Top 10 Things to Know about Living Donor Finances

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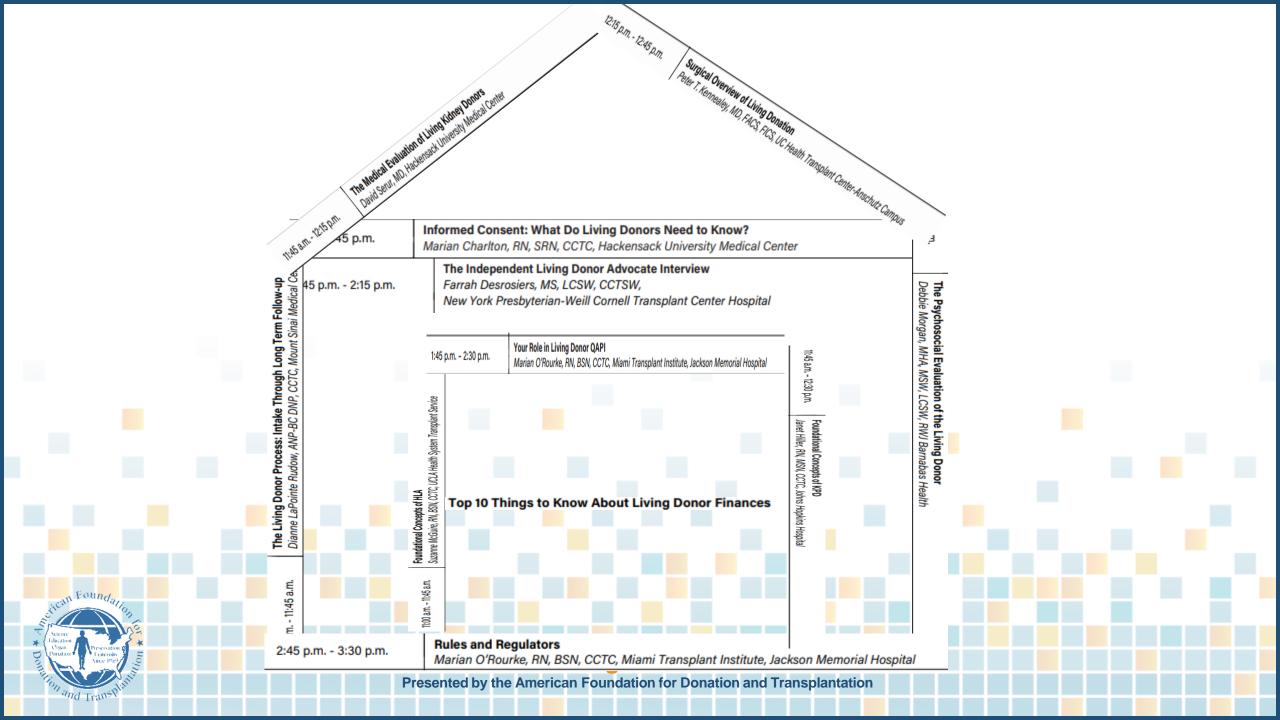
I have no relevant financial disclosures



