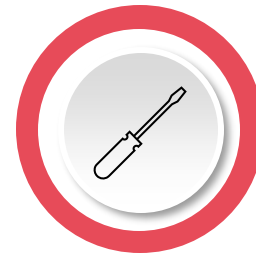
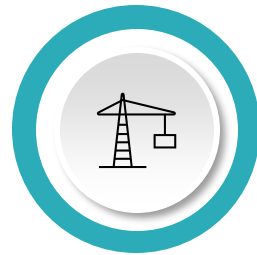
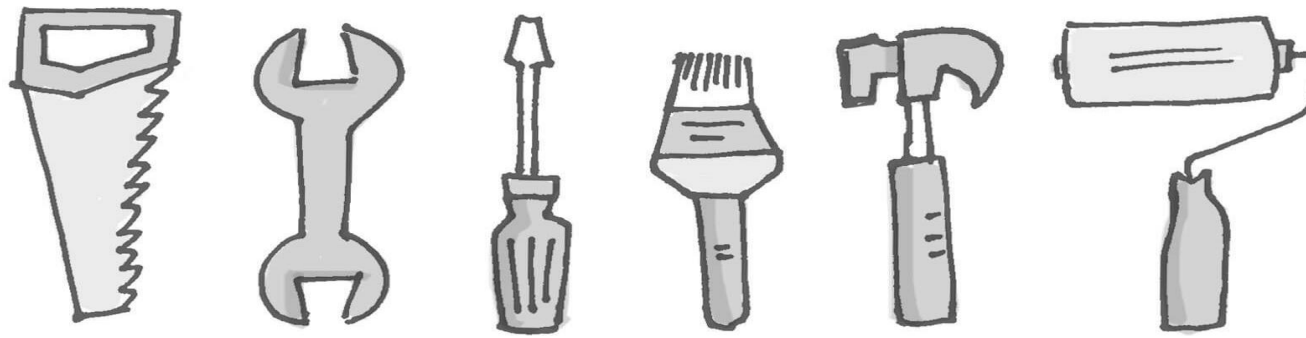


Current Tools to Promote Donor Financial Neutrality

... Keeping Donors Whole





Substance Use in Living Donation: When Does Use Become Abuse?

Filza Hussain, MD, Stanford Health Care-Stanford Hospital

Case Study Sessions

Accepted Case Study Submissions

BREAK

Strategies to Optimize Psychosocial Outcomes

Farrah Desrosiers, MS, LCSW, CCTSW

New York Presbyterian-Weill Cornell Transplant Center Program

Complexities of the Undocumented Living Donor

Ellen Shukhman, RN-BC, BSN, CCTC

Cedars Sinai Comprehensive Transplant Center

Managing Mood Disorders in the Living Donor

Filza Hussain, MD

Stanford Health Care-Stanford Hospital

Strategies for Managing Living Donors with Novel Microbes

David Serur, MD

Hackensack University Medical Center

2:00 p.m. - 2:45 p.m.

Genetic Testing - Current Application in Living Donation

Christie P. Thomas, MD, University of Iowa Health Care

2:45 p.m. - 3:30 p.m.

Obesity in Living Donors - Sustainable Interventions

Amanda Velazquez, MD

Cedars Sinai Comprehensive Transplant Center



Our Collective Objectives

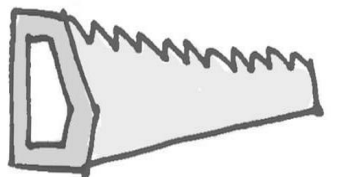
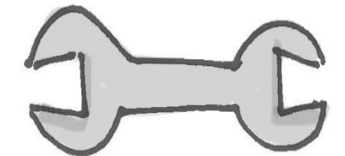
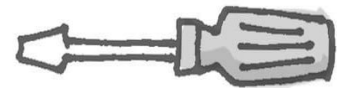
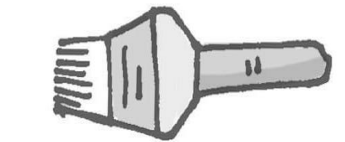
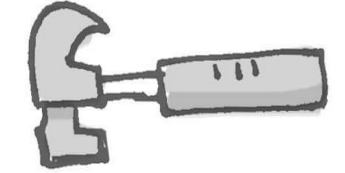
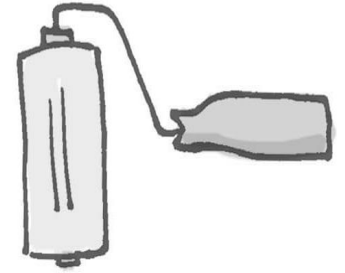
Donor remains financially neutral

