

The 30-month coordination period for people with ESRD

If you have [job-based insurance](#), [retiree coverage](#), or [COBRA](#) when you become eligible for [Medicare](#) because you have End-Stage Renal Disease (ESRD Medicare), you do not have to enroll in Medicare right away. Your [group health plan](#) (GHP) coverage—meaning job-based, retiree, or COBRA coverage—will remain primary for 30 months, beginning the month you first become eligible for ESRD Medicare. This is called the 30-month coordination period. During the 30-month coordination period:

- You do not have to sign up for ESRD Medicare immediately if you have GHP coverage
- Your GHP coverage must pay first, and ESRD Medicare may pay second for your health care costs
- If you do not have other insurance, ESRD Medicare will pay primary as soon as you enroll

The 30-month coordination period begins when eligibility for ESRD Medicare begins, even if you haven't signed up for ESRD Medicare yet. For example, if Mr. X begins [dialysis](#) at a facility in September of 2017, he is eligible for Medicare the first day of the fourth month he gets dialysis, which is December 1, 2017. Mr. X does not enroll in Medicare until June 2018, but his 30-month coordination period still began on December 1, 2017.

You may want to enroll in ESRD Medicare even though your GHP pays primary during the 30-month coordination period. ESRD care is typically expensive, and Medicare may cover your cost-sharing (deductibles, copayments, coinsurances). If you enroll in ESRD Medicare at the start of your 30-month coordination period, Medicare should automatically become the primary payer once the period is over.

Note: If you receive a kidney transplant and want [Part B](#) to cover your [immunosuppressant drug](#) costs, you must have [Part A](#) at the time of your

transplant.

Delaying ESRD Medicare enrollment

You are able to enroll in Parts A and B at anytime during your 30-month coordination period, as long as you enroll in both at the same time. If you choose to delay ESRD Medicare enrollment, you should turn down both Part A and Part B. This is because if you enroll in Part A and delay Part B, you lose your right to enroll at any time during the 30-month coordination period. Instead, you will have to wait to enroll until the General Enrollment Period (GEP) and will likely face gaps in coverage and a late enrollment penalty.

Once your 30-month coordination period ends, Medicare automatically becomes primary and your GHP coverage secondary. If you do not have Medicare when the coordination period ends you may not have adequate coverage, and you may have to sign up for Part B during the GEP.

Note: The 30-month coordination period applies to people with ESRD Medicare only. If you have Medicare due to age or disability before developing an ESRD diagnosis, the normal rules for [Medicare's coordination with other insurances](#) apply.

If your [ESRD Medicare coverage ends](#) and later resumes, you start a new 30-month coordination period when you first become ESRD Medicare-eligible.

Additional rules for coordinating ESRD Medicare and COBRA

If you have COBRA first and then enroll in ESRD Medicare, your employer can choose to end your COBRA coverage—though not all employers end COBRA after you enroll in ESRD Medicare. Speak to your employer before making enrollment decisions. If you have ESRD Medicare first and then qualify for COBRA, your employer must offer you COBRA coverage. In either case, COBRA coverage is primary during the 30-month coordination period and secondary after.

COORDINATION OF BENEFITS

Medicare's coordination of benefits rules determine whether Medicare or another type of health coverage, such as COBRA coverage under an employer-sponsored group health plan, should pay first, or primary. A "primary payer" pays what it owes on benefit claims first, up to the limits of its coverage. The "secondary payer" only pays if there are covered costs that the primary payer did not cover. The following chart addresses Medicare's coordination of benefits rules for COBRA coverage:

| Medicare Eligibility | Primary Payer | Secondary Payer |
|----------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| Age | Medicare | COBRA |
| Disability | Medicare | COBRA |
| ESRD | COBRA (for the first 30 months, then Medicare is primary) | Medicare (for the first 30 months, then COBRA is secondary) |

Dual Entitlement

Example 7 – Under age 65 retiree with GHP, develops ESRD

- Mr. Lavender retired from Acme Industries at age 55 with 30 years service
- Acme Industry policy allows retirees to keep GHP until they reach age 65 and become entitled to Medicare because of age
- Mr. Lavender turns age 65 on July 6, 2009

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Mr. Lavender was eligible to enroll in Medicare due to ESRD on: | 01/01/2009 |
| 30-month coordination period begins: | 01/01/2009 |
| Medicare is secondary for the 30-month coordination period: (Employer/GHP cannot terminate GHP coverage due to attainment of age 65 during the coordination period) | 01/01/2009 through 06/30/2011 |

Mr. Lavender retired from Acme Industries at age 55 after working for them for 30 years. Acme Industries company policy allows retirees to keep their GHP coverage until they reach age 65 and become entitled to Medicare due to age. Mr. Lavender first became eligible to enroll in Medicare due to ESRD on January 1, 2009, just over 6 months before his 65th birthday, which occurred July 6, 2009. The 30-month ESRD coordination period begins January 1, 2009. Medicare will be the secondary payer of benefits for the full 30-month coordination period, i.e., January 1, 2009 through June 30, 2011. Even though Acme Industry company policy says coverage terminates upon attainment of age 65, the coverage must remain in effect and pay benefits primary to Medicare through the remainder of the 30-month coordination period. Medicare law prohibits the Employer or GHP from terminating the GHP coverage before the 30 month coordination period is completed.