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11:45 a.m 12:15 p.m.	The Medical Evaluation of Living Kidney Donors David Serur, MD, Hackensack University Medical Center
12:15 p.m 12:45 p.m.	Surgical Overview of Living Donation Peter T. Kennealey, MD, FACS, FICS, UC Health Transplant Center-Anschutz Campus
12:45 p.m. – 1:00 p.m.	Break
1:00 p.m 1:45 p.m.	The Psychosocial Evaluation of the Living Donor Debbie Morgan, MHA, MSW, LCSW, RWJ Barnabas Health
1:45 p.m 2:15 p.m.	The Independent Living Donor Advocate Interview Farrah Desrosiers, MS, LCSW, CCTSW, New York Presbyterian-Weill Cornell Transplant Center Hospital
2:15 p.m 2:45 p.m.	Informed Consent: What Do Living Donors Need to Know? Marian Charlton, RN, SRN, CCTC, Hackensack University Medical Center
2:45 p.m 3:30 p.m.	Rules and Regulators Marian O'Rourke, RN, BSN, CCTC, Miami Transplant Institute, Jackson Memorial Hospital
11:00 a.m. – 11:45 a.m.	Foundational Concepts of HLA Suzanne McGuire, RN, BSN, CCTC, UCLA Health System Transplant Service
11:45 a.m. – 12:30 p.m.	Foundational Concepts of KPD Janet Hiller, RN, MSN, CCTC, Johns Hopkins Hospital
12:30 p.m. – 1:15 p.m.	Top 10 Things to Know About Living Donor Finances Andrea Tietjen, MBA, CPA, RWJ Barnabas Health Center
1:15 p.m 1:45 p.m.	Break
1:45 p.m. – 2:30 p.m.	Your Role in Living Donor QAPI Marian O'Rourke, RN, BSN, CCTC, Miami Transplant Institute, Jackson Memorial Hospital
2:30 p.m. – 3:30 p.m.	Panel Discussion/Live Q&A Faculty





10 – Financial clearance is critical for a successful transplant and outcome

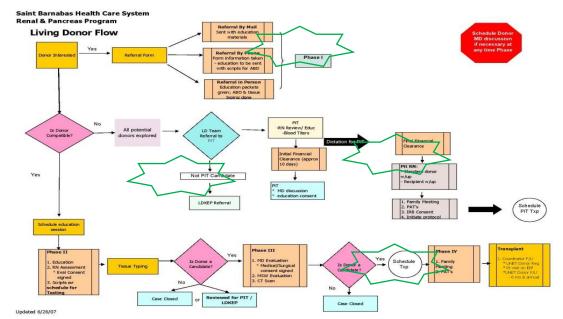


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Know what happens and when

All team members need to know this too

Look for triggers or weaknesses in your flow



* Sequence above is intended to be a guideline but is subject to clinical judgment based on individual patient circumstances.



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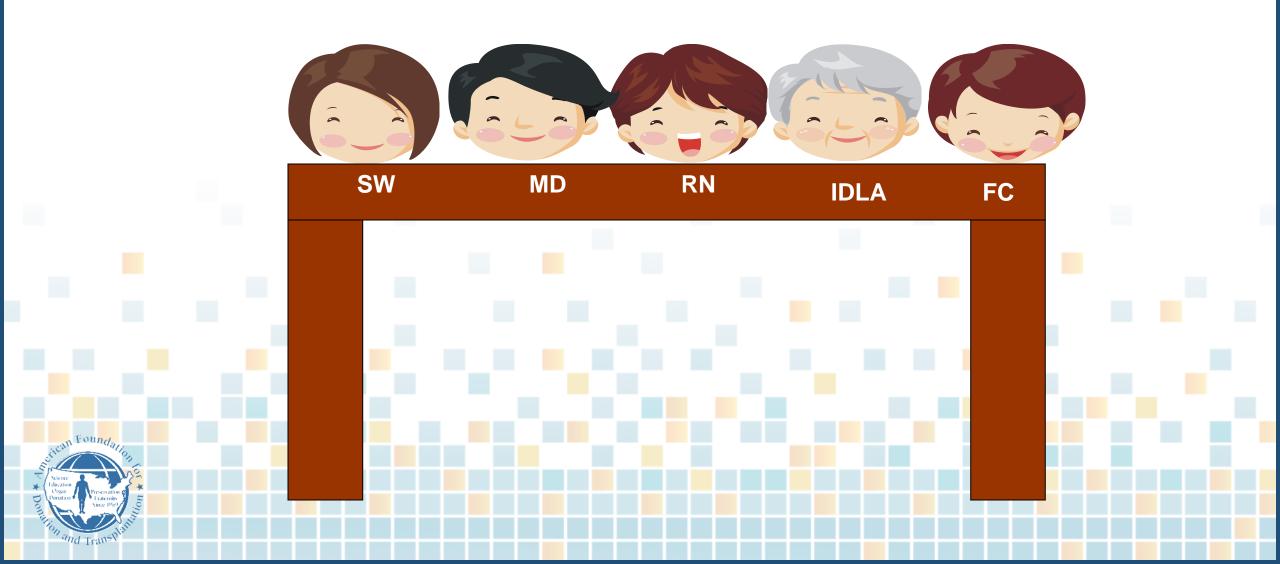
- Define who does what
- For example...



