



Kidney Transplant Coverage: Before, During, and After

Cindy Samoray
Colleen Satarino, LMSW, CCTSW
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Thank you to our speakers!



Cindy Samoray
Transplant Financial Coordinator
University of Michigan Transplant
Center



Colleen Satarino, LMSW, CCTSW
Transplant Clinical Social Worker
University of Michigan Transplant
Center

What's the scoop...

Our goal is to provide general information about the process and realistic costs of getting a kidney transplant.

- Referral to transplant center: evaluation and listing
- Insurance coverage
 - Limitations
 - Options
 - Importance of life-long health and prescription coverage
- Living with your transplant: managing health care and prescriptions needs for your lifetime.

Referral to a transplant center...

- **Begins with contact from a variety of sources.**
 - Local nephrologist
 - Dialysis center staff
 - Self-referral (call the center yourself)
- **Specific steps transplant centers follow may vary but all require an insurance review.**
 - Type of insurance: Does it work where you want to go?
 - Benefit levels (in or out of network)
 - Prior-authorization (is it needed?)
- **Approval or denial of transplant evaluation: based on either insurance or specific transplant center guidelines**

Insurance review – What are your payment options?

- **Employer Group Health Plan (EGHP)**
 - Coverage available through your own, spouse or parents employer.
 - Current, retiree or COBRA (continuation of EGHP for specific time period)

- **Government sponsored coverage**
 - Medicaid
 - Medicare due to age, disability, or ESRD (end stage renal disease)
 - Tricare

Insurance review, cont'd

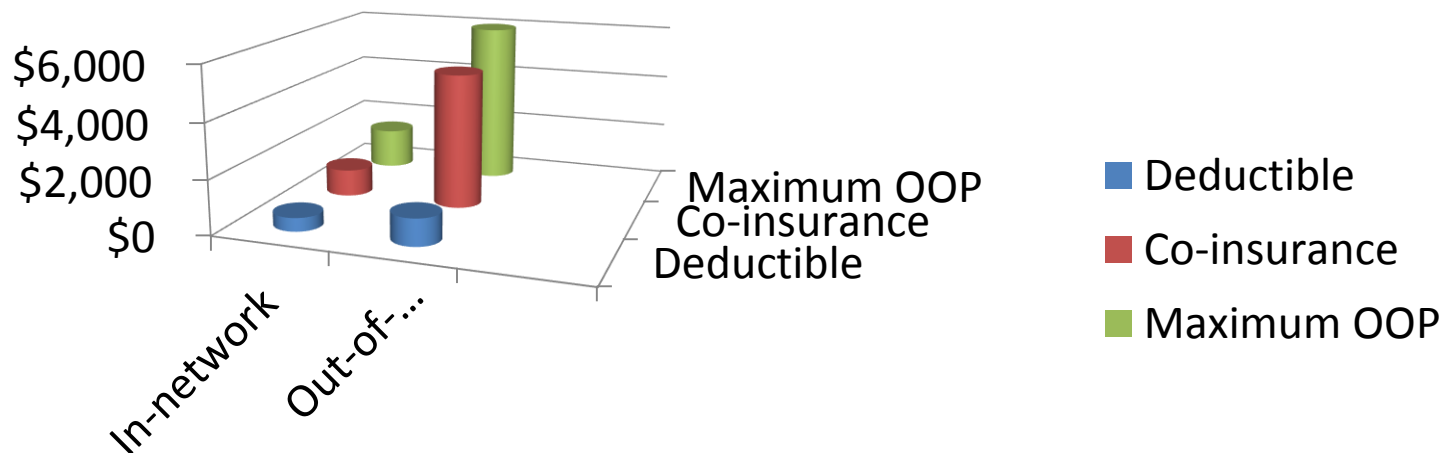
- **Individual Health Plan**
 - Self-employed or when EGHP is not available
 - Affordable Care Act (ACA) insurance plans available through the healthcare exchange, marketplace
- **Self-pay no insurance coverage:**
 - Speak with the transplant center's financial coordinator

Insurance review, cont'd

- How much you have to pay beyond what your insurance covers depends on your policy
 - Deductibles
 - Cost sharing known as co-insurance,
 - Maximum annual out-of-pocket depend on your plan
- Remember: medical providers usually will work out payment plans.

