



MEDICARE RIGHTS

**MEDICARE
Interactive**

End-Stage Renal Disease and Medicare FAQ

Medicare for those with End-Stage Renal Disease (ESRD Medicare) provides you with health coverage if you have permanent kidney failure that requires dialysis or a kidney transplant. ESRD Medicare covers a range of services to treat kidney failure. In addition, you will also have coverage for all the usual services and items covered by Medicare.

The following are some common questions asked about ESRD Medicare. For more information, contact the Medicare Rights Center at 800-333-4114.

1. How do I qualify for End-Stage Renal Disease (ESRD) Medicare?

To be eligible for ESRD Medicare, you must receive an ESRD diagnoses from a doctor. Additionally, you must have enough work history to qualify for Social Security Disability Insurance (SSDI) or Social Security retirement benefits, or enough railroad work history to qualify for Railroad Retirement benefits or railroad disability annuity. You can also qualify through the work history of your spouse or parent. Note that children and young adults with a limited work history can also qualify for ESRD Medicare if they are diagnosed with ESRD and have a parent with enough work history.

Contact the Social Security Administration (SSA) at 800-772-1213 to learn if you have enough work history to qualify for ESRD Medicare.

2. Will I get ESRD Medicare automatically?

No. You must **actively** enroll in ESRD Medicare. Your provider and/or dialysis center should send documentation to Social Security verifying that you have ESRD and stating your treatment needs. If you are unable to enroll yourself due to illness, a family member or other designated party can enroll for you.

To enroll in ESRD Medicare, visit your local Social Security office. (Even if you qualify based on prior railroad work, Social Security is responsible for handling your ESRD Medicare enrollment.) When you enroll in ESRD Medicare, it is important to enroll in Part A (inpatient/hospital coverage) and Part B (outpatient/medical coverage) at the same time. You should not defer one part and enroll in the other, because you may have enrollment difficulties at a later date (see question 10). You may also need to choose a stand-alone Part D plan (prescription drug coverage) if you will not have other drug coverage.

3. If I am diagnosed with ESRD, can I get Medicare right away?

When your ESRD Medicare begins depends on your treatment plan:

- If you start a **home dialysis training program**, sometimes called self-dialysis, you are eligible for Medicare starting the first day of the first month of the home dialysis program. You must start the program before your third month of dialysis. Additionally, your doctor must state that they expect you can complete the program and will continue home dialysis after the program ends.
- If you receive **dialysis at an inpatient or outpatient dialysis facility**, you are eligible for Medicare starting the first day of the fourth month you receive dialysis. For example, if you begin receiving dialysis on May 10, your ESRD Medicare can start on August 1.
- If you are going to receive a **kidney transplant**, you are eligible for Medicare starting the month you are admitted to a Medicare-approved hospital for the transplant, or for health services you need before getting the transplant.
 - You must receive the transplant within two months following the beginning of your coverage. If the transplant is delayed, Medicare coverage begins two months before the month of your transplant.

4. I already have Medicare, but I was recently diagnosed with ESRD. Do I have to change my Medicare coverage?

If you have Medicare based on age or disability before developing ESRD, you **do not** have to enroll in ESRD Medicare. Your current Medicare coverage covers your ESRD treatments. However, there are circumstances when you may want to enroll in ESRD Medicare:

- **You need an earlier Medicare start date.** ESRD Medicare can be retroactive up to one year.
- **You need Part B coverage.** If you declined Part B during your Initial Enrollment Period (IEP) and currently do not have outpatient coverage, you can enroll in ESRD Medicare Part B outside of typical Medicare enrollment periods and without premium penalties.
- **You want to eliminate your Part B late enrollment penalty (LEP).** If you declined Part B during your IEP, you may have an LEP. Enrolling in ESRD Medicare waives your Part B LEP.
- **You want to shorten the 24-month waiting period for Medicare due to disability.** In general, you must collect Social Security Disability Insurance (SSDI) for 24 months before you are eligible for Medicare. If you become eligible for ESRD Medicare, you can enroll in Medicare before your disability waiting period ends.

5. I already have ESRD Medicare, but I am becoming Medicare -eligible next month. Do I need to enroll even if I already have ESRD Medicare?

If you have ESRD Medicare before becoming eligible for Medicare due to age or disability, you should enroll in Medicare again in addition to your ESRD Medicare. This is because ESRD Medicare can end under certain circumstances (see question 12), and enrolling in age or disability Medicare ensures that you have coverage to meet your health care needs.

6. What kinds of ESRD treatments does ESRD Medicare cover?

The information in this question applies to people with ESRD Medicare and to those who have Medicare due to age or disability and have been diagnosed with ESRD.

