



**Medicare and Medicaid Coverage of Dually Eligible
End-Stage Renal Disease (ESRD) Patients in
Maryland**

2025 Joint Chairmen's Report Page 168

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Executive Summary

Pursuant to the requirements of the 2025 Joint Chairman's Report (JCR) (*pg. 168*)¹, the Maryland Department of Health (the Department) respectfully submits this report on **Medicare and Medicaid Coverage of Dually Eligible End-Stage Renal Disease (ESRD) Patients in Maryland**. This report includes the Department's review of eligibility and application requirements for Medicare eligible ESRD patients who are under 65 years of age and are already enrolled in Maryland Medical Assistance (Medical Assistance or Medicaid) Program. Additionally, the report includes a review of state policies and processes for providing Medicaid coverage for ESRD patients under 65 years of age. Finally, the Department describes the process and strategies it intends to adopt to support dually eligible ESRD patients to apply for Medicare.

Based on an analysis by the Hilltop Institute (Hilltop) at University of Maryland Baltimore County (UMBC), approximately 1,161 eligible individuals with an ESRD diagnosis are enrolled in Maryland's HealthChoice or Fee-for-Service (FFS) and are not enrolled in Medicare. Hilltop conducted an analysis to identify individuals who may qualify for Medicare on the basis of the claims and encounter data of Medicaid participants with diagnosis codes for dialysis and/or kidney transplant within the past year. These individuals are potentially eligible for Medicare coverage on the basis of diagnosis with ESRD.

The Department is developing a process and finalizing strategies to encourage participants to enroll in Medicare which will be implemented later in the Fall of 2025. Enrolling eligible individuals in Medicare has the potential to reduce Maryland's fiscal burden and free up state resources, while ensuring individuals with ESRD have continuous access to high-quality healthcare through Medicare's comprehensive benefits (Parts A, B, D, and supplemental plans). If Medicaid participants diagnosed with ESRD are successfully enrolled in Medicare coverage, the Department could save as much as \$26.8M total funds (\$9.9M general funds, \$16.9M federal funds) annually. As the Department implements this initiative, it will monitor changes in coverage for this population.

Introduction

This report encompasses the Department's review of Medicare coverage and opportunities for Medicare coverage for individuals diagnosed with ESRD enrolled in Medical Assistance. The report also includes the analysis of the processes and policies adopted by other states encouraging Medicare enrollment of dual eligible ESRD patients. Finally the Department provides details on its plans for outreach to Medical Assistance participants likely to qualify for Medicare on the basis of a diagnosis with ESRD. The Department anticipates launching this new outreach initiative in Fall 2025.

Background

¹ https://dls.maryland.gov/pubs/prod/RecurRpt/Joint-Chairmens-Report_2025.pdf

ESRD, also known as end-stage renal failure, is the terminal, irreversible stage of kidney disease, where the kidneys can no longer function independently. A patient with end-stage renal failure must receive dialysis or kidney transplantation in order to survive for more than a few weeks. According to the National Center for Chronic Disease Prevention and Health Promotion, about 30 million people, or 15% of adults, in the U.S. are estimated to have chronic kidney disease. Chronic kidney disease can often be treated before it progresses to end-stage renal failure or leads to other health problems.²

Based on the data from the Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC), 45% of ESRD patients are dual eligible for both Medicare and Medicaid. Participants with an ESRD diagnosis make up about 0.9% of total Medicare enrollment and 2.2% of dual eligible enrollment. In 2021, the annual per capita Medicare spending for dual eligible beneficiaries enrolled in both Medicare and Medicaid with ESRD was \$95,533 while Medical Assistance spending for the same population was \$18,982 per person per year.³

While individuals with ESRD are eligible to enroll in Medicaid, in many cases, they may also qualify for Medicare on the basis of their diagnosis. Individuals with ESRD who qualify for Medical Assistance as part of the Affordable Care Act (ACA)⁴ adult expansion group and cannot be dual enrolled in both Medicaid and Medicare. ACA expansion adults are disenrolled from Medical Assistance after Medicare enrollment. For all other coverage categories, dual enrollment in both Medicaid and Medicare is permitted, provided that Medicaid eligibility requirements, such as Modified Adjusted Gross Income (MAGI) standards, continue to be met.⁵ HealthChoice participants are transferred to fee-for-service (FFS) coverage when they qualify for Medicare.

