

The Renal and Pancreas Transplant Division at  
Cooperman Barnabas Medical Center

# Online Referral Form

The Renal and Pancreas Transplant Division is now taking appointment requests from patients and dialysis staff members online at [www.rwjbh.org/kidneytransplantreferralform](http://www.rwjbh.org/kidneytransplantreferralform)

**This new link replaces the referral forms currently sent via facsimile to the Transplant Division.**

This new system allows the Transplant Division to respond to referrals quickly and easily track referrals by patient name and dialysis unit.

Patients can request appointments two ways:

- By phone at **888.409.4707**
- Online at [www.rwjbh.org/kidneytransplantreferralform](http://www.rwjbh.org/kidneytransplantreferralform)

If you or your patients have questions about current or previously submitted patient referrals, please contact:

Christina Psathas  
Manager, Business Development & Outreach  
973.322.2285  
[christina.psathas@rwjbh.org](mailto:christina.psathas@rwjbh.org)

Alexander (AJ) Basil  
Transplant Liaison  
973.322.8988  
[alexander.basil@rwjbh.org](mailto:alexander.basil@rwjbh.org)

**Cooperman Barnabas | RWJBarnabas**  
**Medical Center** HEALTH

Renal and Pancreas  
Transplant Division

**CONTACT SHEET**  
Telephone: 973-322-5938  
Fax: 973-322-8465  
[www.rwjbh.org/kidneytransplantreferralform](http://www.rwjbh.org/kidneytransplantreferralform)

**EVALUATION TEAM**

	<i>Casey Warren, BSN, RN, CNN, CCTC **Pre Transplant Supervisor</i>	973-322-2340	<a href="mailto:Casey.Warren@rwjbh.org">Casey.Warren@rwjbh.org</a>
	Denise Delos Santos, RN, BSN	973-322-8452	<a href="mailto:Denise.Delossantos@rwjbh.org">Denise.Delossantos@rwjbh.org</a>
	Kathleen Foley, RN, BS, CCTC	973-322-8261	<a href="mailto:Kathleen.Foley@rwjbh.org">Kathleen.Foley@rwjbh.org</a>
	Kevin O'Neill, RN, BSN	973.322-5927	<a href="mailto:Kevin.O'Neill@rwjbh.org">Kevin.O'Neill@rwjbh.org</a>
	Belkis Ramirez, RN, BSN	973-322-2144	<a href="mailto:Belkis.Ramirez@rwjbh.org">Belkis.Ramirez@rwjbh.org</a>
	Kristen Rivera, RN, BSN	973.322-2204	<a href="mailto:Kristen.Rivera@rwjbh.org">Kristen.Rivera@rwjbh.org</a>
	Barbara Tsounis, RN	973-322-2217	<a href="mailto:BarbaraAnn.Tsounis@rwjbh.org">BarbaraAnn.Tsounis@rwjbh.org</a>
	Lisa Burbank (Patient Navigator for Evaluation Team)	973-322-5994	<a href="mailto:Lisa.Burbank@rwjbh.org">Lisa.Burbank@rwjbh.org</a>

**LISTING TEAM**

	Jennifer Hinkis-Siegel, RN, BSN, CCTC	973-322-2603	<a href="mailto:Jennifer.Hinkis-Siegel@rwjbh.org">Jennifer.Hinkis-Siegel@rwjbh.org</a>
	Bridget Schiraldo, RN, BSN, CCTC	973-322-2603	<a href="mailto:Bridget.Schiraldo@rwjbh.org">Bridget.Schiraldo@rwjbh.org</a>
	Luz Molina-Morales, BSN, RN, CCTC	973-322-2989	<a href="mailto:Luz.Molina-Morales@rwjbh.org">Luz.Molina-Morales@rwjbh.org</a>
	Allison Moorman, MSN, RN	973-322-5082	<a href="mailto:Allison.Moorman@rwjbh.org">Allison.Moorman@rwjbh.org</a>
	Mayda Alvarez, RN, BSN	973-322-2331	<a href="mailto:Mayda.Alvarez@rwjbh.org">Mayda.Alvarez@rwjbh.org</a>
	Laura Jackson (Patient Navigator for Wait List Team)	973-322-5142	<a href="mailto:Laura.Jackson@rwjbh.org">Laura.Jackson@rwjbh.org</a>