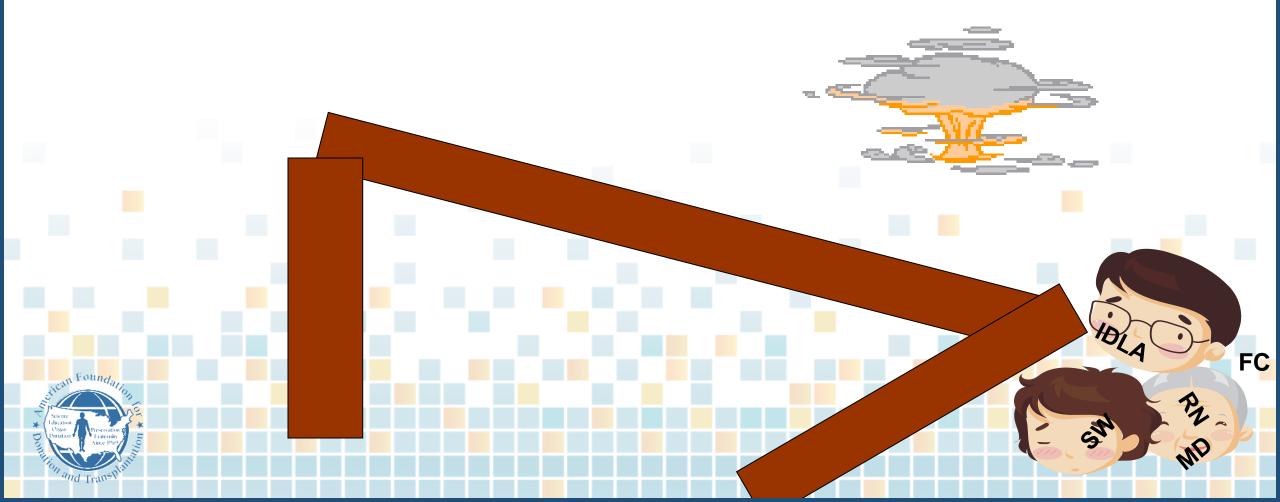
Social Workers and Financial Coordinator work closely together. Financial issues only a portion of Social Worker responsibility- can also be a resource and advocate. Financial Coordinator deals with insurance companies, admitting and billing.



Create a foundation for your team



This foundation is critical to the living donor process



9 – Timing is everything



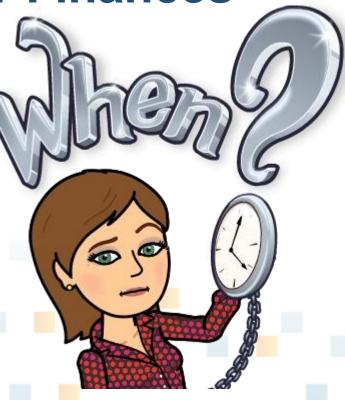
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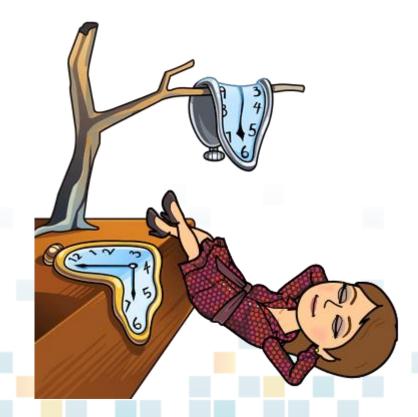
Financial Clearance for your recipient must occur at multiple time points