Optimize financial methodologies for maximize cost recovery

Negotiate challenges and obstacles for your patient and your program

Opportunities are increased for donation and transplantation

Resources identified that can assist with donor costs





Tools

Maximize cost recovery



Tools

Negotiate challenges and barriers



Tools

Access resources



Tools

Increase opportunity for transplant/donation

**Before we talk about the our tools,
let's talk about the costs that donors may incur...**



Donation

**Transplant
Program**

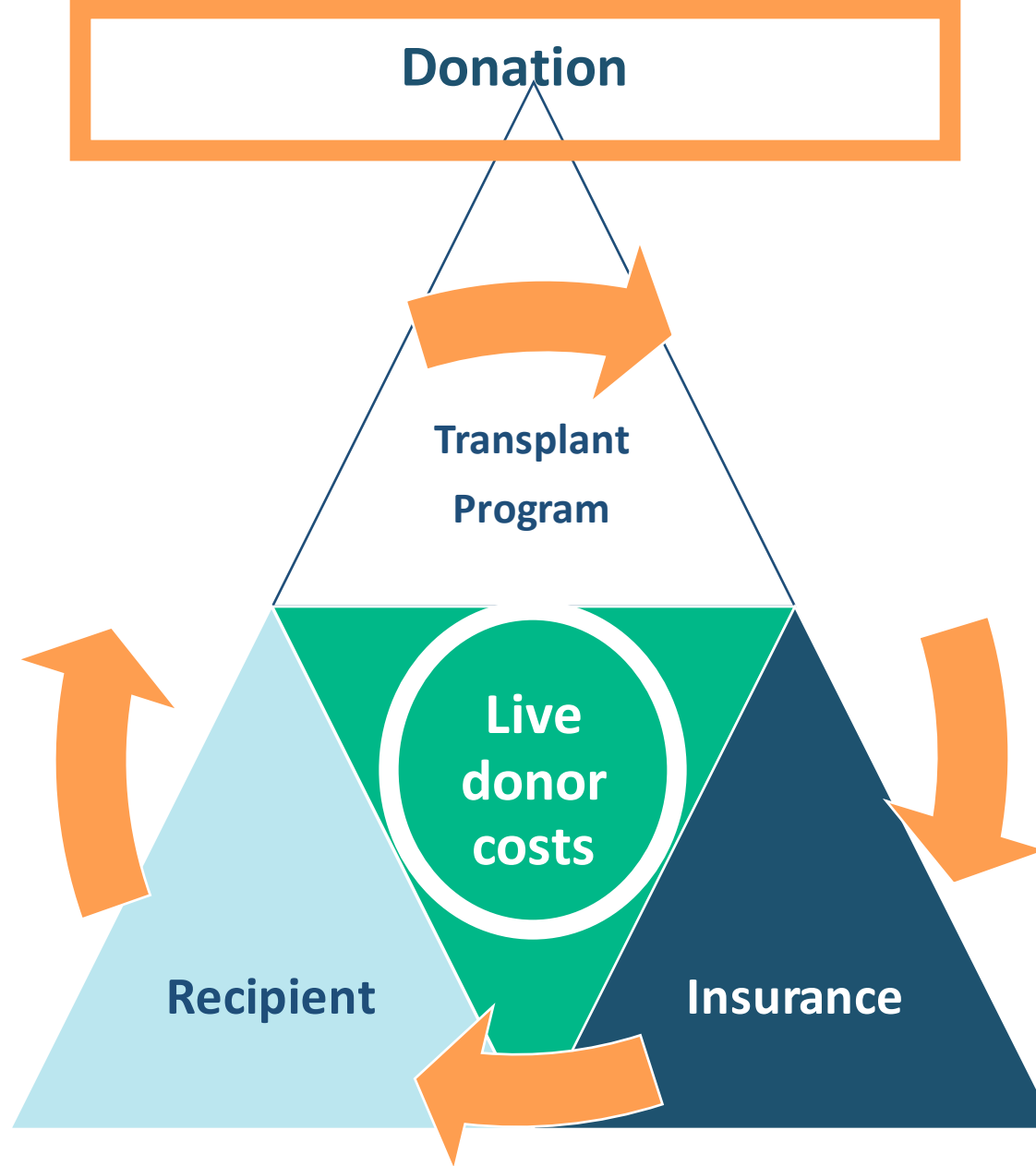
**Live
donor
costs**

Recipient

Insurance

Pre-Donation

Post Donation



14th Annual Living Donation Conference

Presented by the American Foundation for Donation and Transplantation





**Testing /
treatment**



**Travel –
food / lodging /
transportation**



Lost Wages



**Dependent
/ child care**



Tools

Maximize cost recovery



Tools

Negotiate challenges and barriers



Tools

Access resources



Tools

Increase opportunity for transplant/donation

Wally

- ✓ **54 year old male interested in donating to his sister**
 - Potential recipient has Medicare primary and Medigap secondary
- ✓ **Works as a bus driver, has access to transportation, paid time off and short term disability**
 - Potential donor has health benefits, does not have a primary care physician, and has family history of co-morbid conditions
 - Lives several states away with this wife and children



Assessment is key in order to access tools and resources



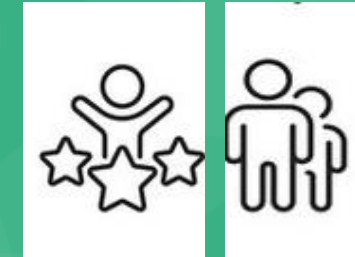
Testing



**Travel –
food / lodging /
transportation**



Lost Wages



**Dependent
/ child care**



Tools

Maximize cost recovery



Tools

Negotiate challenges and barriers



Tools

Access resources



Tools

Increase opportunity for transplant/donation

Wally

- ✓ **54 year old male interested in donating to his sister**
 - Potential recipient has Medicare primary and Medigap secondary
- ✓ **Works as a bus driver, has access to transportation, paid time off and short term disability**
 - Potential donor has health benefits, does not have a primary care physician, and has family history of co-morbid conditions
 - Lives several states away with this wife and children
 - Also cares for their ailing mother



Assessment is key in order to access tools and resources



Testing



**Travel –
food / lodging /
transportation**



Lost Wages



**Dependent
/ child care**



Pre-Donation

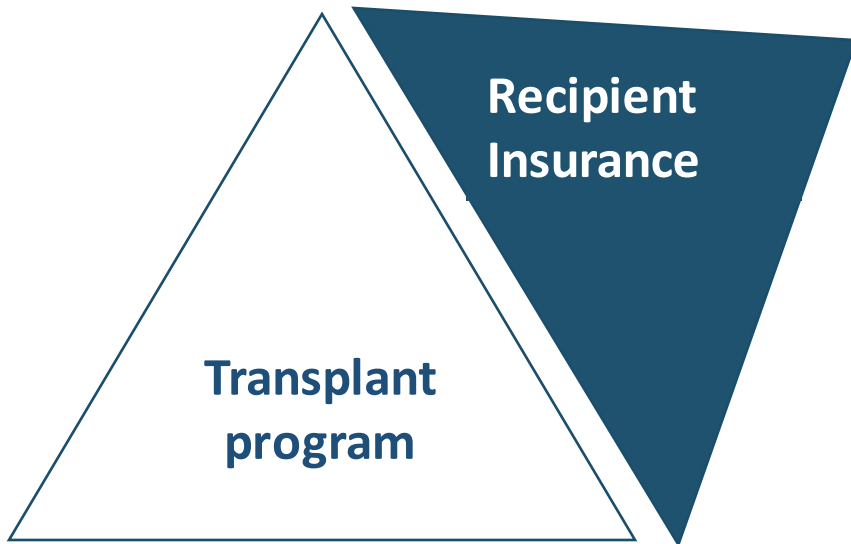
Programs should confirm processes and procedures to

