

National Medicare Training Program Workbook

**Module 6:
Medicare for People
with End-Stage Renal
Disease or a Disability**



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

Module 6: Medicare for People with End-Stage Renal Disease or a Disability



This module gives information about Medicare entitlement and benefits for people who have End-Stage Renal Disease or a disability. It is divided into two lessons, one for people with End-Stage Renal Disease and one for people with a disability.

This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the Federal agency that administers Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). The information in this module is correct as of April 2009.

Slides with this symbol in your workbook are not included in the presentation, but are provided as a resource for more detail.

References:

- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*, CMS Publication 10128, May 2008
- *Disability Benefits*, Social Security Publication 05-10029, November 2008

To check for an updated version of this training module, visit www.cms.hhs.gov/NationalMedicareTrainingProgram/TL/list.asp on the web.

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

Notes:

SLIDE 2

Lesson A

Medicare for People with End-Stage Renal Disease

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Notes:

SLIDE 3

Speaker's Notes

End-Stage Renal Disease is commonly referred to as ESRD.

In this lesson we will:

- Review the Medicare program for people with ESRD
- Learn the Medicare eligibility requirements for people with ESRD and how to enroll
- Describe the coverage
- Define the health plan options
- Identify additional sources of information

Lesson Topics

- Overview
- Eligibility and enrollment
- Coverage
- Health plan options
- Information sources

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Notes:

SLIDE 4

Speaker's Notes

Let's start with an overview of Medicare for people with ESRD.

Lesson Topics

- Overview
- Eligibility and enrollment
- Coverage
- Health plan options
- Information sources

Notes:

SLIDE 5 *Speaker's Notes*

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

The kidneys are powerful chemical factories that perform the following functions:

- Remove waste products from the body
- Remove drugs from the body
- Balance the body's fluids
- Release hormones that regulate blood pressure
- Produce an active form of vitamin D that promotes strong, healthy bones
- Control the production of red blood cells

Chronic kidney disease includes conditions that damage your kidneys and decrease their ability to keep you healthy by doing the jobs listed. If kidney disease gets worse, wastes can build to high levels in your blood and make you feel sick. You may develop complications like high blood pressure, anemia (low blood count), weak bones, poor nutritional health, and nerve damage. Also, kidney disease increases your risk of having heart and blood vessel disease. These problems may happen slowly over a long period of time. Chronic kidney disease may be caused by diabetes, high blood pressure and other disorders. Early detection and treatment can often keep chronic kidney disease from getting worse. When kidney disease progresses, it may eventually lead to kidney failure, which requires dialysis or a kidney transplant to maintain life.

Reference: *National Kidney Foundation*, www.kidney.org

End-Stage Renal Disease

- Kidney failure
 - Irreversible and permanent
 - Requires regular dialysis or
 - Kidney transplant to maintain life
- Often referred to as ESRD

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Notes:

SLIDE 6

Speaker's Notes

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

In 2008, over 443,700 people were enrolled in Medicare based on ESRD.

Since the program began, more than **1 million** Americans have received lifesupporting treatments for renal failure—dialysis and/or a kidney transplant.

Reference: *2008 CMS Statistics*, CMS Publication 03480

Medicare for People with ESRD

- Coverage began in 1973
- Over 443,700 were enrolled during 2008

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Notes:

SLIDE 7

Lesson Topics

- ✓ Overview
- Eligibility and enrollment
- Coverage
- Health plan options
- Information sources

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Notes:

SLIDE 8 *Speaker's Notes*

You are eligible for Medicare Part A (hospital coverage), no matter how old you are, if your kidneys no longer function and you get a regular course of maintenance dialysis or have had a kidney transplant AND

- You have worked the required amount of time under Social Security, the Railroad Retirement Board (RRB), or as a Federal government employee;

OR

- You are getting or are eligible for Social Security, railroad retirement, or Federal retirement benefits;

OR

- You are the spouse or dependent child of a person who has worked the required amount of time, or is getting benefits from Social Security, RRB or Federal retirement.

Medicare entitlement based on ESRD is different from entitlement based on a disability. You do not need to be receiving Social Security disability benefits to qualify for Medicare based on ESRD, and you may still be working.

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

Part A Eligibility

- Eligible for Medicare Part A at any age
 - Need regular course of maintenance dialysis or
 - Had kidney transplant
- AND at least one of the following
 - Worked required amount of time
 - Receiving Social Security, railroad retirement, or Federal retirement benefits
 - Spouse or dependent child of someone
 - Worked required amount of time or
 - Receives benefits

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Notes:

SLIDE 9 *Speaker's Notes*

If you get Medicare Part A, you can also get Medicare Part B—medical coverage. Enrolling in Part B is your choice, but if you don't enroll when you get Part A, you must wait until a general enrollment period to apply and you may have to pay a penalty. We'll talk more about enrolling in Part B later.

There is a monthly premium for Part B, which in 2009 is \$96.40 for most people. In addition to this premium, you pay Part A and Part B deductibles and copayments or coinsurance for the services you receive.

You will need both Part A and Part B to have complete Medicare coverage for dialysis and kidney transplant services. We'll talk about this coverage in a minute.

Call Social Security at 1-800-772-1213 for more information about the amount of work needed under Social Security or as a government employee to be eligible for Medicare.

If you have railroad employment, call the Railroad Retirement Board (RRB) at 1-877-772-5772 or your local RRB office.

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

Part B Eligibility

- Can enroll in Part B if entitled to Part A
 - Will have to pay Part B premium
- Part A and Part B for complete coverage
- For more information
 - Call Social Security at 1-800-772-1213
 - Call RRB at 1-877-772-5772

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Notes:

SLIDE 10

Speaker's Notes

Part D, Medicare prescription drug coverage, is available to all people with Medicare, including those entitled because of ESRD or a disability. Everyone with Medicare is eligible to join a Medicare prescription drug plan to help lower their prescription drug costs and protect against higher costs in the future. (Children who have Medicare based on ESRD can enroll in a Medicare drug plan, also.)

You must be enrolled in a plan to get Medicare prescription drug coverage. When you enroll in a Medicare drug plan, you pay a monthly premium plus a share of the cost of your prescriptions. People with limited income and resources may be able get extra help paying for their costs in a Medicare drug plan.

Part D Eligibility

- Medicare prescription drug coverage
 - Available for all people with Medicare
 - Must enroll in a plan to get coverage
 - You pay
 - Monthly premium
 - Share of prescription costs
 - Extra help for people with limited income and resources

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Notes:

SLIDE 11

Speaker's Notes

Under the law, Medicare coverage for people with ESRD begins at different times depending on the circumstances. When you first enroll in Medicare based on ESRD and you are on dialysis, your Medicare **coverage usually starts the first day of the fourth month of dialysis treatments.** For example, if you start getting your dialysis treatments in July, your Medicare coverage would start on October 1.