- **1. At time of referral**
- 2. At time of evaluation
- 3. At time of listing
- 4. Prior to scheduling of Living Donor Transplant
- 5. At time of re-evaluation
 - pe<mark>r yo</mark>ur policy… 6 months, 1 year







For Kidney Paired Exchange:

- 1. Prior to consideration for exchange
- 2. At time of registry/exchange entry
- 3. At time of match
 - 4. Prior to scheduling of transplant

Remind your team and your patients how important it is to notify the finance team of any insurance changes



8 – Know your recipient and donor policies



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Does your program:

- Accept out of state Medicaid patients?
- Require recipients to have Medicare?
- Require donors to have insurance?

Thank you for sharing this important piece of information with me.





Does your program:

- Pay for donor complications?
- Have contractual agreements with payors?
 - If so, what are they?
 - How do they impact the facility and the patient?

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- Access donor insurance?
- Have employed or private providers?
- What resources are available?
- How are patients educated?



If your patients know what to expect, they will not be disappointed.

Establish process and use tools to assist...



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EVALUATION TESTING PERFORMED AT A FACILITY OTHER THAN OUR FACILITY

Our billing letter and prescription contains important information for the provider on:

- what tests to perform
- how the provider should bill for the services
- where to send the bill
- how the payment will be processed



7 – Communication is key



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It is not only what we say to the patient, but how we say it.

Explain the "why" behind the sensitive questions you are asking



- Communication is vital
- Helps to determine suitability both medically and psycho-socially
 - Adherence
 - Support
 - Financial stressors





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Why is Communication So Important?

- Patients change coverage
 - At least annually
- Despite being educated multiple times, patients often do not realize coverage until they are getting bills.





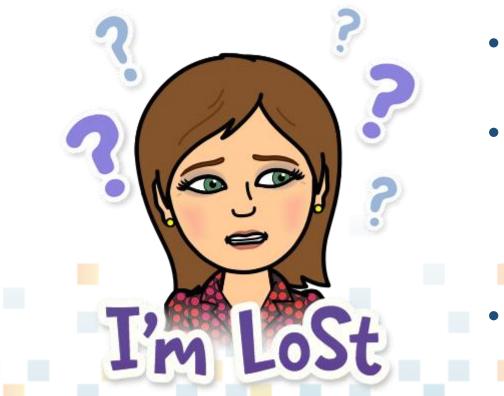
Why is Communication So Important?



- Plans and programs have strict guidelines and deadlines
 - Patients can easily lose coverage, either temporarily or permanently, if they do not pay attention to notices.



Why is Communication So Important?



- Insurance is complicated
- Patients, and their support, can be overwhelmed by insurance details, despite assistance available to them.
 - Patients also do not always admit they do not understand or are not concerned about their insurance until an issue arises.



6 –In most cases, it's about the recipient's insurance...



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Rule of thumb: donor costs are billed to and covered by the recipient's insurance.

however some centers do access donor insurance

don't forget...know your centers policies*



- Assess your patients
- The team collectively should include all psycho-social/financial aspects such as:
 - Ability to obtain/maintain health insurance
 - Ability to pay premiums/copays
 - Family/social support
 - Other financial stressors
 - Past/present social history



Consider financial language in your consent/education

 For both recipients and donors

P. Financial Considerations

Transplantation is an expensive undertaking that requires a serious commitment. It represents a partnership between you, your physicians, and the transplant team. Therefore, it is important for you to understand the terms and conditions of your current insurance and to keep the transplant team apprised of any changes that may occur with your coverage. The Financial Coordinator and Transplant Social Worker will explain the financial considerations involved in transplantation and verify your health insurance coverage both initially and periodically. However, it remains your responsibility to be aware of any changes to your insurance coverage and to contact the Financial Coordinator immediately. Failure to do so may jeopardize your ability to receive a transplant.



