

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 complaints (grievances).

State Survey Agencies and End-Stage Renal Disease (ESRD) Networks 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)

Know your rights (continued)

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.
- Your Network can still investigate a complaint and represent you, even if you wish to remain anonymous.
- Your facility can't take any action against you for filing a grievance with your ESRD Network.

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 appointment.

To get the ESRD Network phone number for your state, visit [Medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html](https://www.medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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](https://www.Medicare.gov) or calling 1-800-MEDICARE (1-800-633-4227). TTY users can 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](https://www.Medicare.gov/contacts) or call 1-800-MEDICARE to get the phone numbers for your State Survey Agency or ESRD Network. Visit [shiptacenter.org](https://www.shiptacenter.org) or call 1-800-MEDICARE to get the phone number for your local SHIP.

End-Stage Renal Disease (ESRD) Networks

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

- Dialysis treatments
- Kidney transplants
- How to get help from other kidney-related agencies
- Problems at your facility
- 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. Your health care team can also help you decide which treatment options are best for you.

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 can 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:
 - 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 have 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 you pay

What you pay will vary based on what coverage you have and what services you get. Here's 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, visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can 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 coverage that may help pay for services and treatment related to permanent kidney failure. They include:

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

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 (SHIP) if you have questions about health coverage. Visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts) or call 1-800-MEDICARE to get the phone numbers for your State Survey Agency or ESRD Network. Visit [shiptacenter.org](https://www.shiptacenter.org) or call 1-800-MEDICARE to get the phone number for your local SHIP.