



Missouri Kidney Program

University of Missouri

The Missouri Kidney Program (MoKP) is a state funded organization that provides financial assistance for eligible Missourians who have endstage renal disease or have received a kidney transplant.

The program supports education and research, partners with dialysis centers and transplant centers statewide and has expertise in health insurance for kidney disease, including Medicare and Medicaid.

The Missouri Kidney Program is administered by the [University of Missouri, School of Medicine](#), located in Columbia, MO.

We Provide
Financial Assistance
with:



- Medications
- Transportation Assistance to dialysis
- Private Insurance Premium Assistance for transplant recipients
- Transplant/Donor Grants

Counseling and Casework



Missouri Kidney Program has 6 staff members and 4 are certified Medicare CLAIM counselors. An on-site MO HealthNet (Medicaid) caseworker is available to help determine and review Medicaid eligibility.

Educating Patients and Providers



The Missouri Kidney Program supports education for patients with chronic kidney disease and endstage kidney disease, as well as the providers who care for them.

- On-line Patient Education classes for stages 3-5 can be found at [Patient Education – Missouri Kidney Program \(mokp.org\)](http://Patient Education – Missouri Kidney Program (mokp.org))
- Kidney Disease ECHO held on the 1st and 3rd Thursday of every month to improve early detection of CKD for providers such as doctors, nurses, Physician Assistants and Community Health Workers.

Who is eligible for and how to apply for MoKP assistance?

- Permanent MO resident with chronic kidney failure on dialysis or who has had a kidney transplant
- Receiving treatment through a contracted dialysis or transplant facility
- MO HealthNet (Medicaid) recipient with
 - spenddown less than \$1,200/month
 - Continuous Medicaid
 - SLMB/QMB
 - TTW
- If denied must meet MoKP financial requirements
- Contact your dialysis or transplant facility social worker to apply

Insurance coverage for the ESRD population

What is ESRD?

- End Stage Renal Disease also known as Stage 5 Chronic Kidney Disease
- Stage of kidney disease requiring transplant or renal dialysis
- Dialysis performs the duties of the kidneys – “cleans” the patient’s blood
- Transplants can be performed on patients who have been on dialysis for years or preemptive to (before) dialysis ever begins



Medicare Basics for ESRD Clients

- Excessive expenses related to treatment for kidney disease prompted the special provisions for Medicare
- Are they eligible for Medicare?
 - Kidneys no longer work and the beneficiary needs regular dialysis, a kidney transplant, or has had a kidney transplant
 - Same requirements for work quarters as those with Medicare based on a disability
 - Can pull from a spouse, parent, etc. as those with Medicare based on a disability

Medicare Basics for ESRD Clients

- CMS Form 2728 – declares client is enrolling in Medicare based on ESRD status – very important to determine start date of coverage!
- Already completed a Medicare application under another disability? Then re-apply! Coverage can begin sooner.
- Already have active Medicare based on another disability? Then re-apply! Doesn't require re-establishing disability every 2 years.
- Already have Medicare but with a Part B penalty? Then re-apply! Part B premium penalty will be dropped.

Immunosuppressive drugs

- Anti-rejection medications necessary to reduce the risk of the body rejecting the new organ, will take as long as the kidney works
- Medicare Part B pays 80% of this cost
- When looking at Prescription Drug Plans for these beneficiaries: **DO NOT ADD IMMUNOSUPPRESSIVE DRUGS TO THE MEDICATION LIST** unless they didn't have Part A at time of transplant

Enrollment Periods

- **Initial enrollment period (3-1-3)**
 - Automatic enrollment – receiving Social Security retirement or Railroad Retirement or SSDI for 24 months
 - Manual enrollees – not drawing Social Security benefits, still working, or not enough credits based on age
- **General enrollment period** – January, February, or March every year
 - Part B effective July 1 of that year. In January 2023, it will become effective the month after enrollment.
- **ESRD Special Enrollment** – If you're eligible for Medicare based on ESRD and don't enroll right away, you may be eligible for up to 12 months of retroactive coverage, once you're enrolled in Medicare.



When enrolling someone retroactive in Part B they will owe monthly premiums for those months and could be at risk of losing eligibility in enrolling in a Medicare Supplement

When will ESRD Medicare coverage begin?

- 3-month waiting period if on in-center dialysis
- No waiting period if beneficiary starts home/self-care training before end of 3-month waiting period & is expected to complete it.
- No waiting period if beneficiary gets a kidney transplant

When will ESRD Medicare coverage end?

- Coverage will transition to aged in Medicare once the beneficiary reaches 65 years of age
- If Medicare coverage is based only on ESRD, coverage will end when:
 - 12 months have passed after dialysis treatments stop
 - 36 months have passed after a successful kidney transplant
- Coverage will not end if:
 - Dialysis is started within 36 months of a transplant
 - Another kidney transplant is performed within 36 months after the first transplant

Coordination of Benefits

- 30 month coordination of benefits period
- Begins when eligibility for ESRD Medicare begins, even if the individual hasn't signed up for ESRD Medicare yet.
- Effects clients with EGHP, COBRA, or other retiree policies
- First 30 months of coverage: EGHP, COBRA, or other retiree policy will pay primary
- After 30 months: Medicare will pay primary


Delaying ESRD Medicare Enrollment

- An individual can enroll in Parts A and B at anytime during their 30-month COB, as long as they enroll in both at the same time.
- If an individual chooses to delay ESRD Medicare enrollment, they should turn down both Parts A and B.
- This is because if an individual enrolls in Part A and delays Part B, they lose their right to enroll at any time during the 30-month COB period.
- Instead they will have to wait to enroll in the General Enrollment Period and will likely face gaps in coverage and a late enrollment penalty.

More things to think about before delaying enrollment...

Remember! Part B will **never** cover transplant client's immunos unless:

- Part A is in effect transplant month (or backdated to transplant month—can backdate up to 12 months)
- Transplant surgery is in Medicare-approved transplant program
- Part B is in effect when client wants immunos covered

 **Having Medicare A & B limits what provider who accepts Medicare assignment can charge; savings may exceed Part B premium**

- Provider can bill Medicare for EGHP's out-of-pocket costs for Medicare-covered services

Should a person with an EGHP enroll in Medicare during 30 month COB period:

Reasons to enroll

- Medicare will help pay deductibles, coinsurance, and out-of-network expenses of EGHP
- Medicare assignment
- Kidney transplant anti-rejection medications will be covered by Medicare Part B **ONLY** if the client has **Medicare Part A** at the time of transplant performed at Medicare certified facility

Reasons to not enroll

- No Part B premiums for the first 30 months

In other words...

- We do not recommend delaying enrollment in Medicare when you have an EGHP, but should the beneficiary make that decision they should:
 - Watch their deadlines!
 - Enroll in Medicare A & B effective 31st month of treatment due to 30 month COB period.
 - If only enrolled in Part A, enroll in Part B during the GEP before the 30 month COB period ends.

Example

- Joe starts dialysis in-center January 2021 and has EGHP
- COB starts April 2021 and ends October 2023
- Joe enrolls in Part A effective April 2021 but delays enrolling in Part B
- Joe can only enroll in Part B during the General Enrollment Period (January – March of every year)
- If Joe waits until the end of his 30 month COB, he can't enroll in Part B until January 2024 to become effective February 2024. He will have no coverage from November 1, 2023 through January 31, 2024 because his EGHP is not primary anymore and he will have to pay a penalty on Part B.
- Joe needs to enroll in Part B March 2023 to become effective April 1, 2023.

Contact Us

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THANK YOU
Call us with any questions
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