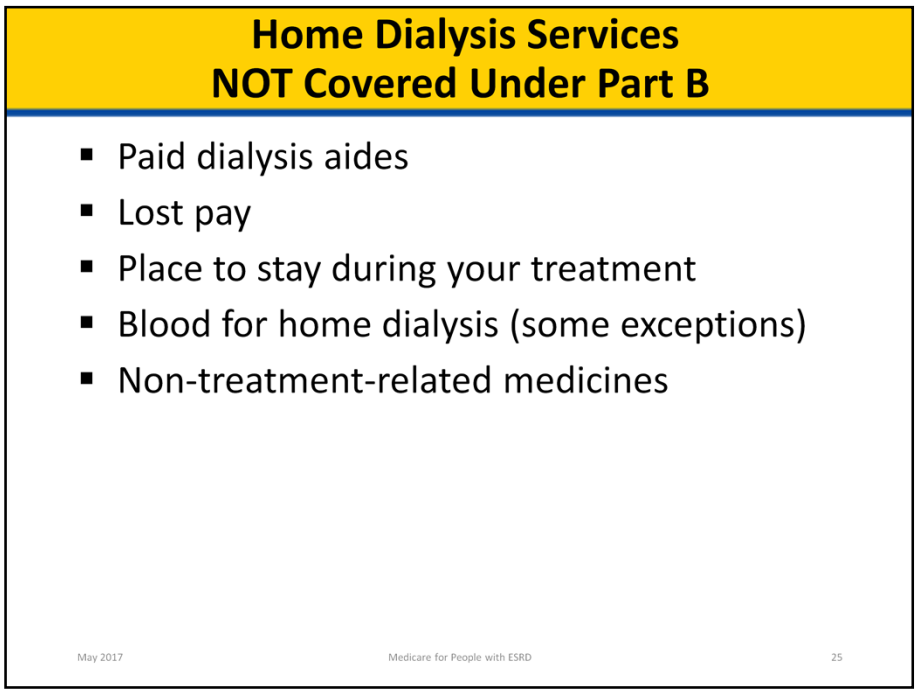
You may qualify for home dialysis training, if you think you could benefit from learning how to do self-dialysis for at-home treatments, and your doctor approves. Training sessions will occur at the same time you get dialysis treatment. The training must be conducted by a dialysis facility that has been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

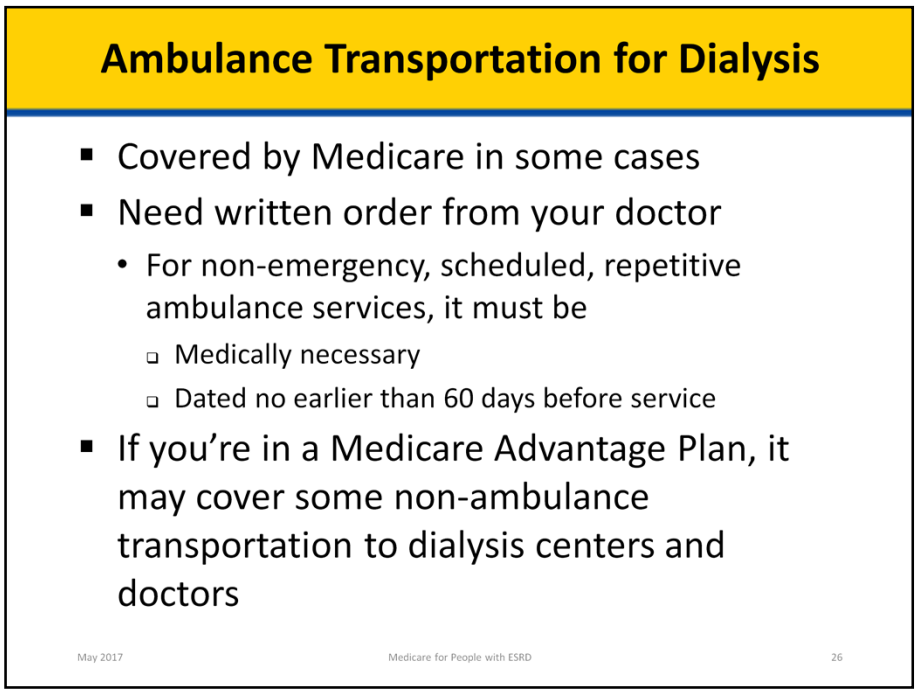
- You take part in a home dialysis training program offered by a Medicare-approved training facility to teach you how to give yourself dialysis treatments at home
- Your doctor expects you to finish training, and be able to do your own dialysis treatments

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.



