



NETWORK OF NEW ENGLAND

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ISSUE 24 | DECEMBER | 2011



DO YOU WANT TO KNOW ABOUT A SPECIFIC TOPIC?
SUBMIT SUGGESTIONS TO:

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OR CALL
866-286-3773 TOLL FREE PATIENT LINE

HELPFUL TIPS TO EMPOWER
DIALYSIS PATIENTS

Kidney Chronicles

ESRD Medicare and the General Enrollment Period (GEP)



If you have End Stage Renal Disease (ESRD), you may be eligible to enroll in Medicare Part A and Part B (speak with your Social Worker or Financial Coordinator to discuss eligibility requirements). When you enroll in Medicare based on ESRD and receive **in-center hemodialysis**, your Medicare coverage usually starts the first day of the fourth month of chronic dialysis treatments. If you are on **home hemodialysis** or **peritoneal dialysis** or have **begun training**, your coverage begins the first day of the first month. Medicare coverage can also begin the first month if you're admitted to a Medicare-approved hospital for a kidney transplant, or for a transplant evaluation when your transplant occurs in the same month or the following two months. If you are covered by an employer or union group health plan, they generally pay first on your health care bills, and Medicare will pay second for a 30-month coordination

of benefits period (COB). At the end of the 30-month COB, Medicare will typically pay first for all Medicare covered services. Your employer or group health plan coverage may pay for services not covered by Medicare.

Medicare Part A (*Hospital Insurance*) covers the following:

- Inpatient care in hospitals
- Hospice care
- Some home health care
- Short term care in skilled nursing facilities

Medicare Part B (*Medical Insurance*) covers the following:

- Dialysis
- Doctors' services
- Outpatient hospital care
- Other medical services that Part A doesn't cover
- Immunosuppressant drugs for

36 months after transplant (as long as you have ESRD Medicare benefits at the time of transplant). If you have Medicare based on retirement or disability, and had Medicare at the time of the transplant, your immunosuppressants will remain covered.

During the COB you may sign up for Medicare A and B at any time, as long as you sign up for **both together**.

If you qualify for Part A, you will also be offered Part B. Remember, both are needed to receive all ESRD benefits.

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If you decide to enroll in Part A, and do not take Part B at the same time, you can **ONLY** apply for Part B between the GEP, which is January 1 through March 31 of each year. Your

coverage will begin on July 1st of that year. The Part B premium will increase 10% for each 12-month period that you had Part A and chose not to take Part B. It is important to talk to your social worker or financial coordinator at your dialysis facility so there is

never a time when you are without insurance. If they cannot help you they can make the referral to your states elder care program (usually called SHINE or SHIP) that will help you understand your benefits.

Commonly Asked Questions on ESRD Medicare

Q: Can I have a second coordination of benefits period?

A: Yes, if you have more than one period of Medicare entitlement.

Example: If a kidney transplant functions beyond 36 months, and you are not on Medicare retirement or disability benefits, Medicare is terminated if the transplant fails and you return to dialysis or receive another transplant. You (or your dialysis facility) must file a new application for Medicare. There is a new 30-month coordination period for individuals covered by an employer group health plan (EGHP). In cases where there is no lapse in Medicare coverage, then Medicare would remain primary.

Q: Can I, as a patient with employee group coverage, delay enrolling in ESRD Medicare until close to the time that Medicare becomes primary?

A: Yes. There is no law requiring an ESRD patient to file an application for Medicare. If you are adequately covered under an EGHP you may file for Medicare at any time during the coordination period. If you want Medicare coverage to be effective the first month Medicare is primary payer, the earliest the application can be filed is in the 27th month of the coordination period. **If an**

individual with group health plan coverage does not want to enroll in Part B and pay the premiums, you should be advised to delay filing the application for Part A.



Q: Why?

A: If you do not enroll in Part B at the time you file for Part A, you may **only enroll** in Part B during the general enrollment period -- **January through March** of each year. Part B coverage becomes **effective July 1** of the year of enrollment. In a worse case scenario, this can lead to a delay in receiving Part B benefits of up to 15 months. In addition, the law requires that the Part B premium be increased by 10% for each full 12-month period the individual was not enrolled in Part B.

Example: John Smith applies for

Part A Medicare and declines Part B because he has employer group health insurance with good benefits under his spouse's plan. On March 31st, the company goes bankrupt or the spouse is terminated. The patient cannot enroll in Medicare B until the first month of the GEP – January – and benefits will not start until July of the following year. Based on the current Medicare basic premium, a 10% surcharge would be assessed for each year of delayed enrollment. If the patient with group coverage had delayed applying for both A and B, he would be eligible to apply for Medicare A and B when the group insurance was terminated and there would be no financial penalty.

Q: Should a patient covered under an employee health plan ever apply for Medicare A and B as soon as he or she becomes eligible?

A: If you are adequately covered under an employer plan, you may file the application for Medicare at any time. The decision rests partly on the adequacy of your group plan, which can vary widely. If your group plan is not comprehensive, Medicare is a secondary insurance. If you have questions concerning coverage, you should consult an employer health benefits officer or a representative from your group health plan.