

**ESRD NETWORK 13**

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**KIDNEY  
 CONCERNS**

FALL/OCTOBER 2005

ISSUE 53

The Quarterly Update Helping Educate And Motivate People Living With Chronic Kidney Disease.

**Medicare Part D  
 Prescription Drug Coverage**

Starting January 1, 2006, Medicare will offer prescription drug plans to help you pay for the prescriptions you need. If you don't join a Medicare prescription drug plan by May 15, 2006, you will pay a higher premium unless you have drug coverage that, on average, is at least as good as standard Medicare prescription drug coverage (such as from a former employer or union). The penalty is 1% per month of your monthly premium. Your insurer will notify you before November 15, 2005 to let you know if your coverage, on average, is at least as good as standard Medicare prescription drug coverage.

What do I need to know?

- To get Medicare prescription drug coverage, you must choose and enroll in a Medicare prescription drug plan.
- You can first enroll in a Medicare prescription drug plan from November 15, 2005 through May 15, 2006.
- If you join by December 31, 2005, your coverage will begin January 1, 2006.
- If you join, your costs will vary depending on which plan you choose. In general, you pay a monthly premium (generally around \$37 in 2006) and a yearly deductible (up to the first \$250 in 2006). You will also pay a share of your prescription drug costs, and your plan pays a share.

Medicare helps pay for drugs up to a limit (\$2,250 in total) and once your total out-of-pocket costs for drugs reach \$3,600, you pay 5% of the costs and Medicare pays 95% of the costs for the rest of the year.

**How much will my drug insurance cost?**

Your costs will vary depending on your financial situation and which drug plan you choose. Check with the drug plans in your area to compare their costs and what they cover. All drug plans will offer coverage at least as good as the Medicare minimum standard coverage. Plans may offer more coverage and have different premiums and cost sharing.

**Other key things to know:**

1. Each plan will only work with some pharmacies. You must use those pharmacies to get your drugs paid for. Plans may use mail order pharmacies too.
2. Plans will have lists of drugs they cover, called formularies. There are government requirements on the number and types of drugs plans must offer. You will need to make sure drugs you need now and those you may need in the future are on the list for the plan you choose.
3. People with low income and assets can get extra help to pay for Part D. If you think you might qualify for Part D help, call Social Security at 1-800-772-1213.

**MEDICARE and FULL COVERAGE MEDICAID**

If you are enrolled in Medicare and have full coverage Medicaid starting January 1, 2006, Medicare will pay for most of the prescription drugs you need. Medicaid will no longer pay for your prescription drugs.

You will need to join a Medicare prescription drug plan for Medicare to pay for your drugs. You will automatically be enrolled in the Extra Help program



that will assist with premiums and deductibles. If you do not join a Medicare prescription drug plan by December 31, 2005, Medicare will automatically enroll you in a plan. This may not be the best plan for your needs so you are encouraged to compare your drug plan options and join the one that best meets your drug coverage needs. You can join a plan beginning November 15, 2005. You will be eligible to switch plans at any time.



### **MEDICARE and OTHER INSURANCE COVERAGE**

If you have Medicare and another form of insurance coverage that provides prescription drug coverage, you will be notified prior to November 15, 2005 if the coverage is credible to the new Medicare Part D plan. If you are notified by your plan that the coverage is credible to the new Medicare Part D plan, you can elect to continue with coverage as is. You will not be charged a premium penalty if you join a Medicare Part D plan later as long as there is not a gap of more than 63 days from terminating from your old coverage and joining the Medicare Part D plan.

If you are notified your other form of insurance prescription drug coverage is not credible, you will need to join a Medicare Part D plan by May 15, 2006 if you do not want to have a premium penalty. Currently the penalty is 1% of your premium for each month you delay in enrolling when you first qualified. This coverage can be in addition to the prescription drug plan you have with your other insurance. You can join a plan beginning November 15, 2005.

### **Key Dates and Deadlines**

Medicare Part D is being introduced in stages. Events occur along this timeline. Some events have already occurred and some events are slated for the future. Please review the timeline and events to determine if you have received the information you qualify for to assist you in making a decision about your Medicare Part D coverage. If you have not received the information please contact Medicare at: **1-800-633-4227 or [www.medicare.gov](http://www.medicare.gov)**

### **May 20-August 31, 2005**

CMS sent letter to those it believes qualifies for the low-income subsidy (extra help).

