

What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Do In-Center Hemodialysis and Have Medicare and Medicaid

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.

Starting January 1, 2006, 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 have **Medicare and Medicaid pays for your drugs**, you should have received a letter from Medicare telling you that starting January 1, 2006, Medicare Part D will replace your Medicaid *drug coverage*. This letter also told you that Medicare Part D will pay your Part D premium and all but \$1 for generic or \$3 for brand name drugs. In November 2005 you should get a yellow letter from Medicare telling you the Part D plan Medicare assigned you to. If you did not receive these letters call 1-800-MEDICARE. If you get Medicare and Medicaid after these dates, you will get notice of the Part D plan Medicare has chosen for you.

Compare plans. If another plan covers more drugs than the plan Medicare has chosen for you, choose another plan by December 31 and the plan you choose will be the plan you have January 1. You can join or switch to any plan that accepts those with Medicare and Medicaid any time.

If you have a **Medicaid spenddown**, try to meet it in the fall. After you meet your spenddown, you'll pay \$1 and \$3 drug co-pays from that month on through the next calendar year. You must meet your spenddown as usual for other Medicaid covered services.

Companies sell Medicare-approved plans. Some are standard plans; enhanced plans cover more but cost more. You can join an enhanced plan, but you may have to pay some of the higher premium. Plans can't sell 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 don't cover everything, including over-the-counter drugs, vitamins (except Vitamin D), cold medicine and a few other drugs. A plan's list of covered drugs is called a formulary. Generics may be cheaper but ask your doctor if you can take a generic *before* you buy it.

Choose a kidney friendly plan. 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. Ordering drugs by mail may save money on drugs you take all the time.

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What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Do In-Center Hemodialysis and Have Medicare and Medicaid (*cont'd*)

Review plans in *Medicare & You 2006*. Due to a printing error “If I can qualify for extra help, will my premium be covered” has YES for all plans. To be sure which plans do, 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.

If you want to pick a different plan from the one Medicare chooses for you, apply with the insurance company that sells the plan you like, use the Prescription Drug Plan Finder or call the Medicare Helpline. Guard your personal information. 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 health care 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 Internet access 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).

If you’d like additional information, we can be reached online at www.kidneydrugcoverage.org or through the National Kidney Foundation at 30 East 33rd Street, New York, NY 10016, 212-889-2210/800-622-9010.