In certain situations, coverage can begin earlier.

- Coverage will begin the first month of dialysis treatments if you participate in a self-dialysis training program in a Medicare-approved training facility during the first 3 months you get the dialysis and you expect to complete training and self-dialyze after that.
- Coverage also begins the first month of dialysis treatments if you were previously entitled to Medicare due to ESRD. (We'll cover multiple periods of entitlement on the next few slides.)

Medicare coverage begins the month you receive a kidney transplant or the month you are admitted to an approved hospital for transplant or for procedures preliminary to a transplant, providing that the transplant takes place in that month or within the 2 following months.

Medicare coverage can start 2 months before the month of your transplant if your transplant is delayed more than 2 months after you are admitted to the hospital for the transplant or for health care services you need before your transplant.

Coverage Begins

- Fourth month of dialysis
 - First month if certain conditions are met
- Month you receive a kidney transplant
- Month you are admitted to approved hospital
 - For transplant or procedures preliminary to transplant
- 2 months before month of transplant
 - If transplant is delayed more than 2 months

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Notes:

SLIDE 12

Speaker's Notes

Medicare coverage ends if ESRD is the ONLY reason you are covered by Medicare (i.e., you are not age 65 or over or disabled under Social Security rules) AND

- You do not require maintenance dialysis for 12 months
- OR
- 36 months have passed after the month of a kidney transplant.

Coverage Ends

- If ESRD is the ONLY reason you were entitled
 - 12 months after month you no longer require maintenance dialysis OR
 - 36 months after month of kidney transplant

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Notes:

SLIDE 13

Speaker's Notes

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

Coverage Continues

- No interruption in coverage
 - Within 12 months after stopping dialysis
 - Dialysis is resumed OR
 - Kidney transplant
 - Within 36 months after a kidney transplant
 - Dialysis starts OR
 - Another kidney transplant

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Notes:

SLIDE 15

Speaker's Notes

You can enroll in Medicare Part A and Part B based on ESRD at your local Social Security office. Call 1-800-772-1213 to make an appointment to enroll in Medicare based on ESRD. (TTY users should call 1-800-325-0778.) Social Security will need your doctor or the dialysis facility to complete Form CMS-2728 to document that you have ESRD. If Form CMS-2728 is sent to Social Security before you apply, the office may contact you to ask if you want to complete an application.

In general, Medicare is the secondary payer of benefits for the first 30 months of Medicare eligibility for people with ESRD who have employer or union group health plan coverage. If you are covered by a group health plan, or if for any reason Medicare would not pay for your medical care, you may want to delay applying for Medicare. It is important to understand the provisions of eligibility and enrollment, especially if you will soon receive a kidney transplant.

Enrolling in Part A and Part B

- Enroll at local Social Security office
 - Doctor or dialysis facility will need to complete Form CMS-2728
- May want to delay enrolling if covered by group health plan (GHP)
- Get the facts before deciding to delay
 - Especially if transplant is planned

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Notes:

SLIDE 16

Speaker's Notes

If you enroll in Part A and wait to enroll in Part B, you may have a delay. You will only be able to enroll in Part B during a General Enrollment Period, January 1 to March 31 each year, with Part B coverage effective July 1 of the same year.

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

There is no Special Enrollment Period for Part B for people with ESRD.

Enrolling in Part B

- Enroll in Part A and delay enrolling in Part B
 - Must wait for General Enrollment Period
 - January 1 through March 31 each year
 - Coverage begins July 1
 - May have to pay higher Part B premium
 - 10% for each 12-month period eligible but not enrolled
 - For as long as you have Part B
- No Special Enrollment Period

Notes:

SLIDE 17

Speaker's Notes

It's important to note that if you already have Medicare because of age or disability but did not take Part B, or your Part B coverage stopped, you can enroll in Medicare based on ESRD and get Part B without paying a higher premium. If you already have Part B and are paying a higher premium for late enrollment and you enroll in Medicare based on ESRD, the penalty will be removed.

If you are receiving Medicare benefits based on ESRD when you reach age 65, you have continuous coverage with no interruption. If you did not have Part B prior to age 65, you will automatically be enrolled in Part B when you reach age 65, but you will again be able to decide whether or not to keep it. If you were paying an additional Part B premium for late enrollment, the penalty will be removed when you reach age 65.

Enrolling in Part B ☑

- Have Medicare due to age or disability
 - ESRD enrollment may eliminate Part B penalty
- Medicare due to ESRD at age 65
 - Have continuous coverage
 - Will be enrolled in Part B with no penalty
 - Not enrolled in Part B or
 - Enrolled and paying a penalty
 - Can decide to keep or decline

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Notes:

SLIDE 18 *Speaker's Notes*

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

Once you have Medicare coverage because of ESRD, there is a period of time when your group health plan will pay first on your health care bills and Medicare will pay second. This period of time is called a **30-month coordination period**. (However, some Medicare plans sponsored by employers will pay first. Contact your plan's benefits administrator for more information.)

Medicare and GHP Coverage

- If ESRD is only reason you have Medicare
 - During first three months of dialysis
 - Generally Medicare will not pay
 - GHP is generally the only payer
- Medicare is secondary payer for 30-month coordination period
 - Begins when first eligible for Medicare
 - Even if not enrolled
 - New 30-month period begins if new period of Medicare coverage

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Notes:

SLIDE 19

Speaker's Notes

Check with your plan's benefits administrator.

There is a separate 30-month coordination period each time you enroll in Medicare based on ESRD. For example, if you get a kidney transplant that continues to work for 36 months, your Medicare coverage will end. If after 36 months you enroll in Medicare again because you start dialysis or get another transplant, your Medicare coverage will start right away. There will be no 3-month waiting period before Medicare begins to pay. However, there will be a new 30-month coordination period if you have GHP coverage.

Remember, the 30-month coordination period begins the first month you are **eligible** for Medicare, even if you have not signed up.

30-Month Coordination Period ☐

- During coordination period
 - GHP pays first
 - Medicare pays second
- Medicare pays first after 30 months

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Notes:

SLIDE 20 *Speaker's Notes*

The 30-month coordination period starts the first month you are able to get Medicare, even if you have not signed up yet. Example: You start dialysis in June. The 30-month coordination period generally starts September 1 (the fourth month of dialysis). Tell your providers if you have GHP coverage during this period so your services are billed correctly. After the 30-month coordination period, Medicare pays first for all Medicare-covered services. Your GHP may pay for services not covered by Medicare. If you are covered by a GHP, you may want to delay applying for Medicare. Consider the following.