1. facilitate payment of expenses incurred
2. prevent bills being sent to patients

Transplant
program



Pre-Donation



All tests/services/consults needed to determine suitability of recipient and donor can be covered by either:

- Transplant Program
 - Organ Acquisition/ Medicare Cost Report
- Recipient Insurance



**Per regulations,
tests, services and
consults needed to
determine if donor
can donate can be
covered**



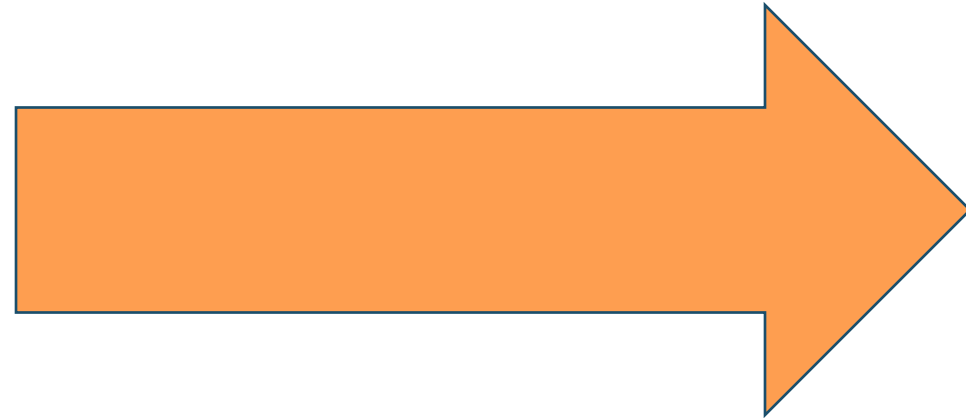
Including...

- Apol
- Genetic testing
- Cancer screenings
- And any other consults that would allow the team to rule a donor in or out



Maximum coverage starts with good education

- For...
 - Staff
 - Recipients
 - Donors



Testing guidelines for Transplant Team

Policy Guidelines for Pre-transplant Testing for Evaluation and Listed Patients

Tests and other non-salary costs for all pre-transplant testing of potential recipients & living donors to determine suitability for transplant/donation will be posted directly to Organ Acquisition. Tests for purposes of diagnosis/treatment will be direct billed to the patient's insurer and are **NOT** charged to Organ Acquisition. Staff salary costs for pre-transplant services will be captured via monthly time studies & posted to the appropriate organ cost center.

- Did patient have any of the following required tests done within the past 6-12 months? If **YES**, obtain results
 - EKG -CXR - 2D Echo - CT Scan of kidneys - Mammogram - Pap Smear
 - Stress Test -Consultation Only – (Psych, Hepatology, Pulmonary, Urology, Dental, Cardiology)
 - Serologies: if indicated, for CMV, Hep A, B,C, PCR, PSA , liver function tests, coag studies, HIV
 - Colonoscopy (tests within five (5) years)
 - If **NO** – order per the following:
 - **Cardiac Testing:** *For diabetics and patients > age 55, and per MD orders*
 - EKG – CPT 93000 - Standard Pre-Transplant Billing Letter – Diagnosis: Z01.818
 - 2D Echo –CPT 93306 – Echo (2D) w/ interpretation -Diagnosis Z03.89 Obs susp cardiovascular disease
 - Stress Test – 78452 – Nuclear Stress - Diagnosis – Z01.810 Pre-op cardio examination
 - **Colonoscopy:**
 - Routine initial Colonoscopy for patients>age 50=> *Pre-transplant Colonoscopy Billing Letter* to patient w/Rx
 - Follow-up Colonoscopy needed every three (3) years for **high risk patients** (see definition below). Please provide prescription with applicable diagnosis – **DO NOT give a billing letter for follow-up colonoscopies.** Refer to *Clinical Protocol #13 – Cancer Wait Time for Transplantation*
 - History of Polyps – ICD10 is Z83.71
 - Family History of Colon Cancer – ICD10 is Z80.0
 - History of Colorectal Cancer - ICD10 is Z85.038
 - Inflammatory Bowel – ICD10 is K51.90 (or Crohn's Disease – K50.90)
 - **PAP Smear**
 - Screening Pap Smear CPTs – P3001/P3000 (technical) – ICD10 is Z12.4
 - Age 21-29 - every 3 years
 - Age 30-65 – every 5 years with HPV test
 - **Mammography:** *for female patients > age 40*
 - Screening Mammography CPT – 77057 - ICD10 Z12.31
 - Age 45-54 - yearly
 - Age 55 and older – every 2 years
- Billing letters can be given if MD orders another film or an ultrasound only if it is to determine if candidate is suitable. Breast biopsies are not covered; patient will need to follow up with own GYN/specialist for biopsy order/follow up*
- **Radiology**
 - CT Abdomen w/ w/o Contrast – CPT – 77140. Order per MD only as per diagnosis
 - CXR – ICD10 – Z01.818



Transplant Insurance Worksheet*

As of (indicate date):		
* please note that this is an estimate based on information from your insurer as of date indicated		
Primary Insurance Company:		
Secondary Insurance Company:		
Additional Insurance:		
	Yes/No	Comment/Additional Information
Is Saint Barnabas Medical Center (SBMC) in-network?		
Are living donor costs covered?		
Are donor complications covered?		
Does my insurance cover travel costs for my living donor?		
Will I get a bill from the hospital for my inpatient transplant admission?		
Will I get bills from the doctors that treat me when I am inpatient for the transplant?		
Do I need to get referrals from Primary Care Physician for post-transplant clinic visits?		
Will I have co-pay for clinic visits after transplant?		
Can I have my post transplant labs drawn at SBMC?		
Are pre-authorizations needed for tests/services?		
Transplant Case Manager and Contact Information:		

