



**National Medicare
TRAINING PROGRAM**

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

Module 6

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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.

References:

- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*, CMS Publication 10128, April 2007
- *Disability Benefits*, SSA Publication 05-10029, January 2006

This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the Federal agency that administers Medicare and Medicaid. The information in this module is correct as of April 26, 2007.

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Module 6

**Medicare for People with
End-Stage Renal Disease**

Lesson A



The slide features a blue header and footer. The top-left section shows two women smiling in a kitchen. The top-right section contains the text 'Module 6'. The middle section has a light blue background with the title 'Medicare for People with End-Stage Renal Disease' in bold blue font. The bottom-left section contains the text 'Lesson A'. The bottom-right section shows a man lifting a young child. The CMS logo is located in the bottom-left corner of the footer.

Lesson A addresses the special benefits and provisions for people entitled to Medicare because they have End-Stage Renal Disease.

Session Topics: Lesson A

Medicare for People with ESRD

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

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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

Session Topics: Lesson A

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

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

End-Stage Renal Disease

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

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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

Medicare for People with ESRD

- Coverage began in 1973
- Over 405,000 were enrolled during 2004
- Over 1 million received life-saving therapy
 - Dialysis
 - Nearly 333,000 on dialysis at end of 2005
 - Transplant
 - 302,500 kidney transplants since program began

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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.

During 2004, over 405,000 people were enrolled in Medicare based on ESRD.

Since the program began, more than 1 million Americans have received life-supporting treatments for renal failure—dialysis and/or a kidney transplant. Statistics show that nearly 333,000 people are alive on renal replacement therapy (as of 12/31/05) and over 267,000 people have had 302,500 kidney transplants since the program began.

Reference: 2005 CMS Statistics, CMS Publication 03455, September 2005

Session Topics: Lesson A

✓ Overview

■ Eligibility and enrollment

■ Coverage

■ Health plan options

■ Information sources

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Now let's talk about Medicare eligibility and enrollment for people with ESRD.

Part A Eligibility

- Eligible for Medicare Part A at any age if
 - 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 who
 - Worked required amount of time or
 - Receives benefits

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

- You have worked the required amount of time under Social Security, under railroad retirement, 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, railroad retirement, 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. In 2006, about 4,000 children were entitled to Medicare based on ESRD.)

Part B Eligibility

- If eligible for Medicare Part A
 - Can enroll in Part B
 - Will have to pay Part B premium
- Need Part A and Part B for complete Medicare coverage
- For more information
 - Call SSA at 1-800-772-1213
 - Call RRB at 1-800-808-0772

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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 may have to 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.

Most people don't pay a premium for Part A, but there is a monthly premium for Part B, which in 2007 is \$93.50 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 the Social Security Administration (SSA) 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 1-800-808-0772 or your local RRB office.

(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 D Eligibility

- Medicare prescription drug coverage
 - Available for all people with Medicare
 - Must enroll in a plan to get coverage
 - You pay monthly premium plus share of prescription costs
 - People with limited income and resources may get extra help

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.

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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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 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 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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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 Continues

- Coverage will continue without interruption
 - If within 12 months after stopping dialysis
 - Dialysis is resumed OR
 - Get a kidney transplant
 - If within 36 months after a kidney transplant
 - Dialysis starts OR
 - Get another kidney transplant

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 Resumes

- Coverage will resume with no waiting period
 - More than 12 months after stopping dialysis
 - If dialysis is resumed OR
 - Get a kidney transplant
 - More than 36 months after a kidney transplant
 - If dialysis starts OR
 - Get another kidney transplant
- Must re-apply

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Coverage will resume with **no waiting period** if

- You have to start dialysis again or get a kidney transplant more than 12 months after you stopped getting dialysis or
- You have to start dialysis or get another kidney transplant more than 36 months after the month of a kidney transplant.

It is important to note that for coverage to resume, you must **file a new application** for this new period of Medicare entitlement.

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 employer group health plan (EGHP)
- Get the facts before deciding to delay
 - Especially if transplant is planned

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You can enroll in Medicare Part A and Part B based on ESRD at your local Social Security office. Call 1-800-772-1213 to make an appointment to enroll in Medicare based on ESRD. (TTY users should call 1-800-325-0778.) SSA 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 SSA 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 enrollment and eligibility, especially if you will soon receive a kidney transplant. We will discuss this situation in more detail shortly.