### **May 25-August 31, 2005**

SSA sent applications to those it believes qualify for the low-income subsidy (extra help).

**July 1, 2005 through enrollment period** SSA began taking applications for low-income subsidy and notifies applicants of outcome 2-3 weeks after receipt of the application.

### **Prior to November 15, 2005**

Employers sent letters or other forms of communication to employees, retirees, and covered spouses about whether coverage is equal to or better than Medicare Part D ("credible coverage").

### **September 15- November 15**

Medigap plans sent letters to policyholders about whether coverage is credible.

### **October 7-20, 2005**

Medicare beneficiaries got Medicare & You 2006.

### **October 13, 2005**

Prescription Drug Plans (PDPs) and their formularies are on **[www.medicare.gov](http://www.medicare.gov) and at 1-800-MEDICARE.**

### **October 27- November 10, 2005**

CMS sent auto-enrollment notice to those with Medicare and Medicaid who need drug coverage January 1, 2006. (Note: Dual eligibles can change any time.)

### **By October 31, 2005**

Medicare Advantage plans notified members of changes in benefits/drug coverage.

### **November 15, 2005**

Prescription Drug Plans (PDPs) started accepting applications for Medicare Part D. (Note: All but dual eligibles can change November 15-December 31 annually.)

### **December 31, 2005**

This is the last day to sign up for Medicare Part D for coverage January 1, 2006. After this date, coverage starts the month after application.

**January 1, 2006**

Medicare Part D coverage starts for anyone who signed up by December 31, 2005.

**Before May 15, 2006**

CMS chooses a plan for non-Medicaid Medical Savings Plan, Social Security Income or those with low-income

subsidy who have not signed up for Part D (Note: They can change November 15-December 31 annually.)

**May 15, 2006**

End of open enrollment for anyone who had Medicare on November 15, 2005. Six months after getting Medicare end of open enrollment for anyone new to Medicare after November 15, 2005.

**Resources**

Medicare- Centers for Medicare & Medicaid Services  
[www.medicare.gov](http://www.medicare.gov)

Medicare Prescription Drug Plan Cost Estimator  
[www.medicare.gov/medicarereform/MPDP\\_Cost\\_Estimator.asp](http://www.medicare.gov/medicarereform/MPDP_Cost_Estimator.asp)

Kidney Medicare Drugs Awareness and Education Initiative: [www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org)

Medicare Rights Center: [www.medicarerights.org](http://www.medicarerights.org)

**Protect Your Personal Information**

Medicare plans were not allowed to contact you before October 1, 2005 about the Medicare prescription drug coverage they are offering. They also can't ask for your Social Security Number over the telephone. Report any plans that sent you information about their drug coverage before this date or that ask for your Social Security Number over the telephone by calling 1-800-MEDICARE.

CMS offers advice for senior citizens about what they should keep in mind when they are solicited. The tips include:

- \* **No one trying to enroll you in a plan can come to your door uninvited.**
- \* **No one can ask you to enroll before November 15.**
- \* **No one can ask you for personal information during marketing activities.**
- \* **Never give out personal information until**

**you are certain that the person or product is approved by Medicare.**

- \* **If you have a question or a concern about activity, call 1-800-MEDICARE.**

People who suspect fraud can also call their local law enforcement agency or contact the Health Human Services Office of the Inspector General at **1-800-HHS-TIPS**.

**Assistance in Signing Up for Medicare Part D**

If someone has the legal right to make health care decisions on your behalf, such as through a Power of Attorney, this person can enroll you in a Medicare prescription drug plan that meets your needs. This person is sometimes called an authorized representative.

Your State Health Insurance Assistance Programs (SHIPs) have volunteers that are trained to assist you with reviewing your Medicare Part D options and signing up for your preferred plan. You can contact your state office at these toll-free numbers:

**Arkansas: 800.224.6330**

**Louisiana: 800.259.5301**

**Oklahoma: 800.763.2828**

**Questions and Answers**

Q: What is "credible" coverage?

A: It simply means that your current prescription drug coverage, on **average**, is at least as good as Medicare's standard prescription drug coverage.

Q: What is "Extra Help" and how do I know if I qualify?