Team tools to facilitate assessment of insurance coverage





Tools

Maximize cost recovery

In order to maximize coverage of donor costs, access resources to resolve any recipient insurance issues

Identify local
Social Security
contact

Engage
regional CMS
representative

Collaborate
with case
managers

Work with
State/Local
Advocates





Tools

Maximize cost recovery



Tools

Negotiate challenges and barriers



Tools

Access resources



Tools

Increase opportunity for transplant/donation

AJ

- ✓ **60 year old female willing to donate to her brother**
 - Potential recipient has Medicare primary and employer insurance secondary
 - Donor has a limited time to donate, as spouse recently diagnosed with cancer
- ✓ **5 days prior to LD surgery, Medicare coverage showing as inactive**
 - Team contacts local SSA representative
 - Patient has questionable green card status
 - SSA will either provide letter for inactive coverage for secondary insurance to then pay as primary or remove flag of inactive status on Medicare coverage



An Affidavit of No Insurance may assist when a recipient insurance is requesting use of donor's insurance

AFFIDAVIT OF NO DONOR BENEFITS:

State of _____)
County of _____)

Saint Barnabas Medical Center Renal & Pancreas Transplant Division has been notified that:

1. Is a subscriber of health insurance benefits from _____
2. But **does not** have health insurance coverage for living donation

This information has been provided to us _____ and can be independently verified.

Dated: _____.

[Signature of affiant]

Subscribed and sworn to before me this _____.

[Signature and seal of notary public]



To Whom It May Concern:

Pursuant to our policy, please be advised that we do not have insurance on record for donor Santa Claus.

We request that you authorize coverage under Burger Meister's policy for the living donor surgery that will take place on January 5, 2021.

Thank you for your consideration and immediate attention to this matter.

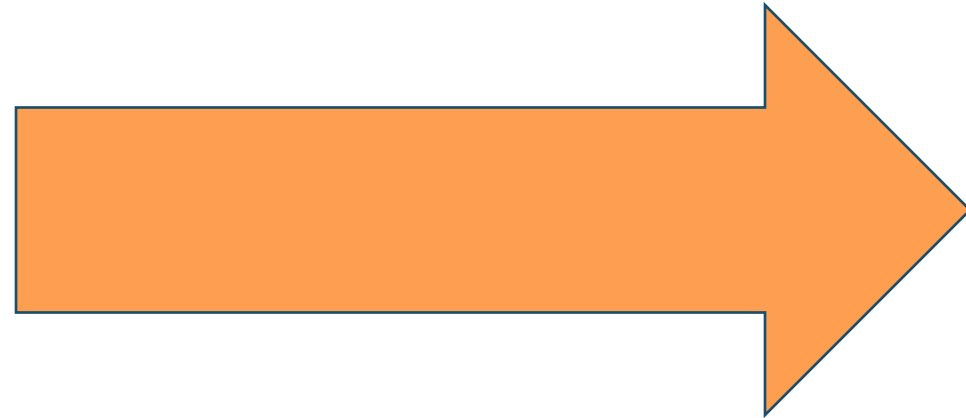


Submit statement that there is “no donor insurance on record” when recipient policy requires use of donor insurance



Develop good billing letters

- For both recipient and donor
- Describes process
- Adapt to facilitate testing



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
- contact information for the provider to reach out to CBMC with any questions

Please do not provide your personal insurance for this visit or test

- If you choose to have any testing at a facility other than CBMC, please ask in advance if they are willing to accept our payment for services and notify your coordinator which provider you will be going to.
- If your provider will not accept our billing letter, please contact us before you have the service performed so we can review and advise.

Please mail, fax or email any invoice, bill or notices as soon as received so we can process it for payment (feel free to use the self addressed envelopes we provided)

- Mail : CBMC Renal & Pancreas Transplant
Attn: Transplant Billing 94 Old Short Hills Rd.,
3rd Floor East Wing, Livingston, NJ 07039
- Fax: Transplant Billing at 973-322-2634
- Email: sbmrenal@rwjrh.org (you can also send a picture from your phone via email)

You may receive two different bills for a test performed – one from the facility and one from the doctor or provider

- Send both bills to us – both invoices will need to be paid by our department.

It may take a few weeks for us to process the invoice – we encourage you to contact us per above at any time for an updated status.

Billing questions? Please call Rhonda Lutz at 973-322-5314

Rev. 03.08.22

Patient Education

- Patient friendly
- Easy to understand
- Provide contact info
- Provide self-addressed envelopes for patients to send our team bills or statements they receive for testing



- **Document test ordered**

- ✓ Prevents other tests are not performed

- **Provides information up front about billing**

- ✓ Minimizes potential collection activity/late notices for donor
- ✓ Outlines processes for both internal and external providers

Renal and Pancreas Transplant Department
Provider Agreement for Pre-Transplant Testing for Donor Candidates

Patient Name: _____ Date: _____

1. **Request for Services** – The SBMC Renal & Pancreas Transplant Program is requesting the following tests to be provided to the patient above for purposes of pre-transplant evaluation. The only services covered by this agreement are those requested by an official representative of our program: _____

2. **Responsible Party** – The SBMC Renal & Pancreas Transplant Program agrees to pay for all related services under the terms specified in this agreement

3. **Billing Instructions** – The **Healthcare Provider** agrees to send all bills related to the requested services to:

Saint Barnabas Medical Center
Pre-Transplant Department – 3rd Floor, East Wing
Attn: Billing
94 Old Short Hills Rd.
Livingston, NJ 07039

Telephone: 973-322-2524 for patients A-L and 973-322-2247 for patients M-Z Facsimile: 973-322-2634

Billing statement must include patient's name, date of birth, the CPT procedure code and the date of service in order to be considered complete. A signed W-9 must also accompany the statement.

**** We request that you send a hard copy of the bill or claim for processing – electronic bills are not received by us in a timely manner and can significantly delay payment****

4. **No Billing to the Patient or Third Parties** – The **Healthcare Provider** agrees that no balance billing or billings of any other nature will be sent to the patient or to third parties for the above requested service(s).