Medicaid does not cover Medicare copayments unless the individual qualifies for Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) status. Individuals who qualify for QMB status must have a monthly income no greater than \$1,325. The Department covers the following costs for QMB enrollees: Part A premiums; and Part B premiums, deductibles, coinsurance, and copayments for services and items covered by Medicare. Individuals who qualify for SLMB status must have a monthly income no greater than \$1,585. The Department covers the cost of Part B premiums for SLMB participants, and SLMB participants must be enrolled in both Part A and Part B in order to qualify for assistance.⁶

Medicare ESRD covers comprehensive health benefits, including the cost of kidney transplants for enrollees. Medicare ESRD coverage ceases 36 months post-transplant. When a former Medicare ESRD enrollee loses coverage, individuals qualify to enroll in Medicare Part B – Immunosuppressive Drug (Medicare Part B-ID) coverage, which covers the cost of immunosuppressant medications needed on a lifelong basis post-transplant. To be eligible, patients must have current or prior Medicare enrollment due to ESRD, with coverage having

² www.hopkinsmedicine.org/health/conditions-and-diseases/end-stage-renal-failure

³ [Data book: Beneficiaries dually eligible for Medicare and Medicaid — January 2024 MedPAC | MACPAC](#)

⁴ The ACA covers adults up to 138% of the federal poverty level (FPL) who do not qualify for traditional Medicaid coverage on another basis. As of June 2025, 331,577 ACA expansion adults are enrolled in Maryland Medical Assistance. https://health.maryland.gov/mmcp/Documents/OBBBA%20One-Page_7.11.25.pdf

⁵ For example, parent and caretaker relatives qualify to enroll in Medical Assistance up to 123% FPL and can be dual enrolled in Medicaid and Medicare.

⁶ <https://www.medicare.gov/basics/costs/help/medicare-savings-programs>

ended 36 months post-kidney transplant, and attest to not having or anticipating other health coverage that would prevent Part B-ID eligibility. Patients are ineligible if they have group or individual health plans, TRICARE, Medicaid or CHIP with immunosuppressive drug coverage, or Department of Veteran Affairs coverage for these drugs.⁷ The Department's Office of Eligibility Services (OES) is responsible for receiving a list of individuals exiting ESRD. OES assesses these individuals for Medicaid eligibility and, when appropriate, provides guidance towards Medicare Part B-ID coverage.

As a condition of enrollment, all participants in Medicaid, including those with ESRD, are required to apply for and accept all benefits, including other forms of health care coverage like Medicare, for which they may qualify.⁸ However, some individuals diagnosed with ESRD may be unaware of the availability of this critical coverage through Medicare. Additionally, the complexity of the Medicare application process and need for support in applying can present barriers to applying for coverage. Ensuring Medical Assistance participants with ESRD who are categorically eligible for Medicare apply for coverage will result in significant cost savings for the State without compromising access to care to the impacted individuals.

Medicare Coverage for ESRD

Medicare is a federally funded health insurance program administered by the Centers for Medicare & Medicaid Services (CMS). Medicare covers Part A (hospital insurance), Part B (medical insurance) and sometimes Part D (prescription drug insurance) primarily for individuals aged 65 and older; however, Medicare coverage is available for individuals under 65 years who are receiving Social Security disability benefits or are diagnosed with certain medical conditions including ESRD and Amyotrophic Lateral Sclerosis (ALS).

Individuals of any age diagnosed with ESRD can be entitled to Medicare. Applicants with a qualifying diagnosis are subject to a waiting period of three months (90 days) in most cases. Additionally, unlike other forms of Medicare, for individuals with ESRD who fail to apply right away, up to 12 months of retroactive Medicare coverage may be available.