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

- 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

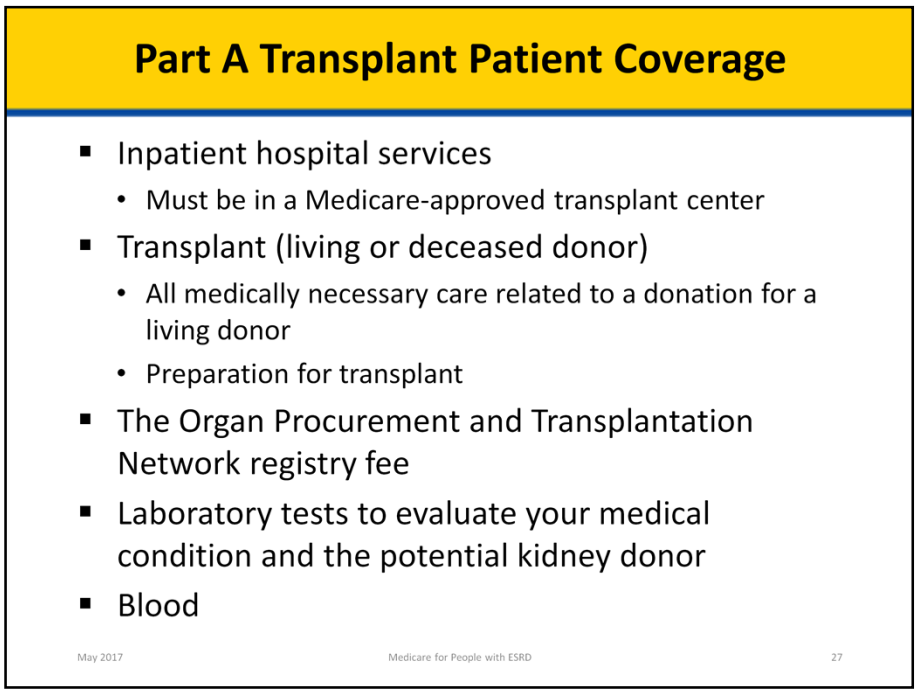


In some cases, Medicare may cover ambulance transportation when you have ESRD. There are multiple factors that contribute to whether or not your ambulance transport is covered for dialysis.

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: 1-877-486-2048.

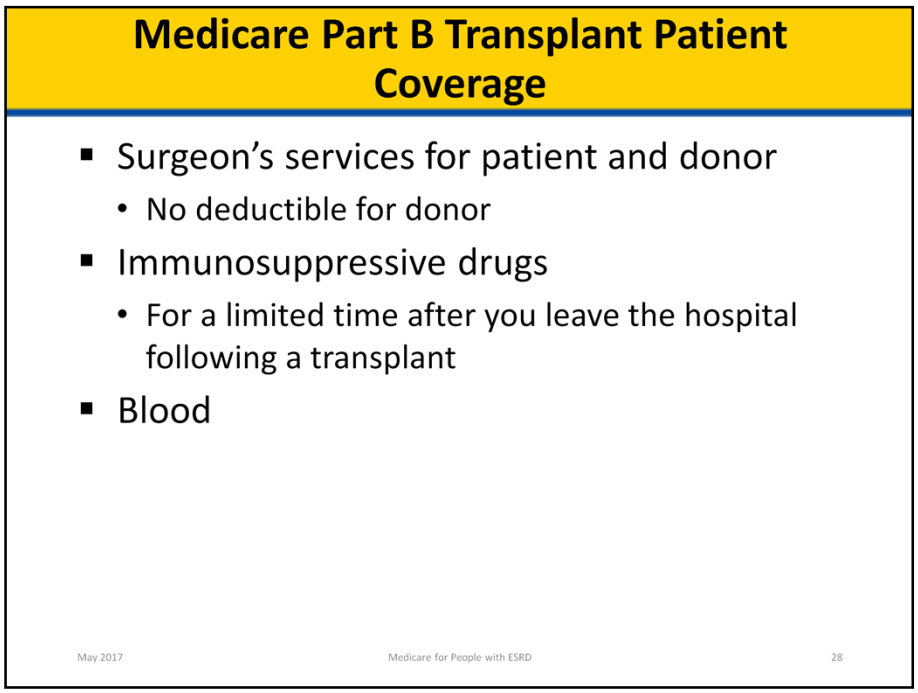


There are Medicare-covered services for transplant patients. Although Medicare covers medically necessary hospitalizations for ESRD patients, those who are undergoing a kidney transplant have special coverage as long as their kidney transplant is done in a hospital that's approved by Medicare to do kidney transplants.

Medicare Part A covers the following

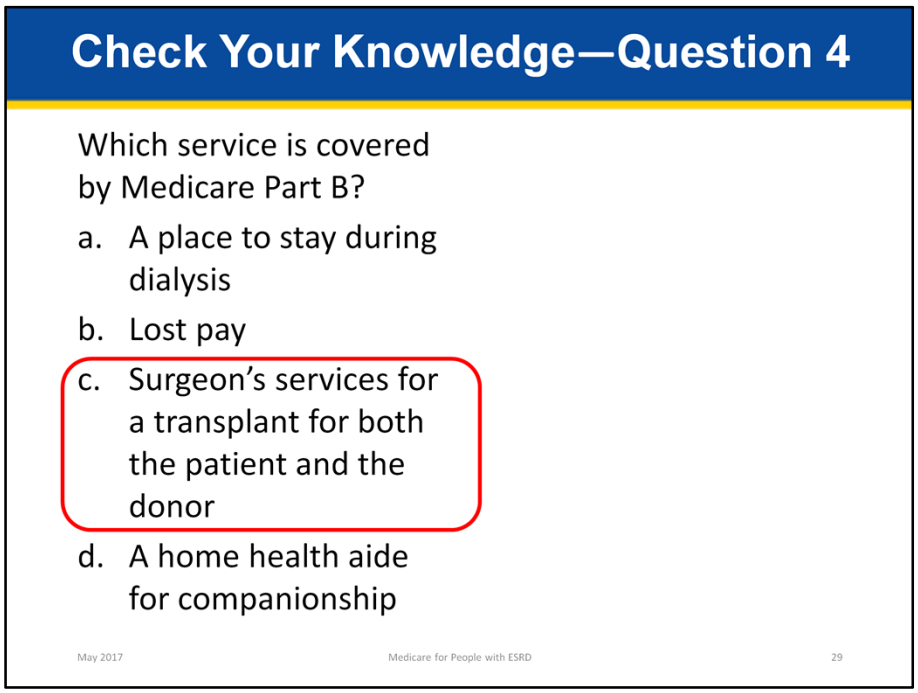
- Inpatient hospital services for a kidney transplant and/or preparation for a transplant (as long as the hospital is a Medicare-approved transplant center)
- Medicare covers both living and deceased donors. All medically necessary care related to a donation for a living donor in the hospital is covered, including any care necessary due to complications
- The Organ Procurement and Transplantation Network registry fee, which aims to provide living donor transplants for people facing kidney failure
- Laboratory tests (for you and your potential donor)
- Blood

Resource: For more information, visit Medicare.gov/Pubs/pdf/10128-Medicare-Coverage-ESRD.pdf.



