FINANCIAL HANDBOOK FOR LIVER TRANSPLANT PATIENTS
Beaumont Transplant Office and Clinic Directory

Medical Office Building
3535 West 13 Mile Road, Suite 644
Transplant Services
Royal Oak, MI 48073
248-551-1033
800-253-5592, then press 1
The office is open Monday-Friday 8 a.m. to 4:30 p.m.

Transplant Financial Coordinator
Julius Eason
248-551-0077

Transplant Financial Representative
Angelia Harris
248-551-0771

Contents

Introduction .................................................. 1
Financial considerations .................................. 1
Who pays what? ............................................. 2
Commercial insurance benefits ....................... 2
Medicare ..................................................... 4
Coordination of benefits ................................. 6
Medicaid ..................................................... 6
General information ....................................... 7
Post-transplant follow up ............................... 8
Conclusion .................................................. 10
Resources ................................................... 10
Key points to remember ............................... 10
Notes ......................................................... 11
INTRODUCTION

Welcome to the Liver Transplant Program at Beaumont Hospital, Royal Oak. We realize that you will be receiving a great deal of new information, and that you will have many questions and concerns. We hope that this booklet is helpful in answering your financial questions related to liver transplantation, and that you will use it for future reference. It is not meant to answer all of your questions, but we hope it will clarify many of your health insurance benefits and transplant costs.

Your transplant financial coordinator will work with you to explain insurance benefits and assist you with your financial issues as related to your transplant. Because this time is stressful, we encourage you to write down your questions so they are all answered before the transplant.

FINANCIAL CONSIDERATIONS

The following information regarding the financial costs associated with liver transplantation will help you begin financial planning for transplant. This is a task your transplant financial coordinator will be happy to help you with.

To begin, you will need to know how much your insurance company will pay for both the liver transplant and for the medications after transplant. It is unlikely that one single source will cover these costs. Often it is necessary to draw on savings accounts, investments, federal and private assistance options and fund raising. Your transplant financial coordinator and transplant social worker are available to answer questions about insurance coverage and to assist you in identifying financial resources available to you.
Know what you have

Know what medical coverage and resources you already have. Health insurance, Medicare and Medicaid all provide some coverage. Know the extent of your coverage and exactly what is and what is not covered.

Who pays what?

Commercial insurance benefits

Commercial insurance is obtained through a work policy or an individually purchased policy. Make sure to obtain a copy of your policy’s benefit statement. Read through the statement to gather the follow information:

General benefits:
• What is my yearly deductible?
• Does my insurance ever pay 100 percent of medical expenses?
• What is my maximum out of pocket, the amount I must pay each year before insurance pays 100 percent.
• What are the deductibles and insurance co-payments for hospital charges, doctor’s visits, and prescriptions?
• What is the lifetime maximum benefit for this policy?

Other questions to consider include:
• Are prescription medications covered?
• At what percent or is there a co-pay per prescription?
• What is the co-pay for generic vs. brand name?
• Am I required to use certain drug stores?
• Is there a mail order option available?
• If I must pay for medicines up front how long does it take to get reimbursed?
• Am I required to get pre-authorization for any services and/or medications?

• If I am covered under two insurance policies which policy is primary and which pays first?

Transplant benefits
• Do I have benefits for an organ transplant?
• Are all diagnoses covered for the organ transplant I need?
• Do I have a pre-existing condition that excludes me from coverage? If so, when will transplant costs be covered?
• Does my insurance only pay for transplants at a specific transplant center? What is my co-pay if I chose to go out of network?
• Are organ procurement charges covered? Is there a limit?
• Are living donor expenses covered? At what percent?
• Do I have a separate transplant lifetime maximum benefit? What is the maximum benefit?
• Is there any coverage for transportation and lodging? If so, how much?
• Is transplant case management a requirement? Who will manage my care and what is that person’s role?

Ask identical questions for your secondary insurance if you have more than one policy. After reviewing your policy handbook and asking the above questions, if you do not clearly understand your benefits, get help from your insurance company, your transplant financial coordinator or your transplant social worker. It is essential that you understand your coverage before transplant.

Insurance coverage

To safeguard a patient’s well-being as a transplant candidate, all aspects of the patient’s history are reviewed. This review not only includes medical details but also financial and social circumstances. It is important that the candidate has and maintains the appropriate levels of transplant-specific insurance coverage before, during and
after the transplant. This reduces the risk of unaffordable out-of-pocket expenses to the patient and helps to ensure a safe and successful outcome.

