

## Inside this issue:

Low Blood Sugar: 2 Symptoms, Treatment
High Blood Sugar: 3 Symptoms, Treatment
Diabetic 4 KetoAcidosis
Managing the 5 Highs and Lows
How are Vaccines 6 Tested
Medicare, 7 Medicare Advantage and Dialysis
Does Pay for BC Performance Increase Dialysis Quality

## Blood Sugar Management

In this issue we will focus on some basics of managing the highs and lows of diabetes and some complications to know and understand. Since diabetes is the number 1 cause of kidney failure, we chose to devote an issue to this disease and how best to manage it.

We will also spend a bit of the newsletter on explaining the coverage of dialysis under the Medicare Advantage Plan. This is a new insurance option opened to ESRD patients for the first time this year.

On its face, Medicare Advantage provides many options that ESRD patients (kidney failure patients) have never been offered. This includes non-medical related benefits like gym memberships.

Take some time to review the

provided information and visit [www.medicare.gov](http://www.medicare.gov) if you would like to learn more. The Medicare website also provides links to enroll in a Medicare Advantage plan.

We also share the good news of more than 300 people becoming deceased organ donors during the week of May 3. According to OPTN “Deceased organ donation has continued a 10-year trend of annual record-setting increases, even despite challenges posed by the COVID-19 pandemic beginning in 2020”.

Enjoy the issue and provide feedback on what works for you and what you would like to see more. Visit us at [www.esrd-patient-support.org](http://www.esrd-patient-support.org).



*ESRD Patient News, a publication of The Carlisle-Williams Foundation, Inc., informs our readers of issues important to management and understanding of their disease and furthers the Foundation’s mission of providing hope and support to ESRD patients. We welcome and encourage feedback. Email [Editor@esrd-patient-support.org](mailto:Editor@esrd-patient-support.org) or “Contact Us” on the website. Thank you!*

# ESRD Patient News

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## Low Blood Sugar—Symptoms, Causes, Treatment

### What causes low blood sugar?

Low blood sugar (also called hypoglycemia) has many causes, including missing a meal, taking too much insulin, taking other diabetes medicines, exercising more than normal, and drinking alcohol. Blood sugar below 70 mg/dL is considered low.

Signs of low blood sugar are different for everyone. Common symptoms include:

- Shaking.
- Sweating.
- Nervousness or anxiety.
- Irritability or confusion.
- Dizziness.
- Hunger.

Know what your individual symptoms are so you can catch low blood sugar early and treat it. If you think you may have low blood sugar, check it even if you don't have symptoms. Low blood sugar can be dangerous and should be treated as soon as possible.

### How can I treat low blood sugar?

Carry supplies for treating low blood sugar with you. If you feel shaky, sweaty, or very hungry or have other symptoms, check your blood sugar. Even if you don't have symptoms but think you may have low blood sugar, check it. If your blood sugar is lower than 70 mg/dL, do one of the following immediately:

- Take four glucose tablets.
- Drink four ounces of fruit juice.
- Drink four ounces of regular soda, not diet soda.
- Eat four pieces of hard candy.

Wait for 15 minutes and then check your blood sugar again. Do one of the above treatments again until your blood sugar is 70 mg/dL or above and eat a snack if your next meal is an hour or more away. If you have problems with low blood sugar, ask your doctor if your treatment plan needs to be changed.

## Hypoglycemia Unawareness

**If you've had low blood sugar without feeling or noticing symptoms (hypoglycemia unawareness), you may need to check your blood sugar more often to see if it's low and treat it. Driving with low blood sugar can be dangerous, so be sure to check your blood sugar before you get behind the wheel.**

## High Blood Sugar—Causes, Symptoms, Treatment

### What causes blood sugar to be high?

Many things can cause high blood sugar (hyperglycemia), including being sick, being stressed, eating more than planned, and not giving yourself enough insulin. Over time, high blood sugar can lead to long-term, serious health problems.

Symptoms of high blood sugar include:

- Feeling very tired.
- Feeling thirsty.
- Having blurry vision.
- Needing to urinate (pee) more often.

If you get sick, your blood sugar can be hard to manage. You may not be able to eat or drink as much as usual, which can affect blood sugar levels.

