

Medicare Enrollment

Medicare enrollment has begun, and we don't want you to miss an opportunity to obtain insurance coverage. Medicare has different parts to cover specific services. Medicare Part A (hospital insurance) covers inpatient hospital stays, care in a skilled nursing facilities, hospice care, and some home health care. Medicare Part B (medical insurance) covers certain doctors' services, outpatient care, outpatient dialysis, medical supplies, and preventive services. Don't wait! If you miss your eligibility timeframe you may have to pay a late enrollment penalty for Part B and you might experience a gap in coverage.

If you decide you want Part A and Part B, there are two plans for Medicare coverage: Original Medicare or a Medicare Advantage Plan (like an HMO or PPO).

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Medicare Part D

THE FACTS

Medicare enrollment occurs October 15, 2018, through December 7, 2018.

Medicare Part D is available at an additional cost. To enroll in Medicare prescription drug coverage, you must choose an approved Medicare plan that offers Medicare prescription coverage.

Medicare prescription drug plans have a list of covered drugs (called a formulary) placed under different tiers. Prescriptions in each tier have a different cost; the lower the tier equals lower drug costs for you.

THINGS TO REMEMBER

- 1) Medicare prescription drug coverage provided as part of Medicare Advantage Plans (like HMOs or PPOs). Most people with End Stage Renal Disease (ESRD) can only get prescription drug coverage through a Medicare Advantage Plan if they already belong to a plan, or if they switch to a different plan offered by the same company.
- 2) Learn how Part D works with your other drug coverage (if you have additional coverage) before making a decision. The drug coverage you already have may change because of Medicare drug coverage.

Immunizations

Never miss a flu vaccine. Experts agree that the flu vaccine is the single best way to protect you and your loved ones against the flu. If you are vaccinated, you are less likely to get the flu. And if you do get sick, studies show that when you are vaccinated, your illness will likely be milder which helps keep you out of the hospital.

By getting vaccinated, we can prevent the spread of flu to those at greatest risk for

becoming dangerously ill, including young children, pregnant women, people 65 and older, and those with certain medical conditions.

For additional information please consult your doctor and visit the following websites:

- The Centers for Disease Control and Prevention (<https://www.cdc.gov>)
- US. Department of Health and Human Services (<https://www.hhs.gov>)

Quality Incentive Program (QIP) Performance Scores

What is a QIP Score?

Quality Incentive Program (QIP) promotes high-quality services in outpatient dialysis facilities treating patients with ESRD. This program changes the way CMS pays for the treatment of patients with ESRD by linking a portion of payment directly to facilities' performance on quality of care measures. Payment reductions result when a facility's overall score on applicable measures does not meet established standards.

Where can I find my facility's score?

CMS publicly reports facility ESRD QIP scores and these scores are available online at [Dialysis Facility Compare](https://www.medicare.gov/dialysisfacilitycompare/) (<https://www.medicare.gov/dialysisfacilitycompare/>). In addition, each facility is required to display a [Performance Score Certificate](#) that lists its Total Performance Score, as well as its performance on each of the quality

measures identified for that year.

What can I do to help improve my facility's QIP score?

- You can help with the reduction of bloodstream infections by washing your hands and access before and after each treatment.
- Join patient and family engagement/care coordination activities such as participating in Lobby Days, peer support groups, QAPI meetings and plan-of-care meetings.

Patient Engagement Multiple Choice

1. What is the best way to get engaged at my facility?
 - A. Become an Facility Patient Representative
 - B. Participate in all patient/ facility meetings (Quality Assurance Improvement "QAPI") and Lobby Days
 - C. Joining ESRD Network Patient Advisory Committee (PAC)
 - D. All of the above
2. Do I have to be a patient to be involved at my facility?
 - A. Yes, only patients are allowed to be actively involved
 - B. No, patient engagement is open to patients, family members, caregivers
 - C. Neither answer

1.D, 2.B,

Treatment Options: Patient Story



My name is Anisha Twymon. I chose Peritoneal Dialysis (PD) because at the time I was battling kidney failure. I was also enrolled in college getting my bachelor's of

arts. PD allowed me to continue college, work, and get my dialysis treatments. PD was the best option for me because it allowed me to still see my kids as much as I wanted and gave them a little hands-on with what their mother was going through. At a young age for all of us, it was a big change and really opened our eyes.

With PD I had my normal life. You don't have to get dressed to do your treatments

and can be in the comfort of your own home. I did my treatments just about anywhere as long as it was a clean environment to do so. PD allowed me to finish college and work. My classes were only 90 minutes each so I could do almost all of my classes and do my treatment in my professor's office if I had to. It's easy to carry the treatment with you.

Another great reason to choose PD is you don't have a fistula or a graft in your arm. You also don't get stuck three days a week or have to get out of your bed to go to the clinic.

What Are My Treatment Options?

Did you know you have options in what form of dialysis treatment you receive? Speak with your doctor(s) and facility regarding the best form of treatment for you. Options include:

- In-center hemodialysis
- In center nocturnal dialysis
- Home hemodialysis

- Peritoneal dialysis
- Transplant waiting list

We want you to be well informed about your treatment options and how you can benefit and feel empowered in making decisions about your health care.