Describe exactly what tests will be covered and what will happen if a condition is discovered or treatment is needed

This is not a blank check

2. Insurance Coverage for Donation

The evaluation and hospitalization costs for living donation are covered by the recipient's insurance. Your insurance will not be billed directly. During your evaluation, only tests ordered by the transplant team for the purposes of determining your suitability for donation will be covered. If tests are performed for the purposes of routine medical care, treatment or are not ordered by the transplant team, you or your insurance company will be billed.



Should you experience any donation-related medical problems immediately post donation, the evaluation and treatment for those medical problems should be covered by your recipient's insurance. If you are experiencing any problem that you feel might be donation related, you must notify the transplant team *prior* to receiving treatment, so that we can authorize and provide proper billing information to the provider. Future health problems experienced by living donors following donation may not be covered by the recipient's insurance.





For every rule, there may be an exception....



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25 year old female; Pre-dialysis; ESRD due to FSGS •Emigrated from Poland at age 9 •Visa expired •Not eligible for a Green Card •Not Medicare/Medicaid eligible



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Wants LD transplant before dialysis onset

College student; working part time
Does have student health insurance through college

Good social support

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Donors: •Father

•Ruled out due to cardiac history and hypertension

Mother

•Wants to donate to her only child

Has health insurance through her employer

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•Recipient's student insurance plan with no donor benefits

•Recipient not eligible for Deceased Donor Listing at SBMC •residency status

 Donor educated about recipient's limited coverage



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THINKING...





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Donor educated about recipient's limited coverage

Educate the donor first and get their permission before you proceed. Don't offer an option to the recipient if the donor is not on-board

Educated that with her permission, we could explore accessing her insurance for donation and donor complication coverage
Donor agrees

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Recipient agreeable to plan
Donor insurance contacted
Case Manager educated and on board

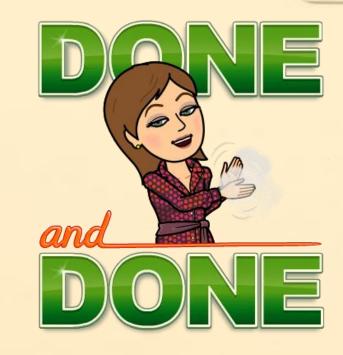


Authorizations obtained

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Transplant Finance Team coordinated logistics

- •Providers notified to bill recipient insurance
- Obtain recipient insurance denial
 Forward to donor insurance with denial and authorization



- Transplant performed
- All claims tracked and properly paid
- No outstanding balances

5 – Have a plan for donor complications



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News Flash – Want to stay connected about the latest new and revised Medicare Learning Network* (MLN) products and services? Subscribe to the MLN* Educational Products electronic mailing list! For more information about the MLN* and how to register for this service, visit <u>http://www.cms.gov/MLNProducts/downloads/MLNProducts_listserv.pdf</u> and start receiving updates immediately!

MLN Matters® Number: MM7523 Revised	Related Change Request (CR) #: 7523
Related CR Release Date: October 28, 2011	Effective Date: April 1, 2012 for claims processing, but policy effective November 28, 2011
Related CR Transmittal #: R148BP and R2334CP	Implementation Date: April 2, 2012

Billing for Donor Post-Kidney Transplant Complication Services

If recipient is enrolled in both Medicare A and B at the time of transplant, clinically documented donor complications will be covered

Covered life-long, even if complication occurs and recipient not longer has Medicare or expires



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For recipients not enrolled in Medicare at the time of transplant – check your program's policy ...

Does your program...

- Pay for donor complications?
- Assess and educate recipients what they are responsible for?
 - Access donor insurance?



- Is there a global insurance agreement?
 - If so, how does it work?
- What is the plan for coverage for donor complications?
 - Are there limits?
 - 30 days, 90 days, etc.
 - Co-pays, deductibles, etc.