For individuals under 65 enrolled in Medicare on the basis of an ESRD diagnosis, coverage ends 12 months after dialysis stops or 36 months post-kidney transplant for ESRD. There is a separate 30-month coordination period each time the participant enrolls in Medicare based on kidney failure.⁹ The three month waiting period will not apply to the patient and they will be eligible to enroll in Medicare right away if dialysis or another transplant is required.¹⁰

Medicare coverage for ESRD patients includes kidney transplants; hospital inpatient dialysis; outpatient dialysis from a Medicare-certified hospital or free-standing dialysis facility; home dialysis training, equipment and supplies; medications related to treatment when overseen by a doctor; and immunosuppressant drugs after a kidney transplant, as long as an individual has Medicare Part A at the time of the transplant. Part A covers the cost of an inpatient kidney transplant or dialysis at a Medicare-approved facility while Part B covers doctors' fees, including

⁷ <https://www.cms.gov/partbid-provider>

⁸ <https://dsd.maryland.gov/regulations/Pages/10.09.24.04-1.aspx>

⁹ [End-Stage Renal Disease \(ESRD\) | CMS](#)

¹⁰ For example, if the beneficiary gets a kidney transplant that continues to work for 36 months, Medicare coverage will end. If after 36 months the beneficiary enrolls in Medicare again because they start dialysis or get another transplant, the Medicare coverage will start right away. There will be no 3-month waiting period before Medicare begins to pay.

fees for transplant surgeons. Additionally, Medicare also covers costs related to a kidney donor's hospital stay and their follow-up care.¹¹

Individuals with ESRD have an option to choose between Original Medicare and Medicare Advantage Plans, each offering different benefits and coverage options. Under Original Medicare which includes Part A and Part B, an individual can use any doctor, provider or facility in the United States that accepts Medicare, and does not need prior authorization to use a specialist. The individual will need to pay deductibles and copayments for Part A and Part B, and prescription drug coverage isn't automatically included. An individual can choose to buy Medigap which is a supplemental insurance to help pay deductibles and copayments. Coverage of copays for dual eligibles is discussed later in the report.

Medicare Advantage plans on the other hand may offer additional coverage not part of Original Medicare, such as dental, hearing, prescriptions and vision.¹² Most Medicare Advantage plans have a provider network, requiring individuals to pay out of network cost or not be covered at all in case a provider outside of the network is chosen. Prior authorization may be required to see a specialist as well. Individuals can choose from several Medicare Advantage plans available and can enroll in Medicare Advantage during their initial enrollment period or during open enrollment each year. Plans may have different out-of-pocket costs for certain services with a yearly limit on what an individual pays for covered Part A and Part B services. Under Medicare Advantage plans, individuals cannot buy Medigap to cover out of pocket costs.

Medicare also covers certain services on an ongoing basis. In November 2020, the United States Congress passed the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act ("Immuno Bill") indefinitely extending Medicare coverage of immunosuppressive medications for kidney transplant patients only.¹³ Medicare Part B – Immunosuppressive Drug (Medicare Part B-ID) provides coverage for immunosuppressive drugs beyond the 36-month post transplant period.

Medical Assistance Coverage

Medical Assistance is a joint federal and state health coverage assistance program for children, parents and caretaker relatives, pregnant women, certain adults, people with disabilities, and seniors who qualify due to low income or other criteria. Medical Assistance also covers eligible services for low-income individuals on Medicare with their Medicare premiums and cost-sharing requirements, and may also cover some benefits that are not covered by Medicare, such as long-term services and supports, including personal care and other home and community-based services.

ESRD patients may need to rely on the comprehensive services available through the Medical Assistance Program while their application for Medicare is processed or during the 90 day waiting period before Medicare takes effect.

¹¹ [ESRD Medicare basics](#)

¹² [Effective January 1, 2021, Medicare opened enrollment in private Medicare Advantage Plans \(Part C\) to individuals newly diagnosed with ESRD and not already enrolled in Part C, H.R.34 - 114th Congress \(2015-2016\): 21st Century Cures Act.](#)

¹³ [Text - H.R.5534 - 116th Congress \(2019-2020\): Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2020](#)

Individuals with ESRD are covered under the Medical Assistance program for specialist providers (nephrologists), hospitalizations, medical (including co-management of diabetes and hypertension) and surgical therapies (including transplants), medications (including nutritional supplements), lab testing, as well as inpatient and outpatient dialysis.