**THE LIVING DONOR INSTITUTE**

	Katie Szucs, MSN, RN, APN-C, CCTC Clinical Manager, Living Donor Institute	973-322-2249	<a href="mailto:Katherine.Szucs@rwjbh.org">Katherine.Szucs@rwjbh.org</a>
	Andrea Hart, MSN, RN, APN.C Transplant Nurse Practitioner & KPD Coordinator	973-322-2910	<a href="mailto:Andrea.Hart@rwjbh.org">Andrea.Hart@rwjbh.org</a>
	Dana Davila, RN, BSN- Recipient Coordinator	973-322-2143	<a href="mailto:Dana.Davila@rwjbh.org">Dana.Davila@rwjbh.org</a>
	Anne Ellis-Kosty, RN – Recipient Coordinator	973-322-5405	<a href="mailto:Anne.Ellis-Kosty2@rwjbh.org">Anne.Ellis-Kosty2@rwjbh.org</a>
	Jean Santos RN, BSN- Living Donor Coordinator	973-322-5646	<a href="mailto:Mary.Santos1@rwjbh.org">Mary.Santos1@rwjbh.org</a>
	Daisy Hanciles-Dunbar, MSN, RN – Living Donor Coordinator	973-322-2098	<a href="mailto:Daisy.Hanciles-Dunbar@rwjbh.org">Daisy.Hanciles-Dunbar@rwjbh.org</a>
	Donna Walton, RN – Living Donor Coordinator	973.322.5047	<a href="mailto:Donna.Walton@rwjbh.org">Donna.Walton@rwjbh.org</a>
	Alyson Thorward – KPD & Administrative Coordinator	973-322-5028	<a href="mailto:Alyson.Thorward@rwjbh.org">Alyson.Thorward@rwjbh.org</a>
	Teresa Ferrara- Patient Navigator	973-322-8838	<a href="mailto:Teresa.Ferrara@rwjbh.org">Teresa.Ferrara@rwjbh.org</a>
	Elvira (Bing) Evans – Patient Navigator	973-322-5946	<a href="mailto:Elvira.Evans@rwjbh.org">Elvira.Evans@rwjbh.org</a>
	Jaime Hiter – Patient Navigator	973-322-9762	<a href="mailto:Jaime.Hiter@rwjbh.org">Jaime.Hiter@rwjbh.org</a>
	Hazel Rodriguez – Patient Navigator	973-322-2977	<a href="mailto:Hazel.Rodriguez@rwjbh.org">Hazel.Rodriguez@rwjbh.org</a>

**Assistant VP, Transplant Clinical Services**

	Marie Morgievich, MS, RN, APN-C, CCTC	973-322-2286	<a href="mailto:Marie.Morgievich@rwjbh.org">Marie.Morgievich@rwjbh.org</a>
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**Clinical Manager, Pre-Transplant & Research**

	Ana Merced-Castro, MSN, RN, CCTC	973-322-8467	<a href="mailto:Ana.Merced@rwjbh.org">Ana.Merced@rwjbh.org</a>
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**Transplant Social Workers:**

	Lauryn Weinshank, MSW, LSW – Manager, Transplant Psychosocial Services	973-322-2558	<a href="mailto:Lauryn.Weinshank@rwjbh.org">Lauryn.Weinshank@rwjbh.org</a>
	Marie Gerace, LCSW	973-322-5890	<a href="mailto:Marie.Gerace@rwjbh.org">Marie.Gerace@rwjbh.org</a>
	Adriane Shaw, LCSW (Living Donor Advocate)	973-322-2991	<a href="mailto:Adriane.Shaw@rwjbh.org">Adriane.Shaw@rwjbh.org</a>
	Erin Forman, MSW, LSW	973-322-2077	<a href="mailto:Erin.Forman@rwjbh.org">Erin.Forman@rwjbh.org</a>
	Tara Chowaniec, MSW, LSW	973-322-5963	<a href="mailto:Tara.Chowaniec@rwjbh.org">Tara.Chowaniec@rwjbh.org</a>