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any questic

Assess, educate and document



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4 – Keep on top of the regulations



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- Donor costs that can be charged to organ acquisition include:
 - Pre-admission diagnostic and evaluation services to determine donor candidacy
 - Hospital inpatient donor nephrectomy related to the organ donation







Donor costs that <u>ARE NOT ALLOWED</u> to be charged to organ acquisition include:

- Donor travel (Medicare does not pay but commercial payors may)
- Long term routine donor follow-up (as required by UNOS)
- Paired Exchange fees (the only allowable fee is UNOS registration)



3 – If your program performs Kidney Paired Exchange – establish a process



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First, when the offer is presented, does your recipient have coverage for donor providers from another transplant program/state ?

Is your donor fully covered by another recipient?



 ✓ Check insurance contracts for coverage for exchange costs



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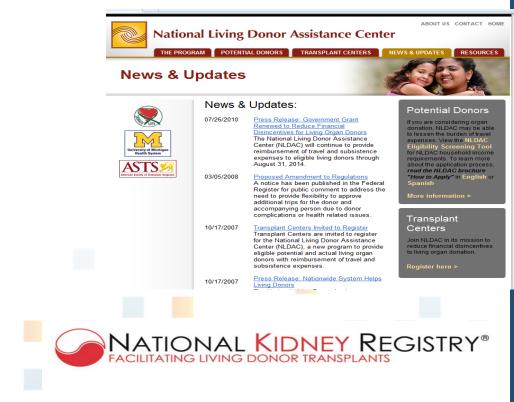
Sample contracting language:

*In addition to the above rates, for any Paired Kidney Exchange Transplant, Hospital will be reimbursed vendors fee at cost for coordinating the Paired Kidney Exchange. It will be Hospitals

9. Paired organ donation matching fees will be paid at invoice cost; a copy of the invoice must be submitted to Company.



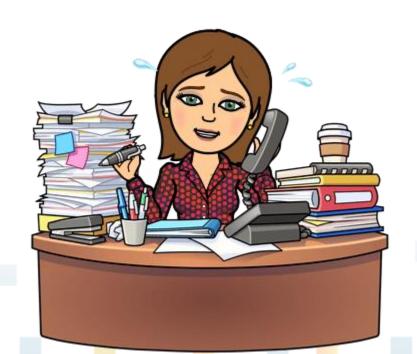
- If matched pair is out of network, can an agreement be made?
- Coverage gaps?
 - NLDAC assistance
- NKR solutions for:
 - Patients with Medicaid
 - Patients not eligible for Medicare



Streamlined Billing Service



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Ensure your program's Administration & Finance staff have discussed:

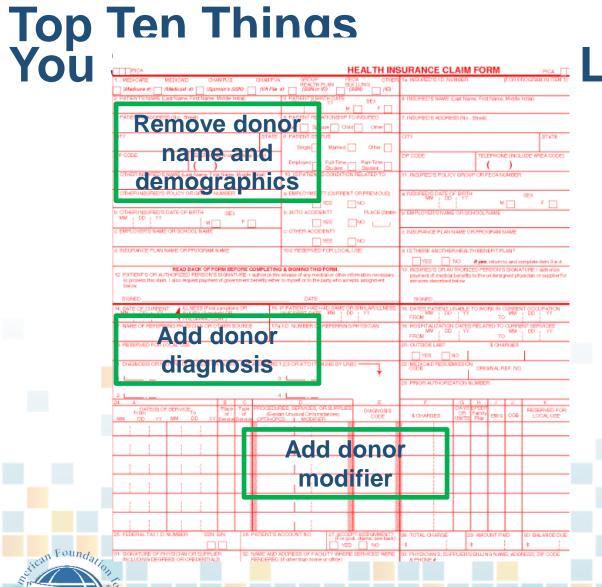
- 1. Internal process for billing for donors
- 2. How to post receipts for donor invoices
- 3. How this will affect the Medicare Cost Report



CMS KPD guidelines published April 2016

 the living donor is your program's until the donor is accepted for a match with another recipient once the donor is matched with a recipient, any additional tests requested by the recipient's center... are billed at cost to the recipient's center





Living Donor Finances

Have your program set up a system to blind all donor bills to avoid any breaches in confidentiality



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Create a worksheet for tracking:

