

BACKGROUND

The Chronic Renal Disease Program provides life-saving care to adults with end-stage renal disease, a condition in which the kidneys no longer function normally. Eligible residents can get assistance with the cost of medical services, transportation and pharmacy costs related to treating their disease.

WHO IS ELIGIBLE?

To participate in the program, patients must:

- Be a U.S. citizen or legal alien;
- Be a Pennsylvania resident;
- Have an end-stage renal disease diagnosis; and
- Have an income at or below 325 percent of the federal poverty income guidelines.

HOW DOES THE PROGRAM WORK?

The Chronic Renal Disease Program is the payor of last resort. Eligible patients enroll in the program through the Pennsylvania Department of Health to supplement their existing insurance benefits.

Patients receive an identification card to present at participating dialysis facilities, hospitals and physician offices when getting treatment. Patients can also receive prescription drug benefits to offset the cost of their renal disease medications and transportation services to get to treatment. To enroll, patients must provide proof of residency, income information and a physician statement verifying they qualify medically.

WHO ARE APPROVED PROVIDERS?

It's important to contact a medical provider or dialysis facility before receiving treatment to ensure they participate in the program. The National Kidney Foundation and the Kidney Foundation of Central Pennsylvania are approved transportation providers. Magellan Health Inc, the Department of Aging's PACE contractor, administers the pharmacy option of the program.

IS THERE A COST TO THE PATIENT?

The amount a patient must contribute in the form of a co-pay, or Patient Share of Cost, is calculated based on their economic need. These fees must be paid prior to the state's contribution.

Patients who need to use public transportation, non-emergency ambulance and invalid coach transportation services can be reimbursed for part of the cost of these services.

HOW ARE PROVIDERS PAID?

There is a fee schedule for the program that is used to pay providers for medical and pharmacy services, and transportation costs.

WHAT IF I HAVE OTHER INSURANCE?

Patients are required to present information on and proof of all active insurance plans that provide medical and prescription coverage when enrolling into the program. A patient's primary insurance must be billed before the program will cover costs. Proof of insurance coverage must include the cardholder's name and effective date and be included in:

- An official letter from the insurance company or agent;
- A screenshot or printout from a billing or insurance verification system, medical facility or an insurance database.

Any proof of U.S. Department of Veterans Affairs benefits is accepted with or without effective dates.

FOR MORE INFORMATION visit

<https://www.health.pa.gov/chronicrenalprogram>
or contact the CRDP Administrator at 717-772-2762.