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 drugs for a limited time after you leave the hospital following a transplant.
- Blood.



Check Your Knowledge—Question 4

Which service is covered by Medicare Part B?

a. A place to stay during dialysis

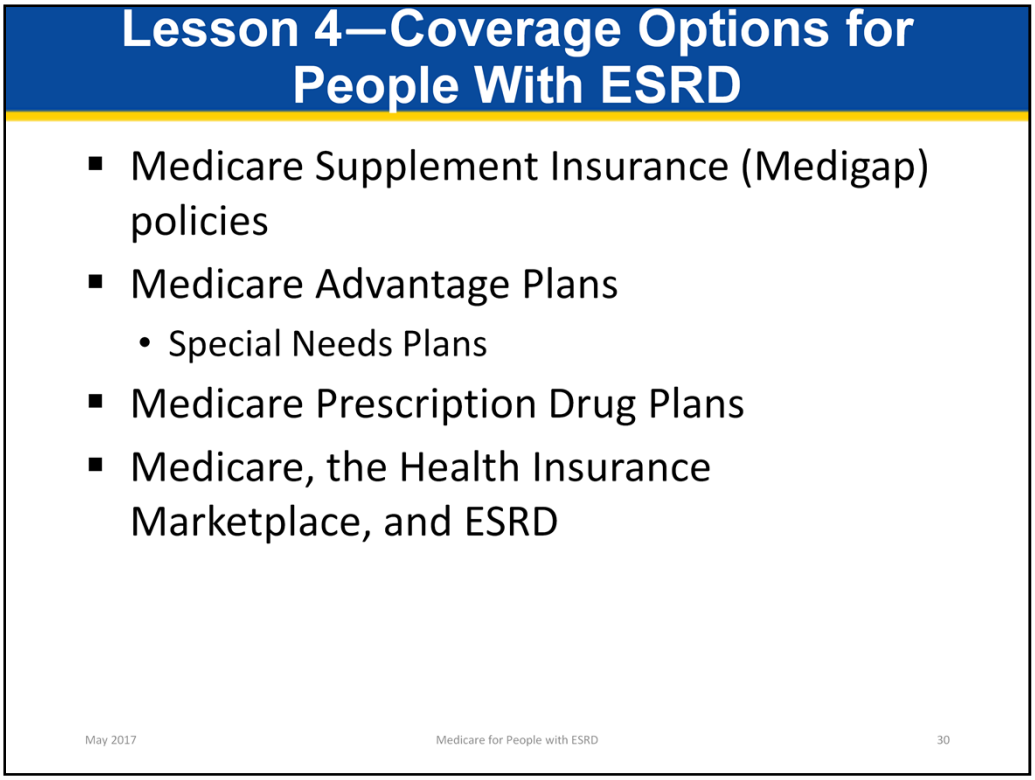
b. Lost pay

c. Surgeon's services for a transplant for both the patient and the donor

d. A home health aide for companionship

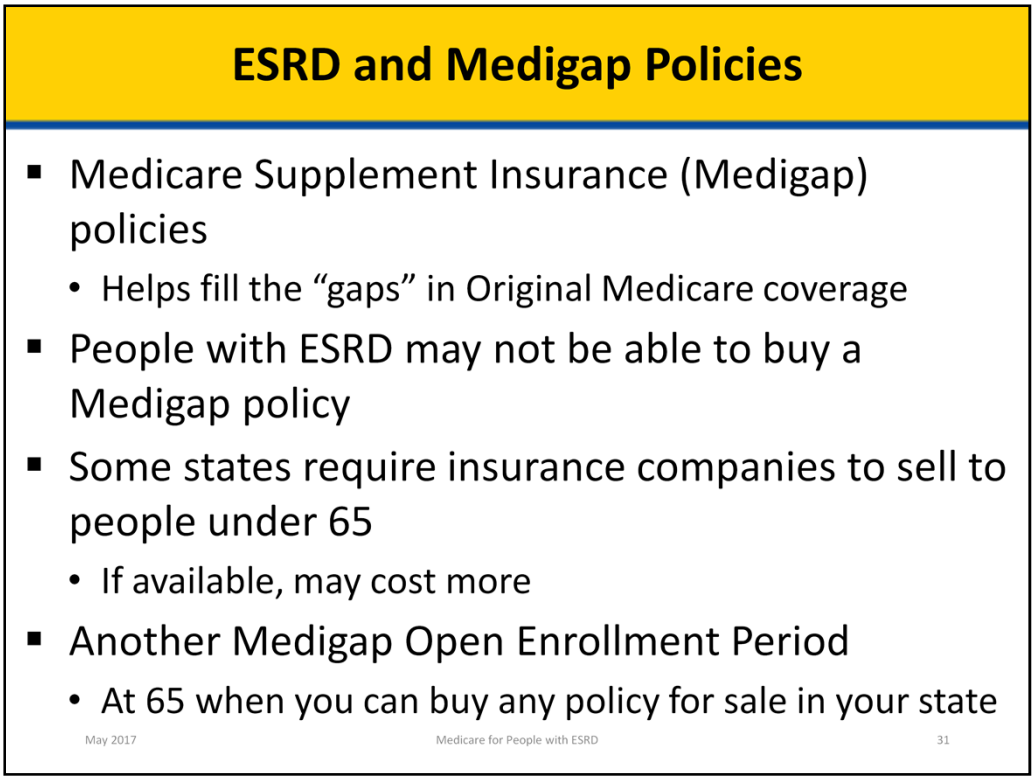
ANSWER: c. Surgeon's services for a transplant for both the patient and the donor