Medicare covers most services associated with ESRD treatment, with standard Original Medicare cost-sharing. This means that Original Medicare pays some of the cost of your services, and you pay the rest. Your costs for ESRD care also depend on your treatment plan.

Inpatient transplant and inpatient dialysis

- Part A covers the cost of an inpatient kidney transplant or dialysis at a Medicare-approved facility after you meet your deductible. Depending on the length of your hospital stay, you may have to pay a daily hospital coinsurance.
- Part B covers doctors' fees, including fees for transplant surgeons. You will typically pay a 20% coinsurance as long as your provider accepts Medicare assignment.
- Medicare also pays for costs related to your kidney donor's hospital stay and their follow-up care—without charging you or them any cost-sharing. You should not be asked to pay for your donor's care.

Outpatient dialysis

- Part B covers dialysis overseen in a Medicare-approved outpatient dialysis facility. You will typically pay a 20% coinsurance for the cost of each session, which includes equipment, supplies, lab tests, and most dialysis medications. Doctors' fees for certain services and items, such as intravenous iron therapy, are billed separately from the dialysis charges.
- Note: ESRD Medicare does not cover surgery or services that are required to prepare you for dialysis before your Medicare eligibility begins. For example, Medicare will not pay for the surgery you need to create an access point for a dialysis machine.

Home dialysis

- Part B pays certified home dialysis facilities a set fee that includes the cost of training you to administer dialysis yourself. The fee also covers supplies, lab tests, most dialysis medications, and home dialysis equipment. You will typically pay a 20% coinsurance.

Immunosuppressant drugs

- Medicare Part B covers the cost of immunosuppressant drugs after a Medicare-covered kidney transplant, as long as you still qualify for Medicare and have Part B. For more information on coverage of immunosuppressant drugs, see question 13.

7. Does ESRD Medicare only pay for treatments related to my ESRD diagnosis?

No. ESRD Medicare provides coverage for all the usual services and items covered by Medicare, in addition to the range of services to treat kidney failure. For example, ESRD Medicare covers visits with your primary care provider and specialists, durable medical equipment, inpatient hospital stays unrelated to ESRD, and other services. For more information about Medicare-covered services, call 1-800-MEDICARE or visit www.medicare.gov.

8. If I have group health plan (GHP) coverage, do I have to enroll in ESRD Medicare?

Eventually, yes. Your GHP coverage—meaning job-based, retiree, or COBRA coverage—will remain primary for 30 months, beginning the month you first become eligible for ESRD Medicare. This is called the 30-month coordination period. During the 30-month coordination period:

- You do not have to sign up for ESRD Medicare immediately if you have GHP coverage
- Your GHP coverage must pay first, and ESRD Medicare may pay second for your health care costs (meaning it may cover deductibles, coinsurance, and other cost-sharing)
- If you do not have other insurance, ESRD Medicare will pay primary as soon as you enroll

Know that the 30-month coordination period begins when eligibility for ESRD Medicare begins, even if you haven't signed up for ESRD Medicare yet. You do not have to enroll in ESRD Medicare for your 30-month coordination period to automatically begin.

After the 30-month coordination period ends:

- Medicare automatically becomes your primary insurance, and should pay first on your health care claims
- Your GHP coverage may act as a secondary payer and cover your Medicare cost-sharing

If you do not have Medicare when the coordination period ends you may not have adequate coverage, and you may have to sign up for Part B during the GEP. You may not receive a notification that the change has occurred, so it is important to keep track of your progression through the coordination period.

Note: The 30-month coordination period applies to people with ESRD Medicare only. If you have Medicare due to age or disability before developing an ESRD diagnosis, the normal rules for Medicare's coordination with other insurances apply.

9. If I have GHP coverage, when should I enroll in ESRD Medicare?

When you choose to enroll in ESRD Medicare during the 30-month coordination period depends on your health care needs and your insurance benefits. The most important things to remember are:

- You can enroll in ESRD Medicare at any time during the 30-month coordination period
- And, you should make sure to enroll before the coordination period ends to avoid experiencing gaps in coverage or incurring late enrollment penalties

During the 30-month coordination period, Medicare may pay second for your health care costs. This means it may cover your GHP's deductibles, coinsurance, or other cost-sharing amounts. Most people eligible for ESRD Medicare get Part A premium-free and pay a monthly premium for Part B. Talk to your insurer and consider the costs you will face for your care. Paying for Medicare may help reduce your out-of-pocket costs. However, if your GHP coverage has low cost-sharing, you may not need Medicare coverage.

You may also want to consider Medicare's coverage rules for immunosuppressant drugs when making your decision. If you have a kidney transplant, Part B only covers your immunosuppressant drugs if you had Part A at the time of your transplant. For more information, see question 13.

