

OTHER WAYS TO PAY HEALTH CARE COSTS

In addition to Medicare, your state may have programs that offer additional help to cover your health care costs. Call your State Medical Assistance (Medicaid) office to get information about the following programs:

- Medicare Savings Programs
- Medicaid
- Kidney Disease Programs

KNOW YOUR RIGHTS

You have the right to be included in decisions about your treatment, the right to appeal decisions about payment of services, and the right to privacy and confidentiality. Please review your Medicare Summary Notice carefully for instructions on how to appeal. For more information, visit <http://go.usa.gov/low> to view the booklet “Your Medicare Rights and Protections.” You can also call 1-800-MEDICARE (1 800 633-4227). TTY users should call 1-877-486-2048.

HOW TO FILE A GRIEVANCE (COMPLAINT)

If you have a problem with the dialysis services you get, talk with your doctor, nurse, or facility administrator first to see if they can help you solve your problem. If necessary, you can file a grievance (a written complaint) with your facility. If that doesn't solve your problem, you also have the right to file a grievance with the ESRD Network in your area, or call your State Survey Agency.

WHERE CAN I GET MORE INFORMATION?

You can view or print Medicare publications, find helpful phone numbers and Web sites, and compare dialysis facilities in your area by visiting www.medicare.gov or calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- **To learn more details about eligibility, coverage, and cost information**, visit <http://go.usa.gov/lov> to view the booklet “Medicare Coverage of Kidney Dialysis and Kidney Transplant Services.”
- **To find a Medicare-approved dialysis facility in your area**, visit www.medicare.gov/dialysis.
- **For free health insurance counseling and personalized help**, call your State Health Insurance Assistance Program (SHIP).*
- **To get a report on a particular dialysis facility**, call your State Survey Agency.*
- **For more information on dialysis and transplants, or to file a grievance**, call your ESRD Network Organization.*

*Visit www.medicare.gov or call 1-800-MEDICARE to get the phone numbers for your local SHIP, State Survey Agency, or ESRD Network.

“Medicare’s Coverage of Dialysis and Kidney Transplant Benefits: Getting Started” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings. More details are available in the “Medicare Coverage of Kidney Dialysis and Kidney Transplant Services” booklet.

Medicare’s Coverage of Dialysis and Kidney Transplant Benefits

GETTING STARTED



Learning that you have permanent kidney failure isn't easy, but you can still take control of your life. Talk with your health care team to get detailed information about kidney failure, dialysis treatments, and kidney transplants. You should also talk with your health care team about your treatment options to decide what's best for your situation.

Medicare coverage for people with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) covers people of all ages including children.

If you already have Medicare because you're 65, or if you're under 65 and disabled, Medicare coverage for dialysis begins right away. However, if you're under 65 and only eligible for Medicare because of ESRD, your Medicare coverage will generally start the fourth month of dialysis.

If you have ESRD and are new to Medicare, you will most likely get your health care through Original Medicare. You may also have the option of joining a Medicare Special Needs Plan if one is available in your area for people with ESRD, or another Medicare Advantage Plan (like an HMO or PPO) if you meet certain limited conditions. If you're already in a Medicare Advantage Plan, you can stay in that plan.

Call your State Health Insurance Assistance Program (SHIP) to learn more about Medicare coverage rules. See "Where can I get more information?" on the back cover.

WHAT'S COVERED

Medicare helps pay for kidney dialysis and kidney transplant services. You need Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), and possibly Medicare Part D (Prescription Drug Coverage) to get the full benefits available under Medicare for people with ESRD.

Kidney Dialysis

Part A covers dialysis treatments when you're in a hospital.

Part B helps pay for the following dialysis services:

- Outpatient dialysis treatments (in a Medicare-approved dialysis facility)
- Self-dialysis training
- Home dialysis equipment and supplies
- Certain home support services
- Most injectable drugs and their oral forms for outpatient or home dialysis (like an erythropoiesis stimulating agent to treat anemia)
- Doctors' services (inpatient or outpatient)
- Other services and supplies that are part of dialysis, like laboratory tests
- Dialysis when you travel in the United States and use a Medicare-approved facility

Note: In most cases, Medicare doesn't pay for transportation to dialysis facilities.

Kidney Transplant

Generally, Part A covers the following transplant services:

- Inpatient services in an approved hospital
- Kidney registry fee
- Laboratory and other tests needed to evaluate your medical condition, and the conditions of your potential kidney donors
- The costs of finding the proper kidney for your transplant surgery
- The full cost of care for your kidney donor
- Blood (if a transfusion is needed)

Part B helps pay for the following transplant services:

- Doctors' services for kidney transplant surgery
- Doctors' services for your kidney donor during his or her hospital stay
- Immunosuppressive drugs (generally for a limited time after you leave the hospital following a transplant)
- Blood (if a transfusion is needed)

WHAT DO I PAY?

Generally, Part A pays for inpatient hospital services, and you pay a deductible.

For Part B services, Medicare generally pays 80% of the Medicare-approved amount, after you pay the Part B yearly deductible. You pay the remaining 20% coinsurance. You also must pay the Part B monthly premium. If you have other insurance, your costs may be different.

Note: In Original Medicare, if you get dialysis in a Medicare-approved facility, your Part B covered services will be "bundled" together under a new payment system starting January 2011. Medicare will pay 80% of the Medicare-approved amount for dialysis-related services. You will pay the remaining 20% coinsurance that Medicare doesn't pay. The amount you pay may vary based on your individual care needs under the new payment system.

WHEN MEDICARE COVERAGE ENDS

If you're eligible for Medicare **only** because of permanent kidney failure, Medicare coverage will end:

- 12 months after the month you stop dialysis treatments
- 36 months after the month of your kidney transplant

Your Medicare coverage may be extended if you meet certain conditions.

www.medicare.gov

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