**Financial Coordinators:**

<b>For Last Names that begin with letters A-L please contact:</b>			
	Pamela Drayton	973-322-2652	<a href="mailto:Pamela.Drayton@rwjbh.org">Pamela.Drayton@rwjbh.org</a>

**For Last Names that begin with letters M-Z please contact:**

	Vickie Henderson-Hicks	973-322-5494	<a href="mailto:Vicki.Henderson-Hicks@rwjbh.org">Vicki.Henderson-Hicks@rwjbh.org</a>
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**Community Outreach Team:**

	Christina Psathas – Manager, Business Development & Outreach	973-322-2285	<a href="mailto:Christina.Psathas@rwjbh.org">Christina.Psathas@rwjbh.org</a>
	AJ Basil –Transplant Liaison	973-322-8988	<a href="mailto:Alexander.Basil@rwjbh.org">Alexander.Basil@rwjbh.org</a>

## *Transplant Office Locations*

### **Livingston, New Jersey**

Saint Barnabas Medical Center  
Renal and Pancreas Transplant Department  
94 Old Short Hills Road  
Livingston, NJ 07039  
973.322.5938, Toll Free: 888.409.4707  
Fax: 973.322.8465

\*Main office; transplant surgeries are performed in Livingston

### **Edison, New Jersey**

Edison Transplant Satellite  
Children's Hospital of New Jersey/ NBIMC Medical Specialties Building  
102 James Street, Suite 102  
Edison, NJ 08817  
973.322.5938, Toll Free: 888.409.4707  
Fax: 973.322.8465

### **Jersey City, New Jersey**

Jersey City Transplant Satellite  
377 Jersey Avenue, Suite 280A  
Jersey City, NJ 07302  
973.322.5938, Toll Free: 888.409.4707  
Fax: 973.322.8465

### **River Edge, New Jersey**

River Edge Transplant Satellite  
10 Elizabeth Street  
Third Floor, Suite 303  
River Edge, NJ 07661  
973.322.5938, Toll Free: 888.409.4707  
Fax: 973.322.8465

### **West Long Branch, New Jersey**

223 Monmouth Road Medical Park  
223 Monmouth Road, Suite 1B  
West Long Branch, NJ 07764  
973.322.5938, Toll Free: 888.409.4707  
Fax: 973.322.8465

**Patients can submit a request for an appointment online at:**  
**[www.rwjbh.org/kidneytransplantreferralform](http://www.rwjbh.org/kidneytransplantreferralform)**

## **Kidney Selection Criteria**

The Transplant Team makes a decision regarding the patient's suitability for transplant following established selection criteria and based on the patient's current medical and psychosocial status as well as the results of required testing.

### **Absolute Medical / Surgical Contraindications for Kidney Transplant Include:**

- Severe Coronary Artery Disease
- Severe Heart Failure
- Severe Peripheral Vascular Disease
- Chronic infections (unresolved)
- Advanced Pulmonary Disease
- Advanced Liver Disease
- Metastatic Cancer
- Morbid Obesity with a BMI over 45 (Patients with a BMI of 42-45 will be assessed individually. There may be patients with a BMI less than 42 who may not be candidates based on the weight distribution or other factors. These cases are carefully considered by the transplant physicians and surgeons.)
- Age 81 or older (Age 75-81 must have a living donor and meet clinical criteria)
- Any combination of medical co-morbidities that unacceptably raise the risk of graft loss or patient death.

### **Absolute Psychosocial Contraindications for Kidney Transplant Include:**

- Chronic proven non-compliance with medication and/or prescribed treatment(s)
- Poor social support including absence of confirmed caregiver during the immediate post-transplant period
- Absence of funding for transplant procedure and/or medications
- Does not meet the definition of Resident Alien (deceased donor transplant only)
- Active substance abuse\*
- Untreated psychiatric condition(s), including suicide risk
- Severe psychiatric illness, uncontrolled with medication\*

\*Psychiatric consultation/clearance may be indicated

### **Relative Exclusion Criteria**

- Any combination of medical co-morbidities that unacceptably raise the risk of graft loss or patient death.