A: Extra Help is an assistance program administered by the Social Security Administration to assist persons with limited incomes and resources. If your annual income is below \$14,355 for a single person or \$19,245 for married and living with your spouse and your resources (including savings and stocks but not counting your home and car) are under \$11,500 for single person or under \$23,000 for a married couple, you may qualify for extra help paying for your prescription drug costs. Your assistance will help pay for your drug plan's monthly premium, yearly deductible and prescription co-pays. You will still need to join a Medicare prescription drug plan if you qualify for extra help.

You can apply for extra help through the Social

Security Administration or your State Health Insurance Assistance Program.

## RENAL SUPPORT NETWORK

### National Patient Meeting

By: Rick Thompson, Network 13 PAC Chair

The 2nd Annual Renal Support Network (RSN) National Patient Meeting was held September 29 to October 1, 2005 in Chicago IL. The Network sent Rick Thompson, Chair, Network 13 Patient Advisory Committee, to the meeting.

Topic areas covered in the meeting included transplantation, home dialysis, renal friendly dietary information, advocacy, Medicare updates and Medicare Part D information, Dialysis Outcomes and Practice Patterns Study (DOPPS) findings review, patient resources, Kidney Care Partners Coalition activity review, and patient coping strategies for successful outcomes.

Heather Powell, Network 13 Patient Advisory Committee member, presented a session titled "Managing Stress In Your Everyday Life".

One benefit that made this year's RSN National Patient Meeting more informative than ever was that it was held in conjunction with the National Renal Administrators Association conference (NRAA), in the same location. This provided a unique opportunity for professionals and patients to interact and exchange information and views. This allowed patients to attend some of the professional sessions to gain a better knowledge of the business side of dialysis.

Also included in the event was a trade show of the latest dialysis treatment systems, including portable home hemodialysis machines, medical supplies, patient organizations and pharmaceutical companies with information on many of the new drugs that will soon be available.

During the three-day conference, many new friendships were made and many patients realized that they are not alone in living with the ups and downs of chronic kidney disease.

A more in-depth review of a few of the many workshops and events will be discussed in the next issue of *Kidney Concerns*.

## Hurricanes Katrina and Rita Patient Assistance Programs

Patient Assistance Programs

### American Association of Kidney Patients (AAKP)

Requires a grant application.

For an application call 800-749-2257 or [www.aakp.org](http://www.aakp.org)

### American Kidney Fund

Block Grants to Facilities for Patients

Contact : The Patient Services Department at 1-800-638-8299 or [www.akfinc.org](http://www.akfinc.org)

### National Kidney Foundation

NKFs Patient Hurricane Relief Fund

Contact: NKF 800-622-091 or [info@kidney.org](mailto:info@kidney.org)

Transplant

### UNOS

Transplant Hurricane Assistance Program Contact: 888-894-6361

The Ochsner Kidney and Pancreas Transplant Program

Contact : 504-842-3441 or 800-643-1635

### Lindy Boggs Transplant Services

Contact: 337-261-6000

### Tulane Center for Abdominal Transplant

Contact: 504-988-5344 or 888-988-5344

Medication

### Roche

Contact: 800-772-5790

Veterans

A toll free number has been established for veterans who receive care at the Biloxi, Gulfport and New Orleans VA medical centers.

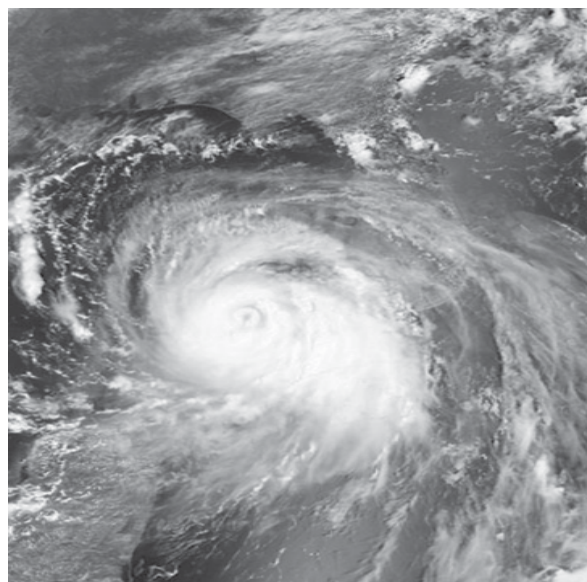
They or their families should call to receive information on where to go for care, how to receive prescription drugs, or any other concerns they may have about their care. The phone line will be open 24 hours a day, seven days a week.