5. **Payment Rate** – Billed services provided by the **Healthcare Provider** will be paid for by the SBMC Renal & Pancreas Transplant Program as authorized under CMS guidelines. Reimbursement will be made at the rate of **100% of the Medicare Allowable Rate for the region (MLC) according to federal regulation 42 CFR 412-413.** The **Healthcare Provider** agrees to accept payment at this rate as full payment for services provided under this agreement.

6. **Non-Referral** – Nothing in this agreement requires or suggests the referral or exchange of services or patients between parties. Consideration for such referrals is neither offered nor accepted.

7. The parties represent that neither party nor their respective staff members and/or employees have been debarred from participating in a third party payor program, including but not limited to Medicare.

8. For services rendered at **Saint Barnabas Medical Center**, please register patient with **Plan Code G06** with guarantor listed as SBMC Renal & Pancreas Transplant Department. For services rendered at **Newark Beth Israel Medical Center**, please register patient with **Plan Code T73** with guarantor listed as SBMC Renal & Pancreas Transplant Department.

14th Annual Living Donation Conference

Presented by the American Foundation for Donation and Transplantation



- **Communicate with billers to ensure donor billing is correct- for both facility and providers claims**



- **Use Case Managers when present to assist**

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA OTHER 1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last name, First name, Middle initial) 3. PATIENT'S BIRTH DATE MM DD YY SEX M F 4. INSURED'S NAME (Last name, First name, Middle initial)

5. PATIENT'S ADDRESS (No. Street) 6. PATIENT'S CITY STATE ZIP CODE 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE)

8. OTHER INSURED'S NAME (Last name, First name, Middle initial) 9. OTHER INSURED'S POLICY OR GROUP NUMBER 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS (First symptoms OR INJURY (Accident) OR PREGNANCY (LMP)) 15. IF PATIENT HAD HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF PHYSICIAN, SURVEILLANT, PHYSICIAN, NURSE, OR OTHER HEALTH CARE PROVIDER 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? 21. RESERVED FOR LOCAL USE 22. MEDICARE RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

24. TABLE OF SERVICE DATES, PROCEDURES, SERVICES, OR SUPPLIES, CHARGES, COINSURANCE, EMPLOYER'S PLAN, ETC. RESERVED FOR LOCAL USE

25. FEDERAL TAX I.D. NUMBER 26. PATIENT'S ACCOUNT NO. 27. POLICY ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

Remove donor name and demographics

Add donor diagnosis

Add donor modifier

Patient confidentiality

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



Patient Education

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.

Evaluation is not a blank check for patient testing



:

Patient Education

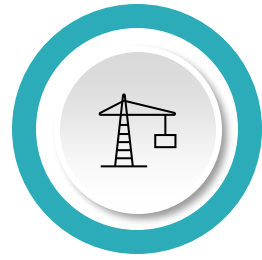
Know your policies and the donor coverage in advance so you can be confident in your communication and educate recipients and donors correctly.

If you fully educate and properly inform your patients, they will know what to expect, and they will not be surprised if complications arise.



Tools

Maximize cost recovery



Tools

Negotiate challenges and barriers



Tools

Access resources



Tools

Increase opportunity for transplant/donation

What happens if during the donor's evaluation, a condition is identified that requires treatment?





Tools

Negotiate challenges and barriers

- ✓ **Cultivate network of local providers –**
GYN, Urology, Hematology, Weight Loss
- ✓ **Establish relationships with community clinics/county or state resources –**
Behavioral Health, Substance Abuse
- ✓ **Explore health system service lines/resources -**
Dental Clinics
- ✓ **Investigate hospital/foundation funds or other grant funding that may be available**



Tools

Maximize cost recovery



Tools

Negotiate challenges and barriers



Tools

Access resources



Tools

Increase opportunity for transplant/donation

What happens if there are complications post donation?



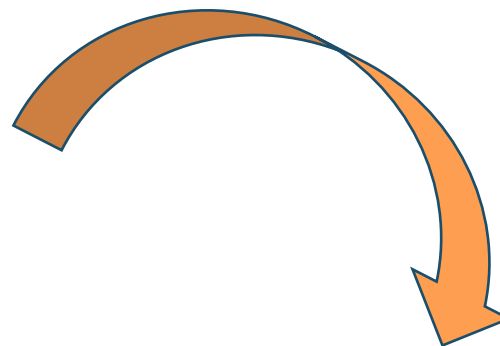
“...the expenses of donor complications can be borne by:

- **the recipient’s insurance**
- **the recipient**
- **the transplant center**
- **the donor’s insurance”**



