

## Financial Information and Resources

### Class Goals

1. **Know where to get more information about financial resources.**
2. **Understand the importance of knowing about insurance coverage and other resources, when needed.**

### Overview

Each health insurance policy is different. Review your plan so you know:

- What things are covered
- What percent of the costs are covered

Some people with kidney disease can qualify for:

- Social Security Disability (SSDI)
- Supplementary Security Income (SSI)
- Public assistance

Social workers and financial counselors can help you figure out your insurance needs. Your dialysis center and transplant center have these specialists on staff to help you.

### The Finances of Kidney Disease

Many people are concerned about how kidney disease will affect their finances. This chapter explains:

- Income sources
- Who covers the cost of dialysis
- Other services that offer help with costs related to kidney disease

Even if you do not need this information now, keep it in case you need to refer to it later.



*When you have kidney disease, it is very important to know how you will pay for your medical care, and what resources and insurance are available.*

## **Income Sources**

### **Social Security Disability (SSDI)**

You must call or visit the local Social Security Office in person to apply for benefits.

- Call 800.772.1213 to request an appointment to file an application for benefits with the local office.
  - Office hours are 7 a.m. to 8 p.m.
  - The best times to call are before 8 a.m. and after 5 p.m.
  - Try to avoid calling on a Monday and during the first week of any month.
- When you call the 800 number, they will:
  - Schedule your appointment.
  - Send you a packet of information about the SSDI program. Some of the forms in the packet must be filled out and returned to the local office right away, before your visit.
  - Ask for information about your disability and for names and addresses of all medical resources.
- When you call, you can ask for brochures that explain Social Security, Social Security Disability, and Supplemental Security Income.
- Benefits begin the 5th month after it is determined you are eligible.
- If you apply for benefits more than 6 months after you qualify for them, payments may be made for up to the past 12 months.
- Additional benefits may be paid to your dependents, if you are found disabled.
- The amount of the monthly benefit is based on your earnings while you were still working.
- You must have worked and paid into Social Security for 5 out of the last 10 years to be eligible.

To learn more, visit [www.ssa.gov/pgm/disability.htm](http://www.ssa.gov/pgm/disability.htm).

### **Supplemental Security Income (SSI)**

The application for SSI is made the same way as for Social Security Disability. You may qualify if one of these is true:

- You are 65 years or older.
- You are 18 years or older and your physical or mental disability will likely keep you from working for at least 12 months, or your disability could result in your death.

- You are under the age of 18 and your disability is so severe that it would keep an adult from working for at least 12 months, or your disability could result in your death.

There are income and resource limits for this program. To learn more, read the SSI brochure you received from Social Security.

If you receive SSI, you are entitled to Medicaid coverage through the Department of Social and Health Services (DSHS). Take proof of your SSI award letter to your local DSHS Office.

Other programs you may qualify for through DSHS include:

- Public assistance
- Aid to Families with Dependent Children (AFDC)
- Food stamps

There are income and resource limits for each of these programs.

## **Sources of Payment for Medical Services**

### **Medicare**

To apply for Medicare, you must be on dialysis, the spouse of someone who is on dialysis, or the parent of a minor child who is on dialysis. You also must have 10 years of earnings under Social Security or Civil Service, or have earned Social Security or Civil Service benefits for 6 quarters out of the last 13 quarters.

#### ***When does Medicare take effect?***

The date Medicare takes effect depends on when you begin dialysis, and what kind of dialysis you use:

- If you choose to have dialysis at a dialysis center, Medicare will take effect the 1st day of the 3rd month after you start dialysis. *Example:* If you started dialysis on February 6, 2015, the Medicare effective date would be May 1, 2015.
- If you choose home dialysis, you will begin training for home dialysis during the Medicare waiting period. Medicare will take effect the 1st day of the month you begin any dialysis. *Example:* If you started dialysis at a center April 30, 2015, and started training for home dialysis June 15, 2015, the Medicare effective date would be April 1, 2015.
- If you are having a kidney transplant, Medicare takes effect the 1st day of the month that you enter the hospital to prepare for your transplant, if the transplant occurs that month or in the next 2 months. *Example:* If you were admitted to the hospital on February 6, 2015, and had your transplant surgery on February 16, 2015, the Medicare effective date would be February 1, 2015.