- If your GHP pays all of your health care costs with no deductible or coinsurance, you may want to delay enrolling in Medicare until after the 30-month coordination period. If you do pay a deductible or coinsurance under your GHP, enrolling in Medicare Parts A and B could pay those costs.
- If you enroll in Part A but delay Part B, you don't pay the Part B premium during this time. You have to wait until the next General Enrollment Period to enroll (coverage effective July 1) and your premium may be higher.
- If you enroll in Part A but delay Part D, you don't have to pay a Part D premium during this time. You may have to wait until the next Annual Coordinated Election Period to enroll (coverage effective January 1) and your premium may be higher without creditable drug coverage.
- If you will soon be receiving a kidney transplant, immunosuppressive drug therapy is covered by Medicare Part B only under certain conditions (see next slide). (Remember doctors' services are covered by Part B, and services for a living kidney donor may not be covered by your GHP.)

Enrollment Considerations

- Medicare during 30-month coordination period
 - May not need Medicare
 - Could help pay deductibles and coinsurance
 - Higher premium if delay Part B
 - Possible higher premium if delay Part D
 - Affects coverage for immunosuppressive drugs

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Notes:

SLIDE 21 *Speaker's Notes*

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, and the transplant was performed at a Medicare-approved facility, and

- Medicare made payment for the transplant, **OR**
- If Medicare made no payment, Medicare was secondary payer.

That means if you delay enrolling in Medicare and have a transplant under your GHP, your immunosuppressive drugs will not be covered by Medicare Part B.

If you apply for Medicare based on ESRD within 12 months of a kidney transplant, you can get Part A retroactive to the month of the transplant. You can choose to either delay Part B or enroll in Part B. If you enroll in Part B, you can choose coverage retroactive to the Part A entitlement date or it may be effective the month the application is filed. If you decline to enroll in Part B, you must wait until a General Enrollment Period to enroll later.

If you don't meet the conditions for Part B coverage of immunosuppressive drugs, you may be able to get coverage by enrolling in Part D. But remember, Medicare entitlement ends 36 months after the month of a successful kidney transplant if ESRD is the only reason you have Medicare, i.e., you are not age 65 or over and you have not received Social Security disability payments for 24 months or longer. At the end of the 36 months, you will lose your coverage under all parts of Medicare, including Part D.

Enrollment Considerations

- Immunosuppressive Drugs
 - Covered by Part B
 - If entitled to Part A at time of transplant AND
 - Medicare paid for the transplant OR
 - Medicare was secondary payer but made no payment
 - Part D may cover if transplant conditions not met

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Notes:

SLIDE 22 *Speaker's Notes*

It is important to note that you cannot get drugs you can get under Part B, such as immunosuppressive drug therapy under the conditions we just discussed, through Medicare prescription drug coverage. (Part D will not cover your immunosuppressive drugs if they would be covered by Part B but you have not enrolled.)

Enrollment Considerations ☐

- Immunosuppressive drugs
 - Covered under Part B
 - Medicare pays 80% and you pay 20%
 - Does not count toward Part D catastrophic
 - Part D coverage
 - Only if conditions for Part B coverage not met
 - Helps pay for drugs needed for other conditions
 - Extra help for people with limited income and resources

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Under Part B, Medicare pays 80% of the cost of medications and you must pay the balance, called coinsurance. While the 20% coinsurance under Part B is generally less than the cost-sharing under Part D, you will not be able to count your out-of-pocket expenses for Part B drugs in determining whether you reach the catastrophic coverage limit under Part D.

However, under Part D, if you have limited income and resources, you may be eligible for extra help with your drug costs.

In addition, Part D could help pay for outpatient drugs you need to treat other medical conditions, such as medications for high blood pressure, to control blood sugar, or to lower cholesterol.

Notes:

SLIDE 23 *Speaker's Notes*

[INSTRUCTOR TO READ SLIDE.]

Yes, he is correct.

Coverage for people with ESRD begins at different times depending on the circumstances. When you first enroll in Medicare based on ESRD (permanent kidney failure) and you are on dialysis, your Medicare coverage usually starts the **fourth** month of dialysis treatments. For example, if you start getting dialysis treatments in July, your Medicare coverage would start on October 1.

However, as we mentioned earlier, coverage will begin the **first** month of dialysis treatments if you participate in a **self-dialysis training program** in a Medicare-approved training facility during the first 3 months you get dialysis treatments and you expect to complete training and self-dialyze after that.

Coverage also begins the **first** month of dialysis treatments if you were **previously entitled** to Medicare due to ESRD.

Medicare coverage begins the month you receive a kidney transplant or the month you are admitted to an approved hospital for a transplant or for procedures preliminary to a transplant, providing that the transplant takes place in that month or within the following 2 months.

Medicare coverage can start 2 months before the month of your transplant if your transplant is delayed more than 2 months after you are admitted to the hospital for the transplant or for health care services you need before your transplant.

NOTE TO INSTRUCTOR: The scenario on this slide is meant to generate discussion. Use if appropriate and time permits.

Let's look at a case study...

- Brad is 59 and is entitled to Medicare based on ESRD. He began dialysis 3 months ago, so he believes his Medicare coverage will begin in his fourth month of dialysis.
 - Is he correct?
 - Are there situations when it would begin earlier?

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Notes:

SLIDE 24

Lesson Topics

- ✓ Overview
- ✓ Eligibility and enrollment
- Coverage
 - Dialysis patients
 - Transplant patients
- Health plan options
- Information sources

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Notes:

SLIDE 25

Speaker's Notes

As a person entitled to Medicare based on ESRD, you are entitled to all Medicare Part A and Medicare Part B services covered under Original Medicare. You can also get the same prescription drug coverage as any other person with Medicare.

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

Covered Benefits

- All services covered by Original Medicare
 - Medicare Part A
 - Medicare Part B
- Special services for
 - Dialysis patients
 - Transplant patients
 - Including immunosuppressive drugs
 - Under certain conditions

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Notes:

SLIDE 26

Speaker's Notes

Dialysis is a treatment that cleans your blood when your kidneys don't work. It gets rid of harmful wastes and extra salt and fluids that build up in your body. It also helps control blood pressure and helps your body keep the right amount of fluids. Dialysis treatments help you feel better and live longer, but they are not a cure for permanent kidney failure.