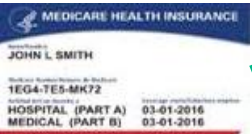
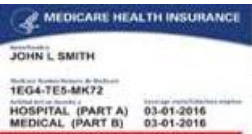
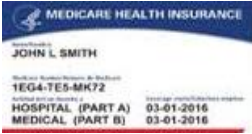
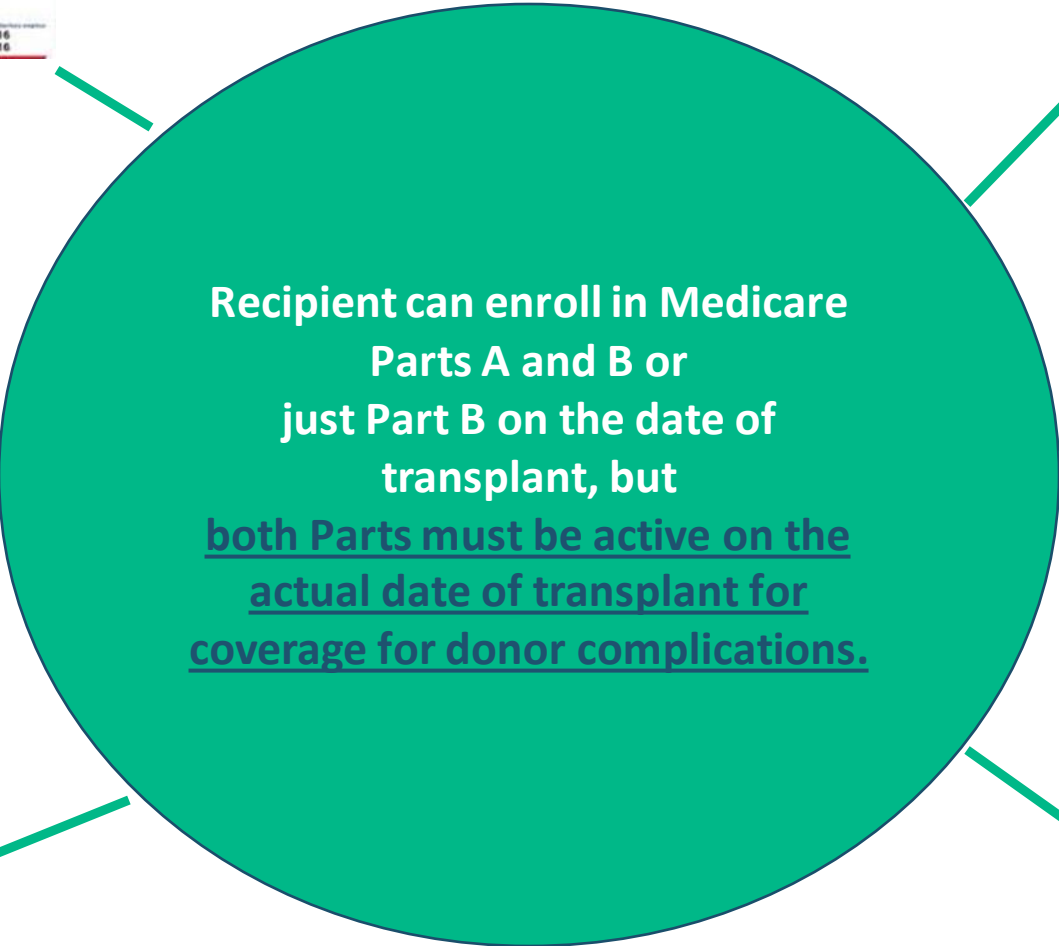
Donor Complications...

“...Medicare will cover donor complications for an unlimited period of time”



“...as long as transplant recipient has Medicare Parts A and Part B effective on the date of transplant”







Tools

Maximize cost recovery



Tools

Negotiate challenges and barriers



Tools

Access resources



Tools

Increase opportunity for transplant/donation

✓ 38 year old male donating to a friend

- Recipient is pre-dialysis, commercial insurance primary, applies for Medicare at time of transplant
- Recipient successfully transplanted, expires 5 years post transplant

✓ Donor presents 7 years post donation with documented incisional hernia




Billing for Living Donor Complications

Regarding donor complications:

- Expenses incurred for complications that arise with respect to the donor are covered only if they are directly attributable to the donation surgery. Complications that arise after the date of the donor's discharge will be billed under the recipient's health insurance claim number. This is true of both facility cost and physician services. Billings for donor complications will be reviewed.
- In all of these situations, the donor is not responsible for co-insurance or deductible.

In addition, CR7523 is adding language to Section 90.1.3 of Chapter 3 of the "Medicare Claims Processing Manual" to provide clarifications as follows:

- Expenses incurred for complications that arise with respect to the donor are covered and separately billable only if they are directly attributable to the donation surgery.
- All covered services (both institutional and professional) for complications from a Medicare covered transplant that arise after the date of the donor's transplant discharge will be billed under the recipient's health insurance claim



Information for Medicare Fee-for-Service Health Care Professionals

NEWS FLASH

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 http://www.cms.gov/MLNProducts/downloads/MLNProducts_listserv.pdf 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 #: R149BP and R2334CP Implementation Date: April 2, 2012

Billing for Donor Post-Kidney Transplant Complication Services

Note: This article was revised on April 3, 2012, to correct the claim examples at the end of the article. All other information is the same.

Provider Types Affected

Providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries.



Re: Post Donation Complications for Kidney Donor

Dear Provider:

The below-referenced patient donated a kidney to a recipient at our transplant center on and we were notified on that the donor required continuing care related to the donation.

There are specific insurance coverage guidelines that need to be followed when providing services to a kidney donor. The donor's claims for post-donation related services should be submitted to the kidney recipient's insurance, as indicated below.

Additionally, the claim should contain the ICD10 Diagnosis Z52.4 – Kidney Donor, the diagnoses for symptoms/conditions for which they are being treated, and for Medicare billing, please add the Q3 modifier (Kidney Donor Surgery and Related Services). Medicare will reimburse these services at 100% of the Medicare Limiting Charge.

Please note that this donation was anonymous and that any claims sent to the insurance below should be blinded. You may remove the donor's name and place Kidney Donor as the first and last name and replace any identifiable donor information with the demographics for the recipient, provided below, on the claim.

Donor Name:

Date of Birth of Donor:

Name of Insured:

Date of Birth of Insured:

Address of Insured:

Insurance Carrier:

Policy #:

Comments:

Post donation billing letter



- Donor will be covered (life-long) even if recipient loses Medicare or expires

- All covered donor post-kidney transplant complication services must be billed to the account of the recipient (i.e., the recipient's Medicare number).
- Modifier Q3 (Live Kidney Donor and Related Services) appears on each covered line of the claim.
- Institutional claims will be required to also include:
 - Occurrence Code 36 (Date of Inpatient Hospital Discharge for covered transplant patients); and
 - Patient Relationship Code 39 (Organ Donor).

Sample claims appear at the end of this article to provide examples of the above coding instructions.