### ***Do I need to pay a monthly fee for Medicare benefits?***

- **Medicare Hospital Insurance (Part A)** pays for inpatient hospital stays. It is available without a monthly fee. This fee is called a *premium*.
- **Medicare insurance (Part B)** pays for dialysis and other out-of-hospital services. It has a monthly fee that is adjusted each year on January 1. That monthly fee will be handled in one of these ways:
  - If you receive a monthly Social Security or Civil Service benefit (Retirement or Disability), your monthly fee is deducted from your check.
  - If you are eligible for Medicaid, you will need to take your Medicaid award letter or card to the Community Service Office. Medicaid will then pay your monthly fee for Part B.
  - Otherwise, you will receive a bill every 3 months (quarterly).

### ***Do I need to pay a deductible for health services?***

- Medicare covers all hospital services after an annual “benefit period deductible.” This is a set time in which you must pay a certain amount before Medicare starts paying your hospital costs.
- Out-of-hospital services are covered at 80% of the allowed amount after the annual deductible is met.

### ***How long do Medicare benefits last?***

- If you are eligible for Medicare because of your age or disability, you will receive Medicare as long as you still qualify for it.
- If you are eligible for Medicare **only** because of End Stage Renal Disease (ESRD), Medicare will stop:
  - If you do not pay your monthly fee, or if you cancel your coverage.
  - The 1st day of the 13th month after dialysis ends. *Example:* If your last dialysis treatment was June 6, 2014, Medicare would stop July 1, 2015.
  - 36 months after a successful kidney transplant. *Example:* If you received a transplant July 8, 2014, your Medicare coverage will stop July 31, 2017.

### ***What transplant costs does Medicare cover?***

- If you have a living related donor:
  - Diagnostic charges for all potential donors, no matter where the tests are done, are billed to the transplant program where you (the recipient) are registered.

- The hospital bill for the transplant will be added to your bill and billed to Medicare.
- The donor does not pay, except for transportation to the hospital where the transplant will take place and possible loss of work time.
- Your bill is handled the same way as any other medical bill.
- If you have a deceased donor:
  - Costs to retrieve, maintain, test, and transport the kidney to the hospital are added to your hospital bill. This is called the “Kidney Acquisition Charge.” It is billed to Part A of Medicare.
  - All of your medical costs are billed the same way as any other medical bill, whether they are to determine a suitable donor or for the surgery itself.

***What medicine costs does Medicare cover?***

- Medicare Part B will cover part of your anti-rejection medicine costs for 36 months after your transplant. It pays 80% of what Medicare allows.

***Is Medicare considered my primary insurance?***

Medicare is most often the primary payer.

- Medicare pays before other federal and state programs (except for insurance you have through your work).
- If you receive Medicare based on the Chronic Renal Failure policy and you have health insurance through an employer group plan, that insurance will be primary for the first 30 months of Medicare eligibility, whether or not you apply for Medicare.
- If you already have Medicare because of age or disability and you have health insurance through a group plan at work:
  - If you are working, your health insurance through work will be primary for 30 months.
  - If you are not working, Medicare becomes primary when you start dialysis. The 30-month period is figured as though you did not already have Medicare.

***What is not covered by Medicare?***

Medicare does **not** cover:

- Outpatient medicines
- Nutritional supplements
- Costs of transportation to and from dialysis

## **Private Insurance**

### ***Affordable Care Act***

The purpose of the Affordable Care Act (ACA) signed into law by President Obama in 2010 is to ensure that all Americans have access to affordable health insurance. Under the ACA, health plans cannot:

- Deny coverage because you have a *pre-existing condition* (a health condition you had before you applied for insurance benefits)
- Drop you from coverage if you become ill

Having health insurance is very important for people with kidney disease. We encourage you to check into the different “private insurance” plans and choose the one that covers the most of your needs.

Private insurance plans include:

- **Group coverage through your work**, or through your spouse’s or parent’s work.
- **Commercial Medicare supplements.**
- **Medicare supplement through the Washington State Health Insurance Pool** (800.877.5187). There is a 6-month wait for chronic and pre-existing conditions, unless you:
  - Apply within 63 days after your former insurance ends,
  - **And** you have had insurance for at least 18 months with no breaks in coverage in the period before you apply.

Your monthly fee will be based on your age.

You may qualify for this supplement if:

- You are not eligible for Medicaid,
- You are not eligible for other insurance or have limited benefits, or your monthly fee has greatly increased, and
- You live in Washington state.

## **Department of Social and Health Services**

The Department of Social and Health Services (DSHS) in Washington state may also cover some of your healthcare costs. If you are found eligible, DSHS will pay balances after other sources have paid the most they will pay. To get this aid:

- You must apply at the local Community Service Office and provide all information they ask for.
- You may have to pay a “spend-down” amount before you receive aid. Spend-down is like a deductible.
- Most times, you will need to reapply every year to remain eligible.