Covered treatments and services include:

- Inpatient dialysis treatments
- Facility dialysis treatments
- Home dialysis training
- Self-dialysis training
- Home dialysis equipment and supplies
- Certain home support services
- Certain drugs for home dialysis

Covered Dialysis Services

- Inpatient dialysis treatments
- Facility dialysis treatments
- Home dialysis training
- Self-dialysis training
- Home dialysis equipment and supplies
- Certain support services and drugs for home dialysis

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Notes:

SLIDE 27

Speaker's Notes

There are two types of dialysis that can be performed at home, hemodialysis and peritoneal dialysis.

- Hemodialysis uses a special filter (called a dialyzer) to clean your blood. The filter connects to a machine. During treatment, your blood flows through tubes into the filter to clean out wastes and extra fluids. Then the newly cleaned blood flows through another set of tubes and back into your body.
- Peritoneal dialysis uses a cleaning solution, called dialysate, that flows through a special tube into your abdomen. After a few hours, the dialysate gets drained from your abdomen, taking the wastes from your blood with it. Then you fill your abdomen with fresh dialysate and the cleaning process begins again.

Medicare Part B covers some drugs for home dialysis, including:

- Heparin, which slows blood clotting
- A drug to help clotting when necessary
- Topical anesthetics
- Epoetin alfa for managing anemia

Home Dialysis

- Types of dialysis performed 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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Notes:

SLIDE 28 *Speaker's Notes*

It's also important to understand what Medicare does **not** pay for.

This slide lists services and supplies that are not covered:

- Paid dialysis aides to help with home dialysis
- Any lost pay to you and the person who may be helping you during self- dialysis training
- A place to stay during your treatment
- Blood or packed red blood cells used for home dialysis unless part of a doctor's service or needed to prime the dialysis equipment
- Transportation to the dialysis facility except in special cases
 - Medicare covers round-trip ambulance services from home to the nearest dialysis facility **only** if other forms of transportation would be harmful to your health. The ambulance supplier must get a written order from your primary doctor before you get the ambulance service. The doctor's **written order** must be dated no earlier than 60 days before you get the ambulance service.

Services NOT Covered

- Paid dialysis aides
- Lost pay
- Place to stay during your treatment
- Blood for home dialysis
 - Unless part of doctor's service or
 - Needed to prime the dialysis equipment
- Transportation to the dialysis facility
 - Except in special cases

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Notes:

SLIDE 29

Speaker's Notes

Now let's look at the **special Medicare-covered services for transplant patients.**

Although Medicare covers medically-necessary hospitalizations for ESRD patients, those who are undergoing a kidney transplant have special coverage. Medicare Part A covers inpatient hospital services for a kidney transplant and/or preparation for a transplant. It also covers the Kidney Registry fee and laboratory tests. The full cost of care for the kidney donor in the hospital is covered, including any care necessary due to complications.

Medicare covers both living and cadaver donors. People have two kidneys and healthy individuals can usually live with just one.

Medicare Part A

- Coverage for transplant patients
 - Inpatient hospital services
 - Transplant
 - Living or cadaver donor
 - Preparation for transplant
 - Kidney Registry fee
 - Laboratory tests
 - Full cost of care for a living donor
 - Including care needed due to complications

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Notes:

SLIDE 30

Speaker's Notes

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

Medicare Part B

- Coverage for transplant patients
 - Surgeon's services
 - Doctor's services to donor
 - No deductible
 - Immunosuppressive drug therapy
 - Under certain conditions

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Notes:

SLIDE 31 *Speaker's Notes*

Yes, Jeff is correct. In order for Medicare Part B to pay for his immunosuppressive drug therapy, he must be entitled to Medicare Part A at the time his transplant is performed in a Medicare-approved facility, and Medicare must pay for the transplant OR, if Medicare makes no payment, Medicare is secondary payer. He also must be enrolled in Medicare Part B at the time of the immunosuppressive drug therapy. If he does not meet those conditions, he may be able to get coverage under Part D.

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

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

NOTE TO INSTRUCTOR: The scenario on this slide is meant to generate discussion. Use if time permits and if appropriate.

Let's look at a case study...

- Jeff is 48 years old and just applied for Medicare based on ESRD. He knows he will probably need a kidney transplant in the near future. He decided to apply for Medicare now because he knows Medicare Part B will pay for his immuno-suppressive drug therapy as long as he is entitled to Medicare at the time of his transplant.
 - Is he correct?
 - What else does he need to know about Medicare?

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Notes:

SLIDE 32

Lesson Topics

- ✓ Overview
- ✓ Eligibility and enrollment
- ✓ Coverage
- Health plan options
- Information sources

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Notes:

SLIDE 33

Speaker's Notes

Many people can choose to get their Medicare benefits through a Medicare Advantage Plan. In most Medicare Advantage plans, you usually get all your Medicare-covered health care through the plan, and the plan may offer extra benefits. You may have to see doctors that belong to the plan or go to certain hospitals to get services. You will have to pay other costs (such as copayments or coinsurance) for the services you get.

Medicare Advantage plans include:

- Health Maintenance Organization plans
- Preferred Provider Organization plans
- Private Fee-for-Service plans
- Medicare Medical Savings Account (MSA) Plans
- Special Needs Plans

Medicare Advantage plans are **generally not available to people with ESRD**. For most people with ESRD, Original Medicare is usually the only choice, and it is always an option.

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

Medicare Advantage (MA) Plans

- Original Medicare usually only choice
- Original Medicare is always an option
- MA usually not an option
 - Some exceptions

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Notes:

SLIDE 34 *Speaker's Notes*

Some Medicare Advantage Special Needs Plans may accept people with ESRD. These plans can be designed specifically for people with ESRD, or they can apply for a waiver to accept ESRD patients. Special Needs Plans are available in limited areas, and only a few serve people with ESRD.

Special Needs Plans limit all or most of their membership to people:

- In certain institutions (like a nursing home) **OR**
- Eligible for both Medicare and Medicaid **OR**
- With certain chronic or disabling conditions

The Special Needs Plan must be designed to provide Medicare health care and services to people who can benefit the most from things like special expertise of the plan's providers, and focused care management. Special Needs Plans also must provide Medicare prescription drug coverage. For example, a Special Needs Plan for people with diabetes might have additional providers with experience caring for conditions related to diabetes, have focused special education or counseling, and/or nutrition and exercise programs designed to help control the condition. A Special Needs Plan for people with both Medicare and Medicaid might help members access community resources and coordinate many of their Medicare and Medicaid services.