Enrolling in Part B

- If enroll in Part A and delay enrolling in Part B
 - May have to 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

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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.

Note: There is no Special Enrollment Period for Part B for people with ESRD who are covered by an EGHP based on current employment, like there is for other people with Medicare.

Enrolling in Part B

- If already have Medicare due to age or disability
 - Enrolling based on ESRD may eliminate Part B penalty
- If have Medicare due to ESRD at age 65
 - Have continuous coverage
 - If not enrolled in Part B or enrolled and paying a penalty
 - Will be enrolled in Part B with no penalty
 - Can decide to keep or decline

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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. You must apply during your Initial Enrollment Period.

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 dropped when you reach age 65.

Enrolling in Part D

- Several ways to enroll
 - Enroll online at www.medicare.gov
 - Call 1-800-MEDICARE (1-800-633-4227)
 - Contact the plan directly
- Possible penalty for late enrollment
- To apply for extra help with drug costs
 - Social Security Administration
 - State Medicaid agency

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As we noted earlier, you must be enrolled in a Part D plan to get Medicare prescription drug coverage. You can choose to receive drug coverage through a Medicare Prescription Drug Plan if you are in the Original Medicare Plan or through a Medicare Advantage plan or other Medicare plan if you enroll in one. However, in most cases, people with ESRD can't join a Medicare Advantage plan. We'll talk more about this in a few minutes.

You can enroll in Medicare Part D online at www.medicare.gov, by calling 1-800-MEDICARE (1-800-633-4227; TTY users should call 1-877-486-2048), or by contacting the plan of your choice. It's important to note that if you don't enroll in Part D during your 7-month Initial Enrollment Period, you may have to pay a late enrollment penalty AND you may have to wait until the Annual Coordinated Election Period November 15 – December 31 to get coverage starting January 1 of the next year. People who have other drug coverage at least as good as Medicare drug coverage (called "creditable coverage") will have a Special Enrollment Period and can wait to enroll in Part D without a penalty. (This is different from the rules for delayed enrollment in Part B.)

Caution: If you have creditable employer drug coverage and join a Medicare drug plan, you may lose your employer coverage and may not be able to get it back. You also may lose other employer health benefits, such as doctor or hospital coverage. Your decision also may affect coverage for your spouse or dependent covered by the plan. It is important to read the communications sent by your plan and contact the benefits administrator with any questions.

People who join a Medicare drug plan and have limited income and resources may be able to get extra help paying for their drug costs. If you think you may qualify for the extra help, contact the Social Security Administration or your state Medicaid agency.

Medicare and EGHP Coverage

- Generally Medicare will not pay anything during first 3 months of dialysis
 - EGHP will pay
 - Unless entitled to Medicare due to age or disability
- Medicare is secondary payer for 30-month coordination period

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As we said earlier, if you are eligible for Medicare because of ESRD, your Medicare coverage will usually start the fourth month of dialysis. (However, remember that Medicare coverage can begin as early as the first month of dialysis or 2 months before a kidney transplant, depending on the circumstances.) 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 an EGHP, that plan is generally the only payer for the first 3 months of dialysis.

If you delay applying for Medicare until after your first 3 months of dialysis, your coverage will begin right away.

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.)

30-Month Coordination Period

- Begins when first eligible for Medicare
 - Even if not enrolled
- During coordination period
 - EGHP pays first
 - Medicare pays second
- Medicare pays first after 30 months
- New 30-month period begins if new period of Medicare coverage

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The 30-month coordination period starts the first month you are able to get Medicare, even if you have not signed up yet. For example, if you start dialysis in June, the 30-month coordination period will generally start September 1, the fourth month of dialysis. If you have EGHP coverage during the 30-month coordination period, it is very important to tell the person who provides your medical care so your services are billed correctly.

After the 30-month coordination period, Medicare will pay first for all Medicare-covered services. Your EGHP coverage may pay for services not covered by Medicare. 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 EGHP coverage.

