



Health Facts for You



Kidney transplant costs and
coverage

UWHealth

Learn About Your Insurance Coverage

You will need to learn more about your insurance coverage. A person who gets a transplant needs life-long follow-up care and medicines. Learn about your co-pays and deductibles for hospital stays, clinic visits, labs and medicines. It will help you budget for these expenses.

Many plans have a yearly maximum for co-pays or deductibles.

- **Deductibles** are the amount you pay before your insurance starts to pay.
- **Copays** are the amount you pay for each covered service after you've paid your deductible.
- A “**yearly maximum**” means that when you have reached the limit of what you must pay, your insurance may pay the rest (100%).

Refer to your insurance booklet and keep track of your healthcare expenses.

Know the referral guidelines of your health plan. UW Health is a hospital-based clinic. You will get bills from the hospital and the doctors. If guidelines aren't followed, you may need to pay for the bill.

You may need to stay in Madison for some time after your transplant. Most insurance plans require prescriptions to be filled at certain pharmacies. Know your preferred pharmacy in your hometown and in Madison.

Other Coverage Options

If you do not have enough insurance coverage, your Transplant Financial Counselor or Transplant Social Worker can talk with you about eligibility for other financial programs.

Common Questions

What are my co-pays and deductibles for hospital stays?

What are my co-pays and deductibles for clinic visits, tests and labs?

What are my co-pays and deductibles for medicines?

Which pharmacies in Madison can I use?

How would these expenses fit into my budget?

Insurance Changes

If your insurance changes, call Registration at (608) 262-1400 to provide them with your new coverage information, then notify your Transplant Financial Counselor or Transplant Social Worker as soon as possible.

Questions and Notes About My Insurance

About Medicare

Medicare is health insurance for the following people:

- People age 65 and older.
- People who have been on Social Security Disability for 2 years.
- People with End Stage Renal Disease (ESRD) requiring dialysis or a kidney transplant.

You need to have enough work credits under Social Security to qualify for Medicare. Some people qualify for Medicare if they can be claimed as a dependent by someone else who does have work credits. For example, a child may qualify on a parent's work credits.

Understanding Medicare

There are 4 parts to Medicare.

Part A helps to pay for hospital care after the deductible is met. This includes the transplant surgery. Most people do not pay a monthly premium for Part A.

Part B covers 80% of doctor's services (both inpatient and outpatient) and 80% of outpatient care after the deductible is met. If you have Part A at the time of transplant, Part B can pay for 80% of the cost of your anti-rejection medicines when Medicare is your primary payer. The remaining 20% can be billed to your secondary health insurance.

There is a monthly premium for Part B which changes each year. It is based on your household income. Check www.medicare.gov for the current rate.

Part C is a Medicare Advantage Plan. Some people enroll in a Medicare Advantage Plan instead of traditional Medicare. This plan includes Part A and Part B and sometimes Part D. By law, Medicare Advantage Plans

must provide all services covered by Part A and Part B of Original Medicare. While a Medicare Advantage Plan may provide more coverage, it cannot provide any less coverage than found in Original Medicare. If you decide to enroll in a Medicare Advantage Plan, it's important to know that they only need to cover 80% of the cost of your anti-rejection medications, so you might have 20% copays for these.

To find out about your Medicare Advantage Plan go to your plan's website and search for the Summary of Benefits Information (<https://www.medicare.gov/>. Click on "Find health and drug plans") or call your plan. Remember that coverage for anti-rejection medicines are based on the Part B benefits.

Part D covers some medicines. If you did not have Medicare at the time of transplant, it may pay for your anti-rejection medicines. Premiums vary by plan. You can explore options at www.medicare.gov.

Medicare supplements help pay for copays. You can ask your state SHIP (State Health Insurance Assistance Program) for information on available plans. See Resources section for phone numbers.

Premiums

For patients who are retired or on Social Security Disability, premiums are taken out of your monthly benefit.

Premium Assistance

Medicare Savings Plans: Some people can get help through their state to pay their premiums if their income and resources meet their guidelines. Applications are made through your state Medicaid program.

If you get help with your premiums through the American Kidney Fund's Health Insurance Premium Program (HIPP), we are unable to help you with any of the

paperwork to continue this coverage after transplant. You will need to have a plan to pay your own insurance premiums when this coverage ends.