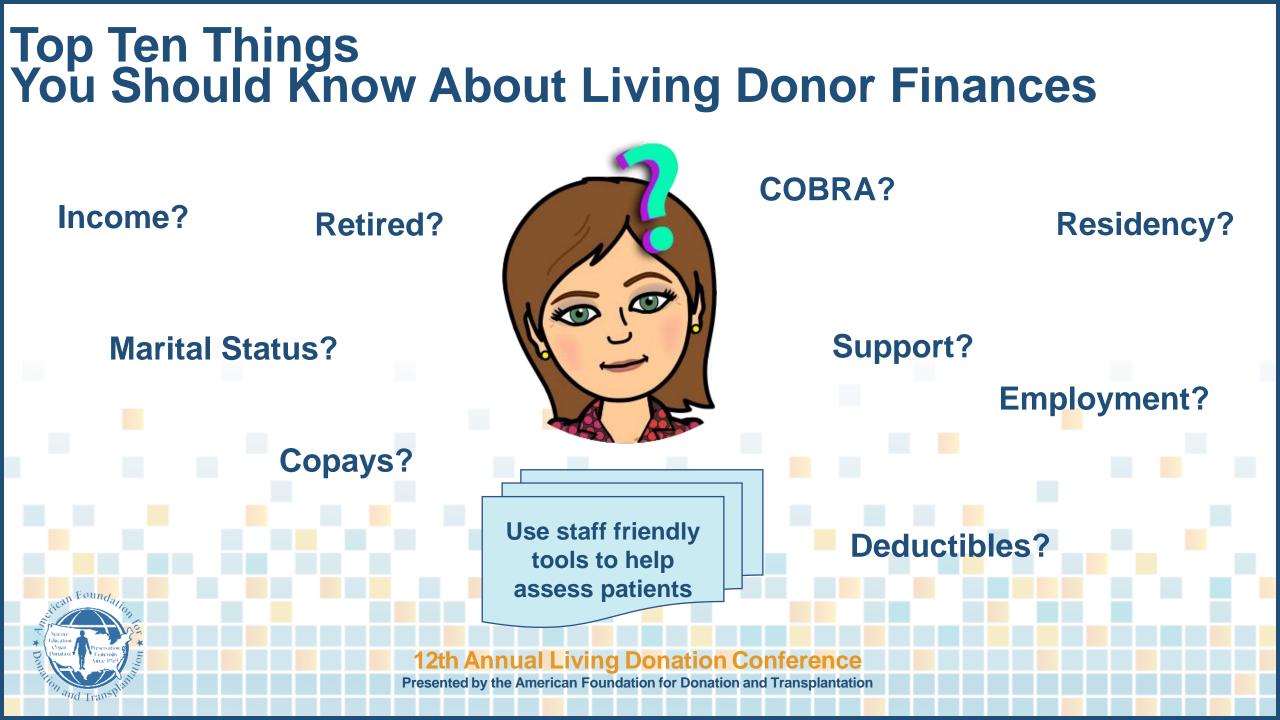
- Did you bill for your donor?
- Did you receive payment for your donor?
- Did you receive an invoice for your recipient's donor?
- Did you pay the invoice for your recipient's donor?
- Contact
- Chain
- Etc...



2 – Use tools that can help you accomplish what is needed and what has been completed