ESRD patients ages 0-20 years may also elect to receive services through the Rare and Expensive Case Management (REM) Program.¹⁴ REM is a voluntary program that provides medical case management and other services for eligible Medical Assistance participants who have a rare and expensive medical condition and require sub-specialty care.

Maryland also offers a Kidney Disease Program (KDP) which provides financial assistance to certified Marylanders with ESRD as a payer of last resort after all federal, state and third party insurances have been pursued. KDP is administered by the Department's Public Health Administration.¹⁵ KDP covers services including chronic maintenance, in-center and home dialysis, renal transplantation, approved inpatient and/or outpatient hospital care, physician and laboratory fees, and medications specified on the KDP Reimbursable Drug List. In Fiscal Year 2024, KDP provided coverage to approximately 1,184 beneficiaries.¹⁶

Dual Eligibility in Medicare and Medical Assistance

For individuals enrolled in both Medicare and Medical Assistance, "dual eligibles", Medicare is the primary payer and Medical Assistance is the payer of last resort. Dual enrollment in both programs has the potential to reduce the fiscal impact of care on the State of Maryland as a result, while ensuring individuals continue to receive comprehensive healthy benefits. Dual eligibles with an ESRD diagnosis receive hospital care, physician services, dialysis treatments, prescription drugs, and other health care services through Medicare while Medical Assistance provides assistance with some or all Medicare premiums and cost sharing, and covers services such as long-term care not provided by Medicare.¹⁷

Medicare Eligibility and Application Requirements for ESRD Patients in Maryland

Medicare Eligibility Requirements:

ESRD patients under 65 years can apply for Medicare coverage if they receive regular dialysis treatments or a kidney transplant, and meet one of the following requirements:

1. have worked the required amount of time under Social Security, the Railroad Retirement Board, or as a government employee;
2. are already receiving or are eligible for Social Security or Railroad Retirement Board benefits; or
3. are the spouse or dependent child of a person who meets either of the aforementioned requirements.

Coverage only begins after filing an application and meeting a waiting period of three months or less.

¹⁴COMAR 10.09.69.17, <https://dsd.maryland.gov/regulations/Pages/10.09.69.17.aspx>

¹⁵ <https://health.maryland.gov/pha/Pages/maryland-kidney-disease-program.aspx>

¹⁶ <https://health.maryland.gov/mdckd/Documents/govrept2024.pdf>

¹⁷ [Medicare Coverage of End-Stage Renal Disease \(ESRD\)](#)

The Part A coverage for the ESRD patient who qualifies for Medicare begins the third month after the month in which a regular course of dialysis begins; or the first month a regular course of dialysis begins if the individual engages in self-dialysis training; or the month of kidney transplant; or two months prior to the month of transplant if the individual was hospitalized during those months in preparation for the transplant.

Coverage for individuals who qualify for Medicare only because of ESRD ends 12 months after the last month their dialysis treatments stop or 36 months after the month they have a kidney transplant. However, Medicare coverage will resume again without the three month waiting period if the participant restarts dialysis; or a kidney transplant takes place within 12 months of stopping dialysis; or within 36 months after the individual gets a kidney transplant.

Medicare Application Requirements:

ESRD patients eligible for Medicare qualify for both Part A and Part B and can get access to the full benefits available under Medicare to cover certain dialysis and kidney transplant services. To apply for Medicare, individuals must contact their local Social Security Administration (SSA) office which is responsible for handling enrollment into ESRD Medicare.

An eligible participant must also request their provider and/or dialysis center to send documentation to the SSA verifying that the individual has ESRD and stating the treatment needs.

Review of Other State Policies and Processes

The Department conducted a review of the process and policies adopted by seven states (California, Massachusetts, New York, North Carolina, Texas, and Washington) for enrollment of ESRD patients under 65 years in Medicaid and Medicare.