Note: If you have COBRA first and then enroll in ESRD Medicare, your employer can choose to end your COBRA coverage—though not all employers end COBRA after you enroll in ESRD Medicare. Speak to your employer before making enrollment decisions. If you have ESRD Medicare first and then qualify

for COBRA, your employer must offer you COBRA coverage. In either case, COBRA coverage is primary during the 30-month coordination period and secondary after.

10. Part A is premium-free for me. Should I take Part A and wait to enroll in Part B until after the 30-month coordination period?

You are able to enroll in Parts A and B at anytime during your 30-month coordination period, **as long as you enroll in both at the same time**. If you choose to delay ESRD Medicare enrollment, you should turn down both Part A and Part B. This is because if you enroll in Part A and delay Part B, you lose your right to enroll at any time during the 30-month coordination period. Instead, you will have to wait to enroll until the General Enrollment Period (GEP) and will likely face gaps in coverage and a late enrollment penalty.

For more information about choosing to delay Medicare enrollment and the 30-month coordination period, see questions 8 and 9.

11. What happens if I have GHP coverage and never enroll in ESRD Medicare?

If you do not enroll in Medicare before the end of your 30-month coordination period, you will not have primary coverage. After your 30-month coordination period ends, your GHP coverage is only responsible for paying after Medicare pays. **Your plan may choose to pay very little or not at all if you are not enrolled in Medicare.** This means you will pay significantly more out of pocket for your health care.

You will have to wait until the GEP (January 1 - March 31) to enroll in Medicare, and your coverage will not start until July 1. You may also face late enrollment penalties for delaying Medicare enrollment.

12. Can ESRD Medicare coverage end?

If you are only eligible for ESRD Medicare and your condition improves, your Medicare coverage may end. Your ESRD Medicare coverage will end if:

- You no longer need dialysis. Your Medicare coverage will end 12 months after the month of your last dialysis treatment.
- You had a successful kidney transplant. A transplant is considered successful if it lasts for 36 months without rejection. If your transplant was successful, your Medicare coverage will end 36 months after the month of the transplant.

Your ESRD Medicare coverage can resume if, within 12 months of stopping dialysis, you start dialysis again or have a transplant. Coverage also continues if, within 36 months of having a transplant, you start dialysis or have another transplant.

If you become eligible for ESRD Medicare again after your previous coverage ends, you can start receiving ESRD Medicare without a waiting period. Your Medicare coverage will either resume the first of the month that you start dialysis again or the first of the month you have a kidney transplant. There is also a separate 30-month coordination period each time you become eligible for ESRD Medicare.

If you have Medicare due to age or disability, your Medicare coverage will continue regardless of your ESRD Medicare status.

13. If I have a kidney transplant, how does Medicare cover immunosuppressant drugs?

After you get a kidney transplant, you will need to take immunosuppressant drugs for the rest of your life to prevent your body from rejecting the donor organ. Medicare covers these drugs differently depending on your circumstances.

If you receive a kidney transplant in a Medicare-approved facility, Medicare Part B will cover your immunosuppressant drugs **for 36 months after your hospital departure if:**

- You had Part A at the time of your transplant
- You have Medicare Part B when getting your prescription filled
- And, you are only eligible for ESRD Medicare
 - If your kidney transplant was successful, your Medicare coverage will end 36 months after the month of your transplant

Remember, if you did not have Medicare when you had a transplant, you can enroll retroactively in Part A within a year of your transplant.

If you receive a kidney transplant in a Medicare-approved facility, Part B will cover your immunosuppressants **for the rest of your life if:**

- You had Part A at the time of your transplant
- You have Medicare Part B when getting your prescription filled
- And, you qualify for Medicare based on age or disability

It is important to consider all of your options. While Medicare Part D also covers immunosuppressants, it typically does so at a higher cost than Part B. For more information on Part D coverage, see question 15.

14. Can I enroll in a Medicare Advantage plan when I have ESRD?

You typically cannot enroll in a Medicare Advantage Plan if you are eligible for ESRD Medicare. However, there are exceptions:

- You can enroll in a Medicare Advantage Special Needs Plan (SNP) if the plan specifically serves individuals with ESRD.
 - SNPs are types of Medicare Advantage Plans designed to meet specific needs; you can only join a SNP if you fit the special needs category the plan serves.
 - SNPs are not available everywhere. Call 1-800-MEDICARE to find out if there is an SNP available in your area that serves people with ESRD.
- If you have job-based insurance through the same insurance company that offers a Medicare Advantage Plan, you can enroll in that company's Medicare Advantage Plan.

Note: If you enrolled in a Medicare Advantage Plan before developing ESRD, your plan cannot disenroll you.

Keep in mind that Medicare Advantage Plans must cover the same services as Original Medicare but may have different costs and restrictions. However, Medicare Advantage Plans cannot charge more than Original Medicare for outpatient dialysis or immunosuppressant drugs. In addition, Medicare Advantage Plans have annual out-of-pocket limits on your Part A and Part B care. These limits tend to be high but can help protect you if you have high health care costs.