If you are found eligible, DSHS:

- May pay the Medicare monthly fee for you.
- Will cover the costs of your outpatient medicines, transportation, and nutritional supplements.

### **Washington State Kidney Disease Program (KDP)**

The Washington State Kidney Disease Program (KDP) is for people with kidney disease who:

- Have limited assets and income,
- **Or** cannot afford the monthly fee for a Medicare supplement program.

Depending on your income and how many people are in your family, KDP may pay all of what is still owed after other sources have paid or after an annual KDP deductible has been reached. To qualify for this program, you must first apply to DSHS to determine if you are eligible for Medicaid.

If you qualify for KDP:

- It will cover **only** expenses and prescriptions that are related to your kidney disease.
- It does **not** cover costs for other conditions that may have contributed to your kidney disease, such as diabetes and high blood pressure.
- For your prescriptions to be covered, they must be included in the state formulary. These are drugs the state agrees to pay for.

### **CHAMPUS (TRICARE)**

CHAMPUS stands for “Civilian Health and Medical Program of the Uniformed Services.” It is funded by the U.S. government and provides its members with medical care, similar to Medicare.

CHAMPUS is available to:

- Active-duty military personnel and their dependents
- Retired military personnel and their dependents

Your CHAMPUS benefits change a lot when you become eligible for Medicare. The changes depend on why you are on Medicare.

- **Keep the letters you receive from Medicare that state why you are eligible.** CHAMPUS uses these letters to decide your benefits. Without them, CHAMPUS pays at the lowest benefit level (usually zero).
- Some CHAMPUS plans require a referral for treatment. Be sure to check your benefits booklet before having a treatment or other medical expense, to see if you need a referral first. CHAMPUS will not accept a referral for a treatment or expense that has already occurred.

Note: CHAMPUS is now called TRICARE, but many people still know it by its original name. To learn more, visit [www.tricare.mil](http://www.tricare.mil).

### **Veteran's Administration (VA)**

The Veteran's Administration (VA) provides funding for:

- Long-term dialysis at a dialysis center. You do not need to pay any co-payments at the VA.
- Kidney transplants, either through a VA facility that does transplants or through transplant programs in the region. Please note that transplants are **not** done at the VA hospital in Seattle.

All services must be approved by the VA in advance. VA will usually only approve services for illnesses that are related to your activities while you were in the service.

### **Indian Health Services**

Indian Health Services does NOT provide funding for long-term dialysis or transplants.

### **Services Available Through Public Donation**

#### **Northwest Kidney Centers Foundation**

700 Broadway, Seattle, WA 98123

206.292.5351

[www.nwkidney.org](http://www.nwkidney.org)

The Northwest Kidney Centers Foundation:

- Manages an **Emergency Fund** to help patients who are having a short-term financial crisis. To learn more, contact a social worker in a participating dialysis facility.
- Offers a limited number of **Rehabilitation Scholarships** for patients who need academic or vocational training before they can go back to work. Contact Northwest Kidney Centers to learn more.
- Has a **Car Buddies** program that provides transportation to senior citizens (60 years or older) in King County who need rides to their dialysis appointments. Volunteers provide these rides only on a short-term basis. The Foundation coordinates the program for Northwest Kidney Centers, but it will help other facilities start a similar program.
- Provides **patient education materials**. To request a list of these materials, contact the Northwest Kidney Centers.
- Provides **annual grants** to other facilities and organizations for activities such as an annual patient education workshop and a monthly patient newsletter.

## **American Kidney Fund**

Patient Services Department

6110 Executive Blvd., Suite 1010, Rockville, MD 20852

800.638.8299

[www.americankidneyfund.org](http://www.americankidneyfund.org)

The American Kidney Fund has a grant program that may help pay costs for short-term needs related to your treatment, such as:

- Medicine
- Transportation
- Dietary needs
- Insurance and Medicare *premiums* (monthly fees)

The American Kidney Fund:

- Does **not** help with costs for a hospital stay
- Can use only the funds it has available at the time you apply
- Is contacted through your dialysis center or hospital social worker, who will submit your application

## **Please Verify Your Coverage**

The information in this “Financial Information and Resources” chapter is current to the best of our knowledge. **But, government programs and insurance policies often change.**

Because of this, we strongly suggest you verify your coverage:

- Contact your local Social Security Office about your current benefits and monthly fees.
- If you have Medicaid coupons, talk with your financial contact person at DSHS to confirm current benefits.
- Call your insurance company’s customer service department to confirm your private health insurance benefits. The phone number should be listed on your insurance card.

We also cannot guarantee how or if your benefits will be paid by any program or insurance policy.