If you're ill and your blood sugar is 240 mg/dL or above, use an over-the-counter ketone test kit to check your urine for ketones and call your doctor if your ketones are high.

High ketones can be an early sign of diabetic ketoacidosis, which is a medical emergency and needs to be treated immediately.

### How can I treat high blood sugar?

Talk to your doctor about how to keep your blood sugar levels within target. Your doctor may suggest the following:

- Be more active. Regular exercise can help keep your blood sugar levels on track. Important: don't exercise if ketones are present in your urine. This can make your blood sugar go even higher.
- Take medicine as instructed. If your blood sugar is often high, your doctor may change how much medicine you take or when you take it.
- Follow your diabetes meal plan. Ask your doctor or dietitian for help if you're having trouble sticking to it.
- Check your blood sugar as directed by your doctor. Check more often if you're sick or if you're concerned about high or low blood sugar.
- Talk to your doctor about adjusting how much insulin you take and what types of insulin (such as short-acting) to use.

## Ketones and Diabetic Ketoacidosis

### Diabetic KetoAcidosis (DKA)

#### What are ketones?

Ketones are a kind of fuel produced when fat is broken down for energy. Your liver starts breaking down fat when there's not enough insulin in your bloodstream to let blood sugar into your cells.

#### What is diabetic ketoacidosis?

If you think you may have low blood sugar, check it even if you don't have symptoms.

When too many ketones are produced too fast, they can build up in your body and cause diabetic ketoacidosis, or DKA. DKA is very serious and can cause a coma or even death. Common symptoms of DKA include:

- Fast, deep breathing.
- Dry skin and mouth. [*Editor's note: dry mouth to the extent you cannot swallow food*]
- Flushed face.
- Frequent urination or thirst that lasts for a day or more.
- Fruity-smelling breath.
- Headache.
- Muscle stiffness or aches.
- Nausea and vomiting.
- Stomach pain.
- *Extreme tiredness (sleepiness) - Editor's personal experience*
- *Rapid weight loss (like 2 pounds a day\_*

If you think you may have DKA, test your urine for ketones. Follow the test kit directions, checking the color of the test strip against the color chart in the kit to see your ketone level. If your ketones are high, call your health care provider right away. DKA requires treatment in a hospital. [*Editor's note—testing kits are available at your local pharmacy*]

*If you suspect you have DKA and are unable to perform the ketone test, call someone to take you to the ER if you are too incapacitated to drive yourself. This really is serious.*

## Managing the Highs and Lows

### Carbohydrates and Blood Sugar

Carbohydrates make your blood sugar levels go higher after you eat them than when you eat proteins or fats. The amount of carbs you can have and stay in your target blood sugar range depends on your age, weight, activity level, and other factors. Counting carbs in foods and drinks is an important tool for managing blood sugar levels. *Make sure to talk to your health care team about the best carb goals for you.*

### A1C test

The A1C test is a blood test that measures your average blood sugar levels over the past 2 or 3 months. The test is done at a lab or your doctor's office in addition to—not instead of—regular blood sugar testing you do yourself.

A1C testing is part of the ABCs of diabetes—important steps you can take to prevent or delay health complications down the road:

- **A:** Get a regular A1C test.
- **B:** Try to keep your blood pressure below 140/90 mm Hg (*or the target your doctor sets*).
- **C:** Manage your cholesterol levels.
- **S:** Stop smoking or don't start.

The A1C goal for most adults with diabetes is between 7% and 8%, *but your goal may be different* depending on your age,

other health conditions, medicines you're taking, and other factors. Work with your doctor to establish a personal A1C goal for you.

### Other Ways to manage blood sugar levels

Eating a healthy diet with plenty of fruit and vegetables, maintaining a healthy weight, and getting regular physical activity can all help. Other tips include:

- Keep track of your blood sugar levels to see what makes them go up or down.
- Eat at regular times, and don't skip meals.
- Choose foods lower in calories, saturated fat, trans fat, sugar, and salt.
- Track your food, drink, and physical activity.
- Drink water instead of juice or soda.
- Limit alcoholic drinks.
- For a sweet treat, choose fruit.
- Control your food portions (for example, use the plate method: fill half your plate with non-starchy vegetables, a quarter with lean protein, and a quarter with a grain or starchy food).

