

ESRD MEDICARE GUIDELINES

A. Eligibility

Not all individuals with ESRD are eligible for Medicare. In addition to ESRD, **one** of the following criteria must be met:

1. The individual must meet the required work credits under Social Security, Railroad Retirement or as a government employee
2. The individual is receiving Social Security or Railroad Retirement benefits
3. The individual is the spouse or dependent child of a person who has met the required work credits or is receiving Social Security or Railroad Retirement benefits.

B. Effective Dates

The effective date of ESRD Medicare is dependent upon the type of treatment the individual is receiving:

1. Hemodialysis
Medicare is effective the fourth month of treatment, i.e. if hemodialysis is begun in May, Medicare becomes effective August 1.
2. Home/Self Dialysis
Medicare is effective the first month of treatment if:
 - The individual takes part in a training program through a Medicare certified training facility,
 - Home/Self training is begun within the first three months of treatment and
 - The individual is expected to finish home training and self-dialyze at home
3. Transplant
Medicare is effective:
 - The month the individual is admitted to a Medicare certified hospital for a kidney transplant or for health care needed prior to a transplant if the transplant takes place that same month or within the following two months
 - Two months prior to transplant if the transplant is delayed more than 2 months after you are admitted to the hospital in anticipation of transplant or related health services
4. Resumption of ESRD Treatment
Medicare is effective the month dialysis resumes following a previously terminated period of ESRD entitlement. There is no waiting period.

C. Medicare Coordination of Benefits Period with Employer Group Health Plan

When an individual has medical coverage through an employer group health plan (EGHP) that plan is the primary payer during the 30-month coordination of benefits (COB) period. Medicare is the secondary payer during this time. At the end of the COB this will reverse, with Medicare becoming primary and the EGHP will be secondary.

The COB begins the first month that the individual is eligible for Medicare (see B. Effective Dates) even if he/she has chosen to not enroll at that time.

D. Deferring Medicare Enrollment

When an individual has an EGHP, Medicare enrollment (both A and B) can be deferred. However it is important to fully understand the benefits and limitations of the EGHP before making that decision.

The following will need to be considered:

- Are there yearly deductible or coinsurance costs?
- Is there a yearly renal services limitation? Some policies may have a capitation on the amount paid yearly for renal services. This is typically \$30,000.
- What is the lifetime limit of the EGHP and is the individual nearing this limit?

If there are limitations, enrolling in Medicare would be beneficial. If the EGHP does not have limitations and will pay all health costs during the COB the individual may want to delay Medicare enrollment until the COB is over.

When an individual defers Medicare enrollment he/she has options for the start date of Part B. These options are:

- The earliest possible month of entitlement (no more than 12 months retroactivity), if willing and able to pay all back premiums
- The month in which the application is filed or
- The month in which the enrollment is processed

E. Financial Implications of Deferring Medicare Enrollment

An individual can enroll in ESRD Medicare at any point from the initiation of treatment through the COB. There is no penalty for deferring enrollment until this time. However, enrollment must be for Medicare Part A **and** B. If Part B is not signed up for at the same time, he/she must wait for the General Enrollment period (January – March) to apply. Under a General Enrollment period, Part B is not effective until July of the year in which application is made and the premium rate will be higher. There are no provisions for a special enrollment period specific to ESRD Medicare.

If an individual has Medicare on the basis of age or disability and is paying higher premiums for Part B because he/she did not sign up for Part B when first eligible, premiums can be reduced by applying for ESRD Medicare Part A and B.

F. Immunosuppressive Drug Therapy

In order to be covered by Medicare for immunosuppressive drug coverage the individual must have Medicare effective with the month of transplant. 80% of the costs are covered under this drug benefit.

The immunosuppressive drug benefit will continue:

- 36 months if Medicare entitlement is based only on ESRD
- Indefinitely if Medicare entitlement is based on age 65 or over
- Indefinitely if Medicare entitlement is based on receiving Social Security Disability benefits for at least 2 years for a non-kidney related condition

G. Termination Dates

Medicare based on ESRD ends with :

- The last day of the 36th month after the month the individual receives a kidney transplant
- The last day of the 12th month after the month in which an individual stops dialysis, most generally for return of kidney function.

Whenever there are concerns about individual patients or specific questions, it is best to contact the Social Security representative in your area. Many of the offices have identified representatives with a strong knowledge and understanding of the ESRD Medicare guidelines.

Other available resources include:

- Medicare: www.medicare.gov
- Centers for Medicare and Medicaid Services (CMS): www.cms.gov
- Social Security Administration: www.ssa.gov
- Life Options: www.lifeoptions.org
- Your local ESRD Network
- Forum of ESRD Networks: www.esrdnetworks.org
- Medicare Rights Center: www.medicarerights.org
- The CMS publication “Medicare Coverage of Kidney Dialysis and Transplant Services”: www.medicare.gov/Publications/Pubs/pdf/10128.pdf