The findings from the review indicate an alignment in the approach by states encouraging Medical Assistance participants younger than 65 years with an ESRD diagnosis to enroll in Medicare through outreach including sending letters and/or making calls to apply as well as coordinating with the State Health Insurance Assistance Program (SHIP) which are non-profit agencies providing local Medicare counseling in their communities. Volunteers receive extensive training to become certified Medicare counselors and regularly receive updates and training.

The state Medicaid agencies have also made information available on their websites regarding applying for Medicare, coverage of services as well as additional resources to support individuals with ESRD during the application process. Some states maintain the requirement that individuals with ESRD and Medicaid must apply for Medicare and show proof of application, as a condition of eligibility for Medicaid; however, many of the states have additionally adopted unique approaches to encourage Medicare enrollment of ESRD patients.

California

The California Department of Health Care Services (DHCS) has a published factsheet for guidance for patients with an ESRD diagnosis.¹⁸ DHCS also makes this information publicly

¹⁸ [Medicare Eligibility for Medi-Cal Members with ESRD Factsheet](#)

available on its website.¹⁹ In addition, California uses the Health Insurance Counseling and Advocacy Program (HICAP) to help participants apply for Medicare. HICAP is a SHIP that provides free and objective information and counseling about Medicare. Volunteer counselors can help individuals understand their specific rights and health care options. HICAP also offers free educational presentations to groups of Medicare beneficiaries, their families and/or providers on a variety of Medicare and other health insurance related topics.

Additionally, California Advancing & Innovating Medical (CalAIM) which is a multi-year DHCS initiative to implement overarching policy changes across all Medi-Cal delivery systems, has established a Managed Long-Term Services and Supports (MLTSS) and Duals Integration Workgroup which collaborates with stakeholders and provides feedback on the Department's policy and operational efforts for dual eligibles. In the past, the workgroup has highlighted that DHCS is working with partners, including dialysis centers, to consider outreach strategies for ESRD patients covered by Medi-Cal to enroll in Medicare.²⁰ While DHCS does not automatically disenroll ESRD patients from Medi-Cal if they don't enroll in Medicare, it strongly recommends that Medi-Cal participants with ESRD apply for Medicare.

Massachusetts

At MassHealth, the Massachusetts Medicaid program, qualified Medicare participants including those with ESRD receive a letter from the Medicare Enrollment Support team explaining that they may be eligible for Medicare. The team also makes calls to each member offering them application support, general information about applying for Medicare, as well as assisting them with making an appointment with SSA. Members are required to follow-up with the team and verify that they initiated the application process.²¹ Applicants are required to make an appointment to apply for Medicare benefits within 60 days of receiving the letter.

New York

The New York State Department of Health requires Medicaid members diagnosed with ESRD to apply for Medicare and has contracted with several agencies as their Facilitated Enrollers (FEs) throughout the State that help ESRD patients under 65 years apply for Medicare in their communities.²² An ESRD patient with Medicaid is required by the State to apply for Medicare and provide proof of application as a condition of Medicaid eligibility. The Department of Health through the FEs provide outreach and application assistance to individuals identified by the State, who meet the Medicare eligibility criteria including those with an ESRD diagnosis and ensure an application for Medicare benefits is made.

Each month, the State identifies eligible individuals and sends a letter informing the individuals about Medicare benefits. The FEs contact the individuals by phone, and by mail to inform individuals of the requirement to apply for Medicare as a condition of maintaining their eligibility for Medicaid, educate them on how and where to apply for Medicare, and assist the individual in applying for Medicare, if requested, and gathering the required verification for Medicaid. Proof that a person has applied for Medicare will be provided to the local district using the "Proof of Medicare Application Transmittal & Confirmation Receipt Form." FEs

¹⁹ [ESRD and Medicare - End-Stage Renal Disease](#)

²⁰ [CalAIM Managed Long Term Services and Supports \(MLTSS\) and Duals Integration Workgroup](#)

²¹ [Eligibility Operations Memo 25-10 - Mandatory Medicare Enrollment at Age 65 | Mass.gov](#)