**Contact: 1-800-507-4571**

## Hurricanes, Tornadoes, Ice Storms, Flooding Emergency Preparedness ARE YOU READY?!!!

The recent headlines on the hurricanes that have ravished the southeast United States have been a stark reminder of the need to be prepared for the many types of natural and man-made disasters that can strike any community. How prepared are you to manage your healthcare needs should a disaster strike?

When is the last time your dialysis center reviewed their disaster plan with you? If you have to think about this, then it is too long. Request that your facility review disaster preparedness on a regular basis. Work with your facility to develop a checklist of important information you will need to have should a disaster strike and you will need to get your dialysis care elsewhere. Provide your facility with emergency contact numbers so they are able to keep you informed and updated on the emergency situation and their ability to provide your dialysis needs.



**Medication-** Keep a list of medications with dosage and frequency with you. Keep at two-week supply at home on hand. Keep this medicine in a container that you can take with you in the need of evacuation. Listen to emergency broadcast for information on where to get needed medications if your local pharmacy is unable to service the community. If you keep medication in supply, periodically check for expiration dates and restock as necessary.

**Food/Water-** Develop an emergency food list so you can stock these items for use in an emergency. A six-day supply will allow you to get through the initial period of a disaster. Keep the list in an accessible place so you can find it in the event you have the opportunity to stock supplies prior to a potential disaster. Check with your facility dietitian for help in developing your emergency food list.

**Medical Records-** Get a copy of your dialysis related medical records and keep them in an accessible place. The records should also include your insurance information. This will assist you in the event you need to evacuate and will need to get your dialysis at different center or hospital ER.

Find out from your facility head nurse, social worker and /or administrator if the facility has an agreement with another local facility and any facilities outside of your local area for treating patients if your facility is unable to operate. Remember that in widespread disasters such as hurricanes, floods, blizzards and ice storms, local agreements may not be useful as all surrounding facilities may not be able to provide treatment.

Contact your local emergency management office and utility companies to inform them of your medical needs so in the event of a disaster they will have record of you and will take the action necessary to assist you and give priority in restoring services.

### Resources:

Preparing for Emergencies: A Guide for People on Dialysis- CMS Publication # 10150- [www.Medicare.gov/publications](http://www.Medicare.gov/publications) or contact **1-800-633-4227**.  
 Planning for Natural Disasters and Other Types of Emergencies: A Guide for Kidney Patients- [www.kidney.org](http://www.kidney.org) or contact 1-800-622-9010.



## IT'S FLU VACCINATION TIME OF YEAR

Information from Centers for Disease Control (CDC)

**The single best way to protect against the flu is to get vaccinated each fall.**

### When to Get Vaccinated

October or November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May.

### Who Should Get Vaccinated

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year. They are either people who are at high risk of having serious flu complications or people who live with or care for those at high risk for serious complications.

People who should get vaccinated each year are:

1.) People at high risk for complications from the flu:

- People 65 years and older;
- People who live in nursing homes and other long-term care facilities that house those with long-term illnesses;
- Adults and children 6 months and older with chronic heart or lung conditions, including asthma;
- Adults and children 6 months and older who needed regular medical care or were in a hospital during the previous *year* because of a metabolic disease (like diabetes), chronic kidney disease, or weakened immune system (including immune system problems caused by medicines or by infection with human immunodeficiency virus [HIV/AIDS]);
- Children 6 months to 18 years of age who are on long-term aspirin therapy. (Children given aspirin while they have influenza are at risk of Reye syndrome.);
- Women who will be pregnant during the influenza season;
- All children 6 to 23 months of age;
- People with any condition that can compromise respiratory function or the handling of

respiratory secretions (that is, a condition that makes it hard to breathe or swallow, such as brain injury or disease, spinal cord injuries, seizure disorders, or other nerve or muscle disorders.)

- 2.) People 50 to 64 years of age. Because nearly one-third of people 50 to 64 years of age in the United States have one or more medical conditions that place them at increased risk for serious flu complications, vaccination is recommended for all persons aged 50 – 64 years.
- 3.) People who can transmit flu to others at high risk for complications. Any person in close contact with someone in a high-risk group (see above) should get vaccinated. This includes all health-care workers, household contacts and out-of-home caregivers of children 0 to 23 months of age, and close contacts of people 65 years and older.