<https://www.cdc.gov/diabetes/managing/manage-blood-sugar.html>

## How are Vaccines Tested

COVID-19 vaccines are a key part of overcoming the pandemic. Fully vaccinated people can start doing some of the things they had to stop. This includes visiting friends and loved ones who are also fully vaccinated.

You might still have questions about vaccines. How do they work? How do scientists know they're safe? It's important to know these answers and share them with others. Vaccines are the best protection against many serious diseases. They teach your body to recognize and fight off things like viruses and bacteria. Learn more about what a vaccine is

The COVID-19 vaccines were developed with amazing speed. But they're still safe and effective. These vaccines were held to the same standards used to ensure the safety

of any approved vaccine. Before a new vaccine is given to people, a lot of testing is done in a lab. Then, it's tested in people in clinical trials to make sure it's safe and effective.

There are three phases of clinical trials. Phase 1 is done in a small group of people. Scientists first determine if the vaccine is safe and test different doses. If it passes this phase, it moves on to phase 2. Phase 2 tests the vaccine in more people to see if it works. Researchers look at how the body responds to it and track any side effects. Finally, in phase 3, the vaccine is tested in thousands of people. This rigorous process ensures that any approved vaccine is safe and effective.

*<https://newsinhealth.nih.gov/2021/05/how-are-vaccines-tested>*

## Weekly Deceased Donor Totals Exceeds 300 for the FIRST Time

During the week of May 2 through May 8, 2021, 303 people became deceased organ donors nationwide, setting a new all-time record, according to data from the Organ Procurement and Transplantation Network (OPTN).

This is the first time there have been more than 300 deceased donors in any single week in the United States. This record also exceeds other recent record-setting weeks, including 284 donors the week of March 21 through March 27, 2021. Deceased organ donation has continued a 10-year trend of annual record-setting increases, even despite challenges posed by the COVID-19 pandemic beginning in 2020.

*<https://optn.transplant.hrsa.gov/news/weekly-deceased-donor-total-exceeds-300-for-first-time/>*

## Medicare, Medicare Advantage and Dialysis

Medicare coverage includes inpatient and outpatient dialysis, along with home dialysis training, equipment, and supplies.

Medicare Advantage, the alternative to original Medicare, also covers dialysis, but most people are not eligible for this program. However, there are exceptions to this rule.

### Helpful Insurance Terms

**Deductible:** This is an annual amount that a person must spend out of pocket within a certain time period before an insurer starts to fund their treatments.

**Coinsurance:** This is a percentage of a treatment cost that a person will need to self-fund. For Medicare Part B, this comes to 20%.

**Copayment:** This is a fixed dollar amount that an insured person pays when receiving certain treatments. For Medicare, this usually applies to prescription drugs.

## Coverage

### Original Medicare

Coverage includes:

- inpatient dialysis for a person admitted to a hospital
- outpatient dialysis and related doctor services

- most drugs appropriate for dialysis
- home dialysis equipment and supplies
- services related to dialysis, such as laboratory tests
- dialysis services when traveling in the United States

The home dialysis equipment and supplies that original Medicare covers include the dialysis machine, recliner, and items such as sterile drapes, rubber gloves, and alcohol.

Once someone enrolls in Medicare due to ESRD, coverage of dialysis starts the first day of the fourth month of treatment in a clinic.

However, coverage starts the first month of treatment under these conditions:

A person participates in a home dialysis training program during the initial 3 months of treatment.

An individual's doctor expects them to complete home dialysis training and do their own dialysis at home.

Medicare coverage does not include:

- transportation to a dialysis facility
- dialysis aids to help with home treatment

# ESRD Patient News

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## Medicare, Medicare Advantage and Dialysis

Medicare coverage does not include:

- transportation to a dialysis facility
- dialysis aids to help with home treatment
- a place to stay while undergoing dialysis

### Medicare Advantage

If a person is eligible for an Advantage plan, they can expect all or most of the coverage of original Medicare, as well as the prescription drug coverage of Part D.