²² https://www.health.ny.gov/health_care/medicaid/esrd/

contact their respective district to determine where this information should be sent. The district completes the form acknowledging receipt of proof of Medicare application and returns it to the contact person identified on the form at the FE.²³

North Carolina

In North Carolina, a member is disenrolled from the Health Plan on the first of the month following the Department of Social Services entry of Medicare evidence into North Carolina Families Accessing Services through Technology (NC FAST), which is a program designed to improve the way the NC Department of Health and Human Services (NC DHHS) and county departments of social services do business. Retroactive eligibility for Medicare may be a factor, especially for members who are newly eligible for Medicaid and those members who become dually eligible due to ESRD.²⁴ In order to assist members through the disenrollment process, Health Plans are advised to establish protocols that identify members likely to become dually eligible and not rely solely on notification of member's anticipated Medicare eligibility.

Consistent with NC DHHS Transition of Care Policy, Health Plans are required to initiate a dialogue with members prior to anticipated disenrollment to prepare members for the disenrollment. Health Plans are advised to align the Member's preparation with the Medicare Open Enrollment Period which begins three months prior to Medicare eligibility. Health Plans are advised to accomplish all recommended steps no later than 30 days prior to Medicare enrollment. According to the NC DHHS Transition of Care Policy, the Health Plan will notify the provider of the anticipated disenrollment and provide guidance to the individual on anticipated disenrollment and current prior authorization status as well as information about coordination of benefits with Medicare.

Texas

Texas Medicaid's coverage of renal dialysis services includes all items and services used to provide outpatient maintenance dialysis in an ESRD facility or in a patient's home when medically necessary and reimburses renal dialysis services on a per-treatment basis while dialysis services and supplies are covered by Medicare in both Parts A and B. Medicare has a 90-day waiting period that must be fulfilled and coverage begins in the fourth month of dialysis. People living with ESRD in Texas may be eligible for the Kidney Health Care program to help cover costs during this waiting period.

The Kidney Health Care is a statewide program that helps low-income Texans with end-stage renal disease access treatments including dialysis; undergo dialysis access surgery; receive prescription medications; provide reimbursements for travel to transplant or dialysis services; as well as help pay for Medicare Part D drug plan premiums.²⁵ Like Maryland's Kidney Disease Program which is not a Medicaid program, benefits available to the Kidney Health Care clients are dependent on treatment status and eligibility for benefits from other programs such as Medicare, Medicaid or private insurance. It is the payer of last resort and benefits are paid only after all other third-party payers have met their liability. Recently, Texas has begun to offer

²³ 2019 LCM-01 - Outreach to Assist Medicaid Recipients with Applying for Medicare

²⁴ [NC Medicaid Standard Plan Transition of Care Disenrollment Protocols](#)

²⁵ [Chronic Kidney Disease | Texas Health and Human Services](#)

multiple Medigap coverage options to people with kidney failure under 65. Medigap helps cover costs Medicare does not cover, like copays and coinsurance.²⁶

Washington

Washington State’s Health Care Authority requires application for and enrollment into Medicare as a condition of eligibility for individuals who apply for Apple Health (Washington’s Medicaid) coverage. Every month Apple Health eligible individuals not already enrolled with Medicare are contacted to provide proof of application for Medicare through an automated BarCode process.

Washington State’s Medicare Buy-in Unit sends letters to identified Medicaid participants with ESRD who receive three consecutive months of treatment requesting proof of application for Medicare enrollment. The individual’s kidney dialysis provider also gets notified to assist the individuals with the Medicare/ESRD application process. Individuals who fail to provide proof of application for Medicare to the Medicare Buy-in Unit under the authority are terminated from Apple Health assistance, including individuals who receive Supplemental Security Income or long-term care services. The Medicare Buy-in Unit gives 90 days in the two-letter process before they send an action request to terminate the individual’s Apple Health coverage.²⁷

Further details on the state review can be found in Table 2 of the Appendix.