In- or Out-of-Network Care

- **Where you seek medical care and how much insurance pays may depend on being in- or out-of-network**
 - Coverage is better when services are provided at in-network facilities.
 - **Be aware: when out-of-network benefits are available, you will never have 100% coverage.**
- **Many insurance plans have networks**
 - You pay less out-of-pocket (OOP) when services are done in-network.
 - Some may have NO out-of-network coverage, which can impact where you seek transplant care.



Insurance Plans

You should know if your insurance plans have networks or contracts, especially for transplant services.

- **When discovered at referral before evaluation:**
 - You may be required to seek services elsewhere
- **Insurance changes can occur anytime during this journey**
 - When found after evaluation, listed or even transplant:
 - You may need to change transplant centers
- **No matter how small an insurance change looks to you**
 - **It's extremely important to contact your financial coordinator BEFORE an insurance change occurs.**
 - You may have issues beyond different co-pays and deductibles that could impact your transplant.

Transplant network contracts

- **Much more different than typical health plan in or out-of-network benefit levels.**
- **Medical center is in network with health plan, but not contracted for transplant services.**
 - Insurance company will not allow transplant services, even when the medical center is in-network
 - (Emergency, family care, nephrology, and other specialty services covered, but kidney transplant services are not.)

Transplant network contracts, cont'd.

- **One of two outcomes when transplant network is involved:**
 1. No coverage - absolutely nothing will be paid for at a non-contracted facility.
 2. Plan will allow evaluation-transplant but will pay at out-of-network rates with additional limitations.

Prior-authorization

- **Pre-authorization is sometimes necessary** – the transplant center will call if you need it.
- **Pre-authorization for each phase** (evaluation, transplant listing, and post-transplant services) may be required
- If you aren't familiar with the ins and outs of your coverage, including co-pays or deductibles, find out!

Codes to share with your insurance company:

Kidney: CPT 50360 * ICD10 - N18.9

Kidney/pancreas: CPT 50360 and 48554 * ICD10 - E1021

Ultimately YOU are responsible for your services and should be your own advocate.

Why haven't they called?

- **Reasons why an evaluation hasn't been scheduled**
 - Complicated insurance benefit process
 - Working with outdated information
 - Volume of referrals (an ugly truth)
- **To avoid delays in the process, you can:**
 - Confirm medical providers have current contact -insurance information.
 - Call the transplant center yourself
- **Answer your phone!**
 - Listen carefully to voicemail messages
 - Return calls with the requested information. Be your own advocate!

Why was my evaluation denied?

- You will be told why your evaluation was denied. Depending on the reason, you may try again.
- ***Remember: If transplant evaluation has been denied, life saving dialysis will not be!***

Reasons your evaluation may have been denied

- **Insurance contract/network issue:** coverage is available only at preferred provider centers
- **Little or NO transplant benefits available:** insurance plans may have limitations. You will be notified and can consider self-pay.
- **Lifestyle concern:** documented non-compliance with medical care, nicotine, alcohol or drug abuse.
 - Decisions to deny evaluations for the reasons above can come from the transplant center or your insurance plan.
- **Medical comorbidity:** other medical conditions that might prevent a successful outcome

If your evaluation appointment is approved

- **This gives an opportunity to learn if transplant is possible.**
 - Process steps vary depending on your center.
 - Typically all involve introduction to your transplant team.

What happens during the evaluation?