## **Kidney Transplant Protocol**

Any adult patient with Chronic Kidney Disease (CKD), either on dialysis, or approaching dialysis, may be considered for kidney transplantation using the following as a guide for referral.

1. CKD with a GFR ≤ 20 mL/min
2. All patients must complete the Candidate Education Program and evaluation/clearance by the multi-disciplinary team
3. In order to become active on the Transplant List, patients must complete the following tests:
  - Medical history
  - Social Work/Nutrition evaluations from dialysis unit, if applicable
  - Recent complete monthly bloodwork including Hepatitis profile, HIV, CBC with platelet count
  - PSA (for males age 50 and older)
  - Chest x-ray (done within the last year)
  - EKG (done within the last year)
  - All diabetic candidates must have a nuclear stress test and 2-D echocardiogram
  - All candidates over 55 must have a nuclear stress test and 2-D echocardiogram
  - All candidates over 50 must have a colonoscopy
  - All female candidates between the ages of 50 - 74 must have a mammogram every two years
  - For patients who test positive for Hepatitis B, Hepatitis C or HIV, specific testing and protocols apply

**Transplant Referrals can be made online at:**

**[www.rwjbh.org/kidneytransplantreferralform](http://www.rwjbh.org/kidneytransplantreferralform)**

**Or by calling:  
973.322.5938**

## Pancreas Selection Criteria

Patients interested in a pancreas transplant must first undergo evaluation for kidney transplantation.

The Transplant Team makes a decision regarding the patient's suitability for transplant following established selection criteria and based on the patient's current medical and psychosocial status as well as the results of required testing.

### **Absolute Contraindications for Pancreas Transplant:**

Absolute contraindications are the same as for kidney transplantation (see page 1) with the following exceptions:

- HIV infection
- Hep B surface antigen positive
- Anti-coagulation therapy

Additionally, pancreas transplantation may be contraindicated in the presence of advanced, irreversible end organ damage since the benefit of this extensive procedure would be minimal. Examples include blindness, loss of extremities due to peripheral vascular disease, severe gastroparesis, and advanced autonomic and sensory neuropathy.

### **Recipient Selection Criteria (Simultaneous Kidney/Pancreas Transplant –SPK)**

- Type 1 diabetes with C-peptide level  $\leq$  5 ng/ml
- Recommended BMI  $\leq$  32
- Type 2 diabetes with C-Peptide level  $\leq$  5 and insulin dependent with a total 24 hour insulin requirement  $\leq$  0.8 units/kg
- Age less than or equal to 55 years for Type 1 diabetes, less than or equal to 50 years for Type 2 diabetes
- Type 2 diabetics need Hemoglobin A1C checked
- Chronic Kidney Disease with a creatinine clearance less than or equal to 25
- Minimal abdominal surgery (Acceptable prior operations include PD catheter, appendectomy, and uncomplicated cholecystectomy)
- Negative stress test
- Coronary angiography strongly recommended for patients 45 years or greater
- Coronary angiography strongly recommended for patients with a history of diabetes 20 years or greater
- Psychosocial considerations: patients should be highly motivated and understand what may be involved during post-operative recovery (i.e. the possibility of further operative procedures, re-hospitalization, close follow up in the clinic)
- Financial considerations: Medicare does cover SPK and PAK (Pancreas after Kidney) transplantation in the same way as kidney transplantation. Assessment and screening by the financial coordinator and transplant social worker are necessary to ensure adequate medical coverage as well as for medications and follow-up care required.