Data Analysis of ESRD Patients eligible to Apply for Medicare in Maryland

Hilltop conducted an analysis to identify individuals who may qualify for Medicare on the basis of a diagnosis with ESRD. Claims and encounter data were used to identify Medicaid participants with at least one inpatient or two non-inpatient claims with an ICD-10 diagnosis code for chronic renal insufficiency or ESRD within the past year. Specific diagnosis codes used can be found in Table 3 of the Appendix. As of May 2025, 1,161 individuals are enrolled in Medical Assistance with an ESRD diagnosis likely to qualify them for Medicare. Table 1 provides additional information about the coverage category of these individuals.

Table 1: Enrollees with ESRD Flag by Coverage Category

Coverage Category	Count (%)
SSI Recipients	539 (46.4%)
Childless Adults < 65, 138% FPL, inc. disabled	360 (31.0%)
Parents/Primary Caretakers and Children <123% FPL	104 (9.0%)
SSI Recipient in Long Term Care	55 (4.7%)
Aged Blind and Disabled (ABD) Long Term Care	46 (4.0%)
ABD - Med Needy	19 (1.6%)
All others	38 (3.3%)
Total	1,161 (100.0%)

²⁶ [Texas Expands Medigap Coverage for People with Kidney Failure Under 65](#)

²⁷ [Application for Medicare | Washington State Health Care Authority](#)

Proposed Approach for ESRD patients with Medicaid to Apply for Medicare in Maryland

The Department is designing a process to identify and notify Medical Assistance participants with an ESRD diagnosis to apply for Medicare coverage and instruct them on how and where to apply for Medicare. Data will be run on a monthly basis to identify Medical Assistance participants with an ESRD diagnosis who are likely eligible for but not yet enrolled in Medicare.

Following are the key strategies the Department intends to implement in order to encourage Medicare enrollment of eligible individuals with ESRD:

- Development of an outreach program to notify and assist individuals with ESRD with enrollment in Medicare. Individuals will be contacted by mail to encourage them to apply for Medicare consistent with Departmental requirements. Letters will be sent on a monthly basis.
- Following the preliminary letters, the Department plans to send out the detailed letters providing participants with further information on Medicare eligibility and enrollment. Participants may be requested to return documentation to demonstrate that they have attempted to apply for Medicare coverage.
- The Department plans to send a follow-up letter 30 days after the initial detailed letter is mailed and no response is received from the beneficiary.
- Next steps for participants will be based on their response to the request:
 - For individuals who return evidence that they applied for Medicare, coverage in Medical Assistance will continue until eligibility for Medicare is confirmed and the individual enrolls in coverage or is denied.
 - For individuals who successfully enroll in Medicare, Medical Assistance coverage will be discontinued if the person is enrolled as an ACA expansion adult, while coverage for those that qualify on a different basis will become dual eligible for Medicare and Medicaid.
 - For individuals for whom Medicare coverage is denied, their coverage in Medical Assistance will not be impacted.
 - For individuals who do not provide evidence that they applied for Medicare, the Department may explore an option (as done in other states) to discontinue Medical Assistance coverage if participants do not respond in a timely fashion.
- The Department will leverage existing processes to recover Medicaid claims paid for any participants with ESRD who qualify for retroactive enrollment in Medicare.

In addition to the process outlined above, the Department plans to explore opportunities for partnership with its sister state agencies and providers. Maryland Department of Aging (MDoA) and the Maryland Department of Disabilities (MDoD) play a role in assisting individuals applying for Medicare today and may be able to assist Medical Assistance participants with ESRD. Additionally, the Department plans to issue information via provider transmittal to

encourage ESRD-related providers (dialysis centers) to inform participants diagnosed with ESRD recipients about Medicare benefits and to inform the providers of the Department's planned outreach to participants who may qualify for Medicare on the basis of ESRD.

Conclusion

In Fall 2025, the Department plans to implement a multi-pronged approach to encourage Medicare enrollment among Medical Assistance participants with an ESRD diagnosis. If Medicaid participants are successfully enrolled in Medicare coverage, the Department could save up to \$26.8M total funds (\$9.9M state general funds, \$16.9M federal funds) annually without compromising access to care. The Department is dedicated to ongoing oversight of this process to build partnerships with providers and sister state agencies, monitor outcomes, and evaluate opportunities for improvements.

