

Questions and Answers from “I need a kidney transplant. Am I covered now? What about in the future?”

You asked some great questions during the April 26th webinar, and we couldn't get to all of them during the hour. Our speakers, Cindy Samoray and Colleen Satarino, were kind enough to provide the answers for you here. Here are the questions you asked, and the answers from Cindy and Colleen.

Question: “My nephrologist has said I can't be referred until my eGFR reaches 20, and I'm at 25. However I'd like to be proactive in planning (I live hundreds of miles from the nearest transplant center, and have very young children). I have so many specific questions that my nephrologist can't answer. Where can I find information on planning for a transplant? For example, my family all lives in Canada but my siblings may be able to donate. Can that happen?”

Answer: “There may be some confusion in what the numbers mean. To be “listed” the eGFR must have been at 20 or below at least once. Transplant centers often like to see people BEFORE their eGFR reaches 20. I suggest you contact the transplant center closest to you (be certain the center participates with your insurance) and ask to speak with a pre-transplant nurse coordinator, social worker or financial coordinator. You can describe your situation and ask when it's appropriate to have an evaluation.

It is possible to have a donor from another area or country. Talk to your transplant center team about it. Another question below has additional helpful information.”

Question: “If you don't go on dialysis before transplant (preemptive), does Medicare not start until AFTER the actual transplant occurs? In which case, is EGHP (employer group health plan) needed up to that point?”

Answer: “Correct. When there is no dialysis before transplant, ESRD Medicare entitlement would begin AFTER the transplant occurs. You will apply after the fact and coverage effective dates are made retro-active to the first day of the month the transplant took place. For example: transplant occurs July 29, 2016. After you have obtained the “2728” from your transplant center and apply for ESRD Medicare, the process may not be complete with coverage in place and card in your hands until mid-Sept '16, but the effective date for Medicare would be July 1, 2016. In this scenario, you won't apply for until after the transplant and you do need your EGHP up to that point. Remember, Medicare does not replace your EGHP, it is an enhancement.”

Question: “I'm a permanent resident, but have not worked here for 10 years. Can I still get Medicare through my spouse's work credits?”

Answer: “Yes, you may access ESRD Medicare through a qualified spouse. Depending on how many work credits you have, it's also possible you may be able to qualify through your work history. When in

doubt, apply for yourself first and fall back on coverage through your spouse if needed. Additionally, you may call the Social Security Administration at (800) 772-1213 to ask if you have enough work credit.”

Question: “If my donor lives outside of the US, can the flight and trip expenses for the donor be covered? Also, what if the donor does not have a visa or passport to enter the US?”

Answer: “Contact your transplant center’s donor advocate for specific details, but in general it is possible. Passports and visas will be required. The country’s embassy will be able to provide answers about documentation requirements.

The travel expense for donors is typically NOT COVERED by health insurance, regardless of where they live. Fundraising is an option to consider in this situation. For possible assistance with travel expenses for donors living within the USA or its territories, you should contact the National Living Donor Assistance Center at (703) 414-1600 or toll free at (888) 870-5002.

www.livingdonorassistance.org/Home/default.aspx.”

Question: “Will the Medicaid PRUCOL program help in obtaining full Medicaid benefits for undocumented immigrants?”

Answer: “We do not have experience with PRUCOL, and are only able to direct you back to your state’s Medicaid plan and transplant center. The following is a link to the Social Security Administration’s website and may provide additional information and direction:

<https://secure.ssa.gov/poms.nsf/lnx/0500501420>.”

Question: “If a patient is undocumented, but has private insurance through a spouse, how would you suggest handling long term planning post-transplant?”

Answer: “Provided the working spouse remains employed and family health coverage is available, there would be no issue. It becomes complicated when a group health plan is no longer available. Losing health and prescription coverage can happen to anyone, but is more complicated for those who are undocumented. Those patients would not be eligible for government health coverage or prescription assistance programs. Private fundraising, family support and continued efforts to resolve the immigration status are suggested.”

Question: “Can transplant evaluation be conducted prior to actual eligibility?”

Answer: “Yes, you can be evaluated before your eGFR reaches 20 or below. You may also be able to be evaluated before you are eligible for ESRD Medicare, depending on the insurance coverage you have and the transplant center’s specific program guidelines and their participation with your health plan.”

Question: “Do you have Information about eligibility and the two-year waiting period for people with a history of cancer?”

Answer: “We acknowledge that this is a very important question, but because it is medical in nature, we cannot provide an answer. Our suggestion is that any patient who has a history of cancer should talk with the transplant team at their evaluation about their medical history. The transplant center will then inform them of their policy regarding wait time dependent on the cancer diagnosis.”

Question: "My loved one is 49 years old. He received Medicare because of the ESRD. He can't find any insurance companies in Nebraska to insure him for the Medicare supplement plan (to cover the 20%). He got denied Medicaid because he gets a disability check that is over what they allow by \$236/month. Even with a spend down option no one will cover him because Nebraska does not require insurance companies to cover someone like him (with Medicare but under 65). The transplant institute said he can't get on the list until he gets the supplemental insurance. What can he do? Is his only option to continue dialysis until he dies or hits 65 then maybe he can get on the transplant list?"

Answer: “It is unfortunate that many states do not have secondary insurance options for people younger than 65 years old and covered by Medicare. Equally as unfortunate is the fact some Medicare secondary insurance plans EXCLUDE people with an ESRD diagnosis.

Fundraising is our recommendation. More about spenddown and fundraising is addressed in the answer to the next question.

Another option may be to provide a good faith deposit the transplant center can hold to cover the cost of your spenddown for a few months at a time.”

Question: “What does spending down Medicaid do if you are turned down for Medicaid?”

Answer: “For those who meet the medical criteria but the income is higher than allowed by the state for FULL coverage you may get what’s called a spenddown.

Use this as an example: single person, age 53, no children under 18 and, through either employment or disability, brings in \$1000 per month. Let’s assume the maximum a single person can earn/bring in each month through either work or disability is \$500. For this example the person has a \$500 difference between the most Medicaid would allow for full coverage and what they actually receive. This example person would be would have \$500 monthly spenddown and would have to prove payment of the first \$500 in medical expenses each month BEFORE Medicaid would begin to pay. After the spenddown is met Medicaid would cover the rest of your bills for that month. But...it starts all over again the next month. To work with spenddown cases: get receipts for paid services to your Medicaid case worker as quickly as possible.

Transplant centers have different guidelines on working with you and your spenddown. In all spenddown cases, this is where fundraising may be most helpful. Remember to explore fundraising

through the organizations we refer to in this webinar. They specialize in serving transplant patients and monies held by them, in your name, are protected from being taxed or being considered an asset, which could jeopardize Medicaid coverage.

If the question pertains to having too many assets (more than one home, car or money in the bank) then “spending down” would refer to selling off those extras and then spending the money in approved ways: advance paying your mortgage or rent, advance paying for insurance premiums, paying off your car loan, home improvements or paying for school. There are a number of ways to use that money to benefit yourself, but you must be able to show exactly where the money went. “