A patient may lose insurance coverage, or perhaps experience significant changes to coverage such that it affects his or her ability to undertake a transplant successfully. If the transplant team determines that such a situation does indeed impact the ability to safely undertake a transplant the team will advise the patient of the steps that must be followed prior to being placed on the transplant waiting list. If the patient is currently on the active candidate list he or she may be placed “on hold” and become ineligible for organ offers temporarily until a satisfactory solution is found; or advised that transplant is not a safe option and removed from the active candidate listing.

These options are necessary to protect the patient from incurring uncovered expenses that could endanger the success of the transplant, or cause serious financial jeopardy.

You must contact your transplant financial coordinator as soon as you become aware of any insurance coverage changes, loss of coverage and anticipated or unexpected financial hardships. Your transplant financial coordinator is experienced in all aspects of transplant finance and is available to help and guide you in these matters.

**Medicare**

Medicare covers heart, lung, kidney, pancreas and liver organ transplants for adults. For Medicare to cover any transplant services, your transplant center must be Medicare certified. If a center is not an approved Medicare facility or if it loses Medicare certification, the center is unable to bill Medicare for payment of your transplant. Beaumont Hospital, Royal Oak is Medicare certified for adult liver and adult kidney transplant services.

**Hospital:** When your primary insurer is Medicare, Medicare Part A covers hospital inpatient expenses. It will pay the hospital bill when Medicare is your primary insurer less the amount of the inpatient deductible.

**Physician:** When your primary coverage is Medicare, Medicare Part B covers physician visits and outpatient expenses. You must pay monthly premiums to have Medicare Part B. The charges you receive from your physician during your transplant hospitalization are paid at 80 percent. Outpatient clinic visits, doctor’s appointments, lab work and outpatient procedures are also paid at 80 percent. You are responsible for an annual deductible and the 20 percent co-pay.

**Medication:** When Medicare is your primary coverage, Medicare Part B provides 80 percent payment for your anti-rejection medications under certain circumstances. If your Medicare entitlement is based on age and/or disability, and you had Medicare coverage at the time of transplant, your anti-rejection medication only can be covered under Medicare Part B.

Medicare Part D prescription drug coverage is offered by private companies approved by Medicare. There are monthly premiums, deductibles and co-pays associated with the Medicare Part D plans. These out-of-pocket costs vary with the individual plans. Your cost will also vary depending on which drugs you use, and the plan you select. In certain cases, if you have limited income and resources, you may be eligible for extra help paying for your prescription drug cost.

If you are new to Medicare, you may apply for Medicare prescription drug plans:

- Three months before and up to three months after you are first eligible for Medicare (if you are eligible based on end stage renal disease).
• Three months before and up to three months after your 65th birthday (if you are eligible for Medicare based on age).

• Three months before and up to three months after your 25th month of cash disability benefits (if you are eligible for Medicare based on disability).

Your prescription drug coverage would start the same time your Medicare coverage begins. General enrollment for the Medicare prescription drug program can vary year to year. Contact Medicare directly for current year’s open enrollment dates. The start period would be January 1 of the new year.

A more detailed explanation of the benefit is located in the government publication “Medicare and YOU,” or contact Medicare directly 800-MEDICARE (800-633-4227).

Since Medicare does not pay 100 percent of all transplant expenses, patients often purchase Medicare Supplemental Contracts, also called Medi-Gap policies. Generally the supplemental policy follows Medicare guidelines and pays the deductibles and co-payments that Medicare does not cover. Getting a Medicare supplement is an individual choice and the responsibility of the Medicare patient. You may call Medicare or your local insurance provider for additional information.

**Coordination of benefits**

If you are covered by two insurance policies, one is primary and pays your expenses first, and the other pays secondary. If you have private insurance from a current job as well as Medicare, Medicare is secondary. If you have private insurance that is a retirement benefit, Medicare is primary. Medicare is always primary to Medicaid.

**Medicaid**

Medicaid covers both kidney and liver transplants. Patients with Medicaid can have either straight fee for service coverage, or they can be assigned to a Medicaid HMO. The transplant program at Beaumont currently accepts Fee for Service (or Straight Medicaid) and the following Medicaid HMOs: Molina Health Care, Midwest Health Plan, McLaren Health Plan, Total Health Plan, and UHC Medicaid, Coventry Cares and Meridian.

**Hospital:** Medicaid provides coverage for hospitalization, doctor’s office visits and labs for liver transplant patients.

**Outpatient services:** With approval, Medicaid can cover all medically necessary services to prepare a patient for a liver transplant.

