Who Pays What?

UNDERSTANDING YOUR TRANSPLANT HEALTH CARE COVERAGE

If you are going to have an organ transplant, you need to know the details of your health care coverage from insurance, Medicare, or Medicaid. This information will help you plan to have what you will need for the expenses that your insurance will not cover.

COMMERCIAL INSURANCE BENEFITS

Commercial insurance is obtained through a work policy or an individual policy that you purchase. You need to have a copy of your policy's benefits statement. Read through this statement to gather the following information:

General Benefits

*What is my yearly deductible?

*Does my insurance ever pay 100%of charges? Under what circumstances?

*What is my maximum out-of-pocket, the amount I must pay each year before insurance pays 100%?

*What are the insurance co-payments for hospital charges, doctor's visits, and prescriptions?

*What is the lifetime maximum benefit for this policy?

*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 drugstores? Is there a mail order option for savings? If I must pay for medicines up front, how long does it take to get reimbursed?

*Am I required to get pre-authorization for out-patient office / clinic visits?

*If I am covered under two insurance policies who is primary and pays first?

Transplant Benefits

*Do I have benefits for organ transplant?

* Are all diagnoses covered for the organ transplant I need?

* Do I have a pre-existing condition for which coverage is excluded? 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 that maximum?

*Is there any coverage for transportation and lodging? If so how much?

*Is there a transplant case manager who will coordinate my transplant care? What services will this person provide?

Ask the same questions of your secondary insurance if you have additional coverage. After reviewing your policy booklet and asking the above questions, if you do not clearly understand your benefits, get help from your insurance company, your transplant center's financial coordinator or transplant team social worker. It is essential that you understand your coverage **before** transplant.

MEDICARE

Medicare covers these organ transplants for adults: Heart, Lung, Kidney, Pancreas, Kidney-Pancreas and Liver. Make sure your transplant center is Medicare certified for your organ.

HOSPITAL: **Medicare Part A** covers hospital inpatient expenses. When Medicare covers the transplant, it pays the hospital bill for that admission. There is a deductible amount that you must pay for each inpatient stay of 1-60 days. Thereafter there is a daily co-pay.

PHYSICIAN: **Medicare Part B** covers physician visits and outpatient expenses. You must pay monthly premiums to have Medicare Part B coverage. The physician's charges of your transplant hospitalization are paid at 80%. Outpatient clinic visits, doctor's appointments and lab work are also paid at 80%. You will be responsible for the 20% not covered at each visit. Supplemental insurance policies can help with the 20% charges you will owe.

MEDICATION: **Medicare Part B** does provide 80% payment for your antirejection medications under certain conditions. If you were given Social Security / Medicare for end-stage renal disease (ESRD), Medicare will pay 80% of your antirejection medications for 36 months following your transplant. If your disability is not ESRD **and** you had Medicare coverage at the time of transplant, there is no time limit on coverage for antirejection medications as long as you remain eligible for Medicare due to age or disability. **Medicare Part B** provides partial payment of **antirejection medications only**.

> For example, Ms. S is discharged after her transplant with eight medications to take, three of which are antirejection medications. The total of her bill is $247l; her portion to pay is $1719 as one medication not covered by Medicare is a very expensive antiviral medication.

Medicare Part D offers prescription drug coverage to everyone with Medicare. To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drug coverage. If you decide not to join a Medicare Prescription Drug Plan (Part D or Part C) when you are first eligible, and you don't have other creditable prescription drug coverage, or you don't get Extra Help, you'll likely pay a late enrollment penalty.

Medicare Part C is a Medicare Advantage Plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits as well as additional prescription drug benefits. If you are covered by a Part C plan, services are coordinated and covered through the plan and not paid under original Medicare program.

Medicare Supplemental Policies: Since Medicare does not pay 100% of all transplant expenses, patients often purchase Medicare supplements to increase insurance coverage. Generally Medicare supplements follow the Medicare guidelines and pay 20% on any service covered by Medicare at 80%. Getting a Medicare supplement is an individual choice and the responsibility of the Medicare client. They are available for over 65-year-old Medicare clients and those under 65 and Medicare eligible due to disability. Call 1-800 633-4227 to request information about Medicare supplements for disabled under age 65 or over age 65.

> **Be prepared to develop a plan to pay for the costs of your transplant care that Medicare will not cover. Remember, if your Medicare is a Social Security Disability benefit, when you are no longer disabled your Medicare benefits will be time-limited.**

COORDINATION OF BENEFITS:

If you have two insurances, one is primary and pays first, the other pays secondary. If you have private insurance from a current job and Medicare; Medicare is secondary. If you have private insurance that is a retirement benefit; Medicare is primary. Medicare is primary to Medicaid.

