

MEDICARE ENROLLMENT EDUCATION FOR THE DIALYSIS PATIENT

Eligibility

- You become eligible for Medicare when you have ERSD. You become eligible...
 - At the time of transplant before starting dialysis
 - At the first month after starting home dialysis (PD or Home HD)
 - After being on in-center dialysis for 3 months (hemodialysis)
- “Eligibility for Medicare coverage based on ESD works differently than other types of Medicare eligibility. If you’re eligible for Medicare based on ERSD and don’t sign up right away, your coverage could start up to 12 months before you apply.” This is called retroactive coverage.

Part of Medicare

- Medicare Part A – Hospital coverage
- Medicare Part B – Outpatient coverage and immunosuppressant
- Medicare Part D – All other medications
- you’ll need both Part A and Part B to get the full benefits available under Medicare to cover certain dialysis and kidney transplant services.
- As a transplant patient, you need part A, B, and D unless you have prescription coverage through a commercial plan or the VA. If you lose your prescription coverage through a commercial plan or the VA at any point, you must enroll in a Part D in order to have prescription coverage.
- **You must have Medicare part A and part B coverage as a transplant patient.**
- Your transplant team highly encourages you to enroll in Medicare part A and part B at the same time and when you are initially eligible. If you do not sign up for both at this time, it is probable that you will have lifelong penalties and back payments.

Coverage Ending

- As a transplant patient, your Medicare coverage will likely end 3 years/36 months post-transplant.

Medicare and Commercial/COBRA Insurance

- “Once you become eligible for Medicare because of permanent kidney failure (usually the fourth month of dialysis), there will still be a period of time called a “coordination period,” when your employer or union groups health plan will continue to pay your health care bills.” The coordination period lasts for 30 months. “The 30-month coordination period starts the first month you would be eligible for Medicare because of permanent kidney failure, **even if you haven’t signed up for Medicare yet.**” For the first 30 months, you have both commercial insurance/COBRA and Medicare, your commercial/COBRA insurance will be primary. At the 31st month, Medicare becomes primary, and your commercial insurance/COBRA becomes secondary. At this time, your commercial insurance/COBRA will only cover what Medicare does not cover. Without Medicare, you will likely have high medical bills.

Changes in Insurance

- If your insurance coverage changes at any point in time, you must notify your transplant financial coordinator. This includes enrolling in a Medicare Advantage Plan/Part C or adding a supplement. If you do not notify your transplant financial coordinator of potential changes, it could lead to inactivation on the transplant list or cancelation of transplant surgery if changes are discovered at the time of admission.

Risks of not taking Medicare as a 2nd payer

- Dialysis companies make much more from job-based plans than the amount Medicare allows and pays. That higher billed amount could mean a **higher share of costs for the patient**.
- Dialysis clinics and most doctors “accept assignment.” **They can balance-bill a patient who doesn’t have Medicare as a 2nd payer.** They cannot balance-bill a patient who has Medicare as a 2nd payer and job-based plan that pays at least 100% of Medicare’s allowed amount.
- Dialysis companies may discount bills if patients provide **personal financial data**, but other providers do not. Some patients are too private to share financial information with their dialysis clinic.
- Not taking Medicare as a secondary payor is that when that 30-month coordination of benefit period ends, commercial based insurance plans could decline to pay based on the fact that Medicare should be the primary payor after that 30 months.
- If the patient has not applied for Medicare when they start dialysis or are qualified/eligible for Medicare, then Medicare can deny paying for their immunosuppressive medications at age 65.

Risks of taking free Medicare Part A without premium Part B:

- A 7-month initial enrollment period for Medicare starts 3 months before the month someone can have Medicare and extends 3 months afterward. **Patients can add Part B at any point during that window.** Failing to take Part B during the window limits when patients can enroll in Part B to the general enrollment period from January through March yearly, with Part B starting that 7/1.
- **There is a 10% late enrollment penalty** for each 12 months a patient waits to take Part B after having Part A.
- Patients who delay enrolling in Part B must keep track of when to apply for Part B to avoid a gap in coverage.
- **EXAMPLE:** A job-based plan paid first *until 3/31/2020*, but the patient did not enroll in Part B in time. Now, s/he can only enroll in Part B from 1/1-3/31/2021—and coverage will not start until 7/1/2021. The job-based plan is not paying for dialysis or any outpatient care *and neither is Medicare* from 4/2020 through 6/2021.
- If you’re only eligible for Medicare because of ESRD (you’re not 65 or older or have a disability), Medicare Part B will only cover your transplant drugs if both of these conditions are met:
 - You already had Medicare Part A at the time of your transplant.
 - You had transplant surgery at a Medicare-certified facility.
 - Part B will only cover your transplant drugs after you’re enrolled in Part B. There won’t be any retroactive coverage
- Medicare will continue to pay for your transplant drugs **with no time limit if one of these conditions applies:**
 - You were already eligible for Medicare because of age or disability before you got ESRD.

- You became eligible for Medicare because of age or disability after getting a transplant (in a Medicare-certified facility) that Medicare paid for, or you had private insurance that paid primary to your Medicare Part A coverage.
- You have Medicare Part B at the time of your transplant and maintain the premiums, Medicare will cover life time immunosuppression coverage effective January 1, 2023.

Risks with COBRA

When a Medicare patient who works for a company with 20 or more workers has a COBRA event, the company must offer COBRA. States may have continuation coverage for those who can't get COBRA. A patient who gets a transplant can choose to keep COBRA or take Medicare. **Having Part A coverage during the transplant month allows Part B to pay for antirejection drugs then or any time the patient has Part B.**

*Not having Part A during the transplant month means the patient can never use Part B to pay for anti-rejection drugs. Dialysis and transplant programs can bill job-based plans, including COBRA, more than Medicare **so patients could have higher out-of-pocket costs.***

Paying for transplant services

What do I have to pay for my kidney donor?

Medicare will pay the full cost of care for your kidney donor. You don't have to pay a deductible, coinsurance, or other costs for your donor's hospital stay. In addition, your kidney donor doesn't have to pay a deductible, coinsurance, or any other costs for their hospital stay. This included life time coverage for your living kidney donor and any complications they may have due to donation.

What do I have to pay for clinical laboratory services?

You pay nothing for Medicare-approved laboratory tests.

Important note for people taking Calcimimetics (Sensipar® or Parsabiv™):

Medicare Part B covers calcimimetic medications under the ESRD payment system. Calcimimetic medications include the intravenous medication, Parsabiv, and the oral medication, Sensipar. Generic versions of Sensipar are available

Full information can be found at:

<https://www.medicare.gov/Pubs/pdf/10128-Medicare-Coverage-ESRD.pdf>