

Know your rights

If you have Medicare, you have certain guaranteed rights to help protect you. One of these is the right to a process for appealing decisions about health care payment or services. **Whether you have Original Medicare or a Medicare Advantage Plan (like an HMO or PPO), you have the right to appeal and to file grievances.**

End Stage Renal Disease (ESRD) Networks and State Survey Agencies work together to help you with complaints (grievances) about your dialysis or kidney transplant care.

State Survey Agencies

State Survey Agencies also deal with complaints about dialysis and transplant centers (as well as hospitals and other health care settings). Your State Survey Agency can help you with complaints, like:

- Claims of abuse
- Mistakes in giving out or prescribing drugs
- Poor quality of care
- Unsafe conditions (like water damage or electrical or fire safety concerns)

ESRD Networks

ESRD Networks monitor and improve the quality of care given to people with End-Stage Renal Disease (ESRD) and can help you with complaints about your dialysis facility or transplant center care. Here are some important things to know if you have a complaint or grievance about your care:

- You can file any complaint directly with your ESRD Network instead of with your facility.
- Your facility or Network must treat every complaint as a grievance – which means the Network will investigate the issue, work on your behalf to try to solve it, and help you understand your rights.
- If you don't want to use your name, the Network can still investigate the issue and represent you.
- Your facility can't take any action against you for filing a grievance.

Contact your ESRD Network for complaints like:

- The facility staff didn't treat you with respect.
- The staff won't let you eat during dialysis, and you're always hungry.
- The dialysis shifts conflict with your work hours, and the facility won't let you change your shift.

Get more information

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

There are special organizations that can give you more information about kidney dialysis and kidney transplants. Visit Medicare.gov/contacts, or call 1-800-MEDICARE to get the phone numbers for your local ESRD Network, State Health Insurance Assistance Program (SHIP), or State Survey Agency.

End-Stage Renal Disease (ESRD) Networks

You can call your local ESRD Network Organization to get information about these:

- Dialysis or kidney transplants
- How to get help from other kidney-related agencies
- Problems with your facility that aren't solved after talking to facility staff
- Location of dialysis facilities and transplant centers

Your ESRD Network makes sure that you're getting the best possible care and keeps your facility aware of important issues about kidney dialysis and transplants.

State Health Insurance Assistance Programs (SHIP)

Call your SHIP if you have questions about:

- Medigap policies
- Medicare health plan choices
- Filing an appeal
- Other general health insurance questions

Medicare's Coverage of Dialysis & Kidney Transplant Benefits

GETTING STARTED



“Medicare's Coverage of Dialysis & 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 & Kidney Transplant Services” booklet.

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 you. Your doctors, nurses, social workers, dieticians, and dialysis technicians make up your health care team. They're there to help you decide what's best for you based on 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 older, 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 usually start on the first day of the fourth month of your dialysis treatments.

If you have ESRD and are new to Medicare, you'll 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.

If you have questions about Medicare after reading this pamphlet, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 these dialysis services:

- 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 U.S. and use a Medicare-approved facility

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

Kidney transplant

A kidney transplant is a type of surgery that's done to put a healthy kidney from another person into your body. This new kidney does the work that your own kidneys can no longer do.

To be covered by Medicare, your kidney transplant must be done in a hospital that's approved by Medicare to do kidney transplants.

Generally, Part A covers these 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 these 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)

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.

What do I pay?

What you pay will vary based on what coverage you have and what services you get. Here is some general information about what you'll pay:

- If you have Original Medicare, you'll continue to pay 20% of the Medicare-approved amount for all covered dialysis related services. Medicare will pay the remaining 80%.
- If you need a kidney transplant, Medicare will pay the full cost of care for your kidney donor.
- You pay nothing for Medicare-approved laboratory tests.
- In most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it.

For more information on specific costs, you can read the Medicare publication "Medicare Coverage of Kidney Dialysis & Kidney Transplant Services" on [Medicare.gov/publications](https://www.medicare.gov/publications), or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. **Note:** If you're in a Medicare Advantage Plan, your costs may be different. Read your plan materials, or call your plan to get information about your costs.

Other ways to pay health care costs

There are other kinds of health insurance coverage that may help pay for the services you need for the treatment of permanent kidney failure. They include:

- Employee or retiree coverage from an employer or union
- Medicare Supplement Insurance (Medigap) policies
- Medicaid
- Veterans' Administration benefits

If you don't have a computer, your local library or senior center may be able to help you look at this information.

In most states there are agencies and state kidney programs that help with some of the health care costs that Medicare doesn't pay. Call your State Health Insurance Assistance Program if you have questions about health insurance.