

Review Quiz Answers

Special Topics Course *Medicare and End-Stage Renal Disease (ESRD)*

- 1) Once you get diagnosed with ESRD, you will automatically be enrolled into Medicare.

True or **False**

Answer: False. There is no automatic or passive enrollment into Medicare once you are diagnosed with ESRD. You must enroll by going to the Social Security office, even if you are a railroad worker. If you are unable to enroll yourself, a family member or caregiver can do it for you. Your doctor and dialysis center will have to send documentation to Social Security verifying that you have ESRD.

- 2) If you receive outpatient dialysis at a hospital or outpatient dialysis center as treatment for ESRD, when does your Medicare coverage eligibility begin?

- a. The first day of the month you receive outpatient dialysis.
- b. The first day of the fourth month you receive outpatient dialysis.**
- c. It is retroactive for up to one year of receiving your diagnosis.
- d. Only when you enter the hospital for a kidney transplant.

- 3) Immunosuppressant drugs that are taken after a kidney transplant can covered:

- a. by Medicare Part B
- b. by Medicare Part D
- c. by both Part B and Part D**
- d. Immunosuppressant drugs are never covered by Medicare.

- 4) The 30-month coordination period begins when someone is first eligible for Medicare, even if they never enroll in Medicare.

True or False

Answer: True. The 30-month coordination begins when someone with ESRD first becomes eligible to enroll in Medicare. During this time, if someone has

employer coverage, that coverage will pay primary to Medicare. After the 30-month coordination period, Medicare will pay primary on all health care claims. The 30-month coordination period always begins when someone is first eligible for Medicare, even if they never actively enroll into Medicare.

- 5) When you become eligible for ESRD Medicare, you must drop all other forms of health insurance coverage and only have ESRD Medicare, since it immediately becomes the primary insurance payer.

True or **False**

Answer: False. Someone with ESRD can have both Medicare and employer coverage. Employer coverage includes active employer insurance, retiree insurance, union coverage, or COBRA. During the 30-month coordination, these other types of insurance will pay primary on medical claims. After the 30-month coordination period, Medicare becomes primary payer on all health insurance claims, even if someone never enrolls into Medicare.

- 6) When does Medicare coverage shift to become primary payer for someone with ESRD?
- a. As soon as you are diagnosed with ESRD
 - b. At the beginning of the 30-month coordination period
 - c. Medicare is always a secondary payer for people with ESRD.
 - d. the first month after the 30-month coordination period ends**
- 7) People with ESRD can never join a Medicare Advantage plan.

True or **False**

Answer: False. Though people are typically excluded from joining most Medicare Advantage plans, there are some exceptions to this rule. If you have ESRD, you can join a Special Needs Plan (SNP) that specifically accepts people with ESRD, if there is a plan in your area. Also, if you have employer health plan coverage through an insurance company that offers a Medicare Advantage plan, you can enroll in that company's Medicare Advantage plan. Know that if you develop ESRD after you joined a Medicare Advantage plan, the plan cannot disenroll you.