Medicare Part B transplant patient coverage includes surgeon's services for a transplant for both the patient and the donor. The donor doesn't have to meet a deductible.



Lesson 4 explains the following coverage options for people with ESRD:

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



A Medicare Supplement Insurance (Medigap) 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:

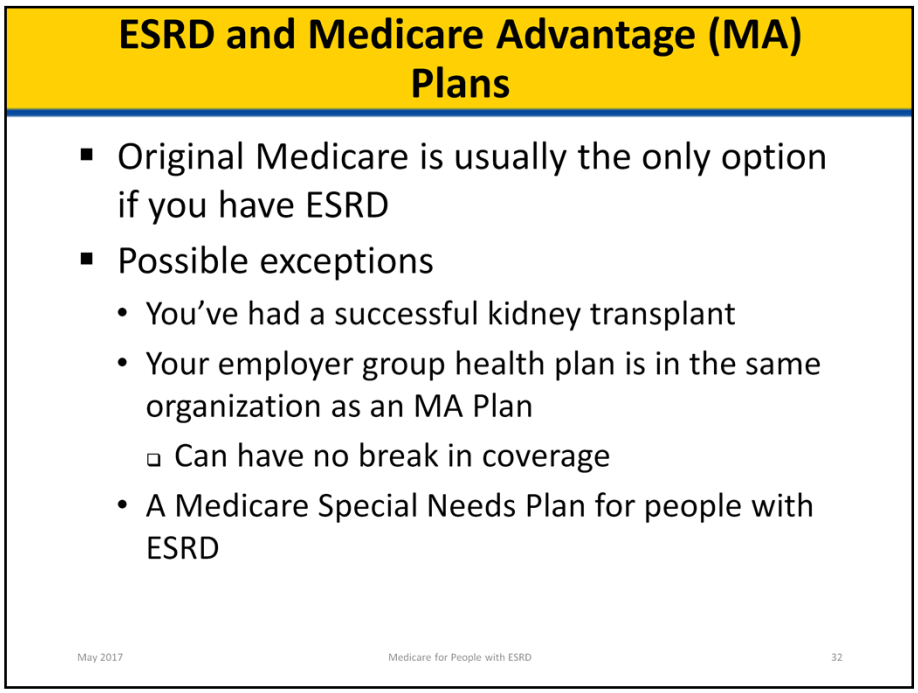
- Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, and Wisconsin
  - Medigap isn't 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.

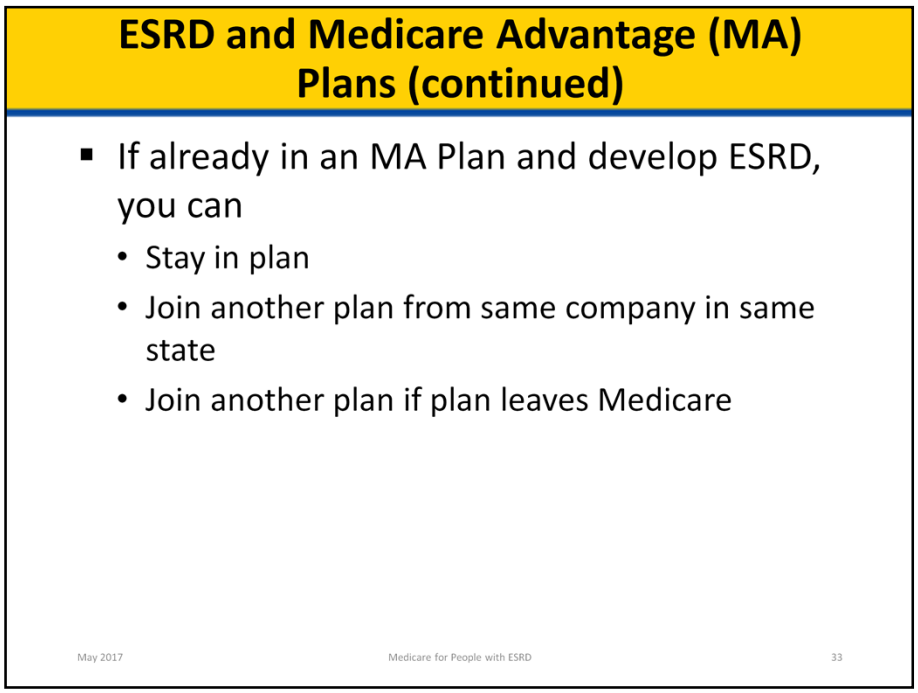
Insurance companies selling Medigap policies are required to report data to the National Association of Insurance Commissioners, the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia, and five U.S. territories.



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, from 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.)