Vascular Access in Dialysis Patients



Before someone is able to initiate dialysis, a vascular access is needed as an entry point to the blood-stream in the body.

Vascular access allows

the blood to circulate through a machine that filters the blood for toxins and excess fluids. If you're reading this, chances are you or someone you know may need to obtain a dialysis access, or maybe you already have one in place.

There are three common types of vascular accesses utilized in hemodialysis: an arteriovenous fistula (AV fistula), an arteriovenous graft (AV graft), and a central venous catheter (known as CVC).

For the majority of providers, the fistula is the gold standard because it's made of the patient's own vessels, usually has a lower rate of infections, has a lower risk of developing clots, can get better flow of blood, and it usually lasts for many years.

The graft is similar to the fistula and it's considered the next best option if a fistula is not feasible. The graft is created artificially, can work well and has a good flow, but tends to have a few more problems with clots and infections than a fistula. Grafts can last for a long time and can provide adequate treatment if they're cared for properly. That includes maintaining

cleanliness, rotating stick sites, and monitoring for any issues with blood flow. Last, we have the catheters or CVCs. Many times, people refer to CVCs as "perma-caths," which has mistakenly given this type of access the impression of being a long-term solution. Catheters have a greater likelihood of becoming infected, clotted, or failing to provide adequate clearance of the blood as compared to fistulas and grafts.

If you or a loved one is in need of dialysis, make sure you learn about the different accesses available. Do your own research, but also consult with your healthcare team. Making an informed choice will help you obtain the best access and treatment available. Ultimately, having the best type of access can also benefit you if you choose to get listed for transplant, as patients with good dialysis outcomes usually have better results when receiving a kidney transplant.

For more information on vascular access, contact your doctor, facility staff or ESRD Network.

How Can the Network Help?



If you are unhappy with the care you receive at your dialysis or transplant unit, you have the right to file a grievance. If you have a concern, you may get help by talking to

the staff at your clinic. If that does not work or you feel you cannot discuss your problem with someone at your facility, you can call the Network or State Survey Agency for help. Below, you will find information on what the Network can and cannot do:

We Can

- Investigate your grievance in an effort to resolve any issues you are having at the dialysis or transplant center.
- Provide recommendations to the staff and you on how to improve the concern.
- Advocate for patient rights.
- Provide contact information of other dialysis units and physicians.
- Collaborate with patients who are having a hard time keeping or finding a dialysis facility.

- Provide general information on Medicare ESRD coverage.
- Refer complaints to another agency (some grievances cannot be handled by the Network and must be referred to another agency).

We Cannot

- Make a dialysis facility, transplant center, or physician admit a patient.
- Request that a specific staff member provide your care.
- Change or get involved in facility personnel policies and procedures.
- Assist with payment of bills or transportation arrangements.
- Override state or federal licensing/certification requirements

To file a grievance please contact the following agencies:

ESRD Network of Texas (877) 886-4435

(For patients and facilities in Texas)

ESRD Network 8 (877) 936-9260

(For patients and facilities in AL, MS, TN)

Opioid Crisis— Reducing Opioid Misuse

The Centers for Medicare & Medicaid Services is responding to the opioid epidemic by promoting safe and responsible pain management, making sure patients can access treatment for opioid use disorder, and using data to target prevention and treatment initiatives.

In 2016 Opioids killed more than 42,000 people

or 116 people a day. Of this number approximately 40% of all opioid overdose deaths were a result from prescribed opioid medication.

More information regarding this epidemic will be available in the next Patient Newsletter coming in 2019. You may also visit the CMS website for additional information.

Healthy Choices

Making healthy choices in your diet can be a challenge. At times it seems easier to grab a quick meal at a fast food restaurant or a frozen dinner at your local grocer. However, lets consider the amount of calories, sodium, phosphorus and potassium are in those meals. The importance of maintaining great numbers as a patient with chronic kidney disease is critical to your health. You may ask how can I make a healthy meal with a limited

budget? Where do I find healthy recipes? You can find several from numerous websites, including the National Kidney Foundation (NKF) site. You can also speak with your facility dietician for healthy recipes or sign up for a health coach with NKF. To get you started, here is a recipe you may find easy, inexpensive and delicious.

Pasta with Pesto*

Ingredients

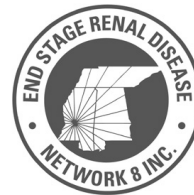
- 1 lb. Linguine
- 1/4 cup Olive Oil
- 1/4 cup Parmesan Cheese - Grated
- 2 tbsp., leaves Basil - Dried
- 1/4 cup chopped Parsley - Fresh
- 1 clove Garlic

Cooking Instructions

- 1) Combine all ingredients, except for the uncooked pasta, in a blender or food processor
- 2) Blend or process until smooth
- 3) Cook pasta in unsalted boiling water according to package directions
- 4) Toss sauce with drained pasta. Serve hot.

*Recipe from the National Kidney Foundation:

<https://foodcare.com/static/recipe7>



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