# Practical Guidance for Transplant Designee



## Patient Related Tasks

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- ⊕ Educate dialysis patients regarding transplant options within 30 days or 13 treatments from admission and annually at a minimum.<sup>1</sup>
- ⊕ Identify patients' interest for transplant.
- ⊕ Provide a list of transplant centers for patients to choose from. Keep in mind that centers' criteria may vary. Patients not a candidate at one place may be a candidate for another.
- ⊕ Refer patients to their chosen transplant center by:
  - Provide the patient the center's contact information.
  - Assist patient with the transplant center referral process:
- ⊕ Provide pre-transplant education and assist with transplant evaluation requirements, such as, forms and records requests.
- ⊕ Remind patients of their transplant visit appointments.
- ⊕ Track and document patients' transplant status.
- ⊕ Ensure that monthly blood specimen for transplant waitlisted patient is obtained, labeled and sent out per transplant center specifications by staff.
- ⊕ Establish and maintain working relationship with transplant centers.
  - Obtain waitlisting status of patients routinely.
- ⊕ Remind patients to update the dialysis unit and the transplant center of any change in patient information.
- ⊕ Communicate to the transplant center any update in patient information such as:
  - Change in address
  - Change in phone contact number
  - Change in alternate contact person
  - Change in insurance coverage or loss of insurance coverage
  - Changes in medical condition, dialysis modality or death
  - If deemed not a candidate at a center due to medical/compliance issue and that issue is resolved, may re-refer for reconsideration.
  - Transfer into or out of the dialysis facility
  - Issues with compliance that could impact post-transplant care.

## Facility Related Tasks

- ⊕ Participate and discuss transplant in patient's plan of care meetings<sup>2</sup>.
- ⊕ Discuss the patients' transplant status in QAPI.
- ⊕ Communicate to the transplant center any change in facility transplant designee/s contact.

<sup>1</sup> See Federal Cfc ESRD V494 and NJ State Regulations Title 8, Chapter 43A

<sup>2</sup> See Federal Cfc ESRD V494 and NJ State Regulations Title 8, Chapter 43A

- Keep transplant designee certification current.

## Maintain a Transplant Designee Binder/Tracker with the following:

- Transplant Designee/s Information (update as applicable)
  - Current Certification
  - Copy of Role of the Designee
- Transplant Centers' Information where the facility refers to:
  - Transplant center contact person
  - Transplant referral form/s
  - Transplant center inclusion and exclusion criteria
- Transplant Waitlist Patient Tracker
  - Interested
  - Referred
  - First visit to transplant center
  - Transplant center work-up/evaluation in progress
  - On waiting list or evaluate for potential living donor
    - Active
    - Inactive
- Alphabetical Dividers for patient information record keeping
  - Copies of patients' transplant information/communication
- Patient education resources
  - Staff education resources
  - Facility education resources
  - Transplant multilisting information

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## Maintain a Transplant Blood Collection Tracking Binder with the following:

- Transplant designee/s contact information (update as applicable)
- Monthly tracker of blood samples sent
- Dividers for transplant centers where monthly lab samples are sent for with the following:
  - Who needs monthly transplant lab sampling for each transplant center?
    - Active
    - Inactive
  - How to prepare, draw, label and send out transplant blood samples for each transplant center?
    - Laboratory tubes
    - Labeling
    - Packaging
    - Handling and shipping
  - Where to obtain transplant blood sampling supplies for each transplant center?
- Update this binder as new information is received.

## Transplant Designee Role and Responsibilities

**Objective:** To assure the evaluation for medical suitability of all patients for transplant referral at the initiation of treatment for ESRD and at least annually thereafter. There are no strict criteria for referral, but most patients with stage 4-5 CKD are appropriate for referral.<sup>1</sup>

### Recommendations for Dialysis Facilities

- Review the following role and responsibilities of the transplant designee.
- Facilities shall have policies to ensure that staff functioning as the transplant designee is appropriately educated to function in the role.
- Appropriate education would be obtained from a transplant focused educational program. See Network 3 guidelines for transplant designee programs.

### Role of Designee

- Educates dialysis patients regarding transplant options within 28 days of initiation of chronic dialysis and at minimum annually
- Reviews and documents patient suitability for referral to a transplant program in the interdisciplinary care plan
- Facilitates patient referrals for transplant evaluation
- Serves as a liaison between patients and transplant centers from referral through transplant wait-listing.

### Recommendations for Professional Staff Acting as Transplant Designee

- Licensed registered nurse and licensed social worker.
- Immediate dialysis experience of at least one year in direct clinical ESRD practice
- Satisfactory completion of an annual educational program for transplant designees is recommended.