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

Enrollment Considerations

People with EGHP

- May not need Medicare during 30-month coordination period
 - But 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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As we mentioned earlier, if you are covered by an EGHP, you may want to delay applying for Medicare. If you have EGHP coverage, consider the following:

- If your plan will pay all of your health care costs with no deductible or coinsurance, you may want to delay enrolling in Medicare until the 30-month coordination period is over. However, if you must pay a deductible or coinsurance under your EGHP, enrolling in Medicare Parts A and B could pay those costs.
- If you enroll in Part A but delay enrolling in Part B, you will not have to pay the Part B premium during this time. However, as we mentioned earlier, you will have to wait until the next General Enrollment Period to enroll in Part B (with coverage effective July 1), and your Part B premium may be higher.
- If you enroll in Part A but delay enrolling in Part D, you will not have to pay a Part D premium during this time. However, similar to Part B, you may have to wait until the next Annual Coordinated Election Period (with coverage effective January 1) to enroll in Part D. Your Part D premium may be higher, unless you have creditable drug coverage.
- If you will soon be receiving a kidney transplant, one important consideration is that immunosuppressive drug therapy is covered by Medicare Part B only under certain conditions, shown on the next slide. (Also consider that doctors' services are covered by Part B, and services for a living kidney donor may not be covered by your EGHP.)

Enrollment Considerations

Immunosuppressive Drug Coverage

- Covered by Medicare 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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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 EGHP, your immunosuppressive drugs will not be covered by Medicare Part B. We'll discuss this subject in more detail when we talk about Medicare coverage for transplant patients.

(IMPORTANT NOTE: 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 take Part B. If you choose to enroll in Part B, coverage may be retroactive to the Part A entitlement date or it may be effective with the month the application is filed. If you decline to enroll in Part B, you may have to 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 Part D

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

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Should Transplant Recipients Enroll in Part D?

Now let's talk more about Part D enrollment considerations for people with ESRD and EGHP coverage.

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. (Note: Part D will not cover your immunosuppressive drugs if they would be covered by Part B but you have not enrolled.)

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.

Let's see what we know...

- Your 30-month coordination period begins when you become eligible for Medicare, even if you have not filed an application.
 - True or False?

[Instructor to read slide.]

True! This is correct.

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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[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 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.)

Session Topics: Lesson A

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

Now let's talk about what services are covered for people with Medicare based on ESRD.

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

As a person entitled to Medicare based on ESRD, you are entitled to all Medicare Part A and Medicare Part B services covered under the Original Medicare Plan. 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.

Coverage for Blood

- Part A and Part B can help pay for
 - Whole blood
 - Units of packed red blood cells
 - Blood components
 - Cost of blood processing and administration
- Must meet Part A and/or Part B deductible

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Before we talk about these special services, let's talk about a service that is available to all people with Medicare and often needed by people with ESRD.

Chronic kidney disease and ESRD lead to decreased renal production of erythropoietin (EPO), and subsequently anemia. (EPO is a hormone produced by the kidney that promotes the formation of red blood cells by the bone marrow.) In addition, a small amount of blood is lost during hemodialysis (one type of dialysis). Both Medicare Part A and Medicare Part B can help pay for whole blood or units of packed red blood cells, blood components, and the cost of blood processing and administration after the Medicare Part A and/or Part B deductible are met.

However, **blood needed for home dialysis is not covered by Medicare** unless it is part of a doctor's service or is needed to prime the dialysis equipment.

If you paid for or replaced some units of blood under either Medicare Part A or Medicare Part B during the calendar year, you don't have to do so again under Part A or Part B.

Details about coverage for blood are available from Centers for Medicare & Medicaid Services (CMS) publications or through the End-Stage Renal Disease Networks. (We'll talk more about the ESRD Networks at the end of this lesson.)

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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Now let's look at the **special covered services for dialysis patients**.

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

Ambulance Services

- Transportation to dialysis facility
 - Only if other forms of transportation would be harmful to your health
 - Ambulance supplier must get written order
- For information
 - 1-800-MEDICARE (1-800-633-4227)
 - TTY/TDD 1-877-486-2048

Does Medicare pay for transportation to dialysis facilities?

In most cases, no. 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.

For more information about ambulance coverage, call 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048. You can also call your State Health Insurance Assistance Program (SHIP).

