FINANCIAL HANDBOOK FOR RENAL TRANSPLANT PATIENTS
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Key points to remember

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
Welcome to the Kidney 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 kidney 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 health insurance benefits and transplant costs.

In kidney transplantation there are a number of costs to consider:

- transplant evaluation and testing
- transplant surgery
- hospital stay
- follow-up care after your transplant surgery
- laboratory testing and X-rays
- medications

With all of these expenses, you will probably need to have several funding sources. The following sections will help you identify your options.
Insurance Carrier Information

Medicare

There is some basic information recipients need to know regarding Medicare coverage. The Beaumont Transplant Program is a Medicare approved transplant center. In order for patients to receive full Medicare benefits for a transplant, they must go to a Medicare approved facility. These programs meet Medicare criteria for the number of transplants they perform and the overall quality of patient outcomes.

Patients at a Medicare approved facility may have to meet certain selection requirements to be eligible for Medicare coverage. This criterion may include a patient’s age, and the medical condition for which they may need a transplant.

Patients transplanted at Medicare approved facilities, which have Medicare Part A at the time of transplant, are eligible for immunosuppressant medication coverage at the reimbursement rate of 80 percent. Patients must have Medicare Part B at the time they purchase medication. Non-approved Medicare facilities are unable to provide neither transplantation, nor immunosuppressant medication benefit coverage for Medicare patients.

It is important to note that Medicare Part A and Part B both have deductibles and/or co-payments. There is also a monthly premium for Part B. The patient is responsible of all premiums, deductibles and co-payments.

If you have Medicare solely because of permanent kidney failure, your Medicare protection will end 36 months after the month of the kidney transplant.

Determination of Medicare’s primary and secondary status

If you have insurance in addition to Medicare, there are specific rules that determine which of your insurance carriers is primary and which is secondary. These regulations fall into two basic categories. The chart on the following page shows those with and those without a Group Employee Health Plan (GEHP):

<table>
<thead>
<tr>
<th>GROUP EMPLOYEE HEALTH PLAN + MEDICARE</th>
<th>CAPD</th>
<th>HEMODIALYSIS</th>
<th>NO DIALYSIS</th>
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<tbody>
<tr>
<td>GEHP primary when CAPD starts.</td>
<td>GEHP primary when hemodialysis starts.</td>
<td>GEHP primary at the time of your transplant.</td>
<td></td>
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<tr>
<td>Becomes secondary the 31st month after you started CAPD. (Medicare is then primary).</td>
<td>Becomes secondary the 34th month after you started hemodialysis. (Medicare is then primary).</td>
<td>Becomes secondary the 31st month after transplant. (Medicare is then primary).</td>
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<tr>
<td>MEDICARE; WITHOUT GROUP EMPLOYEE HEALTH PLAN</td>
<td>Medicare is primary at the effective date of coverage.</td>
<td>Medicare is primary at the effective date of coverage.</td>
<td>Medicare is primary at the effective date of coverage.</td>
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*If you have Medicaid and Medicare, Medicare will always be primary.

Insurance other than Medicare

Most insurance carriers do cover kidney transplantation, but it is essential that you check with your insurance carrier, (or with your employer if you have a GEHP), to verify that coverage. You must also ask your insurance carrier if they will pay for a transplant at Beaumont Hospital. Some insurance carriers stipulate that coverage for a transplant is dependent on the transplant center that it specifies. If you have Medicare because of End Stage Renal Disease (ESRD), it is essential that you notify your employer that you are an ESRD patient.

This information is only a brief outline of the ESRD regulations. Certain special circumstances can affect your coverage, so check with your renal social worker if you have any questions.
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 their 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 their coverage such that it affects their ability to undertake a transplant successfully. If the transplant team determines that such a situation does indeed impact their ability to safely undertake a transplant it will advise the patient of the steps necessary prior to being placed on the transplant waiting list. If the patient is currently on the active candidate list they may be: 1) placed “on hold” and be ineligible for organ offers temporarily until a satisfactory solution is found; or 2) advised that transplant is not a safe option for them and that they will be removed from the active candidate listing.