- **A nephrologist and surgeon** - examination and review of your past and current medical history
- **Nurse coordinator:** transplant medical education and follow-up
- **Social worker:** meet with patient and support people to discuss preparation for and life after transplant.
- **Financial coordinator:** insurance coverage review: current, future, possible assess to ESRD (end stage renal disease) Medicare
- **Dietitians** may be available during evaluation and beyond.
- **Medical testing:** lab work, chest x-ray and EKG

After the transplant evaluation

- **When will I learn if I am a candidate?**
- **Typically written responses are mailed within two-weeks of your evaluation**
 - **Suitable medical transplant candidate** to be listed or move forward with living donor transplant
 - **Potential candidate for transplant** pending additional medical tests psychosocial or financial clearance
 - **Not a candidate for transplant** due to medical, psychosocial or financial concerns
- **If not a candidate, depending on the reason, you may be able to try again.**

Finance

- **How much does a kidney or kidney-pancreas transplant cost?**
 - \$334,300 **estimated** billed charges for kidney
 - \$558,600 **estimated** billed charges for kidney-pancreas
- Total average estimated cost for services from pre-transplant to six-months post-transplant, including immunosuppressant medication. (Hanson and Bentley, 2014)

Do I have to pay that much?

- **Not if you have health insurance**
- **Annual out-of-pocket expense (beyond insurance premiums) maximums vary depending on your insurance coverage**

***** Between zero and a few thousand *****

- **Yes, if you have no health coverage**
 - Be mindful this is an estimated-average: complications could significantly increase the cost

***** Transplant center may offer discounts for self-pay *****

Prescription Costs

- **Without Rx-coverage: between \$5000 and \$13000 is the estimated annual cost* for immunosuppressant.**
- **With Rx-coverage, monthly cost may not be that different after transplant, Valcyte being an exception.**

EGHP sponsored Rx benefits:

Generic copays: \$5 and \$20

**Brand name copays: \$20 and
\$100**

Medicaid Rx benefits:

Minimal: \$1 and \$10

* Yen, Eugene F., Karen Hardinger, Daniel C. Brennan, Robert S. Woodward, Niraj M. Desai, Jeffrey S. Crippin, Brian F. Gage, and Mark A. Schnitzler. "Cost-Effectiveness of Extending Medicare Coverage of Immunosuppressive Medications to the Life of a Kidney Transplant." *Am J Transplant American Journal of Transplantation* 4.10 (2004): 1703-708. Food and Drug Administration. Web.

Prescription Costs

- **ACA-Exchange (Rx – Medical combined)**
 - Must pay full price until deductible is met
 - Deductibles between \$500 and \$5000
 - Once met 100% for the balance of benefit year
- **Medicare part D Rx:**
 - Routine medications may always have \$4 copays
 - Class IV and V medications without extra help:
 - Copays may range between 25 and 50%
 - \$200, \$500, \$900, \$1800 are possible
 - Valcyte is class V, will temporarily have high copay
 - Class IV and V medications WITH extra help
 - Copays between \$4 and \$8

ESRD Medicare part B coverage for immunosuppressants (immuno's)

- **A tremendous benefit, and solid reason to enroll in Medicare**
- **When Medicare effective is before or begins the month of transplant:**
Part B Medicare (NOT part D) will pay 80% of those immunosuppressant medications.
- **EGHP primary with Medicare secondary:**
Part B will pay 80% of the EGHP Rx copay: you pay even less for immuno's
- **Medicare primary with EGHP or supplement secondary:**
Part B pays 80% second bill 20% - you may have 100% cover immuno's
- **When Medicare effective date is AFTER month of transplant:**
Part B will not pay for immuno's , coverage would be in Part D will with much higher copays

Other sources for Rx coverage...

- **Veterans Administration (VA)**
 - VA (exclusive) will complicate transplant discharge
 - When eligible accessing Part D is recommended
- **Indian Health Services (IHS)**
 - IHS (exclusive) will complicate transplant discharge
 - When eligible accessing part D is recommended
- **Part D Medicare:** When you already have Rx coverage through EGHP (when eligible for ESRD Medicare) you should not purchase a part D prescription plan – it may cancel EGHP Rx benefits.