To find out if a Medicare Special Needs Plan is available in your area for people with ESRD

- Visit www.medicare.gov on the web.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Special Needs Plans

- Limit membership to certain groups of people
- Some SNPs serve people with ESRD
- Designed to provide
 - Special expertise of providers
 - Focused care management
- Available in limited areas
- Must provide prescription drug coverage

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Notes:

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Speaker's Notes

There are a few other situations in which someone with ESRD can join an MA Plan. For example:

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

If you have ESRD and decide to leave your MA Plan, you can choose only Original Medicare.

ESRD and MA Plans

- Already in MA Plan
 - May stay in plan
 - Can join another plan from same company in same state
 - Can join another plan if plan leaves
- May be able to join after kidney transplant
- If in non-Medicare plan, can join MA Plan from same company
 - Must be no break in coverage

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Notes:

SLIDE 36 *Speaker's Notes*

Generally, no, she cannot join the HMO Plan.

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

Rachel might be able to join a Medicare Advantage Plan:

- If she has a successful kidney transplant.
- If she was in a non-Medicare health plan when she became eligible for Medicare. She may join an MA Plan offered by the same organization that offered the non-Medicare health plan. There must be no break in coverage between the non-Medicare plan and the MA Plan.
- If she is enrolled in an MA Plan and her plan leaves Medicare or no longer provides coverage in her service area, she can join another Medicare Advantage Plan if one is available in her service area.
- If her employer or union sponsors a Medicare Advantage Plan, she may be able to enroll in that plan under other limited circumstances.

NOTE TO INSTRUCTOR: The scenario on this slide is meant to generate discussion. Use if time permits and if appropriate.

☑

Let's look at a case study...

- Rachel is 43 years old and was diagnosed with ESRD 8 months ago. She has looked at some marketing materials from a Medicare HMO Plan and would like to join.
 - Can she join?
 - Discuss the situations where she would be able to join

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Notes:

SLIDE 37

Speaker's Notes

Now that you understand how the Medicare program works for people with ESRD, let's cover the most important topic—where to get more information.

Lesson Topics

- ✓ Overview
- ✓ Eligibility and enrollment
- ✓ Coverage
- ✓ Health plan options
- Information sources

Notes:

SLIDE 38

Speaker's Notes

The End-Stage Renal Disease Networks are an excellent source of information for people with Medicare and health care providers. There are 18 ESRD Networks serving different geographic areas in the United States and the territories. The ESRD Networks are **responsible for developing criteria and standards related to the quality and appropriateness of care for ESRD**

patients. They assess treatment modalities and quality of care. They also provide technical assistance to the dialysis facilities. Like other Medicare agents and partners, they help educate people with Medicare about the Medicare program and help resolve their complaints and grievances.

You can get contact information for your local ESRD Network in *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*, CMS Publication 10128, from www.medicare.gov/Dialysis under resources and quality concerns, and from www.esrdnetworks.org on the web.

(Instructor to add number for local ESRD Network to slide.)

ESRD Networks ☑

- Help ESRD patients get Medicare
- Develop quality standards
- Evaluate type and quality of care
- Provide technical assistance to dialysis facilities
- Resolve patient complaints and grievances
- Educate Medicare beneficiaries
- Contact information: Local phone number

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Notes:

SLIDE 39

Speaker's Notes

You may be interested in knowing that the ESRD Networks are currently working with Medicare to increase the use of **arteriovenous (AV) fistulas**. "Fistula First" is the name given to the National Vascular Access Improvement Initiative. This quality improvement project is being conducted by all 18 ESRD Networks to promote the use of Arteriovenous Fistulas (AVFs) in providing hemodialysis for all suitable dialysis patients.

A fistula is a connection, surgically created by joining a vein and an artery in the forearm, that allows blood from the artery to flow into the vein and provide access for dialysis. Fistulas last longer, need less rework, and are associated with lower rates of infections, hospitalization, and death than other types of access. Other access types include grafts (using a synthetic tube to connect the artery to a vein in the arm) and catheters (needles "permanently" inserted into a regular vein, but left protruding from the skin).

"Fistula First" Initiative ☑

- Also known as National Vascular Access Improvement Initiative
 - Being conducted by all 18 ESRD Networks
- To increase use of fistulas for hemodialysis
 - Surgical connections joining a vein and an artery in the forearm
 - Provide access for dialysis
 - Compared to grafts and catheters, fistulas
 - Last longer
 - Lower rates of infection, hospitalization, and death

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Notes:

SLIDE 40 *Speaker's Notes*

Other sources of information for people with ESRD and their families and friends include:

- The Medicare helpline at 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048
- Your State Health Insurance Assistance Program (SHIP)
- The American Association of Kidney Patients
- The National Kidney Foundation
- The American Kidney Fund
- The United Network for Organ Sharing

If you have ESRD, be sure to read the available information carefully and ask questions when necessary.

ESRD Information Sources

- 1-800-MEDICARE
- State Health Insurance Assistance Programs
- End-Stage Renal Disease (ESRD) Network
 - Local telephone numbers on www.medicare.gov
- American Association of Kidney Patients
 - 1-800-749-2257, www.aakp.org
- National Kidney Foundation
 - 1-800-622-9010, www.kidney.org
- American Kidney Fund
 - 1-800-638-8299, www.kidneyfund.org
- United Network for Organ Sharing
 - 1-888-894-6361, www.unos.org

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Notes:

SLIDE 41

Speaker's Notes

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

Medicare ESRD Publications

- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services* (CMS Pub. 10128)
- *Dialysis Facility Compare Brochure* (CMS Pub. 10208)
- *Preparing for Emergencies: A Guide for People on Dialysis* (CMS Pub. 10150)
- *You Can Live – Your Guide to Living with Kidney Failure* (CMS Pub. 02119)

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Notes:

SLIDE 43

Speaker's Notes

“Quality” means how well a facility treats its patients. The measures of quality shown on the Dialysis Facility Compare website are:

- Percent of hemodialysis patients adequately dialyzed
- Percent of patients whose anemia is adequately managed
- Patient survival information

You can also find information on the Dialysis Facility Compare website to help you understand why these measures are important. You should discuss the quality measures with the dialysis facility staff and/or your physician to help you understand what they mean and to find out what the most recent results are for the facility.

Quality Measures ☐

- Shown on Dialysis Facility Compare
 - Percent of patients adequately dialyzed
 - Percent whose anemia is adequately managed
 - Patient survival information

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Notes:

SLIDE 44 *Speaker's Notes*

Let's review some key concepts we have covered in this lesson.

We learned people with ESRD are eligible for Medicare if they meet the earnings or relationship requirements.