### Responsibilities

- Determine each newly diagnosed CKD Stage 5 (or ESRD) patient's interest for transplant.
- Examine each newly diagnosed patient record for transplant suitability according to written criteria provided by transplant center and document review in patient's medical record
- If medical record does not contain requisite information on which to base evaluation, additional information should be obtained from the patient's other health care providers.
- Documentation should state whether patient is or is not a candidate for transplant referral, reasons for determination and if patient accepts or refuses the referral

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<sup>1</sup><https://optn.transplant.hrsa.gov/resources/guidance/educational-guidance-on-patient-referral-to-kidney-transplantation/>

- Complete referral for transplant evaluation.
- Assist patient to complete pre-transplant education and evaluation requirements.
- Review each case at minimum annually or every six months for patient's interest, transplant suitability and/or change in patient preference.
- Track and monitor status of each patient regarding education, referral, evaluation and wait-listing.
- Ensure that a monthly blood specimen is submitted per transplant center specifications once notified that the patient is on the wait list.
- Establish and maintain working relationship with transplant centers. This includes communication at least annually concerning patient status and more often when there are changes that could affect candidate status.
- Communicate at least annually any changes in patient's condition and provide update on patient status, contact, insurance and other information changes. Some examples of information to communicate are: new address or phone, change or loss of insurance coverage, transfer into or out of dialysis facility and changes in medical condition such as cardiac disease or cancer.

# Shipping and Processing Transplant Specimens

## Monthly Specimen Requirements

*Please follow the steps below to ensure blood is processed correctly. If a kidney becomes available for a patient and a current blood sample is not available at the NJ Sharing Network, the patient is at risk of not receiving the kidney transplant.*

1. For each patient active on the renal transplant wait list, draw ONE 10 ml tube of clotted blood, preferably before the patient is dialyzed. Please use a red top tube or tiger top tube for each specimen.
2. Label the tube with the following information:
  - Patient's full name
  - Last four digits of patient's SSN number
  - Patient's date of birth
  - Date of collection
  - Phlebotomist's initials

John Doe

XXX-XX-6789

DOB: 07/07/1907

Specimen Date \_\_\_\_\_

Drawn By

*Please contact the transplant department for specimen labels. In the event a sample is needed urgently or there are no specimen labels available, a blank label with the above information is sufficient.*

3. Place the specimen tube in an airtight bag and in the double canisters (*supplied by NJ Sharing Network*). Blood MUST be placed in canisters for safety precautions.
  - a. Please DO NOT use tape or rubber bands on the specimen tubes.
  - b. DO NOT refrigerate or separate the serum.
  - c. All packages containing blood specimens must be packaged and shipped in compliance with U.S. regulations. Any packages that do not meet these regulations are subject to rejection by the carrier. There must be two substantial layers protecting the specimens during transit.



5. Complete the FedEx Airbill supplied by the transplant center and send specimen immediately to the NJ Sharing Network laboratory:

**New Jersey Sharing Network  
Transplant Laboratory  
691 Central Avenue  
New Providence, NJ 07974**

# Cooperman Barnabas Medical Center

## Renal and Pancreas Transplant Division

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**RWJBarnabas**  
**HEALTH**

## Important Facts

- Specimens with missing information or illegible labels **WILL BE DISCARDED**.
- Please be advised red top tubes being sent to NJ Sharing Network must be in a protective canister for safety precautions. Any samples sent to NJ Sharing without a canister **WILL BE DISCARDED**.
- The monthly sample will become the current crossmatch serum in the event that a donor is available for the patient. If a kidney is offered and a patient does not have a current specimen on file at the NJ Sharing Network, the patient may be bypassed for that kidney offer.
- Please ensure that you have an adequate supply of canisters, specimen labels, and FedEx mailing supplies in your unit each month to accommodate patients who are listed and awaiting a transplant.
- Specimens should be drawn on a monthly basis for any active patients on the transplant list

*OR*

At the discretion of the transplant center for any patients with potential living donors in workup

- Canisters can be ordered in two sizes: either group or individual. Group canisters can hold multiple specimens whereas individual canisters only hold one tube. Please select the size that best serves your unit's needs.

### FedEx Supplies

For FedEx mailing supplies (*Envelopes and Shipping Labels*) please contact our patient navigator at **973-322-5142**.



### How to Order Canisters for Monthly Specimens

Please contact the New Jersey Sharing Network Transplant laboratory at **908-516-5454**.

