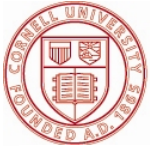


MEDICARE PART D RESEARCH FACTS

Volume 2 Number 4



Cornell University
College of Human Ecology

CUR_xED

**Cornell University Resource Education
for Medicare Part D**

FACT OR FALLACY ?

Patients with End Stage Renal Disease are not eligible for Medicare and must enroll in Medicaid.

KIDNEY COMPLICATIONS

End Stage Renal Disease (ESRD) is chronic renal (or kidney) failure which requires dialysis or kidney transplant. The prognosis is guarded and treatment involves various and complex, expensive medication regimens to control the progression of the disease. ESRD is the only condition covered under Medicare for those under 65 who are not disabled.

With the exception of CMS approved Special Needs Plans that accept ESRD patients, new dialysis patients cannot enroll in a Medicare Advantage plan. Patients with chronic renal disease who enrolled in an MA plan before needing dialysis can stay in that plan after starting dialysis however. Subsequently, the majority of ESRD patients are enrolled in stand alone prescription drug plans.

Prescription drug coverage issues have been confusing for ESRD patients since the implementation of Part D. Many medications, most notably those given by injection during a dialysis treatment, are covered under Part B. Medications not covered for under Part B are now covered by Part D, but only if on the plan formulary.

Often the medications are quite expensive. On average, dialysis patients take 10 to 12 different medications. It was estimated that in 2006, average total drug expenditures for an

ESRD patient was \$6488 compared with \$2705 for the general Medicare population.

About 28% of the ESRD population is dually eligible. Because of random assignment into standard plans with premiums at or below the benchmark premium and no consideration for their medication regimen, many ESRD beneficiaries have experienced difficulties in obtaining their medications.. Assignments of new patients to plans, and switching to new plans, has resulted in delays when patients went without medications.

The majority of ESRD patients are covered by Medicare and thus eligible for Part D benefits. This population is also highly likely to benefit the most from the program. Given the complexities of Medicare Part D, problems are inevitable, and vulnerability to these problems by ESRD patients is higher than that of the general Medicare population. Reasons for these problems include the high number of medications that these patients take, the high costs of the medications used to treat this condition, and the high proportion of dual eligibles.



CUR_xED Cornell University Resource Education for Medicare Part D

www.CURxED.human.cornell.edu/

email: [CURxED @cornell.edu](mailto:CURxED@cornell.edu)

This material is based upon work supported by a grant from the Dean of the College of Human Ecology and Smith Lever funds from the Cooperative State Research, Education, and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.