

What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Do In-Center Hemodialysis and Live in a Nursing or Long-term Care Home

If you are on in-center hemodialysis, Medicare pays for some drugs at your clinic. Your doctor may prescribe other drugs to treat anemia, bone disease, depression, diabetes, heart problems, high blood pressure, high cholesterol, infection, itching, and pain. To stay healthy, take your prescribed drugs in the right dose at the right time. Ask your doctor before taking new drugs.

If you have Medicare, Medicare Part D can help you pay for your prescribed drugs that are not covered by Part A or Part B if you join a plan. Anyone with Medicare can join, even if you are on dialysis.

If you live in a **nursing home** and have Medicare and Medicaid pays for your drugs, Medicare Part D will pay for all your covered drugs. If you have Medicare and Medicaid and live in **another type of long term care home**, you will pay a small co-pay. You can change plans at any time.

If you have limited income and resources, you may get extra help to pay for your Medicare Part D plan and drug costs. Apply for extra help on Social Security's website at www.socialsecurity.gov or call (800) 772-1213 or (800) 325-0778 for TTY. With extra help, you could pay a few dollars for each drug you buy. If you do not get extra help, you will pay a monthly premium plus a deductible and co-payments or coinsurance and, depending on your plan, and you may pay the full cost for covered drugs you buy during the coverage gap before Medicare will pay 95% the rest of the year.

If you have Medicare you can join from November 15 to December 31, and your plan will start January 1. If you get Medicare after January, you can join a Part D plan during the same 7 month period you can sign up for Part B. Wait to join and you could pay a higher premium. In most cases, you'll only be able to join or change plans from November 15 to December 31 each year. Your new plan will start the next January 1. You'll also be able to change plans if you enter or leave a nursing or long-term care home.

Most long-term care homes use a certain drug store. You can switch to a plan that contracts with that pharmacy when you enter a long-term care facility. You can also switch plans when you leave a long-term care facility.

Companies sell Medicare-approved plans. Some are standard plans; enhanced plans cover more but cost more. Companies can't sell Part D plans door-to-door. Look for the Medicare-approved symbol on mailings.

All plans must cover certain drugs, like anti-depressants or drugs to prevent transplant rejection. Standard plans cannot cover over-the-counter drugs, vitamins (except Vitamin D), and a few others. A plan's list of covered drugs is called a formulary. Generics may be cheaper. Ask your doctor if you can take a generic *before* you buy it.

If you choose to join a plan, choose a kidney-friendly one. Your doctor can help you know what drugs to look for. Make a list with drug names, doses, and number you take a month. Ask your doctor if you're taking the best drugs to stay healthy. Ask what other drugs you may need if your health or treatment changes and look for them on formularies. Compare plans and costs. Choose one that covers all or most drugs you take now or you may need later if you change to home dialysis or get a transplant. Check to see what drug stores you can use. Mail order may save money on drugs you take all the time.

Review plans in *Medicare & You* booklet, visit the Medicare Prescription Drug Plan Finder at www.medicare.gov, or call the Medicare Helpline at 1-800-MEDICARE (1-877-486-2048 TTY). Ask Medicare how you can get in-person help through your State Health Insurance Assistance Program or visit www.shiptalk.org.

Apply with the insurance company, use the Medicare Prescription Drug Plan Finder or call the Medicare Helpline. Guard your personal numbers. You can give them to Social Security, the Medicare helpline, or plans *if you call them*. Report any concerns to the Medicare Helpline.

Your Medicare drug plan must give you a list of rights when you enroll. If you need a drug that's not on the list, your doctor can ask for an "exception" for the plan to cover a drug you need. You have the right to appeal a denial.

Your healthcare team wants you to know all you can about Part D so *you* can make the best choice to meet your needs. Be aware that most of what you read is for the "average" person with Medicare. You can find what you need to help you make an informed decision at www.kidneydrugcoverage.org.

Libraries have the Internet if you don't. Ask a neighbor or loved one to help you get what you need on their computer.

The Kidney Medicare Drugs Awareness and Education Initiative is a service of the kidney community, designed to provide timely, consistent, reliable, and up-to-date information about Medicare and Medicare prescription drug coverage (Part D).