We discussed their enrollment options and learned that they receive all Part A and Part B services, they can get Part D (Medicare prescription drug coverage), and they receive some additional special services. We also learned Original Medicare is usually the only choice most people with ESRD have for Medicare coverage.

And we know there is much more information available.

Key Concepts

- People with ESRD are eligible for Medicare
- Important to understand enrollment options
- Can get
 - All Part A and Part B services
 - Prescription drug coverage
 - Some additional services
- Medicare Advantage plans usually not an option
- More information is available

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Notes:

SLIDE 45

Exercise

- A. Which is true about End-Stage-Renal Disease?
1. Kidney failure that requires regular dialysis or a kidney transplant to maintain life
 2. Often referred to as ESRD
 3. You do not need to be receiving Social Security disability benefits to qualify for Medicare based on ESRD
 4. All of the above

Exercise

- A. Which is true about End-Stage-Renal Disease?
1. Kidney failure that requires regular dialysis or a kidney transplant to maintain life
 2. Often referred to as ESRD
 3. You do not need to be receiving Social Security disability benefits to qualify for Medicare based on ESRD
 4. All of the above

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Notes:

SLIDE 46

Exercise

- B. Coverage based on ESRD
 - 1. Can begin the fourth month of dialysis
 - 2. Will end if you train for self dialysis
 - 3. Cannot resume if ended
 - 4. Will end one year after a successful kidney transplant

Exercise

- B. Coverage based on ESRD
 - 1. Can begin the fourth month of dialysis
 - 2. Will end if you train for self dialysis
 - 3. Cannot resume if ended
 - 4. Will end one year after a successful kidney transplant

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Notes:

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Exercise

- C. Which is not a covered service for dialysis patients?
1. Paid dialysis aide
 2. Home dialysis training
 3. Home dialysis equipment and supplies
 4. Facility dialysis treatments

Exercise

C. Which is not a covered service for dialysis patients?

1. Paid dialysis aide
2. Home dialysis training
3. Home dialysis equipment and supplies
4. Facility dialysis treatments

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Notes:

SLIDE 48
Speaker's Notes

Lesson B—*Medicare for People with a Disability*—addresses the special benefits and provisions for this population.

Lesson B

**Medicare for People
with a Disability**

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Notes:

SLIDE 49 *Speaker's Notes*

In lesson A we discussed Medicare for people with End-Stage Renal Disease, or ESRD. This lesson will focus on a different group of people, those entitled to Medicare because of a disability. (It is important to note that some, but not all, people with Medicare based on ESRD also meet the requirements for Medicare based on disability.)

Lesson Topics

- Overview of Medicare for People with a Disability
- Eligibility and enrollment
- Medicare plan options
- Medigap
- Information sources

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Medicare for People with End-Stage Renal Disease or a Disability

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At the end of this lesson, you should understand:

- The eligibility requirements
- The enrollment process
- Medicare health plan choices available to people with a disability, including Medicare prescription drug coverage
- Medigap options for people with a disability
- Information sources

We will also provide a list of resources with additional information about Social Security disability programs and Medicare. Since the Medicare provisions for people with a disability can be complicated, it is important to know where to look for more information.

Notes:

SLIDE 50 *Speaker's Notes*

To understand Medicare entitlement based on disability, it helps to first understand the relationship between Medicare and Social Security.

Medicare is title XVIII of the Social Security Act, and most people become eligible for Medicare because of their entitlement to Social Security benefits. (Qualified government employees, railroad employees, and others also can become eligible for Medicare.)

- On July 30, 1965, President Lyndon Johnson signed the Social Security Act of 1965 to provide Medicare health insurance for the elderly (people 65 and over), as well as Medicaid coverage for the poor.
- The 1972 Social Security Amendments expanded Medicare to cover two additional groups:
 - People under age 65 with a disability who have been entitled to Social Security benefits for 24 months
 - People with End-Stage Renal Disease (ESRD) who meet special Social Security earnings requirements. (We covered Medicare entitlement based on ESRD in lesson A of this module.)

Remember, people with ESRD do not need to be entitled to Social Security benefits to qualify for Medicare. However, if they are also entitled to disability benefits, they may qualify under both programs.

Medicare and Social Security

- Medicare is title XVIII of Social Security Act
- Medicare is usually based on entitlement to Social Security benefits
- 1972 amendments expanded Medicare
 - People under age 65 entitled to Social Security disability benefits for 24 months
 - People with End-Stage Renal Disease (ESRD)
 - Do not need to be receiving Social Security benefits

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Medicare for People with End-Stage Renal Disease or a Disability

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Notes:

SLIDE 51 *Speaker's Notes*

Social Security administers two major programs, both of which pay disability benefits:

1. Retirement, Survivors and Disability Insurance (RSDI), which is title II of the Social Security Act

- RSDI benefits are commonly known as Social Security benefits and are sometimes referred to as Old-Age, Survivors and Disability Insurance (OASDI) benefits
- Eligibility is based on a person's lifetime history of earnings covered by Social Security
- This program is funded by Social Security (FICA) taxes. (FICA stands for "Federal Insurance Contributions Act." This is the tax withheld from our salaries, and paid by people who are self-employed, that funds the Social Security and Medicare programs.)

2. Supplemental Security Income (SSI), which is title XVI of the Social Security Act SSI is for people of any age who are disabled or blind, and people who are age 65 or over. Eligibility for this program is based on need, and the program is funded by general tax revenues (not by Social Security taxes).

While both of these programs pay cash benefits for people with disabilities, receiving SSI does not qualify a person for Medicare. However, many people qualify under both programs.

Social Security Programs ☐

- Retirement, Survivors and Disability Insurance
 - Based on covered earnings
 - Funded by FICA
- Supplemental Security Income (SSI)
 - Based on need
 - Funded by general revenues
- Both pay benefits for people with disabilities
 - But SSI does not qualify people for Medicare

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Notes:

SLIDE 52
Speaker's Notes

Now let's talk about eligibility requirements.

Session Topics: Lesson B

- ✓ Overview
- Eligibility and enrollment
- Medicare plan options
- Medigap
- Information sources

Notes:

SLIDE 53

Speaker's Notes

Social Security determines eligibility for disability benefits. To receive Social Security disability benefits, the law requires you to have a physical and/or mental condition that keeps you from working and is expected to last for at least a year or result in death. The impairment must keep you from doing any substantial work.

