

September Patient Education Call  
Tuesday, September 27<sup>th</sup> 2011 Re-Cap Notes

**Washington DC Update**

Hrant Jamgochian, Executive Director

🕒 *Legislative and Regulatory Issues Update:*

- Thank you to our patients who participated in the Washington, DC fly-in event. The event was highly successful with over 30 ambassadors from 21 states attending.
- Thank you as well to all of our members who sent our advocacy message to their federal lawmakers on our new advocacy website. We appreciate your support for these important issues!
  
- Medicare Immunosuppressive Drug Coverage Act
  - The legislation will extend Medicare coverage of ant-rejection drugs for kidney transplant patients beyond the current 36-month limit, ensuring patients have access to the vital medication.
  - This is common sense legislation and a good government approach. The Senate introduced their version of the bill in July, and a strong bipartisan bill was introduced in the House last week.
  - Need to continue to build on this momentum. Contact your members if you have not already done so through our new advocacy website (<http://www.capwiz.com/dpcitizens/home/>). Features of the new advocacy software include the ability to thank or urge members based on sponsor status. It is always important for lawmakers to hear from patients.
- Preserving Patient Access in the Deficit Discussions
  - Conversations revolving around reducing the deficit and saving money are happening right now and it is important that patients reach out to their lawmakers now. This is an opportunity to come through with innovative and alternative ideas to counter the potential 2% across the board cuts in Medicare. It is important to come to the table with constructive suggestions for ways to reduce the deficit, rather than to just ask not to be cut
  - People who purchase within the exchanges should be able to keep their private coverage as the primary payer for 30 months before being

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switched to Medicare as the primary payer, as they are eligible to do right now. Access to subsidies should also be protected for ESRD patients.

- DPC is working with coalitions to make sure patient access is a priority for Congress.

## **Medicare, Medicare Part D and Tips on Engaging Your Health Provider**

Jessica Nagro, Director of Public Affairs

### Medicare

- DPC classroom's are online resources with materials about issues relevant to dialysis patients and provide important and helpful information ([www.dpcclassroom.org](http://www.dpcclassroom.org)).
- We have recently added one on Medicare Part D and the donut hole.
- Medicare can be a fairly confusing operation. It is projected that there will be 78 million people on Medicare by 2013. This represents a huge cost to the government and they are looking for ways to reduce costs.
- Medicare was designed to provide support to people mainly over 65, but ESRD patients qualify on the basis of their diagnoses.
- Part A = hospitals insurance (inpatient care, some skilled nursing facility care, hospice care and some home health care)
- Part B = medical insurance (doctor's services, outpatient hospital care, some medical services not covered by Part A including some home health care)
- Part C = Medicare Managed Care plans, Private Fee-For-Service Plans, Medicare Preferred Provider Plans. Many ESRD patients are not eligible for these plans in which beneficiaries pay extra monthly premiums but receive a more robust package.
- Part D = prescription drug coverage. This is an optional and voluntary program that adds an additional cost depending on income. The enrollment period for Part D plans is October 15-December 7 2011 (to enroll in a new plan or change plans).
  - This earlier enrollment period is a change from previous years
- Part D plans cover most prescription drugs. Some drugs are covered under Part A and/or Part B.
- ESRD patients have been covered by Medicare since 1972 regardless of age although to be eligible, beneficiaries need to have worked for a certain period of time or have a spouse who has.
- 80% of ESRD patients are enrolled in Medicare. To receive full benefits you must be enrolled in Part A and B, known as Original Medicare. You also have to option of enrolling in a Part D plan. There are also what are called Special Needs Plans which are Part C plans for people with certain chronic diseases.

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- Coverage begins the first day of the 4<sup>th</sup> month of treatment.
  - Currently, if you are covered by an employer based plan, this plans covers dialysis for the first 30 months with Medicare as the secondary payer. After 30 months, Medicare becomes primary.
  - For home dialysis training, Medicare starts coverage after 1 month. Medicare does not pay for coverage of care needed to prepare for dialysis (getting a fistula etc.)
  - Coverage ends 36 months after a transplant or after 12 months if dialysis is stopped (unless you are over 65 and therefore eligible for Medicare due to age).
  - Dual eligibles are beneficiaries eligible for both Medicare and Medicaid. Medicaid can step in and help people with premiums and cost-sharing expenses, long-term care. Medicare will always be the primary payer with Medicaid secondary. There is a new coordinated health care office that was established under the health care reform law and this represents the first time there is an effort to coordinate these duals.
- 🕒 Medicare Part D and the Donut Hole
- Once a Part D beneficiary has spent \$2840 out-of-pocket on prescription drugs, then 100% of drug costs become out-of-pocket for the beneficiary – this gap in coverage is known as the donut hole (before reaching this lower limit, Medicare is paying for some of the costs).
  - Drug plans negotiate prices differently so people reach the donut hole at different times.
  - Once beneficiaries fall into gap, they do not get out until reaching \$4550 out-of-pocket. Then “catastrophic coverage” kicks in and the beneficiary only pays up to 5% of costs while Medicare steps in to cover the rest.
  - The health care reform law has measures to close the donut hole. \$250 rebate checks were sent out in the mail to people who reached the donut hole in both 2010 and 2011. Those in the donut hole in 2011 are eligible to receive a 50% discount on brand names and 7% on generics.
  - The goal is to close the donut hole by 2020. Each year it closes more and more.
  - You need to be aware of your out-of-pocket expenses and prescription drug prices. Talk to your physician and pharmacists about concerns you may have.
  - Renal professionals should keep this in mind and talk to patients about it.
  - If you think you might fall into this there are several ways to go about getting help:
    - Extra Help program- This is run through Medicare. To be eligible you must meet the income criteria. To find out more call 1-800-MEDICARE or go to [www.medicare.gov](http://www.medicare.gov).
    - Each state has a Medicare savings program. You must apply for these programs and they vary state to state. Some include premium costs. Call

your ESRD Network or DPC for more information on how to contact these offices.

- Veterans who qualify should contact the Veterans Health Administration, as they will often help with coverage. 1-800-827-1000.
- State Health Insurance Assistance programs are also available and vary state to state. Call our office for contact numbers or call your ESRD network.
- Keep in mind the American Kidney Fund (1-800-638-8299 can you insert the website URL as well), and Health Well (1-800-675-8416 same here) both offer financial assistance programs.
- Individual drug companies offer assistance (ex. Sensipar is manufactured by Amgen and they have a drug assistance program called Amgen Assists)-check with physician or pharmacists.

#### 🕒 Engaging your health provider

- It is important to take an active role in your care.
  - Do not be afraid to speak up. Ask question about new prescriptions. Ask what the side effects are if there are any drug interactions to be aware of. Ask how often you need to take the medication, and how long you will be on it. Ask does it affect your ability to drive or work.
  - Keep a record of vitamins you take, even over the counter ones.
  - Ask the purpose of any new test or new treatments.
  - Make sure to ask any questions you have. It is vital to speak up if you have concerns or questions about your health or your care.
- For professionals: It is important to engage with your patients about their care. Sit and talk with them and answer questions. Sit down and engage with those you think may have questions but are not asking.
- [www.dpcclassroom.org](http://www.dpcclassroom.org) has a long list of resources and other questions. Feel free to call our office for assistance.