Medicare and kidney failure: how does that affect me?

- **Three reasons for Medicare: age, disability and ESRD.**
 - The ESRD Medicare has been evolving since its 1972 introduction and is available for all eligible and qualified persons on dialysis or after kidney transplant.
 - ESRD Medicare doesn't replace existing EGHP and you don't have to be disabled to access ESRD entitlement.
- **Already on Medicare due to age or previous disability**
 - (disability NOT directly related to dialysis)
- **You're covered, no need to apply for anything new**
 - Coordination-of-benefits (COB) changes may apply but coverage will not end!

When can I have ESRD Medicare and will it end?

- **ESRD Medicare effective date depends on eligibility**
 - Hemodialysis, peritoneal dialysis, kidney transplant
 - Coverage will be available throughout your entitlement
 - While on dialysis and up to three years post-transplant
- **ESRD Medicare is a safety-net that can and will end**
 - (except for those with age or non-dialysis-related disability)
- **ESRD entitlement ends three-years after successful transplant**
 - Future planning will be necessary to prepare if ESRD Medicare ends and is your primary source of coverage.
 - Return to work, job retraining, school

ESRD Medicare Qualification

- **Qualification is based on citizenship, permanent resident status and paying FICA (Federal Insurance Contributions Act) taxes.**
 - FICA taxes are paid together with your employer, or paid entirely by those self-employed.
- **If you have consistently worked – paid taxes**
 - you qualify for this benefit
- **You didn't work or pay taxes but your spouse did**
 - you may qualify through spouse work history
- **Children up to age 22 may qualify through eligible parent**

ESRD Medicare Qualification

- Medicare parts A and B are the original health-coverage package.
 - Part A pays in-patient facility services, less an admission deductible
 - *In almost all cases there is NO monthly premium for part A*
 - Part B pays out-patient facility charges, physician's charges, and immunosuppressant medications, less annual deductible always at 80%
 - *IN ALL CASES there is a monthly premium for part B Medicare*
- To learn if you qualify for ESRD Medicare contact the Social Security Administration at 800-772-1213 and ask.

Always a premium?

Tell me how much and when do I pay?

- How much you pay is based on your income. When, how you pay depends on age or disability (monthly premiums deducted from your income) ESRD only (you will be billed quarterly.)

If your yearly income in 2014 (for what you pay in 2016) was			You pay (in 2016)
File individual tax return	File joint tax return	File married & separate tax return	
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$121.80
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$170.50
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	Not applicable	\$243.60
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 and up to \$129,000	\$316.70
above \$214,000	above \$428,000	above \$129,000	\$389.80

I have health insurance already. Do I need Medicare too?

- **Yes, you should access this benefit if eligible.** *(If only to serve as a safety-net: other health insurance ends: job loss, death (insured), divorce, child aging out of coverage through parent.)*
- **When it's best to access this safety-net will vary.** *(Discuss insurance options and additional ESRD details with your dialysis or transplant unit financial coordinator.)*

I have health insurance already. Do I need Medicare too?

- **A few facts to consider:**
 - Who's on first: 30-month coordination benefits and EGHP coverage
 - Medicare pays on balances left by EGHP; EGHP pays on balances left by Medicare
 - ESRD Medicare (even with the monthly premium) can save you money
 - Annual cost of Part B is often less than annual EGHP plan deductible – copay maximums
 - NON coordination between Medicare and ACA-marketplace coverage
 - One DOES NOT pay balances left by the other. No opportunity to save money
- **NO other diagnosis or transplant type allows immediate access to this benefit.**

Medicare alone is NOT enough coverage for a transplant

- **Additional coverage is needed because:**
 - Part A does not pay 100%: deductibles and other cost sharing is required
 - Part B only pays 80%: significant out of pocket expense is left to the patient without a supplement (medi-gap) policy.

