

American Kidney Fund  
 6110 Executive Boulevard  
 Suite 1010  
 Rockville, Maryland 20852



301.881.3052 voice  
 301.881.0898 fax  
 800.638.8299 toll-free  
 866.300.2900 Español  
[www.kidneyfund.org](http://www.kidneyfund.org)  
 Member: CFC 11404

**2010 Medicare Part D Grant Program  
 (For Prescription Bone Disease Medications)  
 GUIDELINES**

The American Kidney Fund is offering a *limited* number of grants to qualified dialysis patients who are enrolled in Medicare Prescription Drug Plans (Part D). Assistance is available for deductibles, copays and during the coverage gap (donut hole) for **medications prescribed for the treatment of bone disease covered by Medicare Part D**. Part D Premium assistance is not available. Eligible patients may apply to receive up to \$2,000 per year.

**Eligibility Criteria**

- Applicant must be receiving dialysis in the US or one of its territories AND currently enrolled in a Part D prescription plan. (Patients who are ineligible for, or not enrolled in, a Part D plan may still seek assistance through AKF’s Safety Net Grant Program)
- Financial assistance through the American Kidney Fund is considered “last resort” funding. All other sources of funding must be utilized first, including alternative insurance, public programs, reimbursement through employee flexible spending plans and help from other charitable organizations.
- ESRD dual eligibles and patients receiving the Limited Income Subsidy (LIS) from Social Security for extra help with Medicare Part D are eligible for partial grants up to \$500.
- Patients seeking assistance must have an annual household income not to exceed 350% of the Federal Poverty Level (FPL) (see table below).

**ANNUAL HOUSEHOLD INCOME TABLE FOR BONE DISEASE PROGRAM ELIGIBILITY  
 2009 Federal Poverty Level (FPL) Guidelines**

Persons in family	48 Contiguous States and the District of Columbia		Alaska		Hawaii	
	150% Poverty guideline	350% Poverty guideline	150% Poverty guideline	350% Poverty guideline	150% Poverty guideline	350% Poverty guideline
1	\$16,245	\$37,905	\$20,295	\$47,355	\$18,690	\$43,610
2	\$21,855	\$50,995	\$27,315	\$63,735	\$25,140	\$58,660
3	\$27,465	\$64,085	\$34,335	\$80,115	\$31,590	\$73,710
4	\$33,075	\$77,175	\$41,355	\$96,495	\$38,040	\$88,760
5	\$38,685	\$90,265	\$48,375	\$112,875	\$44,490	\$103,810
6	\$44,295	\$103,355	\$55,395	\$129,255	\$50,940	\$118,860
7	\$49,905	\$116,445	\$62,415	\$145,635	\$57,390	\$133,910
8	\$55,515	\$129,535	\$69,435	\$162,015	\$63,840	\$148,960
More than 8 person	<b>add \$3,740 for each additional person.</b>		<b>add \$4,680 for each additional person.</b>		<b>add \$4,300 for each additional person.</b>	

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### **Products covered under the Medicare Part D Grant Program:**

- **Fosrenol®**
- **Hectorol®**
- **Renagel®**
- **Renvela®**
- **Sensipar®**
- **Zemplar®**

### **Application Process:**

1. A request may be initiated by the patient Or a dialysis center Renal Professional. Correspondence regarding application status or requests for additional information will be mailed c/o the patient's dialysis center. AKF pharmacy benefit cards for approved applications will be mailed to the patient's home address.
2. Verification of income is required. However, as proof of income, patients may submit **either** a signed and notarized statement of assets **OR** approved written documents.

Acceptable documents include copies of:

- Most recent Federal tax return (Only a 2009 return will be accepted after April 15, 2010.)
- Social security award letters, pension statements or W-2 forms, if you do not file a tax return.

3. A copy (front and back) of the Patient's Medicare Part D card must be included with this application.
4. Applicants who are financially eligible (income up to 150% FPL) for extra help through the LIS subsidy must apply before seeking assistance through AKF's program. Additional information about this benefit and an on-line application tool are available at [www.accesstobenefits.org](http://www.accesstobenefits.org). If the patient has been denied LIS, a copy of the denial letter from Social Security must be included with this application.
5. Qualified patients will receive an AKF pharmacy benefit card which can be used together with their Medicare Part D plan card to assist with out-of-pocket expenses including; copays, deductibles and donut hole costs for their prescription bone disease products for any or all of the Bone Care medications listed above.

The card may be used at most local pharmacies and will count towards True Out of Pocket (TrOOP) Costs. (AKF can also provide mail order pharmacy information, if this option is preferred.)

**\*Due to contractual restrictions, patients who have a Kaiser Permanente Medicare Part D plan may utilize the reimbursement option by submitting up to 3 months worth of pharmacy receipts. (See program application for specific instructions.). These patients WILL NOT receive an AKF pharmacy benefit card unless requested.**

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**Grant Limitations:**

1. Grant approvals are valid for the calendar year in which they are approved. Any remaining grant amount on the pharmacy card will be zeroed out on December 31st.
2. Patients must reapply for assistance to be considered for a grant the following year.
3. Applications will be processed on a first-come, first-served basis. While every effort will be made to provide assistance, this program is limited to the availability of funds and may be modified or discontinued at any time without notice.

**Important Reminders:**

- Only assistance for prescription bone disease medications listed above will be considered for this program.
- Patients who are financially eligible (income up to 150% of FPL) for extra help through the Limited Income Subsidy (LIS) are required to include written proof of denial with this application. To find out more information or to apply for this subsidy please visit [www.accesstobenefits.org](http://www.accesstobenefits.org).
- Income verification documents **OR** a signed, notarized statement of assets **AND** a copy (front and back) of the applicant's Part D plan card must accompany the program application.
- Incomplete or unsigned applications will be returned.

**Completed applications may be faxed to (301) 881-3311 or mailed to American Kidney Fund, 6110 Executive Blvd., Suite 1010, Rockville, MD 20852.**

**For more information, please contact the Patient Services Department by calling 1-800-795-3226 or by email at [patientservice@kidneyfund.org](mailto:patientservice@kidneyfund.org).**