Billing for Living Donor Complications

The [Q 3 Modifier](#) can be documented in [Field 24 D](#) under [Modifiers](#)



HEALTH INSURANCE CLAIM FORM

PICA PICA

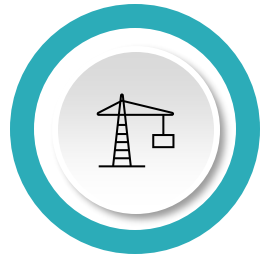
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		CHAMPUS <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (VA File #)		GROUP HEALTH PLAN (SSN or ID)		FECA DEPENDENT (SSN)		OTHER <input type="checkbox"/> (ID)		14. INSURED'S I.D. NUMBER (FOR PROGRAM ITEM 1)																																																																																																																																																																																																							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)								3. PATIENT'S BIRTH DATE MM DD YY				SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																																																																																																																																																							
5. PATIENT'S ADDRESS (No., Street)								6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street)																																																																																																																																																																																																									
CITY				STATE				8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>				CITY																																																																																																																																																																																																									
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9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)								10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				11. INSURED'S POLICY GROUP OR PROGRAM NUMBER																																																																																																																																																																																																									
a. OTHER INSURED'S POLICY OR GROUP NUMBER								b. OTHER INSURED'S DATE OF BIRTH MM DD YY				SEX M <input type="checkbox"/> F <input type="checkbox"/>		12. INSURED'S DATE OF BIRTH MM DD YY																																																																																																																																																																																																							
c. EMPLOYER'S NAME OR SCHOOL NAME								c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				13. EMPLOYER'S NAME OR SCHOOL NAME																																																																																																																																																																																																									
d. INSURANCE PLAN NAME OR PROGRAM NAME								100. RESERVED FOR LOCAL USE				14. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO # yes, return to and complete item 9a-d																																																																																																																																																																																																									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																																																																																																																																																																																																																					
SIGNED _____								DATE _____																																																																																																																																																																																																													
14. DATE OF CURRENT ILLNESS (First symptoms or INJURY (Accident) OR PREGNANCY (LMP)) MM DD YY								15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																																																																																																																																																									
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE								17a. I.D. NUMBER OF REFERRING PHYSICIAN				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																																																																																																																																																									
19. RESERVED FOR LOCAL USE								20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO § CHARGES				21. MEDICAL RESUBMISSION CODE ORIGINAL REF. NO.																																																																																																																																																																																																									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. _____ 2. _____ 3. _____ 4. _____								22. MEDICAL RESUBMISSION CODE ORIGINAL REF. NO.				23. PRIOR AUTHORIZATION NUMBER																																																																																																																																																																																																									
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25. FEDERAL TAX I.D. NUMBER				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (If or good dates, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$																																																																																																																																																																																																					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS								32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)				33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #																																																																																																																																																																																																									





Tools

Maximize cost recovery



Tools

Negotiate challenges and barriers



Tools

Access resources



Tools

Increase opportunity for transplant/donation

✓ 38 year old male donating to a friend

- Recipient is pre-dialysis, commercial insurance primary, applies for Medicare at time of transplant
- Recipient successfully transplanted, expires 5 years post transplant

✓ Donor presents 7 years post donation with documented incisional hernia

✓ Donor treatment successfully coordinated – despite time since donation



But... what if the transplant recipient does not have Medicare?

Or if recipient is not Medicare eligible?



Know your center's workflow and policies on donor complications...

- Does your center pay for donor complications?
- Does your center require donors to have insurance?
- Does your center bill the recipient for donor complications?

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.





- ✓ **Commercial insurers/Medicaid generally consider early complications as covered by the global or bundled payment.**
- ✓ **Fee-for-service plans may cover early complications.**
- ✓ **Often, commercial insurers will not pay costs for living donor complications outside of the perioperative period.**

**Consider resources
from Paired Exchange
Registries....**

**– Access KPD exchange for donor
protection for your donor and your
recipient’s donor**

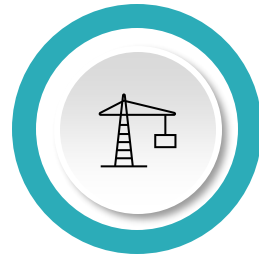
- ✓ **Includes providers – surgeons,
nephrologists, etc.**
- ✓ **Also donor complications**





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Increase opportunity for transplant/donation

Felicia

✓ 42 year old female interested in donating to her mother

- Potential recipient has Medicaid only – not Medicare eligible

✓ Potential donor ...

- is currently unemployed
- has out-of-state Medicaid
- Has 3 foster children

➤ Can proceed with KPD or donate directly by accessing donor protection through KPD



- Donor Complications...



New challenges... Medicare Advantage Plans

By definition, should cover same services as Medicare... including donor coverage

Advocacy working to ensure coverage of donor costs



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Tools

Increase opportunity for transplant/donation

JT

- ✓ **50 year old male donor donates to his brother**
 - Recipient has active Managed Medicare/Medicaid
- ✓ **Donor readmitted 1 week post donation for complications**
 - Will Medicare Advantage plan pay?
- **Submit claim to Advantage plan, if denied appeal, then submit to FFS Medicare of recipient**
- *By regulation, complications are covered but don't delay care of donor*





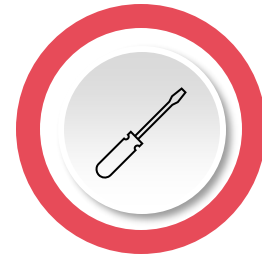
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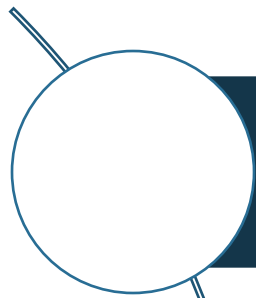
Identify in advance if coverage gaps exist



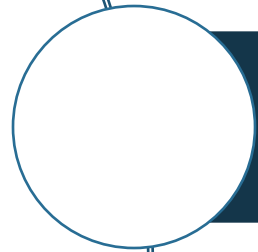
What are the available resources for donor costs related to -

