



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Maryland Commission on Kidney Disease

Eva Schwartz, Executive Director

Kidney Disease Program Financial Assistance and Coverage

The KDP reimburses for treatment, with a primary diagnosis of chronic renal failure or a diagnosis that is a direct result of the recipient's end stage renal disease (ESRD). The KDP does not make direct payments to recipients.

The Kidney Disease Program provides financial assistance to certified Maryland end-stage renal disease patients as a payer of last resort after all federal, state and third party insurances have been pursued.

Benefits:

Coverage for the first 3 month of a patient's end-stage renal disease care and treatment beginning with the first chronic maintenance dialysis prior to Medicare eligibility

Payment for Medicare deductible and co-insurance

Coverage of approved physician services at the approved rates

Prescription coverage for medication on the Kidney Disease Program Reimbursable Drug List

Post renal transplant coverage of certain immunosuppressant drugs for the life of the graft

Renal transplantation services at transplant centers located outside of Maryland (preauthorization is required)

Transient dialysis for the purposes of travel (preauthorization is required)

Pre transplant dental services (preauthorization is required)

Ancillary supplies for home intravenous antibiotic therapy (preauthorization is required)

Durable medical equipment and disposable medical supplies used in the home (preauthorization is required)

One pair of eyeglasses, one time only (preauthorization is required)

Reimbursement for access surgery required by a recipient for dialysis treatment even though the access surgery may predate the recipients date of certification for KDP benefits

KDP Reimbursable Services Not Covered by Medicare

KDP is a 100% state funded Program; however, 98% of the recipients certified with KDP are eligible for Medicare, which pays 80% of covered charges. Even though KDP does not receive federal funding directly, the Program indirectly benefits from Medicare which is federally funded dollars. There are several KDP reimbursable services that are not covered by Medicare.

The following is a comprehensive description of the ESRD services KDP pays for that Medicare does not:

KDP pays for the first three months of a recipient's end-stage renal disease care and treatment beginning with the first chronic maintenance dialysis prior to Medicare eligibility. (Note: Medicare, on the basis of ESRD, does not become effective until the patient has been on dialysis for three months. The average number of dialysis treatments received per month is 13 which are necessary to maintain life. These costs are extremely expensive. During the first three months, KDP pays at the rate of 100% of the Medicare approved rates.)

KDP pays for the insertion of the shunt/fistula access surgery that is essential to a patient receiving outpatient maintenance dialysis. A patient cannot receive dialysis until the access surgery is performed.

After the Medicare effective date is determined, Medicare reimburses at a rate of 80% of approved costs. KDP pays the remaining 20%. For those recipients not eligible for Medicare, KDP pays at the rate of 100% of the Medicaid approved rates.

KDP pays for a recipient's pre-transplant dental treatment that is essential before a recipient can be transplanted. Dental services are not covered by Medicare.

It is also important to note that the transplant centers may not allow an end stage renal disease (ESRD) patient to be placed on a transplant wait list until the patient is certified with KDP. This is to ensure that the transplant patients will be able to obtain their anti-rejection (immunosuppressant) drugs to prevent their kidney transplant from rejecting. The anti-rejection drugs are extremely expensive. The Medicare Part D and commercial Rx insurance plans, only pay a percentage of these drugs.

If a patient is eligible for Medicare, on the basis of their ESRD (end stage renal disease), Medicare will only pay for their treatment and transplant drugs for 36 months after the date of their transplant. KDP will continue to pay beyond the 36 month Medicare coverage period. There is no time limit to a recipient's KDP certification period as long as they reapply annually and pay their program participation fee. If a recipient is unable to obtain/afford their immunosuppressant (anti-rejection) drugs and discontinue their medication, their kidney transplant will fail.