MEDICAID

Medicaid covers kidney and liver transplants for adults. It covers kidney, heart, liver, and lung for children. Based on medical review, Medicaid could pay for small bowel and pancreas for children.

HOSPITAL: Medicaid provides coverage for the hospital, doctor's office visits and lab work for Kidney and Liver adult transplant patients. It provides the same for transplants covered for children.

PHYSICIAN: Medicaid pays physician's charges during your transplant care if Medicaid covers your transplant.

MEDICATION: Georgia Medicaid pays for prescription medications including your immuno-suppressants. You may be required to pay small co-pay for each prescription. You will have to purchase your vitamins, supplies to use with your blood sugar machine, over-the-counter medications or tube feed supplies if you need that kind of nutrition at home. Because Medicaid can be re-evaluated every few months and is based on financial income and continuing disability adults should not count on this coverage for long-term medications.

COORDINATION OF BENEFITS: If you have both Medicare and Medicaid, Medicare pays first and Medicaid pays the co-pays or uncovered charges. If you have commercial insurance and Medicaid, your commercial insurance pays first.

Medical Assistance Only Medicaid, also known, as "spend-down Medicaid" or Medically Needy Medicaid, can cover your medical expenses and prescriptions during a covered month. Depending on your income and outstanding medical bills, you may qualify for several ongoing months or only a portion of each month. You have a "spend down" or deductible amount that you must meet each month before you become eligible. Apply at your county's Department of Family and Children Services. This is a temporary source of Medicaid.

Katie Beckett Medicaid Program –This program permits the state to ignore family income for certain disabled children. It provides benefits for certain children 18 years of age or less who qualify as disabled individuals under the Social Security Act, and who live at home rather than in an institution. These children must meet specific criteria to be covered. Apply for this type of Medicaid coverage at your county's Department of Family and Children Services. This too is a temporary source of Medicaid.

QMB Medicaid -Qualified Medicare Beneficiary – This type of Medicaid pays your Medicare deductibles and the 20% balance of Medicare covered expenses. It does not pay all the other services that regular Medicaid covers. If you qualify for Medicare coverage for your antirejection medicines, QMB Medicaid will pay the 20% balance of those medicines. It will not pay for other medications.

Peachcare for Kids – This program provides health care for uninsured children. It is available to children under 0-18 years old who do not qualify for Medicaid and live in households with incomes at or below 235% of the federal poverty level. Parents pay a small premium for children over 6 years old, but no more than $35 a month for all children in the family. There are no pre-existing condition exclusions. Apply for this at your county's Department of Family and Children Services or call 1-877-GA PEACH or online at www.peachcare.org

If Medicaid is your primary source of coverage, consider

- **Will you be able to keep your Medicaid after transplant?**
- **How long will you be able to keep it?**
- **Will you be able to cover costs that Medicaid will not cover?**

A LONG -RANGE PLAN

Transplant is for life: you need to expect to take good care of your new organ for many years to come. Taking care of your transplanted organ definitely includes having a plan for your transplant expenses. From the time you are listed for your transplant, you need to be working with the long-range plan in mind.

JumpStart, a return to work program for transplant patients, is available to any patient who has had a transplant or been UNOS listed for transplant. If physically possible, the goal is to return to work in a job that will provide you insurance coverage. Begin planning for this even while waiting for your transplant. Contact JumpStart at 678-514-1183.

Investigate options for additional coverage such as becoming covered on a spouse's insurance policy. You can choose to be covered on your spouse's insurance as a way to maximize insurance even if your current coverage is excellent.

Consider fundraising. Depending on your coverage, options for maintaining or adding to that coverage, you might need to fundraise to have money available for follow-up care and medications. The Georgia Transplant Foundation has a program that matches funds raised for qualified participants. Visit our website www.gatransplant.org or call 770-457-3796 to get Transplant Fundraising Program information.

Whatever the plan, it is likely that your current coverage will change. Your disability ends; your company changes insurance plans; you change jobs which changes your insurance plan; or your benefits change as you retire. Any of these life events have the possibility to alter your coverage for transplant expenses. Stay knowledgeable about your current coverage and options.

PHONE NUMBERS

Medicare	**1-800-633-4227**
Medicaid	**Call Dept. of Family and Children's Services**
Dept. of Family and Children's Services	**Check your local phonebook for your county's number**
JumpStart	**770-457-3796 or 678-514-1183**
Insurance Commissioner's Office	**1-800-656-2298**
Peachcare for Kids	**1-877-427-3224**
Social Security Administration	**1-800-722-1213**