Disability Defined

- Inability to work
 - Expected to last for 1 year or result in death
 - Can be the result of blindness
 - Visual acuity 20/200 or less with correcting lens in better eye OR
 - Visual field of 20 degrees or less

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People who are working in 2009 and have earnings of more than \$980 a month generally cannot be considered disabled. You must not only be unable to do your previous work, but also any other type of work considering your age, education, and work experience. No benefits are payable for partial disability or for short-term disability.

People who are blind may qualify as disabled. You can be found legally blind under Social Security rules if your vision cannot be corrected to more than 20/200 in the better eye, or if your visual field is 20 degrees or less, even with a corrective lens (a condition known as "tunnel vision"). Many people who meet the legal definition of blindness still have some sight and may be able to read large print and get around without a cane or a guide dog. In 2009, people who are blind can earn up to \$1,640 a month before their work is considered substantial.

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

Notes:

SLIDE 54 *Speaker's Notes*

As we said earlier, most people get Medicare because of their entitlement to Social Security (RSDI or title II) benefits. This includes people under age 65 who have a disability.

Once you file an application for disability benefits, Social Security will determine if you meet all of the requirements to receive cash benefits. In addition to meeting the definition of disability, you qualify based on either:

- Your own work credits or
- Your relationship to someone who has earned the required number of work credits.

People can earn up to four work credits per year. Contact Social Security for information about the required number of credits and the types of relationships needed to qualify.

In most cases, there is a waiting period of 5 full calendar months from the time your disability began until benefits can begin. If your application is approved, your first Social Security benefit will be paid starting with the sixth full month after the date your disability began. The 5-month waiting period for cash benefits does not apply to people who get childhood disability benefits or to some people who were previously entitled to disability benefits.

Qualifying for Disability Benefits

- Meet requirements
 - Definition of disability
 - Work credits
 - Or relationship to someone with work credits
- 5-month waiting period
 - Exceptions
 - People eligible for childhood disability benefits
 - Some people previously entitled to disability benefits

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Notes:

SLIDE 55 *Speaker's Notes*

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

These include:

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

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

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

Applying for Disability Benefits

- Take
 - Social Security Number
 - Proof of age
 - Health-care provider information
 - Medical records
 - Work history, including W-2
- But don't wait to apply

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Medicare for People with End-Stage Renal Disease or a Disability

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Notes:

SLIDE 56 *Speaker's Notes*

In most cases, you must be entitled to disability benefits for 24 months before Medicare can begin, so the earliest you can receive Medicare is usually the 30th month after becoming disabled (i.e., 5-month waiting period for benefits to begin plus 24-month waiting period for Medicare = 29 months before Medicare entitlement begins in the 30th month).

However, there is an exception. The 24-month Medicare waiting period does not apply to people who have Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's Disease). People with ALS get Medicare the first month they are entitled to disability benefits. This provision became effective on July 1, 2001.

As we noted on the last slide, the 5-month waiting period for cash benefits does not apply to people who get childhood disability benefits or to some people who were previously entitled to disability benefits.

Qualifying for Medicare

- 24-month waiting period
 - Exception for people with ALS
 - No additional waiting period
 - Medicare starts with first month of benefits
- Medicare usually begins 30th month after disability began
 - 5 months + 24 months = 29-month wait

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Notes:

SLIDE 57 *Speaker's Notes*

You are automatically enrolled in Original Medicare when you have been entitled to Social Security disability benefits for at least 24 months, or the first month you are entitled because of ALS. You should receive a Medicare card in the mail about 3 months prior to your 25th month of disability benefits. If you have ALS you will get your card about 4 weeks after you are entitled to Medicare.

If you do not receive your card, or if you have any questions about when you should be receiving your card, you should call 1-800-772-1213 or your local Social Security office.

Once you receive your Medicare card, you must decide if you want to keep Part B of Medicare. Some people may not need Part B. For example, you may have health care coverage under a group health plan based on your own current employment or the current employment of a family member. Before deciding, you should check with Social Security or CMS to be sure you won't be charged a higher Part B premium for late enrollment if you later decide you do want Part B. Instructions are sent with the Medicare card explaining what to do if you do not want Part B.

If you decide you want Part B, you can choose to remain with Original Medicare or select another health plan option.

You also have the option to enroll in Medicare prescription drug coverage (Part D).

Enrolling in Medicare

- Automatic enrollment in Original Medicare
 - After 24 months of disability entitlement
 - Except for ALS
 - Will receive card by mail
 - Call Social Security if it doesn't arrive
 - Decide whether to keep or decline Part B
- Decide about enrolling in Part D

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Medicare for People with End-Stage Renal Disease or a Disability

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Notes:

SLIDE 58 *Speaker's Notes*

As long as you continue to meet the requirements for Social Security disability benefits, you continue to be entitled to Medicare. If Social Security determines that your benefits should stop because of medical recovery (meaning your medical condition has improved and no longer meets the disability definition), your Medicare entitlement based on disability ends.

Continuing Medicare Entitlement

- Ends when Social Security determines you are no longer disabled
- Continues if you are working but still disabled
 - 8½ years premium-free Part A
 - May purchase coverage afterward
- Entitlement reason changes at age 65

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Social Security has **work incentives** to support people who are still medically disabled but try to work in spite of their disability. Continuation of Medicare coverage is one type of work incentive.

- You may have at least 8½ years of extended Medicare coverage if you return to work. Medicare continues even if Social Security determines that you can no longer receive cash benefits because you are earning above the substantial gainful activity level (\$980 per month in 2009).
- After this period, you may buy Medicare Part A (and Part B) for as long as you continue to be disabled. You will be billed for your Medicare premiums. If you are receiving Medicare benefits based on disability when you reach age 65, you have continuous coverage with no interruption. You will get Part A free, if you have been buying it. However, the reason for entitlement changes from disability to age. If you did not have Part B when you were disabled, you will automatically be enrolled in Part B when you turn age 65, but you will again be able to decide whether or not to keep it.

If you were paying an additional Part B premium (penalty for late enrollment) while you were disabled, the penalty will be removed when you reach age 65.

Notes:

SLIDE 59
Speaker's Notes

Now let's talk about your choices for Medicare coverage.

Session Topics: Lesson B

- ✓ Overview
- ✓ Eligibility and enrollment
- Medicare plan options
- Medigap
- Information sources

Notes:

SLIDE 60

Speaker's Notes

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

Medicare Plan Choices

- All Medicare plans available
 - Original Medicare
 - Medigap policy (supplemental)
 - Medicare Advantage plans
 - Other Medicare plans
 - Medicare Prescription Drug Plans

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Notes:

SLIDE 61 *Speaker's Notes*

Let's look at the key concepts we have covered in this lesson. We learned that Social Security determines if you are disabled and that most people are eligible for Medicare after receiving 24 months of Social Security disability benefits. If you are entitled to Medicare because of a disability, you receive all the same benefits that you would receive if you were entitled because of age, and you can receive your benefits from Original Medicare or you may choose another Medicare health plan, unless you have End-Stage Renal Disease.