If you are a **resident of Illinois** and receive a transplant from a center in Illinois, you may qualify for help through the Illinois Transplant Fund. Patients transplanted in Wisconsin are not eligible to apply for this fund.

When should I take Medicare?

If you have **insurance through an employer**:

- We recommend that you take Part A and Part B before you have been on dialysis for 30 months or at the time of your kidney transplant, whichever comes first.
- If you start dialysis or have a kidney transplant, there is a 30-month Coordination of Benefits Period applied which is a federal guideline. During the first 30 months you are eligible for Medicare if you have insurance through an employer or spouse's employer, a retiree plan or COBRA, Medicare would pay second. After 30 months, Medicare will pay first. You need both Part A and Part B to be adequately insured for transplant after it becomes primary.
- If you choose not to sign up for Medicare after 30 months of eligibility, your employer-based plan may deny coverage

If you have **insurance through the Health Care Exchange**:

- You may have a choice about whether to stay on this plan or switch over to Medicare.
- If you receive tax credits or subsidies that help pay your premium, you lose

these benefits once you become eligible for Medicare.

If you have **insurance through Medicaid**: Contact your state Medicaid program when you become eligible for Medicare to determine how your benefits may be affected.

How do I sign up for Medicare?

- If you sign up for Medicare **while you are on dialysis**, ask your Dialysis Social Worker for help as eligibility depends on the type of dialysis you receive.
- If you sign up for Medicare **after a kidney transplant**, your Transplant Financial Counselor will help you.

It can take several months for an application to be processed. Make sure to set aside money each month so that you can pay the bill when it comes.

How long does my Medicare last?

- If you have Medicare only based on being on dialysis or having a kidney transplant, Medicare ends 3 years after your transplant.
- If you have Medicare because you are over 65, your Medicare eligibility will not end.
- If you have been on Social Security Disability for 2 years, your Medicare will last as long as you are considered disabled by Social Security.

What if I only sign up for Medicare A and wait to sign up for Medicare B?

Patients who are on dialysis or who have had a kidney transplant and have delayed signing up for Part B may only sign up during the annual open enrollment period. This occurs between January and March of each year.

Starting January 1, 2023 your coverage starts the first day of the month after you sign up. For example, if you enroll in February 2023, your coverage for Medicare B would start in March 2023.(Gen

COBRA and Medicare

- COBRA gives people who lose their health benefits the right to continue their health plan benefits for a limited period of time under certain circumstances. Contact your employer to see if you qualify.
- If you have COBRA when you add Medicare, your COBRA coverage may end.
- If you already have Medicare when you become eligible for COBRA, you may be allowed to enroll in COBRA.
- Please consult with your state SHIP office regarding your specific state and employer guidelines See the Resources section for information.

Fundraising

Some patients decide to raise money to help with out of pocket medical expenses through Transplant Assistance Funds. See the Resources section for three funds you may wish to consider:

- Children's Organ Transplant Association
- Help Hope Live

Social Security Disability

- You can apply for disability through the Social Security Administration either online or at your local office. See the Resource section for information.
- If you are a Wisconsin resident, you can contact your local Aging and Disability Resource Center to apply. See the Resource section for information. If you live outside of

Wisconsin, ask your Transplant Social Worker about agencies in your state that may assist.

- If you are **disabled solely based on your renal disease**, Social Security can consider you to be disabled for at least 1 year from the date of transplant. After that, they can evaluate your residual impairment(s) by considering your post-transplant function, any rejection episodes you have had, problems in other body systems, and any adverse effects related to ongoing treatment.
- If you are **disabled based on other impairments**, the frequency of reviews depends on the nature and severity of your medical condition and whether improvements are expected.
- If you have Social Security Disability and would like to **return to work** after you recover from transplant, you may wish to use the Ticket to Work Program offered through Social Security.

Veterans

“I get my medicines through the VA. Can I continue to do so after transplant?”

Since it can take several weeks for the VA to approve and fill your new medicines, you will need a plan for how to obtain medicines at discharge. Contact your Transplant Social Worker with concerns.

After Transplant

What is a 2728 form?

Your Transplant Financial Counselor will ask you to sign a form called a 2728 form. This is an important form that lets Social Security know you had a transplant. This form verifies your eligibility for Medicare

and will make sure your anti-rejection medicines are billed correctly.

If I don't have Medicare yet, how do I apply?

