

FINANCIAL INFORMATION

Insurance

Financial and Insurance Matters: Helping Make Sure You Have a Plan

Before your child's evaluation, the financial office will verify insurance coverage for the transplant evaluation, for the actual transplant, and for long-term follow-up coverage (pre- and post-transplant). Transplants are a very complex and costly treatment for organ failure. It is important for you to understand your child's insurance coverage and, potential out-of-pocket expenses.

There are many phases of transplant, such as transplant admission, outpatient appointments, medical procedures and prescriptions, and each may have a separate level of coverage. It is also crucial that you develop a long-term plan to cover transplant services.

The key to financial success throughout the transplant process is for you to:

- Know your child's insurance coverage
- Have a financial plan
- Stay in contact with the transplant financial coordinator

Referrals and Authorizations

If you have coverage through a Health Maintenance Organization (HMO), you should be familiar with the process of obtaining referrals. It will be your responsibility to obtain all referrals for your child's appointments and procedures. This is especially important if you are coming here "out-of-network" as your HMO MUST approve all care done here PRIOR to the appointment. If you fail to obtain a referral before the appointment (many insurance carriers do not allow a referral after the appointment has occurred), you would be responsible for all costs of treatment.

Change of Insurance

Due to the incredible importance of having continual insurance coverage for all of these costs, it is extremely important that you notify the financial coordinator of ANY insurance changes. This includes changes to the policy you currently have as well as getting a new policy. Even seemingly small changes to an existing contract will require us to re-verify your benefits. We also stress the importance of consulting with us when you're considering changing insurance and you have a choice on what you can choose. This will allow us to review with you the various coverages available to you, considering the benefit levels specific to transplantation.

It is important to note that some coverages may require that your child receive a transplant at a center within their network and may NOT allow your child to receive a transplant here. Finally, if you fail to let us know about changes to your insurance, your child may be placed on hold on the wait list until the new insurance can be re-verified and a new authorization for transplant obtained.

While planning ahead, there are some important things to consider that may change with your child's insurance coverage:

- Divorce or separation for a spouse can lead to cancellation of coverage on the spouse's policy
- Issues that may impact the insurance coverage, including a change in job status due to health, layoff, change in student status or other causes
- Changes in your child's insurance policy that can lead to increased co-pays and/or deductibles
- Children becoming adults and no longer being covered under their parents' insurance or state-funded health plans

Michigan residents who have no health insurance, or insurance that's inadequate or too expensive, can sign up for a new plan under the Affordable Care Act (ACA), also known as Obamacare. For help signing up for a new plan under the ACA, please contact the Michigan Medicine patient financial counselors. They can be reached at **(877) 326-9155** between 9 a.m. and 8 p.m. You can also visit the exchange website directly at **www.healthcare.gov** or call the exchange help line at **(800) 318-2596**.

Prescription Coverage and Cost of Anti-Rejection Medications

Prescription coverage is also extremely important. Your child's medications after transplant are expected to cost between \$5,000 and \$7,000 per month. Your child will need to take approximately 10 medications during the initial period following transplant. After transplant the medications may decrease in dose and number of medications taken may gradually decrease.

The cost of immunosuppressive medications is very high. Transplant patients must take immunosuppressive drugs for life. Therefore, it is important to have insurance coverage for prescriptions and a financial plan to allow your child to have the drugs necessary following transplant.

We have attempted to share some estimated costs for the most frequently used transplant immunosuppressive medications. It is important to understand that many patients must take many medications beyond their immunosuppressive medications.

Each patient needs to discuss their insurance coverage for medications and their financial plan with the financial coordinator before and after their transplant.

Assistance Programs

Medicaid

Medicaid is a state-funded insurance program available for children whose families meet financial criteria. All children who receive Medicaid are assigned a case worker through the Department of Health and Human Services, who will work with you regarding questions about your child's Medicaid coverage. If your child has Medicaid, please bring his/her state ID card with you when you come to the hospital or clinic. If you have questions about whether your child may qualify for Medicaid, please contact your transplant social worker or financial coordinator.

Children's Special Health Care Services (CSHCS)

Because your child has a chronic disease, if you live in the state of Michigan, your child may qualify for CSHCS. The cost to you for this supplement is based on your income. The social worker and financial coordinator can provide you information and help you in applying for this program. Other states may have similar programs.



What does CSHCS provide?

- Coverage and referral for specialty services based on the patient's health problems
- Family-centered services to support your primary role as caretaker of your child
- Community-based services to help you care for your child at home and maintain normal routines
- Culturally competent services which demonstrate awareness of cultural differences
- Coordination of services from many different providers who work within different agencies

Who is eligible for CSHCS?

- Michigan residents
- U.S. citizens or documented non-citizens admitted for permanent residence
- Children with a qualifying medical condition and younger than 21 years of age

A Michigan Department of Health and Human Services (MDHHS) medical consultant reviews each case to determine eligibility. Severity of the person's condition as well as need for treatment by a specialist are factors considered.

What is Not Covered by Most Insurance?

While you might have adequate health insurance coverage for your child, there may be services your insurance will not cover, such as:

- Transportation to and from the transplant center for frequent clinic visits
- Temporary lodging and meals for family members during and after the transplant
- Parking fees for visits to the transplant center
- Insurance premiums, co-pays and deductible amounts
- Your plan may have limited dental coverage, leaving you with an out-of-pocket expense

Fundraising

If your family struggles with the costs associated with your child's transplant, you may need to consider doing some fundraising. Fundraising is best done before the transplant when your child is feeling better, instead of while recovering from major surgery. There are groups that specialize in helping patients in raising funds to cover their expenses. A huge benefit to using a fundraising group is to protect the money you raise from being taxed. If you directly accept funds that have been raised, they are considered taxable income. While the fundraising groups do retain a small percentage of the funds donated for their operating costs, the amount they retain is significantly less than you would pay in taxes. Funds raised by these groups allow more of the funds to be available for your child's transplant costs. Also, if you are on Medicaid, monies accepted directly by you will be considered income and will affect your financial eligibility, possibly disqualifying you for Medicaid. Using a fundraising group would eliminate this issue. More details on fundraising can be found on page 4 of the Resources section.

Financial Planning

Developing a Financial Plan for Out-of-Pocket Expenses

Being prepared by having a financial plan is the key to minimizing the financial strain and stress to you and your family as you go through the transplant process.

Once you have determined what your insurance covers, you'll have a better understanding of the "out-of-pocket" medical expenses you should expect. Other expenses, often considered "non-medical" that you may need to pay for include:

- Insurance out-of-pocket amounts, such as deductibles and copays
- Telephone calls
- Travel expenses
- Babysitters
- Meals
- Dental services
- Lodging
- Increased clinic and prescription costs post-transplant

After Transplant – Continuous Coverage for Life

Prescriptions

Prescription coverage is the number one financial problem patients have after transplant. Your child will need continual prescription coverage after transplant. The cost of your child's immediate post-transplant medications can be costly without insurance. If you do not have coverage and cannot pay for your anti-rejection medications, your child's new heart will fail.

If you anticipate changes in your current prescription coverage and do not have a planned transition to a new coverage, call your financial coordinator right away. Do not wait. Finding a new way to pay for your medications takes time; call as soon as possible so that you have time to develop a new plan.

Financial Coordinator

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Understanding Your Insurance Coverage — Questions to Ask Your Insurance Representative

Name of Representative _____ Date _____

BENEFITS/COVERED SERVICES	YES/NO	NOTES
Does my plan cover hospital charges?	Yes No	
Does my plan cover professional charges (also known as doctor fees)?	Yes No	
Does my plan cover prescription drugs?	Yes No	
Does my plan cover solid organ transplantation?	Yes No	
Does my plan have a "pre-existing condition" clause? If yes: How is the clause defined? If yes: Would my illness be considered a pre-existing condition?	Yes No Yes No	

BENEFITS/COVERED SERVICES	YES/NO	NOTES
Does my plan limit the number of transplants payable in a lifetime? If yes, what is the limit? If yes, does that limit apply for each organ?	Yes No Yes No	
Does my plan have a maximum <i>annual</i> amount it will pay out each year? If yes, what is the maximum amount?	Yes No	
Does my plan have a maximum <i>lifetime</i> amount it will pay out over a lifetime? If yes, what is the maximum amount?	Yes No	
Are there coverage exclusions in my plan? If so, what are the exclusions? What period of time applies to the exclusion?	Yes No	
Does my plan cover any travel, meals and lodging expenses? If yes, does it cover for a family member as well as the patient? If yes, how much does it cover?	Yes No Yes No	

OUT-OF-POCKET COSTS	YES/NO	NOTES
Does my plan have deductible amounts? If yes, what are they?	Yes No	
Does my plan have copayment amounts? If yes, what are the amounts? If yes, what services do they apply to?	Yes No	
Is there a maximum out-of-pocket amount that I would be responsible for each year? If yes, what is the limit?	Yes No	
REFERRALS/AUTHORIZATIONS	YES/NO	NOTES
Does my plan have any restrictions on which medical centers I can use (designated provider network)? If yes, is Michigan Medicine an approved provider?	Yes No Yes No	
Will my plan cover my services at an out-of-network provider? If yes, will my out-of-pocket expenses be higher?	Yes No Yes No	
Does my plan utilize a network for managing transplant services? If yes, is the UM Transplant Center an approved provider?	Yes No Yes No	

REFERRALS/AUTHORIZATIONS	YES/NO	NOTES
Does my plan cover a consultation at one or more transplant centers?	Yes No	
Is a referral or authorization required for:		
Consultations?	Yes No	
Transplant Evaluation/Testing?	Yes No	
Medical Procedures?	Yes No	
Who will be my case manager?		
How can I contact the case manager?		
PHARMACY	YES/NO	NOTES
Does my plan cover outpatient prescriptions?	Yes No	
If so, how much are the copays?		
Are prescriptions available by mail order?	Yes No	
If so, how much are the copays?		
Is there an approved list of covered medications?	Yes No	
Will the plan ever approve use of medications as exceptions to the list?	Yes No	
If yes, how is an exception requested?		

