

Financial and Insurance Considerations for Transplant

Christina Allman

Financial Coordinator Supervisor

UC Davis Transplant Center



Role of Financial Coordinator

- Research insurance benefits and review with patient
- Educate patient on costs of transplant care
- Assist patient with developing a long-term financial strategy
- Secure insurance authorizations for transplant-related services

Funding Sources

- Medicare
 - Age 65 or disabled
- Medi-caid
 - Disabled or pregnant
 - < 21 y/o or ≥ 65 y/o
- Private insurance
- Veterans Administration
- Funding organizations

Cost of Transplant Services

- Evaluation and pre-transplant testing
- Transplant surgery and hospital stay
- Post-transplant meds: \$4000-\$6,000/mo
- Post-transplant care:
 - Office visits
 - Labs, X-rays, Biopsies, re-hospitalization
 - Travel and lodging

Pre-Transplant Financial Issues

- Denial of authorization from non-contracted insurance
- No insurance or Medicare only
- Cannot afford medical out-of-pocket costs or co-pays for medication
- Coverage terminates (e.g. loss of job, patient has to pay for COBRA)
- Restricted coverage
 - Organ transplant max
 - Limited drug max
 - Limited lifetime max

Post-Transplant Financial Issues

- Disability status terminates
- Lost wages, travel and lodging
- Only 80% of immunosuppressant drugs are covered by Medicare Part B, the patient is responsible for the remaining 20%
 - This 20% is not applied to Part D GAP and can be \$200-\$400/month
- Change in health care benefit
- Loss of insurance coverage

Having an organ transplant requires life-long maintenance

