

Money Matters

What Makes a Recipient “High Risk”?

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Outline & Objectives

1. Funding Sources
2. Contract language
3. Financial Coverage & Changes!
4. Financial Status vs. Situation
5. *EVERYONE'S PRIMARY GOAL?*



Funding Sources

- Payors
- Patient
- Government
- Patient Assistance Programs
- Not-for-Profit



Contract Language

- Carve Outs / Exclusions
- Transportation / Lodging Expense
- Organ Acquisition
- Live Donor Expense
- Re-Transplants
- Day Outliers
- Prompt Payment / Payment Methodology



Financial Coverage

“Well rounded” coverage takes into account all phases of transplant.

- Phase 1 - Evaluation
- Phase 2 - Maintenance
- Phase 3 - Transplant Episode
- Phase 4 - Post Transplant Care



Financial Coverage Changes

From Not Good... to Bad... to Worse...

- Job / Insurance transition
- Eligibility Changes
- Loss of Insurance



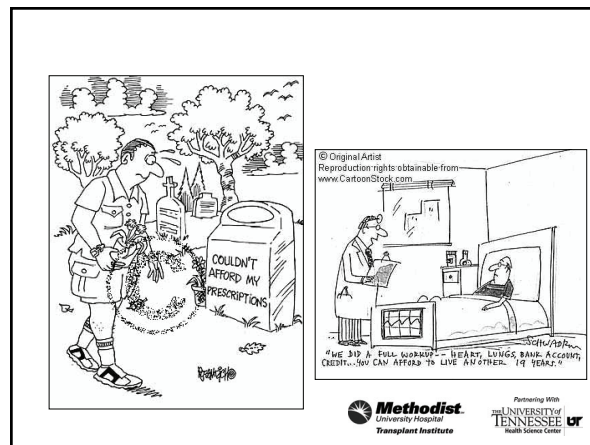
Status vs Situation

- **Uninsured / Self-Insured**
 - Must have appropriate deposit for transplant event as well as proof of funds to cover 1st year post prescriptions
- **Underinsured**
 - Must identify gaps in coverage in advance (example to follow)
- **Working Poor**
 - May have adequate coverage for event, but lack the funds to cover co-pays/deductibles



Status vs Situation, Con't

- **Little, if any, support system**
 - No one to help care for the patient post transplant equals re-admissions
- **Very ill patients that have used up much of their "lifetime max"**
- **Those not cleared via psycho-social evaluation**
 - Example: habitual drug/alcohol abusers that the physician wants listed immediately because "if we do not transplant them, they are going to die".



EVERYONE'S PRIMARY GOAL?

Long Term Patient & Graft Survival!



Transplant Resource Center

501(C)(3) Organization

Mission - The TRC will support the educational, emotional, spiritual and financial needs of transplant recipients and organ donors, as well as their family members, in an effort to promote and enhance a better quality of life.



Transplant Resource Center

- Provide *one time* monetary assistance to patients
 - Provide educational material
- 1) Annual Transplant Gathering
 - 2) Life Stories booklet
 - 3) Support Monthly Support Group Meetings chaired by Social Workers
 - 4) Annual Golf Outing
 - 5) VIP Luncheon - Chris Klug



Addendum's



| | |
|----------------|--|
| Phase 1 | Pre-transplant evaluation |
| Phase 2 | Patient accepted and listed with UNOS and is now in the maintenance or candidacy phase |
| Phase 3 | Patient admitted to hospital for organ transplant procedure and subsequent inpatient stay. This is typically the DRG component of the transplant process. |
| Phase 4 | Patient discharged from hospital and post-transplant follow-up care period begins. |



Example Lifetime Benefit Max

| Description | Subtotal | Total |
|---|-----------|------------------------------------|
| General pre-transplant costs applied toward lifetime max (previous hospital stays, doctor visits, dialysis, labs, etc) for previous 12 years. | \$494,526 | \$494,526 |
| Prescriptions applied to lifetime max (12 years @ \$684/month on average) | \$84, 873 | \$579,399 |
| Liver transplant event (complications with an extended stay, retransplant within initial admission, organ as passthrough) | \$365,976 | \$945,375 |
| 1 st year post transplant visits with one readmission | \$42,854 | \$988,229 |
| 1 st year post transplant prescriptions (11 drugs averaging \$3,496/month) | \$38,456 | \$1,026,685 (\$26,685 not covered) |
| Yer 2 post transplant prescriptions (9 drugs averaging \$2,346/month) | \$28,152 | \$1,054,836 (\$28,152 not covered) |



Transplant Resource Center

Goals -

- 1) Provide an open forum for transplant recipients, organ donors and family members to obtain up-to-date information about organ transplantation and organ donation.
- 2) Promote organ donation and transplantation throughout the community in an effort to help increase awareness.
- 3) Enhance quality of life by providing limited financial resources for transplant recipients and organ donors, as well as their family members.
- 4) Provide a supportive environment for transplant recipients, organ donors and family members.