Key Concepts

- Social Security determines disability
- Most people eligible for Medicare after 24 months of Social Security disability benefits
- Same Medicare coverage as for people age 65 and over
- Same Medicare plan choices as for people age 65 and over
 - Except for people with ESRD

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Notes:

SLIDE 62

Session Topics: Lesson B

- ✓ Overview
- ✓ Eligibility and enrollment
- ✓ Medicare plan options
- **Medigap**
- Information sources

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Notes:

SLIDE 63 *Speaker's Notes*

There is no Medigap open enrollment period under Federal law for people who are under age 65 and have Medicare because of a disability or End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant). (State law may provide more generous protections requiring enrollment for people under age 65. We will cover this in more detail on the next slide.)

If you have Medicare before age 65, you may not be able to buy a Medigap policy without underwriting, or at all. However, if you have Part B when you reach age 65, you will have the right to choose and buy any Medigap policy during the open enrollment period, even if you had Part B before age 65.

If you are under age 65 and enrolled in a Medicare Advantage plan, at age 65 you can choose to return to Original Medicare and use your Medigap open enrollment period. You can leave your Medicare Advantage Plan even if you are not in a Medicare Advantage open enrollment period. You can also sign up for a Medicare Prescription Drug Plan.

Remember, we said the Medigap open enrollment period is for 6 months **after you are age 65** and are enrolled in Medicare Part B. During this time:

- You can buy any Medigap policy offered in your state
- Insurance companies cannot refuse to sell you a Medigap policy or charge you a higher premium due to a disability or other health problem

Even if you already have a Medigap policy in a state that provides open enrollment for people under age 65, you may be able to get a better rate if you re-apply at age 65.

Medigap for People Under 65

- Federal law does not require coverage
- May not be able to buy a Medigap policy
- Some state laws give Medigap rights to people under 65
- At age 65
 - Can choose and buy any Medigap policy
 - Companies cannot refuse to sell Medigap
 - 6-month open enrollment period
 - Already have Medigap
 - May reapply to get a better rate

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Medicare for People with End-Stage Renal Disease or a Disability

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Notes:

SLIDE 64 *Speaker's Notes*

Some states require Medigap insurance companies to offer a limited Medigap open enrollment period for people with Medicare Part B who are under age 65. (Medigap policies sold to people under age 65 may cost more than policies sold to people over age 65.) As of September 2007, the following states required insurance companies to offer at least one kind of Medigap policy to people with Medicare under age 65 (not all policies may be available):

California*, Colorado, Connecticut, Delaware, Hawaii, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts*, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Vermont*, Wisconsin.

*In California, Massachusetts, and Vermont, a Medigap policy isn't available to people with ESRD under age 65.

This list is shown on page 33 of *2009 Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare*. Even if your state isn't on this list, some insurance companies may voluntarily sell Medigap policies to some people under age 65, and some states require that people under age 65 who are buying a Medigap policy be given the best price available.

Remember, if you live in a state that has a Medigap open enrollment period for people under age 65, you will still get another Medigap open enrollment period when you reach age 65, and you will be able to buy any Medigap policy sold in your state.

NOTE TO INSTRUCTOR: You may use the information on page 40 of *2009 Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare* as a reference.

Medigap for People Under 65

- Some companies sell to people under 65
 - Policies may cost more
- Some states **require** Medigap be offered
 - See *Guide to Health Insurance for People with Medicare*
- Another open enrollment period at 65

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Notes:

SLIDE 65

Speaker's Notes

If you are under 65 and have Medicare and a Medigap policy, you have a right to suspend your Medigap policy benefits and premiums, without penalty, while you are enrolled in your or your spouse's employer group health plan. You can get your Medigap policy back at any time.

If, for any reason, you lose your employer group health plan coverage, you can get your Medigap policy back. Within 90 days of losing your employer group health plan coverage, you must notify your Medigap insurance company that you want your Medigap policy back.

(You can also suspend Medigap for up to 2 years if you have Medicaid coverage, which is the next topic we'll discuss.)

Right to Suspend Medigap

- Under 65 and entitled due to a disability
 - Right to suspend your Medigap policy
 - While enrolled in employer group health plan
 - Without penalty
 - Get your Medigap policy back at any time
 - Must notify Medigap insurer within 90 days of losing employer group coverage

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Notes:

SLIDE 66

Exercise

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

Exercise

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

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Notes:

SLIDE 67

Exercise

- B. Medicare health plan choices available to people with disabilities include:
1. Medicare Advantage Plans
 2. Medicare Prescription Drug Plans
 3. Original Medicare
 4. All of the above

Exercise

- B. Medicare health plan choices available to people with disabilities include:
1. Medicare Advantage Plans
 2. Medicare Prescription Drug Plans
 3. Original Medicare
 4. All of the above

Notes:

SLIDE 68

Exercise

- C. Some states require Medigap be offered to all people with Medicare.
 - 1. True
 - 2. False

Exercise

- C. Some states require Medigap be offered to all people with Medicare.
 - 1. True
 - 2. False

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Notes:

SLIDE 69

Session Topics: Lesson B

- ✓ Overview
- ✓ Eligibility and enrollment
- ✓ Medicare plan options
- ✓ Medigap
- Information sources

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Notes:

SLIDE 70 *Speaker's Notes*

There are many information resources for people who have Medicare because of a disability. Since eligibility is determined by Social Security status, the Social Security toll-free number or the local Social Security office is often the first place to call.

A Medicare customer service representative also can give you information or refer you to the proper agency.

If you have railroad employment, you should contact the Railroad Retirement Board.

Your local State Health Insurance Assistance Program (SHIP) or State Office on Aging may have additional resources.

The Internet also offers a wide variety of information at the following websites for people who have Medicare because of a disability:

- www.socialsecurity.gov/disability
- www.medicare.gov
- www.cms.hhs.gov

If You Want to Know More ...

- Social Security 1-800-772-1213
 - TTY users call 1-800-325-0778
- 1-800-MEDICARE (1-800-633-4227)
 - TTY users call 1-877-486-2048
- U.S. Railroad Retirement Board, www.rrb.gov
- State Health Insurance Assistance Program (SHIP)
- State Office on Aging
- Internet
 - www.socialsecurity.gov
 - www.medicare.gov
 - www.cms.hhs.gov

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Notes:
