



**Financial guide  
for transplant  
patients and their  
families.**

**It's how we  
treat people.**



The photos in this brochure were selected prior to the COVID-19 pandemic. All patients and providers are expected to follow the current MedStar Health guidelines for safety, including proper masking and physical distancing. Learn more at [MedStarHealth.org/Safe](https://www.MedStarHealth.org/Safe).

## Welcome to MedStar Georgetown Transplant Institute.

Thank you for considering MedStar Georgetown Transplant Institute for your transplant care. The Institute provides hope and life-restoring care to patients with end-stage organ failure. As one of the highest volume transplant programs in the U.S., we have performed more than 7,598 liver, kidney, pancreas, small bowel, and multi-organ transplants. Across all of our organ programs, our one-year adult and pediatric survival rates are among the best in the country.

At the Institute, your multidisciplinary care team is made up of nationally known surgeons, medical specialists, transplant coordinators, social workers, and dietitians, who work together to guide you through the transplant process. Through constant collaboration and communication with patients, families, and each other, each member of the transplant team is driven by the same shared goal: offering patients their best chance for recovery and an improved quality of life.

One important member of your team is the **transplant financial coordinator**, who is an expert in the financial aspects of organ transplantation. Your financial coordinator will help you understand the cost of transplantation, explain your insurance benefits, and provide you with the information needed to navigate the full range of financial issues that transplant patients and their families face.

This brochure is an overview of the information and support your financial coordinator will provide.

Your Financial Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

“It is very important that you stay in contact with your transplant financial coordinator, not only to report a change in insurance, but for any insurance or financial issue that may have an impact on the success of your transplant. The transplant team is invested in helping you maintain a healthy transplant.”

### **Insurance is essential.**

During your transplant evaluation, your transplant team will work with you to conduct a comprehensive review of your medical, psychosocial, and financial situation as part of the process of determining whether transplant is the right path for you.

One of the key financial pieces of this process is making sure you have insurance that adequately covers transplant-specific costs. You'll need adequate insurance coverage before, during, and after transplant surgery to cover the costs of your care. Those costs include evaluation and testing, surgery, medical care, hospitalization, follow-up care after surgery, lab and imaging tests, and medications. Adequate insurance also helps protect you from the financial hardship caused by high out-of-pocket medical expenses.

Your financial coordinator will help you and your family navigate issues related to insurance and the coordination of health insurance benefits. You play an important role in this process and need to keep your financial coordinator up to date on any changes to your insurance, including a change in insurance companies, as well as any significant financial issues you may face (such as unemployment and the inability to pay your insurance premiums or afford high co-pays for the medications you'll need after your transplant).

Please talk to your financial coordinator before changing insurance plans because MedStar Georgetown Transplant Institute is not an in-network provider with all insurance plans.

**myMedStar** is a free, secure patient portal where you can keep track of your health information 24/7.

With **myMedStar**, you can:

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- Renew prescriptions
- Access you health records
- And much more

It's easy to enroll. Visit [myMedStar.org/Enroll](https://www.mymedstar.org/Enroll).





## **Medicare and transplantation.**

You may qualify for Medicare if you meet any of these criteria:

- Age 65 or older
- Disabled and unable to work for 24 months regardless of your age
- Have end stage renal disease (ESRD) and are on dialysis or undergoing a kidney transplant. If ESRD is the only reason you qualify for Medicare, your coverage will end three years after a successful transplant, so you'll need to enroll in another insurance plan at that time.

It's important to understand that if you have Medicare, you also need supplemental insurance coverage. Medicare does not provide sufficient coverage of transplant costs. Your transplant coordinator can help you find an appropriate supplemental insurance plan.

## **Coordinating Medicare benefits with your other insurance benefits.**

When you become eligible for Medicare because of disability or kidney failure and also have an employer group health plan, there is a period when your employer plan pays your medical bills first and Medicare pays second. This is called the 30-month coordination period.

If you have employer group health insurance, you will need to notify that plan when you are eligible for Medicare. You should also talk with your plan's benefit administrator to find out what your employer plan will pay when Medicare is the primary payer for your care.

## Medicare Part D—prescription drug coverage.

If you are on Medicare and do not have prescription coverage, you need to enroll in a Part D plan. If you do not enroll in Part D when you are eligible and do not have better prescription coverage than Medicare offers, you will pay a penalty of 1% of the premium payment for each month you do not enroll.

There are restrictions on when you can enroll in Medicare Part D:

- When you are first approved for Medicare coverage, you can enroll in a plan three months before the effective date and up to three months after that original effective date.
- Beyond that, you can only add Part D coverage during the annual open enrollment period.
- The premium, co-pay, and out-of-pocket amounts change each year. You will need to cover those out-of-pocket costs.

Once you have incurred a certain amount of prescription costs, there is a period called the "donut hole." During this period, you will need to pay for 100% of the cost of your prescriptions covered by Medicare Part D. Once you reach an out-of-pocket maximum, you will then have what's called catastrophic coverage, and medications will be covered at 95%. Your financial coordinator will confirm these amounts with you.