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 an MA 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. If you do this you may not be able to buy a Medigap policy (check your state).

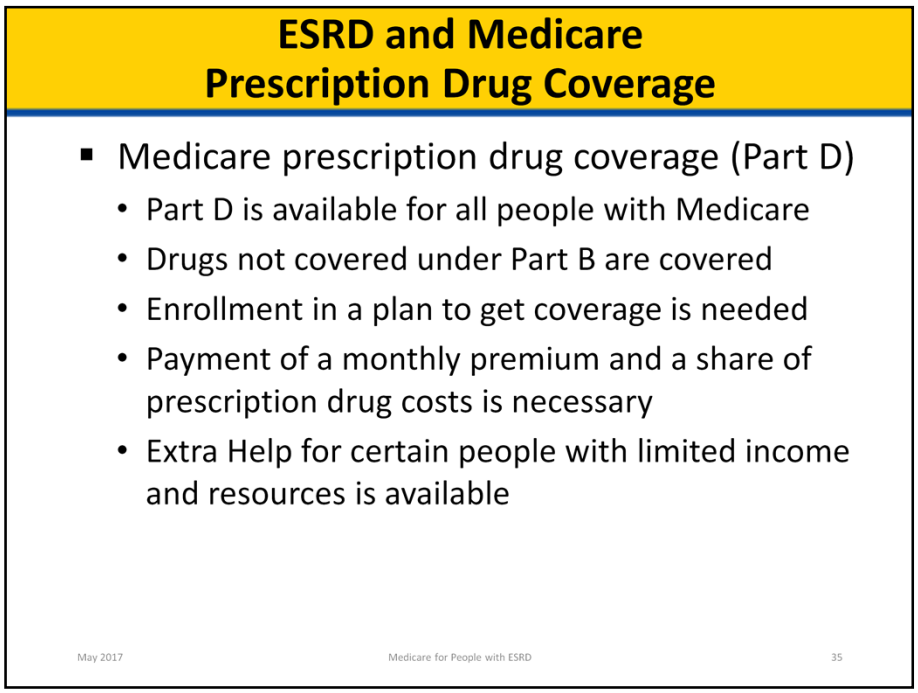
Special Needs Plans (SNPs) limit all or most of their membership to people in certain institutions (like a nursing home) or who are eligible for both Medicare and Medicaid, or for people with certain chronic or disabling conditions.

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, a 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/find-a-plan/questions/home.aspx (click "Find Plans").
- Call 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048.



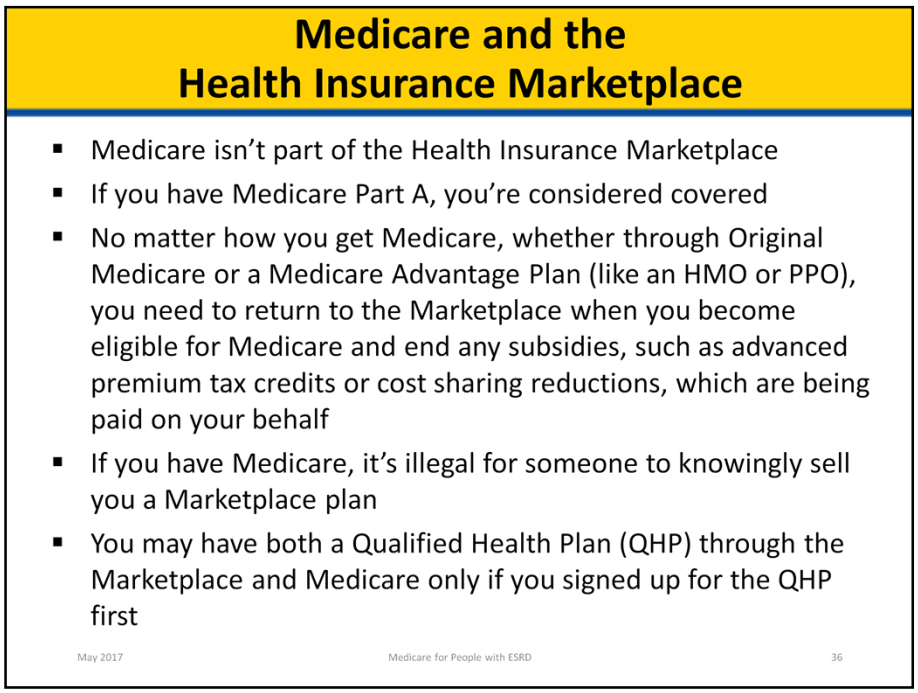
Medicare prescription drug coverage (Part D) is available to all people with Medicare, including those entitled because of ESRD or a disability.

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 drug plan.