APPENDIX

Table 2: Comparative Analysis of States

States	Outreach for Medicare Enrollment	Methods of Outreach	Assistance in Medicare Enrollment	Unique Aspects
California		DHCS' fact sheet for ESRD patients eligible for Medicare enrollment is provided on the website.	The Health Insurance Counseling and Advocacy Program (HICAP) which is also known as SHIP helps participants apply for Medicare. HICAP also offers free educational presentations to groups of Medicare beneficiaries, their families and/or providers on a variety of Medicare and other health insurance related topics.	Fact sheet availability and use of HICAP. The MLTSS and Duals Integration Workgroup advises the Department on policies for dual eligibles. They previously recognized DHCS's efforts with partners like dialysis centers, recommending Medi-Cal ESRD patients enroll in Medicare, though it's not mandatory.
Massachusetts	✓	Letters and Phone calls offering application support and information as well as SSA appointment assistance.	Medicare Enrollment Support informs eligible beneficiaries, including those with ESRD, via letter and phone calls, offering application support, general information, and assistance with SSA appointments.	The Medicare Enrollment Support team at MassHealth outreaches the ESRD patients eligible for Medicare enrollment by sending out letters. Applicants are required to make an appointment to apply

				for Medicare benefits within 60 days of receiving the letter.
New York	✓	Monthly, the State identifies and contacts Medicare-eligible individuals by phone and mail to inform them of the Medicare application requirement for Medicaid eligibility, offer guidance, and provide assistance. Proof of Medicare application is sent to the local district via the “Proof of Medicare Application Transmittal & Confirmation Receipt Form,” which the district completes and returns to the Facilitated Enrollers (FE).	Since April 2021, Default Enrollment has facilitated the enrollment of Mainstream Medicaid Managed Care (MMC) or Health and Recovery Plan (HARP) members into their health plan's Medicare Dual Eligible Special Needs Plan (D-SNP) upon Medicare eligibility.	Has contracted with several agencies as their Facilitated Enrollers that support ESRD patients to apply for Medicare. Offer different integrated plans: Medicaid Advantage Plus (MAP), or IB-Dual (Integrated Benefits for Dually Eligible Enrollees) along with PACE.
North Carolina		Health Plans disenroll members monthly after Medicare evidence is entered into NC FAST. Proactive identification of members likely to become dually eligible is crucial, as retroactive Medicare eligibility can affect both new and ESRD dually eligible Medicaid members.	Health Plans must prepare members for Medicare disenrollment, initiating dialogue three months prior to eligibility, and completing all steps 30 days before enrollment. Plans will also notify providers and guide individuals on disenrollment, prior authorization, and Medicare benefit coordination.	

Texas	✓	Texas relies on the Kidney Health Care Program (KHC) connecting individuals at participating dialysis centers and hospitals with social workers. These social workers assist with KHC applications and guide individuals through the Medicare enrollment process.	Texas Medicaid offers coverage for medically necessary renal dialysis, including both outpatient and home maintenance treatments, with reimbursement provided per session. Medicare Parts A and B also extend coverage to dialysis, subject to a mandatory 90-day waiting period.	KHC benefits depend on treatment status and eligibility for other programs (Medicare, Medicaid, private insurance), acting as the payer of last resort.
Washington	✓	Medicare Buy-in Unit requires Medicaid participants with ESRD to apply for Medicare after three consecutive months of treatment. They notify dialysis providers to assist with applications. Failure to provide proof of Medicare application within a 90-day, two-letter process results in termination from Apple Health, including for those receiving SSI or long-term care.	Washington's Medicaid requires eligible individuals to apply for and enroll in Medicare. Each month, those not yet enrolled are contacted to provide proof of Medicare application via an automated BarCode process.	

Table 3: ICD-10 Diagnosis Codes Used for the ESRD Flag

ICD-10 Code	Description
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
N18.6	End stage renal disease