Medicare alone is NOT enough coverage for a transplant

- **What more is needed?**
 - Supplement (medi-gap) Health plan to pay what A & B does not:
 - More options when over 65
 - Options when under 65 more limited
 - Medicaid - Spend down Medicaid
 - Part D for Rx-coverage when no EGHP or other reliable source
 - Many options regardless of age
 - What if I can't get a supplement plan?
 - Medicare advantage plan may be available

Medicare Advantage plans: What are they? Do I need one?

- **If possible, avoid Medicare Advantage plans**
 - Medicare Advantage plans provide parts A, B, medi-gap and part D coverage.
 - Medicare Advantage, HMO and PPO plans often advertised to cost less for full coverage.

Why avoid Medicare Advantage Plans?

- Often subject to networks and contracts (limits personal choice) with no benefits outside that network
- Lower monthly premiums (you still must pay part B premium) often mean significantly higher deductibles, co-pays, and cost for immunosuppressants
- My retirement health benefit requires an Advantage plan
 - Typically the employer sponsored advantage plan has much better coverage than individual plans
- Dual entitled: Medicare and Medicaid may be required to enroll.

ESRD Medicare re-cap

- **Not everyone qualifies and you cannot apply until AFTER dialysis or transplant have occurred**
 - Medicare due to age or disability (disability not only dialysis related) or become age or disability eligible during this process
 - Your coverage will not end!
 - ESRD only Medicare: coverage may end three years post-transplant.
 - If coverage was activated at the time of transplant: benefits of Medicare part B (covering immunosuppressants) will return when entitled again to Medicare through age or disability

ESRD Medicare re-cap

- Medicare Advantage Plans: avoid when possible
- Valuable option when its the ONLY game in town
- Medicare part D needed when EGHP option not available

Financial Roadblocks to Transplant

- **Not eligible for Medicare**

- Self employed and never paid FICA taxes
- Not enough work credits or not current work credits

How to resolve:

- ✓ Seek employment with health benefits
- ✓ If self employed: begin to pay FICA taxes
 - ✓ Enroll in spouse EGHP, if available
 - ✓ Apply for Medicaid
 - ✓ Purchase an ACA plan

- **Medicaid spenddown**

- May not be adequate coverage for transplantation

How to resolve:

- ✓ Discuss your spenddown amount with your transplant financial coordinator

Financial Roadblocks to Transplant

- **Lawful permanent resident** (aka Green card holder, Permanent resident alien)
 - <https://www.medicare.gov/eligibilitypremiumcalc/>
 - <https://www.healthcare.gov/immigrants/lawfully-present-immigrants>

How to resolve:

- ✓ Medicaid: Residency in the US for 5 years
- ✓ Medicare: Residency in the US for 5 years and 10 years of work history

- **Undocumented immigrants**

- Emergency Medicaid only will cover emergency dialysis without residency or citizenship
- No coverage for transplantation through emergency Medicaid

How to resolve:

- ✓ Work on immigration status

Financial Assistance from the American Kidney Fund

Premium assistance for low-income dialysis patients to cover:

- Part B Medicare
- Medicare secondary supplement
- Commercial plans (including Marketplace)
- Employer group health plans
- COBRA plans
- Medicaid (in states where there is premium cost-sharing)

Other assistance offered by AKF

- Safety net \$100 grants (transportation, medical supplies, etc.)
- Prescription assistance
- Disaster relief grants
- Summer enrichment program for children

www.kidneyfund.org

Why fundraise for transplant?