- Travel
- Lost Wages
- Donor Complications
- Dependent Care

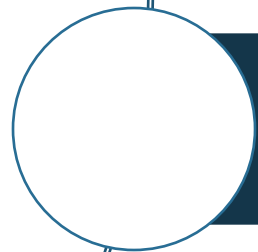




For liver and kidney

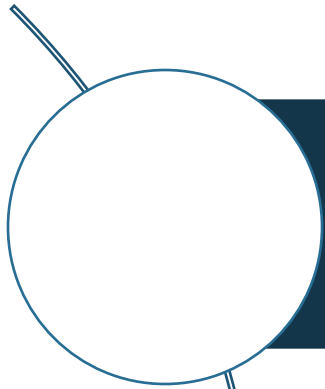


Costs worksheets

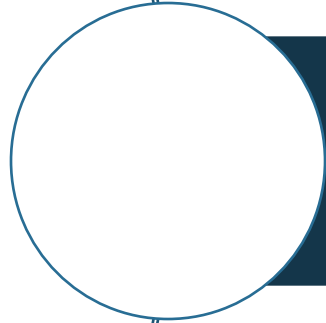


Insurance post donation

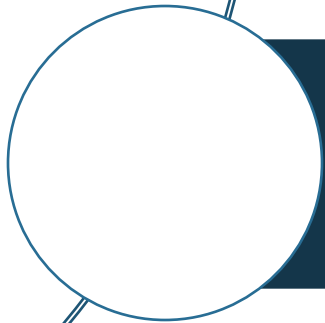




Military Benefits



Not Profit Programs and Resources



Fundraising



Additional potential resources for coverage gaps





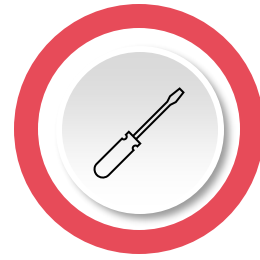
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Increase opportunity for transplant/donation

REDUCING BARRIERS TO LIVING DONATION BY INCREASING ACCESS TO LIVING DONOR FINANCIAL ASSISTANCE

Financial concerns are a barrier for some potential live organ donors. Donors can face out-of-pocket costs such as lost wages, travel expenses, and dependent care that are directly related to the donation evaluation and surgery. The National Living Donor Assistance Center (NLDAC) is a federally funded program that provides financial assistance resources for qualifying donors that apply.

Case Profile: Living donation may not be an affordable option for some potential donors. Educating and assisting candidates with financial assistance programs can help ease or eliminate the financial disincentives for some donors. Our center identified the underutilization of the NLDAC program. Our center’s living donor transplant coordinators initiated a process improvement project to increase the utilization of NLDAC. The result was a successful process improvement implementation with significant positive results.



REDUCING BARRIERS TO LIVING DONATION BY INCREASING ACCESS TO LIVING DONOR FINANCIAL ASSISTANCE

Ernie Villalon BSN, RN, CCTC, CPTC

Kidney Living Donor Transplant Coordinator

Keck Hospital of USC

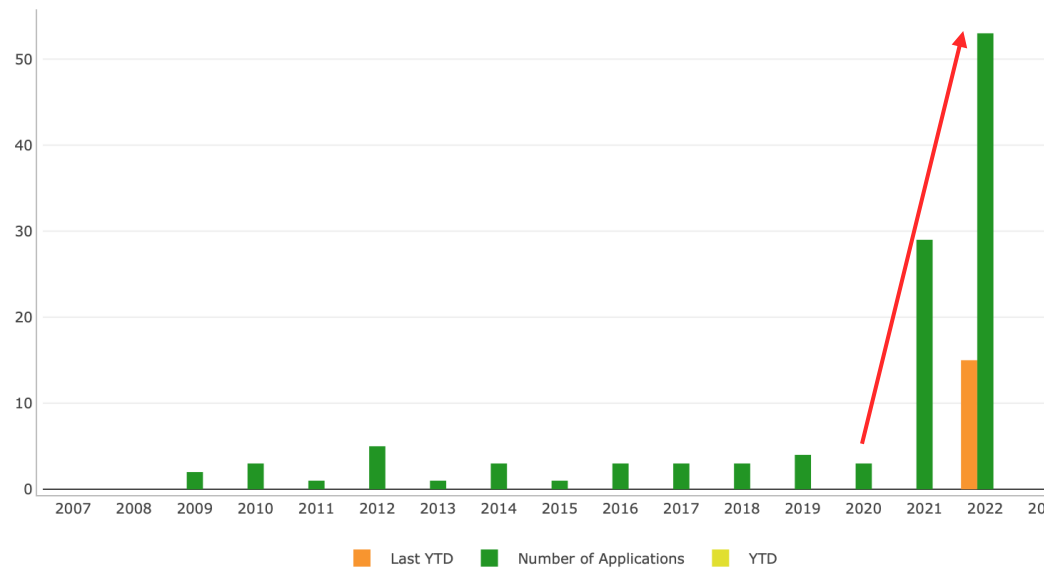
Process Improvement Implementation

Assessment

Program Usage Report - CAUH - USC University Hospital

All Organs
 Kidney
 Liver

NLDAC Number of Applications by Year - All Organs



National Living Donor Assistance Center, (2023)

Results

NLDAC Applications Summary - All Organs

Year	Applications	Approved Applications	% Approved Applications	Surgery Completed	% Surgery Completed	NLDAC Financial Support
2007						
2008						
2009	2	2	100%	1	50%	\$8,974.95
2010	3	2	67%	1	50%	\$509.50
2011	1	1	100%	0	0%	\$391.51
2012	5	4	80%	1	25%	\$6,306.45
2013	1	1	100%	0	0%	\$4,136.84
2014	3	3	100%	0	0%	\$4,128.74
2015	1	1	100%	0	0%	\$5,880.32
2016	3	2	67%	1	50%	\$7,386.30
2017	3	3	100%	2	67%	\$13,194.32
2018	3	3	100%	1	33%	\$9,208.39
2019	4	4	100%	2	50%	\$12,284.35
2020	3	3	100%	3	100%	\$12,128.17
2021	29	27	93%	14	52%	\$79,677.81
2022	53	48	91%	21	44%	\$124,429.03
2023	9	9	100%	3	33%	\$20,488.73

National Living Donor Assistance Center, (2023)

- 1495% increase in Financial Assistance
 - 2009-2020 Average: \$7800/year – 2022: \$124,429.03
- 1820% Increase in approved applications
 - 2009-2020 Average: 2.5 approved applications/year
 - 2022: 48 approved applications

Let's keep our donors financially neutral by..