When applying for Medicare Part D, we recommend that you apply for the extra help benefit. Extra help benefits are based on your income and can greatly reduce your out-of-pocket costs.

If you are on Medicare Part A and B at the time of your transplant, Medicare Part B will pay 80% of the cost of immunosuppressive medications, and Part D will only pay for your non-immunosuppressive medications. If you are not on Medicare at the time of transplant but obtain it later with Part D, then Part D would pay for both immunosuppressive and non-immunosuppressive medications.

You can learn more by calling **(800) MEDICARE**, contacting your local Social Security Office, or visiting **[www.medicare.gov](http://www.medicare.gov)**.

## Insurance coverage for living kidney and liver donors.

Medicare and most other insurance plans cover the pre-surgery evaluation, all lab and imaging tests, and hospital and surgery costs for living donors. They also cover follow-up care and any readmission to the hospital due to complications from the donor surgery. Talk with your financial coordinator to learn more about how insurance coverage works for living donors.

## After your transplant.

After your transplant, you will work with a **post-transplant financial coordinator**. Your post-transplant financial coordinator will help you navigate insurance, co-pay, or medication issues. You must have both medical and prescription insurance. As you did before your transplant, it is important that you keep the post-transplant financial coordinator informed of any changes in your insurance and any financial concerns you may have. We want to ensure you have the support and resources you need to keep your organ healthy.

If MedStar Georgetown University Hospital isn't an in-network provider for your plan, the coordinator will help you get the authorizations you need from your insurer for the office visits, lab and imaging tests, procedures, and medication infusions you will need as a transplant recipient. You will be responsible for paying your deductible and any other required out-of-pocket costs.

Your Post-Transplant Financial Coordinator: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Frequently asked questions.

### **Q: What if I do not have enough health insurance coverage?**

**A:** You will need secondary insurance. We recommend that patients obtain secondary insurance, especially if their primary insurance has a lifetime maximum. State Medicaid programs are often a source of secondary coverage. Medicaid is available in all states, but program eligibility requirements vary. Below are some resources in neighboring states. If your state isn't listed, or if you have any other questions, please contact us for more information.

Washington, D.C. 202-906-8319 <https://www.dc-medicaid.com>

Maryland 410-767-6500 <https://mmcp.health.maryland.gov>

Virginia 804-786-7933 <http://www.dmas.virginia.gov>

### **Q: I have Medicare. Am I covered for everything?**

**A:** Not completely. However, there are many options to complete your coverage. Medicare is split into different parts: A, B, C, and D.

- Part A covers hospital inpatient admissions. There is a deductible, but after you meet it, Medicare A covers costs for your first 60 days in the hospital at 100%. For more information: **[www.medicare.gov](http://www.medicare.gov)**, Medicare, Basics, Part A.
- Part B covers outpatient and physician services. There is a monthly premium for Part B, and it covers costs at 80%.
- Part C is a Medicare replacement plan. Not everyone is eligible for Part C and enrollment is optional. If you are enrolled in Part C, a private plan manages your healthcare, but your benefits are similar to regular Medicare A and B. Extra premiums may apply.
- Part D covers prescription drugs. You must choose and enroll in this plan separately. Plan premiums and co-pays vary. For more information: **[www.medicare.gov](http://www.medicare.gov)**, Medicare Basics, Part D.

There are usually additional costs that you are responsible for. Medigap or Medicare Supplemental plans help pay for these remaining costs. These plans vary depending on your area and there are different levels of coverage. You need to enroll in these plans separately. If you have secondary insurance such as a Medigap plan, hospitals, doctors, and pharmacies will bill this plan before billing you, leaving you with fewer out-of-pocket costs.

**Q: Who should I contact if anything in my insurance changes?**

**A:** If anything about your insurance changes, including loss of coverage, change in insurance company, or change of policy, please contact your financial coordinator.

**Q: What about my prescriptions?**

**A:** Below is a table of potential medications you may take after transplant. Call your prescription insurance provider and ask what your co-pays or co-insurance amounts might be for these medications. Since you must pay for these medications every month, it is important to know your costs ahead of time. If you feel you cannot afford the co-pays, contact your transplant financial coordinator for help.

<b>Generic Name</b>	<b>Brand Name</b>	<b>Typical Dosage</b>
Tacrolimus	Prograf	9mg 2x/day
Mycophenolate	Cellcept	1000mg 2x/day
Valganciclovir	Valcyte	900mg 2x/day
Sirolimus	Rapamune	.5mg 1x/day

**Glossary**

**Premium:** The monthly cost the patient pays for a health insurance plan.

**Deductibles:** A specific dollar amount set by an insurance company that a patient must pay before the insurance company pays any medical claims.

**Co-pays:** The out-of-pocket amount a patient pays for care. Sometimes a patient pays this amount up front, other times the doctor or hospital will send a bill.



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**MedStarGeorgetown.org/Transplant**



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