Medicare, and End-Stage Renal Disease (ESRD)

Many people who have ESRD will choose to go on Medicare. Regardless of age, if their kidneys no longer work and they need regular dialysis, or a kidney transplant, they can get Medicare benefits if they meet qualifications.

Medicare Qualification Requirements for ESRD Individuals

* Have worked long enough to qualify for Social Security or RRB benefits
* Are the spouse/dependent child of someone who worked long enough for Social Security or RRB benefits
* Are the spouse or dependent child of someone receiving Social Security or RRB benefits
* Are receiving or become eligible for Social Security or RRB benefits

The Initial Enrollment Period (IEP) to sign up for Part A and Part B with ESRD is from the day they become eligible for Medicare to three months after. They do not have to sign up for Part A and Part B, although dialysis treatments may fall under Part A or Part B. After enrolling in Medicare, coverage will start in the fourth month of dialysis treatment. The coverage could start earlier, if someone takes a course in self-dialysis, or gets a kidney transplant during the three-month waiting period.

If someone receiving Medicare for ESRD is still covered under a group plan, Medicare will coordinate benefits. The employer will pay first (as primary) for the first 30 months of Medicare eligibility. After 30 months, Medicare will pay as first.

If someone has Medicare due only to ESRD, they can lose their coverage under certain conditions.

* 12 months after the month they stopped dialysis
* 36 months after the month they received a successful kidney transplant (coverage may resume later if certain conditions are met)
* Within 21 months of stopping dialysis, they start dialysis again, or receive a kidney transplant
* Within 36 months of receiving a kidney transplant, they continue dialysis, or receive a subsequent kidney transplant