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

You must contact your transplant financial coordinator as soon as you become aware of any insurance coverage changes, loss of coverage, 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.

Costs of the kidney transplant

General information

Since every case is unique, we cannot determine your actual cost for the entire kidney transplant experience. The costs include the pre-transplant evaluation, the inpatient stay and the post-transplant follow-up.

Pre-transplant evaluation

The costs of being evaluated as a kidney transplant recipient include the physicians’ fees, blood tests, (including tissue typing tests), and other tests such as X-rays, ultrasounds and cardiac tests.

These services are covered by most insurance carriers.

Family members or friends who are willing to donate a kidney can first be tested to determine if they are a suitable match for you. If there is a match, additional testing will be done to determine if they are medically able to be a donor. Potential donors are not responsible for any medical bills incurred (except out-of-pocket expenses, which are explained below) for their donor evaluation, surgery or follow-up after surgery. Should your donor receive a bill, it should be forwarded to your transplant nurse coordinator or financial coordinator.

Inpatient stay

Inpatient costs include the surgery, the average hospital stay, the kidney acquisition charge, medication 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 be an 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.

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.

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 kidney. Because these medications are expensive, averaging $1,000 to $1,500 per month, you should begin planning for this expense prior to your surgery.

If you have Medicare as your primary insurance, Medicare will pay up to 80 percent of the cost of the anti-rejection medications for three years after your transplant surgery. Because many pharmacies do not have the capability to bill Medicare, we recommend that you fill all of your anti-rejection medication prescriptions at the Beaumont Pharmacy for the first three years. After that three-year period, your other prescription coverage should cover these medications. If you have no additional prescription coverage, you will have to pay for your medications out of pocket.

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 paid a portion of the transplant

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 (including the anti-rejection medications) at your local pharmacy. If you do not have any prescription coverage, shop around for the best prices on medications. Medicare will pay only up to 80 percent of
the cost of anti-rejection medications. Medicare will not cover the cost of any other medications.

Medicare prescription drug coverage (Part D) 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 cost 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 costs.

Patients may apply for Medicare prescription drug plans if you are new to Medicare.

- Three months before to three months after you are first eligible for Medicare (if you are eligible based on end stage renal disease).
- Three months before to three months after your 65th birthday (if you are eligible for Medicare based on age).
- Three months before 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 the current year’s open enrollment dates. The start period would be January 1.

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).

Questions for your insurance company

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 coverage may be different than yours even though it is 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. Write down the full name of the person with whom you speak. The following is a checklist of questions that you should ask when you verify your insurance coverage.

- For people with more than one insurance policy:
  Which insurance is primary?
- Does the policy cover kidney transplantation at Beaumont?
- Does the policy require pre-authorization for a transplant?
- Do I need referrals for office visits, labs or other procedures?
- Are there any deductibles or co-payments?
- Does the plan provide prescription coverage? If so, what portion am I responsible for?
- Is there any time limit placed on the coverage of my medications? (Medicare currently covers 80 percent of the immunosuppressant medication costs for three years post transplant.)
- Is there a “cap” (maximum amount) on my insurance coverage?
- If so, are prescription drugs included in this “cap”?
- Will my insurance pay for travel expenses to and from Beaumont?
Resources
There are many agencies that provide funding to needy transplant patients. It is helpful to call several agencies in order to find which one meets your individual needs. In addition to the organizations listed below, some of the pharmaceutical companies offer programs to assist those who are unable to afford their medications. Ask your social worker for assistance in applying for these programs.

American Kidney Fund
800-638-8299

National Kidney Foundation of Michigan
800-482-1455

The Transplant Foundation
804-285-5115

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

Key Points to Remember
• Find out as much as you can about your individual insurance policy.
• Notify the Transplant department of any changes in your insurance. Bring your insurance cards with you to each visit.
• Plan early for how you will pay for expenses not covered by your health insurance.
• 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 office visits/lab work/treatments before your appointment.