Your Transplant Financial Counselor will help you apply for Medicare after your transplant. This application is usually backdated to the first of the month that you had surgery.

My pharmacy is having problems billing my anti-rejection medicines. What do I do?

- If you had Medicare as primary coverage when you received your transplant, check with the pharmacy that your Part B is being billed.
- If you need help figuring out which insurance is primary, call the Medicare Coordination of Benefits Hotline at 1-855-798-2627.
- If there is still confusion about billing, call your Transplant Social Worker.

What if I need help paying for my transplant medicines?

Call your Transplant Social Worker to explore these options:

- **Copay cards:** If your private insurance covers the brand-name versions of your medicines, there are copay cards available for some of the commonly used medicines.
- **Medicare Part D Extra Help:** Patients who meet income and resource limits may qualify for extra help to pay the costs of Medicare prescription drug coverage (Part D).
- **Patient Assistance Programs:** Some of the manufacturers of your anti-rejection medicines offer free medicines to patients who meet their financial criteria.

- **Rx Outreach:** A non-profit mail order pharmacy for patients who meet their financial guidelines that offer some medicines at lower prices.
- **Wisconsin Chronic Disease Program:** If you live in Wisconsin and have chronic renal disease requiring dialysis, hemophilia or adult cystic fibrosis, you can apply for help with your transplant through this Medical Assistance Program. The copays are based on your household income.

What happens if my Medicare Part B ends because they didn't receive my payment?

If coverage stops for Part B due to non-payment of premiums it can be hard to coordinate coverage. Please call Social Security to see if you can get your Part B reinstated as soon as possible. If needed, contact your Transplant Social Worker for help.

How can I be sure my Medicare Part B payments are made?

- If you are over 65 or on disability, your premium will automatically be deducted from your monthly benefit.
- If you get a bill for the premium, we recommend signing up for Easy Pay. This is a free electronic payment option that allows Medicare premium payments to be automatically deducted from a savings or checking account each month.

What happens if I lose my Medicare 3 years after transplant and don't have other insurance?

If you do not have access to an Employee Group Health Plan or other insurance, you can apply for insurance through the Health Care Exchange. Loss of Medicare entitles

you to a special enrollment period. You will need your official letter from Medicare allowing you to apply for this coverage outside of the general enrollment period. This letter is usually sent 60 days before your ESRD Medicare ends.

Who can I call for help?

Transplant Social Workers at UW Health
Transplant Center: **608-263-1384**

- Problems paying for your medicines
- Questions about insurance options
- Questions about Social Security Disability

Transplant Financial Counselors at UW
Health Transplant Center: **608-263-8770**

- Questions about how much your current insurance will pay for your transplant
- Questions about new Medicare applications after transplant
- Questions about your 2728 form

Resources

Aging and Disability Resource Center:
<https://www.dhs.wisconsin.gov/adrc/consumer>

Children's Organ Transplant Association:
<https://cota.org/> or
1-800-366-2682

Health Care Exchange:
<https://www.healthcare.gov> or
1-800-318-2596

Help Hope Live: <https://helphopelive.org/> or
1-800-642-8399

Illinois Transplant Fund:
<https://www.illinoistransplantfund.org/> or
(630) 433-3900

Medicare: www.medicare.gov or
1-800-633-4227

Medicare Coordination of Benefits Hotline:
1-855-798-2627

Medicare Part D Extra Help:
<https://www.ssa.gov/benefits/medicare/prescriptionhelp/>

Medicare Part D Helpline for WI Residents
over 60: 1-855-677-2783

Medicare Part D Helpline for Disabled WI
Residents under 60: 1-800-926-4862

My Medicare: <https://mymedicare.gov>

My Social Security:
<https://www.ssa.gov/myaccount/>

Rx Outreach: <https://rxoutreach.org/> or
1-888-796-1234

Social Security: <https://www.ssa.gov/> or
1-800-772-1213

State Health Insurance Counseling and
Assistance Program for IL residents:
1-800-252-8966

State Health Insurance Counseling and
Assistance Program for WI Residents:
1-800-242-1060

State Health Insurance Counseling and
Assistance Program for MI Residents:
1-800-803-7174

Ticket to Work Program:
<https://www.ssa.gov/work/>

Wisconsin Chronic Disease Program:
<https://www.dhs.wisconsin.gov/forwardhealth/wcdp.htm>

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 5/2024. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8231.