**Physician:** If Medicaid covers your transplant, your policy will also cover any physician charges.

**Medication:** Medicaid will pay for prescription medications including your immunosuppressant medications. You may be required to pay a co-payment and your pharmacist may be required to obtain prior authorization on selected medications. Over-the-counter vitamins and supplements may not be covered under your plan. Because Medicaid can be re-evaluated every six months and is provided based on financial need and continuing disability, you should not count on this coverage for long-term medications.

**Coordination of benefits:** If you receive both Medicare and Medicaid, Medicare pays first and your Medicaid will pick up deductibles and co-pays that Medicare did not fully cover. If you receive both commercial insurance and Medicaid; your commercial insurer pays first.

**GENERAL INFORMATION**

Since every case is unique, we cannot determine your actual cost for the entire liver transplant experience. The costs include the pre-transplant evaluation and listing phases, the inpatient stay and the post transplant follow-up.
Pre-transplant evaluation and listing: The cost of being evaluated as a liver transplant recipient (and during the listed phase) includes the physicians’ fees, blood tests and other tests such as X-rays, ultrasounds and cardiac tests. These services are covered by most insurance carriers.

Inpatient stay: Inpatient costs include the surgery, the average hospital stay, the liver acquisition charge, medications and other miscellaneous charges incurred during your hospital stay. This does not reflect out-of-pocket expenses, anesthesia and professional fees.

Out-of-pocket expenses include:
• Private room fees: If you request a private room, there will an be additional charge per day.
• Telephone fees: You will be charged a daily rate for the use of the telephone, unless you request that it be turned off.
• Television fees: The cost of television viewing is calculated on a day by day rate.
• Family accommodations: If your family needs a place to stay during your hospital stay, the Towne Manor is available for $59 to $69 per night, based on availability. You may also request a list of local hotels and motels by contacting Guest Services at 248-898-8100.
• Guest trays: Your family may request to eat meals with you in your room.

Laboratory and radiology charges: Some insurance companies require referrals for these services. Obtain these referrals before coming in for these procedures.

Medications: Some insurance companies and prescription plans may pay for all medications. Other providers may have limited or partial coverage, and may even dictate where you can have your prescriptions filled. These providers may have preferred pharmacies or mail order programs.

Following transplant surgery, your physician will prescribe several medications to prevent your body from rejecting your new liver. Because these medications are expensive, you should begin planning for this expense prior to your surgery.

If you have Medicare as your primary insurance, Medicare can pay up to 80 percent of the costs of the anti-rejection medications. If you do not have secondary coverage that pays for the Medicare co-pays and deductibles, the remaining 20 percent will be your out-of-pocket responsibility.

Your Medicare coverage for anti-rejection medications can be continued if you meet the following qualifying factors:
• 65 years of age or older; or
• sustained a qualifying disability registered with Medicare; and
• Medicare Part A is active coverage at the time of transplant, and active Part B is your primary coverage at the time you purchase your medication.

You will also be taking other medications, based on your individual case. You will need to fill those prescriptions at your local pharmacy. If you do not have Medicare coverage, or if Medicare is your secondary insurance, you will need to fill all of your prescriptions at your local pharmacy. If you do not have any prescription coverage, shop around for the best prices on medications. Your transplant financial

Post-transplant follow up
Post-transplant costs include clinic visits, lab and radiology charges, medications and other related procedures.

Clinic visits: Depending on your insurance, you may need referrals for your office visit and/or you may be responsible for paying a percentage of your office visit charges. Ask your insurance carrier if you are responsible for your visits.
coordinator or social worker may be able to provide some suggestions or guidance.

NOTE: The Beaumont Liver Transplant Program is not Medicare certified at this time.

**CONCLUSION**

*It is important that you are familiar with your coverage under your individual insurance policy. All policies are different, so you cannot rely on word-of-mouth-information, (i.e. your neighbors’ Blue Cross Blue Shield coverage may be different from yours even though it is with the same company). It is best to read your policy booklet and follow up with a call to your employer and/or insurance company to clarify any questions you may have. Remember to write down the full name of the person with whom you speak.*

**RESOURCES**

The Transplant Foundation  
804-285-5115

National Foundation for Transplants  
800-489-3863  
www.transplants.org

**KEY POINTS TO REMEMBER:**

- Do not change or cancel your health insurance without discussing it with the transplant financial coordinator.
- If you are enrolled in an HMO, secure referrals for all office visits/lab work/treatments before your appointments.
- Please remember that your transplant financial coordinator is available to assist you through the complicated insurance coverage processes relating to your liver transplant.

**NOTES AND QUESTIONS**

---

---

---

---

---

---

---

---

---