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As of (indicate date): * please note that this is an estimate ba	and an infe	mation from vouring user on	f data in directed	
Primary Insurance Company:	ised on into	mation from your insurer as o	ordateIndicated	
i initial j incurance company.				
Secondary Insurance Compar	ıy:			
Additional Insurance:				
Additional insulance.		Yes/No	Comment/A	dditional Information
Is Saint Barnabas Medical Cer	nter	Teamo	connentra	
(SBMC) in-network?				
Are living donor costs covered	d?			
Does my insurance cover trav	el costs			
for my living donor?				
Will I get a bill from the hospit				
my inpatient transplant admis Will I get bills from the doctor	sion?			
Will I get bills from the doctors treat me when I am inpatient f				
treat me when I am Inpatient 1 transplant?	or the			
Do I need to get referrals from	1			
Primary Care Physician for po	st-			
transplant clinic visits?				
Will I have co-pay for clinic vis	sits			
after transplant?				
Can I have my post transplant	labs			
drawn at SBMC? Are pre-authorizations needed				
Are pre-authorizations needed tests/services?	TOP			
Transplant Case Manager and				
Contact Information:				
	Trar	splant Medication Co	verage	
What company provides my				
medication?				
Do I have mail order				
benefits?				
Cost of 30 day supply for	Brand		Generic	Comments
each drug from a retail				
pharmacy i.e. CVS				
Cost of 90 day supply for	Brand		Generic	Comments
each drug from a retail pharmacy i.e. CVS				
Do I have mail order	If yes y	vho is my mail order		
benefits?		cy provider:		
If yes, cost for a 90 day	Brand	cy provider.	Generic	Comments
supply for each drug from a				
mail order	1		1	1

n Found.

Patient friendly worksheets

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Staff friendly checklists

	Center	Center
Prior to exchange registration of recipient and intended donor:		
Transplant financial coordinator reviews recipient's insurance to notify insurer of potential exchange registration. Transplant social worker also assesses recipient for potential exchange participation to identify potential coverage gaps Recipients are educated and counseled appropriately by the multi-disciplinary team as to whether participation is an option.		
At the time of Registry registration of recipient and intended donor:		
Verify that recipient or donor have been cleared: medically psychosocially financially		
At time that recipient's center is notified of a potential match in the Registry:		
Prior to cross-matching, the recipient's transplant center must re-verify recipient's insurance and if applicable, contact insurer to describe nature of potential transplant. Recipient center must confirm that recipient insurance covers donor at donor center —for example, if recipient is receiving a kidney from an out-of-state donor, does recipient have out-of network coverage for donor's providers? Donor Center must confirm that any providers involved in the case are approved by recipient's insurance (either in-network or authorized) and also how the donor facility's charges for the nephrectomy will be paid - i.e. at cost per Medicare Cost Report Will there be other costs for the donor and recipient - i.e. transportation - who will be responsible and how will it be paid? * Note- both recipient and donor center must ensure that recipient's insurance will cover providers at both centers At time of recipient center's match acceptance:		
Logistics are coordinated clinically and recipient's insurance information is re-verified, by both recipient and donor center insurance authorizations are obtained and variances are arranged for out-of-network services, if applicable		
Information is communicated to the donor transplant center via paired exchange memo, which outlines all demographic and financial elements of recipient and donor, as well as important contacts, needed for proper claims submission		
At time of paired exchange transplant:		
Submit bills for the transplant as follows: (See UNOS/OPTN Kidney Paired Donation Financial & Administrative Recommendations for det	ailed informa	tion)
All recipient bills (both facility and provider) are billed directly to recipient insurer Donor Center claims for the donor nephrectomy are sent to the recipient transplant center . Recipient center to process. Donor provider bills are sent to either the recipient's insurance or to the donor hospital, if there is a global arrangement with recipient center		

The following are recommended guidelines on administrative and financial tasks that need to be completed in order to facilitate a paired exchange.



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1- Learn from each living donor transplant that is performed



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Learn from each other

(improve the process and strive to do more transplants)





- 10 Financial Coordinators are a critical member of the disciplinary team
- 9 Timing is everything
- 8 Know your recipient and donor policies
- 7 Communication is key
- 6 It's all about the recipient's insurance
- 5 Have a plan for donor complications
- 4 Keep on top of the regulations
- 3 If your center performs Kidney Paired Exchange establish a process
- 2 Use tools that can help you accomplish what's needed and what's completed

1 - Learn from each living donor transplant that is performed



Andrea Tietjen 973-322-2974 andrea.tietjen@rwjbh.org \bigcirc 12th Annual Living Donation Conference Presented by the American Foundation for Donation and Transplantation