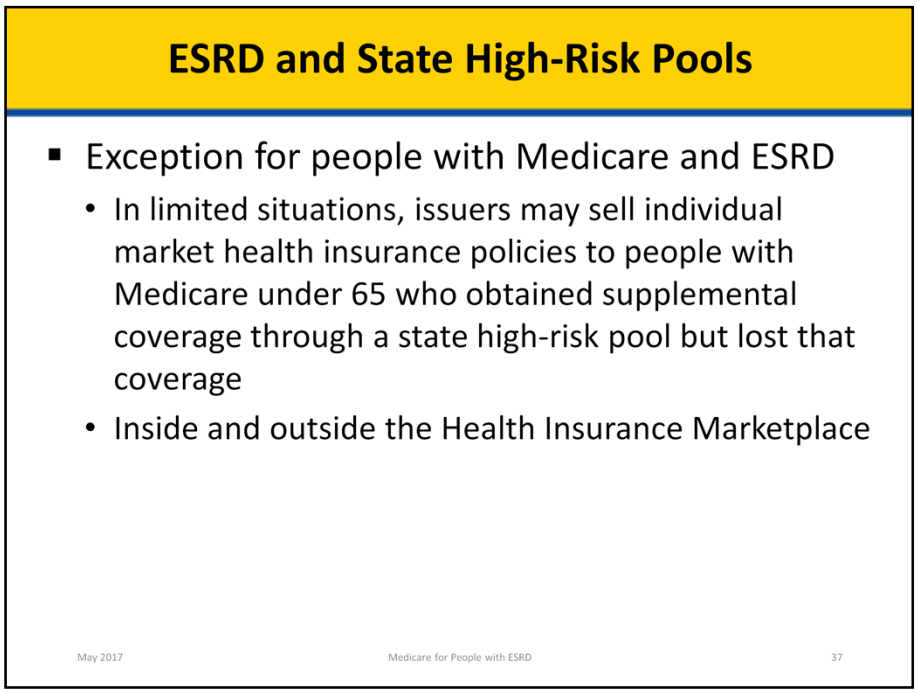


Medicare isn't part of the Health Insurance Marketplace. If you have Medicare Part A, you don't need to do anything related to the Marketplace; you're considered covered with regard to the minimum essential coverage requirement. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan (like a Health Maintenance Organization or a Preferred Provider Organization), if you have Marketplace coverage and you become eligible for Medicare, you need to return to the Marketplace and end any subsidies (i.e., advanced premium tax credits or cost sharing reductions) which are being paid on your behalf. Additionally, your Marketplace coverage might not be renewed at the end of the benefit year. If you have Medicare, it's illegal for someone to knowingly sell you a Marketplace plan.

NOTE: You may have Medicare and Marketplace coverage concurrently, only if you had your Marketplace coverage before you had Medicare.

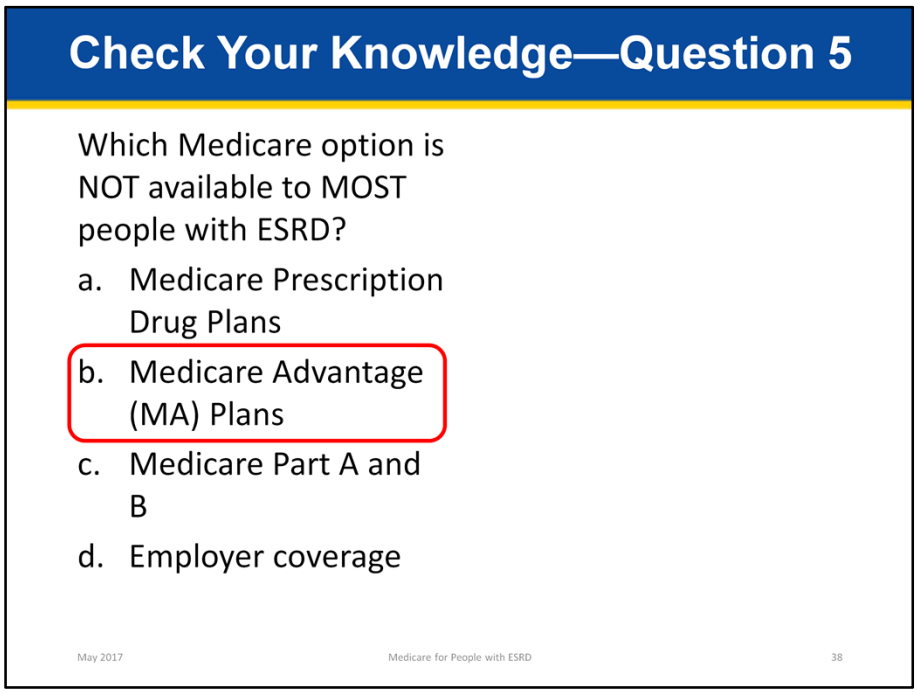
Resources: See "Medicare & the Health Insurance Marketplace" for more information:

- Medicare.gov/Pubs/pdf/11694-Medicare-and-Marketplace.pdf
- Medicare.gov/about-us/affordable-care-act/medicare-and-the-marketplace.html
- CMS.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Downloads/Medicare-Marketplace_Master_FAQ_4-28-16_v2.pdf



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 people are disabled or have ESRD. Unlike people with Medicare over 65, they have no guaranteed federal right to buy a Medigap policy. They have obtained coverage through their states' high-risk pools, which pay their cost-sharing under Original Medicare.

