KIDNEY TRANSPLANT

Educate. Navigate. List.

Frequently Asked Questions

2019 Transplant Coordination

Quality Insights

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TRANSPLANT FREQUENTLY ASKED QUESTIONS (FAQs)

Q: How can transplant centers assist patients with insurance issues?

A: Transplant centers assist patients by connecting them to a financial coordinator. The financial coordinator assists the patient by reviewing the patient's insurance benefits and what they provide, what to expect to pay out-of-pocket for evaluation, surgery, and post-transplant care, as well as prescription coverage. The coordinator may also suggest applying for additional insurance coverage if the patient has not already done so and/or fundraising to cover expenses. Candidates on the waiting list should know whom to contact if they have questions or changes in their insurance while wait-listed.

Q: Do insurances pay for evaluations at more than one center for patients who wish to multi-list?

A: It depends on the insurance coverage and how the transplant center handles the billing. Many transplant programs are willing to accept test results from each other, avoiding unnecessary duplication of patient testing.

Q: Do transplant centers prefer patients to have Medicare over commercial insurance?

A: There is a benefit to having Medicare secondary to commercial plans because it can provide coverage for living donors, including donor complications, and additional qualifying coverage (https://www.medicare.gov/coverage/kidney-transplants) for a host of related items and services, including immunosuppression medications. If a patient delays Medicare enrollment until the coordination of benefits (https://www.medicare.gov/Pubs/pdf/10128-Medicare-Coverage-ESRD.pdf), he/she would be advised to obtain Medicare coverage with transplant as the qualifying eligibility. If a patient enrolls in Medicare Part A, some transplant centers advise the patient to also enroll in Part B due to differences in what would be covered if enrollment were delayed. Patients with Medicare will have all living donor charges covered, and there is no authorization required for transplant evaluation or surgery. Medicare guarantees coverage of expenses at 80% for up to three years post-transplant. It is still important that Medicare-only patients obtain a secondary or supplemental insurance plan to cover the remaining 20%.

Q: How frequently should patients check in with their transplant coordinators?

A: Patients should contact their transplant center whenever they have questions about their status, changes in their health, or changes in their insurance. **If there are no questions or changes, most centers prefer monthly communication**. Some transplant centers may schedule 3-month or 6-month appointments depending on the amount of wait time the patient has accumulated.

Q: Is there a process for following up with patients who miss appointments? If so, does the process usually include identifying the reason(s) a patient has missed the appointment?

A: Yes, some transplant programs contact patients by phone or letter after missed appointments. Sometimes, the transplant programs will follow up with the dialysis facility to obtain additional information or insight.

Q: How can transplant centers and dialysis centers collaborate to help patients overcome barriers to kidney transplantation?

A: Communication is key. Best practices include providing of monthly patient-specific status reports, identifying key contacts, and encouraging self- referrals.

Q: How are transplant centers viewing marijuana use? Is medical marijuana a contraindication?

A: Medical marijuana use is not necessarily a contraindication for transplantation. While marijuana use is accepted in some centers, it has not achieved global acceptance. It is important to determine the reason(s) for use, as well as defining "use" vs. "abuse." Some programs find edibles to be more acceptable than smoking. Patients with adherence concerns may be required to be evaluated by neuropsychology to help distinguish use from abuse.

Q: Prior to surgery, do patients receive significant education about the cost of transplant medications?

A: Most transplant programs include the cost of transplant medications as a part of the financial evaluation process. Often this starts at the patient's initial visit and continues with each subsequent clinic visit. The financial evaluation may include a review of the patient's current insurance benefits and co-pays for medications. The financial evaluation should be revisited regularly as a patient's insurance can change from year to year.

Q: Where can we obtain eligibility requirement criteria for each individual transplant center?

A: This information is posted on the Quality Insights website (https://www.qirn5.org/Dialysis-Providers/Transplantation.aspx).

Q: Given the varying criteria, do candidates benefit from registering at multiple transplant centers, even within the same Organ Procurement Organization (OPO)?

A: Yes, depending on the transplant centers in the Organ Procurement Organization (OPO) (https://www.organdonor.gov/awareness/organizations/local-opo.html). Some centers within the OPO have very different criteria; others will have less variation. Patients should visit as many programs as possible to increase opportunities based on the patient's needs/ values. When patients inquire about listing with other centers in the same OPO, they should be encouraged to visit each center to determine where they feel most comfortable, both in terms of the providers and the aggressiveness of the center's kidney acceptance policy. This will be an enduring relationship; finding the right fit with the right team is key.

Q: Why do some transplant centers not support patients who wish to multi-list? Some patients say they are told it does not benefit them because everyone goes on the same list.

A: There is an Organ Procurement Transplant Network (OPTN) policy (https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf) that states a transplant center may choose not to list a patient if that patient is going to be listed at another transplant center. While it is true everyone goes onto the same OPO list, a patient's chances of getting transplanted sooner depend on the transplant center acceptance criteria. Therefore, it benefits the patient to list at multiple centers that may have different acceptance criteria.

Q: What is the United Network for Organ Sharing's (UNOS) mandated timeline from when a transplant committee determines approval for waitlist and when the wait listing date is entered into UNET(centralized computer network that links all 58 OPOs)?

A: The patient is reviewed in selection committee by the transplant team and approved for listing. At the time of review, there may be issues that are pending, for example insurance authorization or receipt of a sample for the human leukocyte antigen (HLA) lab. Ideally, the patient is listed as soon as possible, however there is not a policy that dictates that timeframe as there may be things outside of the center's control. UNOS policy states patients must be notified within 10 business days for ACTIVE listing, DECLINE for transplant, or REMOVAL from the list. If the patient is being listed for the first time as ACTIVE, that information must be entered in UNET, the organ transplant web platform, and verified by a second registered nurse prior to the patient being eligible for organ offers.