About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

### Who Should Not Be Vaccinated

There are some people who should not be vaccinated without first consulting a physician. These include:

- \* People who have a severe allergy to chicken eggs.
- \* People who have had a severe reaction to an influenza vaccination in the past.
- \* People who developed [Guillain-Barré syndrome \(GBS\)](#) within 6 weeks of getting an influenza vaccine previously.
- \* Influenza vaccine is not approved for use in children less than 6 months of age.
- \* People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

### Good Health Habits

#### How Germs Spread

The main way that illnesses like colds and flu are spread is from person-to-person in respiratory droplets of coughs and sneezes. This is called "droplet spread." This can happen when droplets from a cough or sneeze of an infected person move through the air and are deposited on the mouth or nose of people nearby. Sometimes germs also can be spread when a person touches respiratory droplets from another

person on a surface like a desk and then touches his or her own eyes, mouth or nose before washing their hands. We know that some viruses and bacteria can live 2 hours or longer on surfaces like cafeteria tables, doorknobs, and desks.

### How to Stop the Spread of Germs

**Avoid close contact.** Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

**Stay home when you are sick.** If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

**Cover your mouth and nose.** Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

**Clean your hands.** Washing your hands often will help protect you from germs.

**Avoid touching your eyes, nose or mouth.** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

### Pneumococcal Disease

- \* Causes an estimated 500,000 cases of pneumonia each year in the US, about a third result in hospitalization.

You may be at increased risk for Pneumococcal Disease if:

- \* You are 65 years of age or older
- \* You have one of the following health problems:
  - o Lung Disease (except asthma)
  - o Heart Disease
  - o Leukemia
  - o Generalized Malignancy
  - o HIV/AIDS
  - o Diabetes Mellitus
  - o Kidney Disease
  - o Lymphoma
  - o Hodgkin's Disease
  - o Multiple Myeloma
  - o Had Spleen Removed
  - o Sickle Cell Disease
  - o Organ or Bone Marrow Transplant
  - o Liver Disease
  - o Alcoholism
  - o Cerebrospinal Fluid Leak

You can receive this vaccination on the same day that you get the flu shot, and for those covered under Medicare Part B, it is also free when ordered by a physician. However, the pneumococcal vaccine can be given at any time of year.

Reference: Centers for Disease Control website [www.cdc.gov](http://www.cdc.gov) - Influenza link

### ESRD Network 13

ESRD Network 13 provides patient services and outreach programs for people with End Stage Renal Disease. Some of the functions of these services include resolving patient grievances and providing educational and informational materials to assist patients in improving their outcomes.

Web site: The primary focus of Network 13's ([www.network13.org](http://www.network13.org)) Web site is to serve the Arkansas, Louisiana and Oklahoma End Stage Renal Disease (ESRD) communities. This site provides useful information on ESRD to the public as well as professional caregivers and ESRD patients.

The Patient Advisory Committee (PAC), through Patient Services, publishes the patient newsletter, Kidney Concerns, quarterly. The newsletter provides educational and informational materials to assist patients in learning how to be involved and knowledgeable with their disease and treatment. At least one PAC member serves on the Network Board of Directors, Medical Review Board and Grievance Committee. The PAC adopted a mission statement to add to the goals it formulated at its inception.

**MISSION STATEMENT: "The mission of the Patient Advisory Committee (PAC) is to express the opinions of the ESRD patient population of Network 13, serving the states of Arkansas, Louisiana and Oklahoma. PAC members represent the ESRD patient population by actively participating in Network duties designed to promote quality of care."**

If you are interested in serving the dialysis patients of Network 13 as a Patient Advisory Committee member, contact ESRD Network 13 Patient Services Coordinator at 800-472-8664. Your voice is important as an advocate for the patients of ESRD Network 13.

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In This Issue You will Find  
Information on:  
Medicare Part D  
Flu/ Pneumococcal Vaccinations  
Emergency Preparedness  
Network 13 Patient and  
Outreach Services

ESRD Network 13  
wishes you a safe and  
joyous Holiday Season



## KIDNEY KONCERNS NEEDS YOU!

*Kidney Koncerns* is published quarterly by the Patient Advisory Committee of ESRD Network 13. The next edition is scheduled for Winter/January. To make this newsletter a success, we need your assistance. If you are interested in contributing to this newsletter, please send any articles, materials and/or ideas to:

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