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
 - Epogen® or Epoetin alfa for anemia management

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

1. Hemodialysis uses a special filter (called a dialyzer) to clean your blood. The filter connects to a machine. During treatment, your blood flows through tubes into the filter to clean out wastes and extra fluids. Then the newly cleaned blood flows through another set of tubes and back into your body.
2. 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
- Epogen® or Epoetin alfa for managing anemia.

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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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 (ambulance services, discussed earlier)

Medicare Part A

- Covers 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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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 B

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

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. Let's review those conditions again on the next slide.

Immunosuppressive Drugs

- Used to reduce the risk of rejection
- Taken for the rest of your life
- Covered by Medicare 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
 - For as long as you have Medicare
- Part D may cover if transplant conditions not met
 - Will not cover drugs you can get under Part B

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Immunosuppressive drugs are drugs used to reduce the risk of your body rejecting your new kidney after your transplant. You will probably need to take these drugs for the rest of your life. If you stop taking them, your body may reject your new kidney and the kidney could stop working. If that happens, you will have to start dialysis again.

Earlier we said that immunosuppressive drug therapy is only covered by Medicare Part B for people who were entitled to Part A at the time of a kidney transplant, 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.

You must be enrolled in Part B at the time of the immunosuppressive drug therapy. This benefit is available for as long as you are covered by Medicare.

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.

Remember, if you have Medicare only because of kidney failure, your Medicare coverage—including coverage for immunosuppressive drugs—will end 36 months after the month of your transplant. However, if you are also eligible for Medicare because of age or disability, Medicare will continue to pay for your immunosuppressive drugs with no time limit.

Let's see what we know...

- Which service is covered by Medicare?
 - A. Paid dialysis aides
 - B. Lost pay
 - C. Kidney Registry fee

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[Instructor to read slide.]

C. Kidney Registry fee.

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 immunosuppressive 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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[Instructor to read slide.]

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 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.)

Session Topics: Lesson A

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

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Now let's talk about the health plan options available for people with ESRD.

Medicare Advantage (MA) Plans

- Usually not an option for people with ESRD
- Original Medicare Plan usually only choice
 - Always an option
- MA plans include
 - Health Maintenance Organization (HMO) Plans
 - Preferred Provider Organization (PPO) Plans
 - Private Fee-for-Service (PFFS) Plans
 - Medicare Medical Savings Account (MSA) Plans
 - Special Needs Plans

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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 and
- Special Needs Plans.

Medicare Advantage plans are **generally not available to people with ESRD**. For most people with ESRD, the Original Medicare Plan 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.

Special Needs Plans

- Limit membership to certain groups of people
 - In certain institutions (like a nursing home)
 - Eligible for both Medicare and Medicaid
 - With certain chronic or disabling conditions
 - 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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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 in 2007 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.

ESRD and MA Plans

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

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

- If you've had a successful kidney transplant, you may be able to join a plan.
- 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.
- 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 the Original Medicare Plan.

Let's see what we know...

- Julia became entitled to Medicare based on ESRD in April 2006. She had a successful kidney transplant in March 2007. She would like to join a Medicare PPO plan in her area.
 - Is she eligible to join the plan?

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[Instructor to read slide.]

Yes, since Julia has had a successful kidney transplant, she can join a Medicare Advantage Plan, including a PPO plan, as long as she meets the other eligibility requirements. A person who receives a kidney transplant and no longer requires a regular course of dialysis to maintain life is not considered to have ESRD for purposes of MA eligibility. (This situation also applies if a person receiving maintenance dialysis recovers kidney function and no longer requires a regular course of dialysis.)

If Julia's new kidney continues to function, she will remain entitled to Medicare through the end of March 2010, the 36th month after the month in which she received her kidney transplant.

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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[Instructor to read slide.] 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.)

Session Topics: Lesson A

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

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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.

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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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 Medicare beneficiaries 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.)

“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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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).

Other ESRD Information Sources

- 1-800-MEDICARE
- State Health Insurance Assistance Programs
- 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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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.