15. Should I enroll in a Part D plan if I have ESRD Medicare?

Whether you should enroll in Part D when you have ESRD Medicare depends on your prescription drug needs and your other coverage.

If you do not have Part A when you receive a transplant, your immunosuppressants will be covered by Part D after your transplant. Part D coverage of immunosuppressants typically has higher costs and additional restrictions, such as having to go to specific in-network pharmacies for your drugs (see question 13 for more information on Part B coverage of immunosuppressants).

All Part D formularies (list of covered drugs) must include immunosuppressant drugs. Step therapy—a coverage restriction when your plan requires you to try different or less expensive drugs before covering your prescription—is not

allowed once you are stabilized on your immunosuppressant drug. However, prior authorization can apply. This means your plan may need to verify that Part B will not cover your drugs before providing coverage. Be sure to look for plans that have the fewest coverage restrictions and that have your pharmacies in the preferred network. Remember, Part D plans also cover medications that are unrelated to ESRD. If you need prescription drug coverage, you may want to consider enrolling in Part D.

You may also be eligible for drug coverage through your GHP insurance. If so, your plan should cover immunosuppressants during the 30-month coordination period (Medicare is secondary). After 30 months, Medicare is primary and Part D should cover your immunosuppressants (if you are ineligible for Part B coverage).

If you get dialysis, you typically need to take various vitamins after each session to replenish the vitamins in your blood. Medicare usually does not cover vitamin supplements, but some Part D plans may offer enhanced coverage that includes vitamins. Enhanced Part D plans are typically more expensive. Check the plan's formulary before joining to see if your vitamins are covered.

16. Can I purchase a Medigap if I have ESRD Medicare?

Maybe. Whether or not you can enroll in a Medigap depends on the state you live in. Medigap policies are supplemental insurance policies that offer standardized benefits to work with Original Medicare. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first. Medigaps may cover deductibles, coinsurance, and copayments. Federal law does not require Medigap insurers to sell Medigap policies to people with ESRD Medicare who are under age 65. This means that if you are under 65 and have ESRD, you may not be able to purchase any Medigap policy until you turn 65.

Each state has its own rules about purchasing Medigap policies, in addition to the federal guidelines. To learn more about your rights to purchase a Medigap policy in your state, contact your State Health Insurance Assistance Program (SHIP) by visiting www.shiptacenter.org.

17. If I have ESRD Medicare, can I qualify for assistance programs to help pay my Medicare costs?

If you qualify for ESRD Medicare, you are also eligible for low-income programs that help pay Medicare costs.

- **Medicare Savings Program (MSPs)** also known as Medicare Buy-In programs or Medicare Premium Payment Programs, help pay your

Medicare costs if you have limited income and savings. There are three main programs, each with different benefits and eligibility requirements. To apply, call your State Health Insurance Assistance Program to find out if you are eligible for an MSP in your state. Visit www.shiptacenter.org to locate your SHIP.

- **Extra Help** is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage. It is also known as the Part D Low-Income Subsidy (LIS). You can apply through the Social Security Administration (SSA) using either the agency's print or online application. To apply online, visit www.ssa.gov.
- **Medicaid** is a federal and state program that provides health coverage for certain people with limited income and assets. If you are eligible for Medicare and Medicaid (dually eligible), you can enroll in both. Medicaid can cover services that Medicare does not, like long-term care. It can also pick up Medicare's out-of-pocket costs (deductibles, coinsurances, copayments). For more information, contact your local Medicaid office to ask about the financial eligibility requirements in your state.

18. Can I enroll in a Qualified Health Plan (QHP) instead of ESRD Medicare?

It depends on your circumstances. QHPs are health insurance policies offered through the federal (or state) Marketplace that meet protections and requirements set by the Affordable Care Act (ACA). In most cases, you should enroll in Medicare and disenroll from your QHP (or not take a QHP) if you are approaching Medicare eligibility. However, if you are eligible for ESRD Medicare, **you have the choice to enroll in or stay enrolled in a QHP with cost assistance (tax credits)**. Be sure to consider how the QHP's coverage and costs compare to Medicare before deciding to delay Medicare enrollment (see question 9 for information about how to make coverage decisions).

If you become eligible for Medicare due to age or disability later, in most cases you should disenroll from your QHP and take Medicare, even though you were able to delay ESRD Medicare enrollment. If you do not enroll in Medicare when you become eligible due to age or disability, you will likely experience gaps in coverage and incur a late enrollment penalty. Similarly, you should not disenroll from Medicare to take a QHP if you became ESRD Medicare eligible after already having age or disability Medicare.