*OR*

Order on the NJSN website:

<https://www.njsharingnetwork.org>

Scroll down to the lower left side of page and click "Dialysis Center Canister Requests"

Please fill in all information and hit "Submit" at the bottom of the page. If you have any questions, please call the Transplant Division at **973-322-5938**.

## Cooperman Barnabas Medical Center

Renal and Pancreas Transplant Division

**RWJBarnabas**  
HEALTH

# Fast Facts about Insurance Coverage for Kidney Transplant

April 2022

## Why is Medicare enrollment so important for a patient pursuing a kidney transplant?

**Medicare provides special coverage for a kidney transplant, including coverage for the recipient's transplant medications and for a living donor, which may not be provided by other commercial plans.**

Patients often defer their Medicare while on dialysis if they are enrolled in a commercial insurance plan. While these commercial plans may provide good coverage for dialysis, these same plans may not provide adequate coverage for a transplant and transplant medications, and can leave the patient with large out of pocket costs that they cannot afford.

Also, the recipient's Medicare provides a living donor with coverage for donor-related complications. There are presently no commercial insurance plans that offer the same coverage to living donors than that of Medicare. This coverage not only protects the living donor, but also protects the recipient from any financial liability that could be incurred if the living donor were to experience any complications. And, as long as the recipient has Medicare Parts A and B active at the time of transplant, the living donor will be covered life-long, even if the recipient dies or is no longer enrolled in Medicare when the donor complication arises.

Our team will work with the patient and the dialysis unit, before the patient is listed for a deceased donor transplant or cleared for a living donor transplant, to assess the patient's insurance coverage for a transplant and assist with converting the patient to Medicare and a Medigap plan, when a coverage gap exists.

Additionally, our transplant team also needs to confirm the patient's ability to pay for their Part B premium or Medigap premiums after transplant, if the patient has been receiving premium assistance through the American Kidney Foundation (AKF). **It is important to remind patients that any premium assistance they are receiving through the AKF will eventually end after the patient is transplanted.** See FAQ on Transplantation and AKF premiums assistance program❖

## ACA plans and transplantation

1. Medicare provides necessary benefits to transplant patients that ACA plans cannot provide, such as:
  - a. Long term coverage for live kidney donor complications and
  - b. Long term coverage for rejection medications.
2. If a patient is enrolled in an ACA plan, and needs to enroll in Medicare at the time of transplant for the benefits above, Medicare will backdate to primary at the time of transplant but the ACA plan will not pay as secondary. This leaves patients with large balances after Medicare Part A deductible and 20% for Part B services.
3. Also, if a patient is eligible for Medicare, they are not eligible for any ACA discounts/credits. A Medicare eligible patient can enroll in an ACA plan and defer their Medicare benefits but they are then not eligible for the ACA premium discount. Without the ACA discount, the patient can continue the ACA plan, but at a much higher premium. ❖

## Why do patients need Prescription Coverage for Transplantation?

In order for patients to keep their transplanted kidney or pancreas, patients are required to take several expensive medications every day for the rest of their lives, in addition to the medications they normally take for blood pressure, diabetes, etc. *The average cost of these medications can exceed \$3,500 per month once the patient is transplanted.*

Patients on dialysis may only be taking a few medications, which can be filled through the dialysis unit. **In order for a patient to proceed with a transplant, they must have adequate insurance that will allow them to afford the necessary medications.** As a result, the transplant team screens for medication coverage and often requires patients to enroll in New Jersey Prescription Assistance for the Aged and Disabled (NJ PAAD) for two reasons:

- 1) **PAAD** reduces the costs of medications for patients in the Medicare Part D donut hole.
- 2) **PAAD** also pays the remaining 20% from Part B for rejection medications (which is not covered even for patients with Low Income Subsidy (LIS).❖

# Fast Facts about Medicare and Kidney Transplant

April 2022

**Most patients who have a kidney transplant are entitled to enroll in Medicare benefits under End Stage Renal Disease (ESRD) guidelines.**

**The following is important information for patients who have health insurance but are not currently enrolled in Medicare and who are eligible due to kidney disease.**

*\*Please note that these guidelines are only for ESRD beneficiaries. There are different guidelines in place for patients entitled to Medicare based on Age and/or Disability.*

## **General information about Medicare:**

**Medicare Part A** – provides inpatient hospital coverage. There is no cost for this coverage

**Medicare Part B** – provides 80% coverage for outpatient visits, providers and rejection medications (immunosuppressant coverage). There is a premium for Part B of Medicare that is based on your income for this coverage that is billed every quarter which is approximately \$300 per quarter.