Medicare ESRD Publications

- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services* (CMS Pub. 10128)
- *Dialysis Facility Compare Brochure* (CMS Pub. 10208)
- *Know Your Number: Are You Getting Adequate Hemodialysis?* (CMS Pub. 10924)
- *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)

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.

www.medicare.gov

- Medicare publications
- Dialysis Facility Compare
 - Searchable database
 - Shows
 - Facility location
 - Treatment choices offered
 - Ownership
 - Availability of evening services
 - Quality measures

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In addition to finding these and other helpful publications on the Medicare website, you can get important information about Medicare-certified dialysis facilities in your area. If you don't have access to the Internet or are not familiar with it, you might get help from a family member or friend who is familiar with the Internet. And you can always go to your local public library or senior center and use their computers at minimal or no charge.

On the www.medicare.gov web page, click on "Compare Dialysis Facilities in Your Area." The Dialysis Facility Compare resource gives you detailed information about Medicare-certified dialysis facilities, and lets you compare facilities in your area and around the country. You can compare **facility characteristics**—including location, treatment choices, ownership information, and whether evening shifts are available—and **quality measures**.

Quality Measures

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

“Quality” means how well a facility treats its patients. Good quality dialysis care means doing the right thing, at the right time, in the right way, for the right person, and getting the best possible results.

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.

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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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 the Original Medicare Plan is usually the only choice most people with ESRD have for Medicare coverage.

And we know there is much more information available.



Module 6

Medicare for People with a Disability

Lesson B



The image is a slide with a blue header and footer. The header contains a photo of two women in a kitchen and the text 'Module 6'. The main body has a light blue background with the title 'Medicare for People with a Disability' in bold blue text. Below the title is a white box with 'Lesson B' and a photo of a man lifting a child. The footer contains the CMS logo.

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

Session Topics: Lesson B

Medicare for People with a Disability

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

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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.)

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.

Session Topics: Lesson B

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

Let's start with a few basic facts about Medicare eligibility based on disability.

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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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 for People with a Disability

- 1.7 million people covered in 1973
- 6.5 million in 2005
 - 15% of all people with Medicare

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In 1973 when coverage began, 1.7 million people received Medicare based on a disability. According to *2005 CMS Statistics*, CMS Publication 03445, in 2005 about 6.5 million people were enrolled because of disability, comprising over 15 percent of the total Medicare population.

Social Security Administration (SSA) 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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The Social Security Administration (SSA) administers two major programs, both of which pay disability benefits:

- 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.)
- 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.

Session Topics: Lesson B

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

Now let's talk about eligibility requirements.

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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SSA 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. People who are working in 2007 and have earnings of more than **\$900 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 2007, people who are blind can earn up to \$1,500 a month before their work is considered substantial.

There are two exceptions to these disability rules:

- No person is considered disabled if drug or alcohol abuse is a material contributing factor
- No cash benefit can be paid to someone whose disability is related to his or her commission of a felony

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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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, SSA 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 SSA 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.

(Note: There is no waiting period for SSI disability benefits.)

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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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. SSA 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 1-800-808-0772 or your local RRB office.)

Qualifying for Medicare

- Additional 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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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 disabled by 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, so they may become entitled to Medicare beginning with the 25th month after they become disabled.

(Note that people who receive disability benefits and also have ESRD do not have these waiting periods.)

The requirements may be different for government employees and railroad employees, who also may be eligible for Medicare based on a disability. Contact SSA or the Railroad Retirement Board for information about Medicare entitlement for these individuals.

Enrolling in Medicare

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

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You are automatically enrolled in the Original Medicare Plan 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 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 SSA 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 the Original Medicare Plan or select another health plan option.

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

Continuing Medicare Entitlement

- Ends when SSA 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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As long as you continue to meet the requirements for Social Security disability benefits, you continue to be entitled to Medicare. If SSA 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.

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 SSA determines that you are no longer entitled to cash benefits because you are earning above the substantial gainful activity level (\$900 per month in 2007).
- 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 dropped when you reach age 65.

Let's see what we know...

- Most people who receive Social Security cash benefits because of a disability are eligible for Medicare after receiving 24 months of benefits.
 - True or False?

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[Instructor to read slide.]

True!

Let's look at a case study...

- Ramon thinks he will lose his Medicare entitlement because he has returned to work, even though he is still disabled.
 - Is he right?

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[Instructor to read slide.]

No, Ramon may have 8½ years of extended Medicare coverage if he returns to work, as long as he continues to meet the requirements for Social Security disability benefits. After this period, he may buy Medicare Part A (and Part B) for as long as he continues to be disabled.