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



Check Your Knowledge—Question 5

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

a. Medicare Prescription Drug Plans

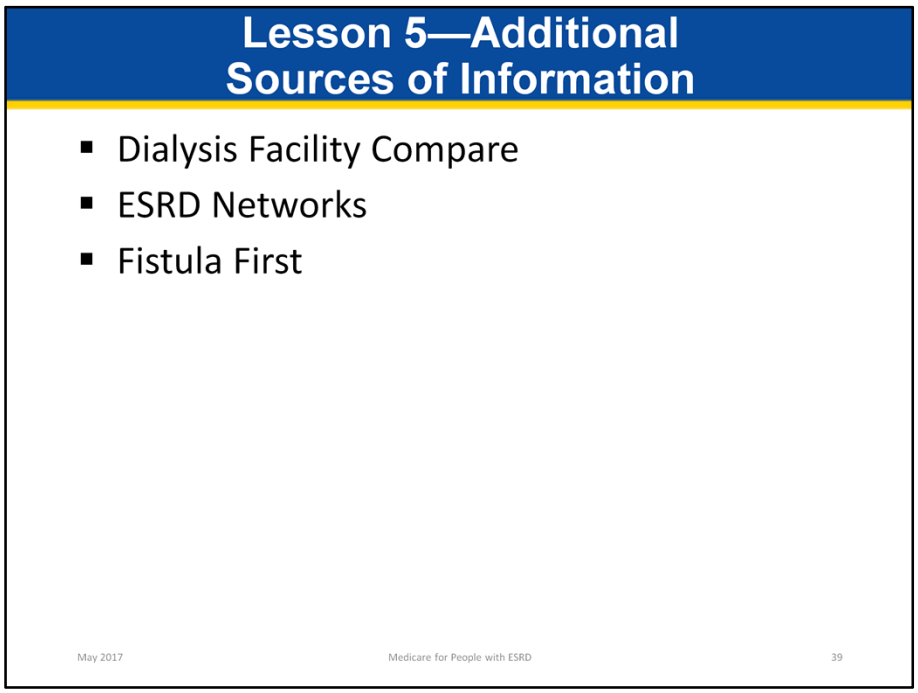
b. Medicare Advantage (MA) Plans

c. Medicare Part A and B

d. Employer coverage

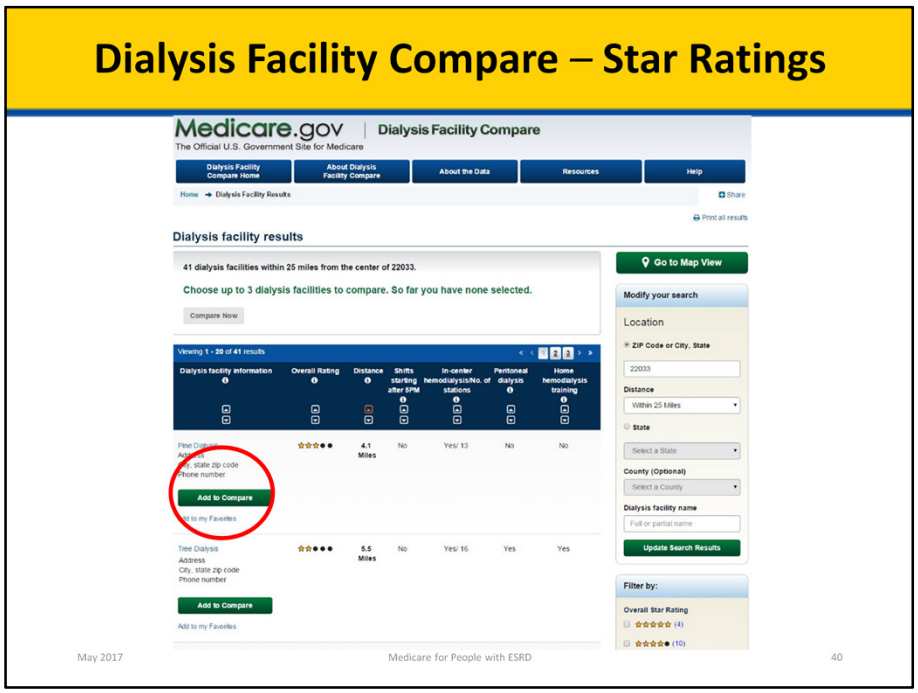
ANSWER: b. Medicare Advantage (MA) Plans

MA Plans, such as Health Maintenance Organizations, Preferred Provider Organizations, and Private Fee-for-Service Plans are generally not available to people with ESRD. People who are already enrolled in an MA Plan and who then later develop ESRD may stay in that plan or may join another plan offered by the same organization in the same state.



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

- Dialysis Facility Compare
- ESRD Networks
- Fistula First Catheter last

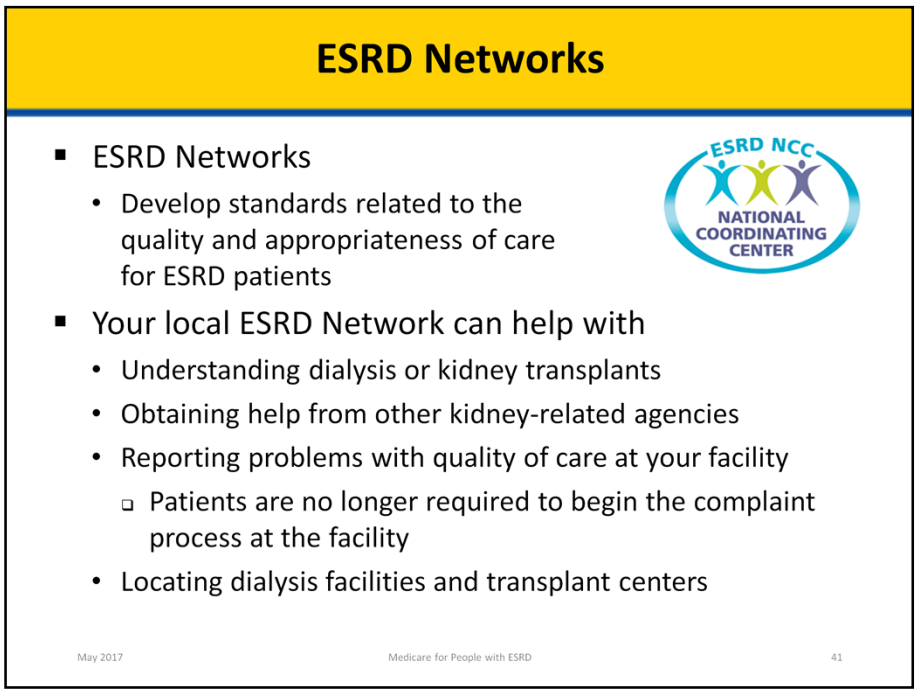


The Centers for Medicare & Medicaid Services (CMS) has a Dialysis Facility Compare (DFC) tool which is available at Medicare.gov/dialysisfacilitycompare/ where you can search for a facility near you by ZIP Code, city, or state. It also helps you find and compare Medicare-certified dialysis facilities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

The DFC Star-Rating System is 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.