Not all plans pay for dialysis when traveling in the United States, but some do.

In addition, some Advantage plans provide *extra benefits, such as transportation to a dialysis facility*.

While original Medicare offers coverage of services from any Medicare approved provider, Advantage plans *may only offer coverage from in-network providers*.

## Eligibility

### Original Medicare

Regardless of a person's age, if they have ESRD, they are eligible for original Medicare if they meet one of these requirements:

They have worked the required amount of time under the Railroad

Retirement Board (RRB), Social Security, or a government employee.

They are eligible for RRB or Social Security benefits.

They are the dependent child or spouse of an individual who meets one of the above two criteria.

### Medicare Advantage

A person with ESRD may join a Medicare Advantage plan under these circumstances:

They are enrolled in an Advantage plan at the time they develop ESRD. An individual may keep their plan or join another plan that the same company offers.

They have health insurance through an employer's health plan through the same company that offers an Advantage plan.

They join a type of Advantage plan called a Special Needs Plan if one is available in their area.

An individual may change Medicare Advantage plans *only one time*, **and** if they meet one of the following conditions:

- They have ESRD and are enrolled in an Advantage plan.
- Their Advantage plan is no longer available in their area.

## Costs

### Original Medicare

## Medicare, Medicare Advantage and Dialysis

Most people with original Medicare who have ESRD do not have to pay a monthly premium for Part A, hospitalization insurance.

They do pay the \$144.60 monthly premium for Part B, medical. Other costs include the Part B yearly deductible of \$198 and a 20% copay of covered services.

If a person wants additional coverage, they may buy one of the Medicare supplement plans called Medigap. Some Medigap plans pay the deductible, and all of the plans pay part or all of the copay.

Original Medicare pays for injectable drugs and their oral forms that people need for dialysis. It does not pay for drugs that are only available in oral form, so someone needing such medications may consider buying a Medicare Part D plan, prescription medication coverage.

### Medicare Advantage

Costs for Medicare Advantage vary with the plan. Some plans cover all or part of the Medicare Part B premium. If a person's plan does not cover any of it, they must pay the monthly \$144.60.

Another cost of Medicare Advantage is the monthly premium of a person's plan. This premium varies

widely among plans and the companies that offer them. Other expenses include copays and coinsurance, which also differ with the plan.

Advantage plans have a yearly cap. Once a person's healthcare costs go beyond the cap, they pay nothing.

### Summary

Original Medicare covers dialysis for people with ESRD. However, they are responsible for paying Part B monthly premiums, deductibles, and copays. To help pay these costs, a person may wish to buy a Medicare supplement plan.

Medicare Advantage also covers dialysis. The monthly premiums, deductibles, and copays differ from those of original Medicare. They also vary among the plans and the companies that offer them.

Most people with ESRD receive their dialysis coverage under original Medicare, but under a few circumstances, they can choose an Advantage plan.

Someone who is eligible can compare the coverage of different Advantage plans with the coverage of original Medicare to help them decide which choice best suits their needs.

*Source: Medical News Today*

## Financial Penalties for Dialysis Centers Do Not Increase Performance

Kyle H. Sheetz, M.D., from the University of Michigan in Ann Arbor, and colleagues examined whether penalizing a dialysis center for performance issues is associated with improvement in dialysis center quality in a study conducted at 5,830 outpatient dialysis centers in the United States.

The researchers found that 19 percent of the outpatient dialysis centers received penalties in 2017 based on performance in 2015. Penalized centers were situated in ZIP codes that had a significantly higher average proportion of non-White residents (36.4 versus 31.2 percent) and residents with lower median income (\$49,290 versus \$51,686). There was no correlation between penalties and improvement in total performance scores in 2017 or 2018 (0.4 and 0.3 points). This was observed across centers with different characteristics. No correlation was seen between penalization and improvement in specific measures.

"Performance-based financial penalties under the ESRD QIP were not associated with improvement in the quality of outpatient dialysis centers," the authors write. "These data suggest that Centers for Medicare & Medicaid Services may consider changes to the program design as they continue to experiment with ways to improve the care of patients with ESRD."

*Source: Health Day*