- To help cover out of pocket medical expenses
 - Annual insurance deductibles
 - Monthly insurance premiums
 - Medication and clinic copays
- To help cover transportation and lodging expenses to get to the transplant center
- To help cover living expenses when a patient is recovering from transplant surgery

Transplant fundraising organizations

- National Foundation for Transplants (NFT)
 - www.transplant.org
 - 800-489-3863
- HelpHopeLive (formerly NTAF)
 - www.helphopelive.org
 - 800-642-8339
- Children's Organ Transplant Association (COTA)
 - Fundraising assistance for children, young adults and adults with genetic disorders (polycystic kidney disease)
 - www.cota.org
 - 800-366-2682
- **Benefits of these nonprofit organizations:**
 - Contributions are tax deductible for the individuals donating
 - Contributions on a patient's behalf to a nonprofit organization are not considered income for the patient and will not then impact Medicaid

National Living Donor Assistance Center

- Federal grant designed to “reduce financial disincentives to living donation”
- Financial assistance for travel and subsistence expenses associated with living organ donation
- Living donor and recipient must both meet financial guidelines
- Available through your transplant center recipient or living donor social worker
- www.livingdonorassistance.org

Crowdfunding

(Not tax and asset protected)

- Rising in popularity
- Online focus – appears quick and easy
- Examples: GoFundMe and GiveForward
- **Understand the risks and costs**
 - Research the fee structure
 - Income from crowdfunding is treated as income and can impact your **income taxes** and **Medicaid eligibility**

Now you are “on the list”

Remember to keep in touch with:

- **Transplant nurse coordinator** about medical changes
- **Transplant center financial coordinator** if your insurance changes
- **Transplant social worker** if you are worried about coping with transplant or about difficulties with support or transportation
- **Transplant or dialysis dietician** about maintaining weight or improving food choices

Congratulations!

You just had a transplant

1. Give yourself time to rest and heal from your surgery
2. Learn your new medications
3. **Enroll in Medicare if not already enrolled-** your transplant center will help you with the process
4. Reach out to your transplant team with any question or if you need support during your recovery

During transplant surgery recovery: additional costs of transplant care

Adjusting to the cost of medications and frequent visits during the first few months after transplant:

- Weekly clinic visits – visit copays
- Increased number of medications – medication copays
- Valcyte, if needed can be expensive
- Transportation and lodging costs
- Lost wages, especially difficult for self-employed patients

✓ FUNDRAISING CAN HELP WITH THESE COSTS

How to maintain long term transplant kidney health

Remember, **ESRD Medicare ends after 36 months post transplant...**
so you need a plan!

- Use the three years of the ESRD Medicare benefit to consider your options and take action:
 - Ask your doctor if you can return to previous work. Consider other types of employment if needed.
 - “Retool” for other employment through training programs or higher education
- GOAL: Have an insurance plan in place so that there are no gaps in your ability to access immunosuppression and medication
 - EGHP
 - ACA plan
 - Spouse insurance
 - Medicaid

How to maintain long term transplant kidney health

- Life changes may impact access to insurance, prescriptions, and transplant centers
 - Marriage
 - Moving house
 - Loss of job/change of job
 - Transplant center not in network
 - Child becoming an adult
 - Divorce
 - Death of a spouse
 - Unable to work – pending disability
- **Contact your transplant center** if any life event changes occur that impact your insurance and access to medication and care
 - Your transplant center will actively work with you to find a solution

If you are without immunosuppressant medication

- **Call your transplant center** to work on a **short term** and **long term** plan.
- **Short term options:**
 - Prescription Assistance Plans
 - Free Copay cards – 30 days of brand name meds
 - Hospital charity programs
- **Long term options:**
 - Return to work
 - ACA plans
 - Medicaid

Conclusion

- Communicate all insurance changes with your transplant center financial coordinator
- Understand what federal or state program you are eligible for and when they may end
- Your transplant center should be your first call if you find yourself unable to access immunosuppressant medication or medical care
- Take responsibility for knowing your insurance and planning ahead
- You are your best advocate!

Thank you!

Questions?

Join us for next month's webinar!

Living with Chronic Kidney Disease: The ups,
downs, and all arounds



Tiffany Washington, Ph.D., M.S.W.

Tuesday, May 17, 2016

1:00-2:00 p.m. (ET)

Go to www.KidneyFund.org/webinars to
learn more and register!