Under the direction of the Centers for Medicare & Medicaid Services (CMS), the ESRD Network program is 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, 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-Medicare-Coverage-ESRD.pdf and from esrdncc.org/en/ESRD-network-map/.

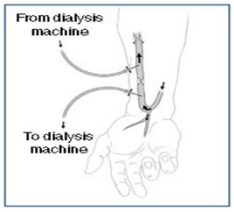
The ESRD National Coordinating Center (NCC) is the CMS support contractor for the 18 ESRD Networks. The ESRD NCC also provides useful information and resources focused on helping ESRD patients and their care partners become engaged, educated, and empowered. For more information, visit esrdncc.org/.

NOTE: An interactive map with contact information for ESRD Networks by state/region is available at esrdncc.org/en/ESRD-network-map/.

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

arteriovenous FISTULA FIRST
AVF – The first choice for hemodialysis



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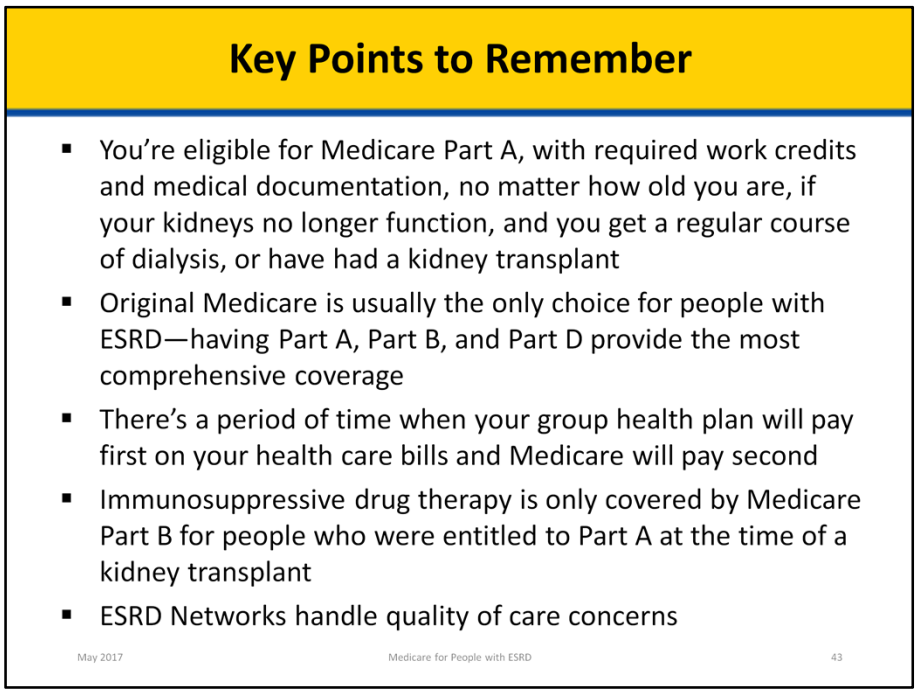
ESRD Networks are currently working with Medicare to increase the use of arteriovenous fistulas (AVFs). “Fistula First” is the name given to the National Vascular Access Improvement Initiative. This quality improvement project is being conducted by all 18 ESRD Networks to promote the use of AVFs in providing 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). More information about Fistula First Catheter Last is available at fistulafirst.esrdncc.org/ffcl/.

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



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.gov

- Medicare.gov/people-like-me/esrd/dialysis-information.html

Centers for Medicare & Medicaid Services

- Call 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048.
- Medicare.gov
- CMS.gov

Social Security

- Call 1-800-772-1213. TTY: 1-800-325-0778.
- SSA.gov

State Health Insurance Assistance Programs and State Insurance Departments

- shiptacenter.org/

ESRD National Coordinating Center

- esrdncc.org/

National Kidney Disease Education Program

- niddk.nih.gov/health-information/health-communication-programs/nkdep/Pages/default.aspx

ESRD Networks contact information

- **esrdncc.org/en/resources/professionals/about-the-networks/**

Fistula First Catheter Last

- 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

ESRD Resource Guide (continued)

Medicare Products

1. **"Medicare Coverage of Kidney Dialysis and Kidney Transplant Services"** (CMS Product No. 10128)
2. **"Medicare for Children with End-Stage Renal Disease"** (CMS Product No. 11392)
3. **"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

CHIP Children's Health Insurance Program

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

HMO Health Maintenance Organization

MA Medicare Advantage

NCC National Coordinating Center

NTP National Training Program

PPO Preferred Provider Organization

PPS Prospective Payment System

SNP Special Needs Plan

TTY Teletypewriter/Text Telephone

This training is provided by the CMS National Training Program (NTP).

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

To view all available NTP materials, or to subscribe to our email list, visit CMS.gov/outreach-and-education/training/cmsnationaltrainingprogram/.