If SSA determines that his benefits should stop because of medical recovery, his Medicare entitlement based on disability ends.

(Note to instructor: The scenario on this slide is meant to generate discussion about the application process and the necessary documents. Use if time permits and if appropriate.)

Session Topics: Lesson B

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

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

Medicare Plan Choices

- All Medicare plans available
 - Original Medicare Plan
 - Medicare Advantage plans
 - Other Medicare plans
 - Medicare Prescription Drug Plans

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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 the Original Medicare Plan 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 outpatient prescription drugs.

Coverage

- Coverage same as for people age 65 and over
- All Medicare-covered benefits
- No special limitations

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In addition, Medicare coverage for people under age 65 with a disability is the same as for people who are 65 and over. There are no special limitations on Medicare coverage based on a disability.

Session Topics: Lesson B

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

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Now let's discuss Medigap options for people entitled to Medicare because of a disability.

Medigap for People Under 65

- Medicare due to a disability or ESRD
 - May not be able to buy a Medigap policy
 - Right to choose and buy any Medigap policy at age 65
 - Companies cannot refuse to sell Medigap because of disability or other health problem
 - 6-month open enrollment period

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We just said that people with disabilities have the same Medicare health plan choices as people age 65 and older, except for people with ESRD. However, there are some restrictions on eligibility for Medigap plans (Medicare Supplement Insurance) for people with a disability.

There is no open enrollment period under Federal law for people with Medicare under age 65. (However, many state laws provide more generous protections. Check with your State Insurance Commissioner to learn about the laws in your state.)

If you have Medicare Part B before age 65 because of a disability or ESRD, you may not be able to buy a Medigap policy without underwriting. However, when you reach age 65, you will have the right to choose and buy any Medigap policy, with open enrollment protections. It does not matter that you had Medicare Part B before you turned age 65.

The Medigap open enrollment period is for 6 months **after you turn age 65 and are enrolled in Medicare Part B**. During this time:

- You can buy any Medigap policy, and
- Insurance companies cannot refuse to sell you a Medigap policy due to a disability or other health problem, or charge you a higher premium than they charge other people who are 65 years old.

Medigap for People Under 65

- Some states require Medigap be offered to people under 65 with Medicare Part B
 - Another Medigap open enrollment period at 65
- Some companies choose to sell Medigap policies to people under 65
 - Policies may cost more

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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. As of February 2007, the following states require insurance companies to offer a Medigap open enrollment period to people with Medicare under age 65 (but not all policies may be available):

- California, Colorado, Connecticut, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Washington, Wisconsin.

Also, some insurance companies will sell Medigap policies to people with Medicare under age 65. However, these policies may cost you more. 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 turn age 65, and all policies will be available.

(Note to Instructor: Give handout on state-specific information and be prepared to answer questions.)

Right to Suspend Medigap

- Right to suspend your Medigap policy
 - While enrolled in your own or your spouse's employer group health plan
 - Without penalty
- Can get your Medigap policy back at any time
- Must notify Medigap insurer
 - Within 90 days of losing employer coverage
- Can also suspend Medigap if have Medicaid
 - Up to 2 years

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If you are under 65 and have Medicare and a Medigap policy, you have a right to suspend your Medigap policy. This right lets you 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 you lose your employer group health plan coverage for any reason, you can get your Medigap policy back. You must notify your Medigap insurance company within 90 days of losing your employer group health plan coverage that you want your Medigap policy back.

You can also suspend Medigap for up to 2 years if you have Medicaid coverage.

For more information about Medigap, see *2007 Choosing A Medigap Policy: A Guide To Health Insurance For People With Medicare*, CMS Publication 02110. You can also review training module 3 on Medigap coverage.

Key Concepts

- SSA 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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Let's look at the key concepts we have covered in this lesson. We learned that the Social Security Administration 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 the Original Medicare Plan or you may choose another Medicare health plan, unless you have End-Stage Renal Disease.

Session Topics: Lesson B

- ✓ Overview
- ✓ Eligibility and enrollment
- ✓ Medicare and other health plan choices
- ✓ Medigap
- Information sources

We've learned a lot about Medicare for people who are disabled. Now let's look at some additional information sources.

If You Want to Know More ...

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

This training module provided by the

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