**Medicare Part D** – medication coverage for medications other than rejection medicines covered under Part B

You can delay enrolling in Medicare if you have insurance but:

- 1. If you do not have Medicare at the time of transplant, and at any time in the future, need medication coverage for your rejection medications, Medicare will not pay for these medications.**
2. After 30 months of either dialysis or transplant, you will be required to pick up Medicare and it will become primary.
3. If you have an ACA plan, and become Medicare eligible, you do not have to enroll in Medicare, you will no longer be eligible for an ACA premium discount and your cost for your ACA plan will increase.
4. You can enroll in Medicare within 12 months of the transplant and have coverage back to the date of transplant but you will have to pay the 12 months of the premium for the Part B.

5. You may be entitled to assistance with paying your Part B premiums through CMS. You may call 1-800-792-9745 and ask about the Medicare Savings Program.
6. If you do not enroll in Medicare A & B within 12 months of the transplant:
  - a. you will only have Medicare Part A and Part B coverage effective the month you enroll (it will not be retroactive to the date of transplant)**
  - b. you will pay a higher Part B monthly premium (called a penalty)**
  - c. you will not have long term coverage for your living donor**
  - d. you will not have Part B rejection medication coverage**
7. If you enrolled in Part A because it was free and waived Part B during the initial enrollment period for Medicare, you can only enroll in Part B during an open enrollment period, which is each January-March and Part B will start the following July 1. If you delayed enrollment in Part B only, the patient will pay a **10% premium penalty for every 12 months he/she delays signing up for Part B.**
8. Medicare eligibility based on kidney disease will end 3 years post transplant, which means that Medicare coverage (all parts, A, B and D may end 3 years from the date of transplant). Patients may need to re-apply through Social Security for a new entitlement or plan to have employer insurance, private insurance or insurance through the ACA to pay for long term care and medications. Contact your local Social Security office prior to your 3 year anniversary to confirm coverage status.
10. **Important information about Medicare and coverage for a living donor:** Medicare will cover costs for the evaluation and donation for a kidney donor. Medicare will also pay for any donor complications at any time post-donation, as long as they are related to the donation.
11. Medicare Advantage plans are managed by commercial insurance companies; plan coverage varies and should be checked prior to transplant.

**\*Medicare is currently the only payor that does not have a time limit for coverage for donor complications.** Commercial insurance may have limited coverage for donor complications. (for example coverage for only within 30 days of donation)

**\*\*Without Medicare (both Parts A and B) in place at the time of transplant, if the donor experiences complications, and the coverage period for your insurance has expired, you may be responsible for these costs. ♦**

# Fast Facts about AKF Insurance Premium Assistance and Kidney Transplant at CBMC

April 2022

## How will the AKF Health Insurance Premium Program (HIPP) work once a patient is transplanted?

As of March 1, 2022, the American Kidney Foundation (AKF) updated their program eligibility and assistance to patients who are transplanted in the following ways:

- If a patient is transplanted in the final quarter of the current plan year, then AKF will continue HIPP assistance for the subsequent plan year in addition to the remainder of that final quarter.
- **For example:**
  - If patient receives a transplant on April 2, grant assistance will end on December 31.
  - If patient receives a transplant on October 31st, AKF may continue assistance for the remainder of that year as well as for the following year.
- AKF will always assume that the patient's plan year is based on the calendar year unless otherwise notified by the patient.
- Patients must meet all updated AKF HIPP eligibility (see website for current criteria), which includes that:
  - Patients must have received AKF assistance for three (3) consecutive months prior to the date of transplant.

Detailed AKF HIPP Information can be found at:  
<https://www.kidneyfund.org/get-assistance/health-insurance-premium-program-hipp>

## Patient responsibility for AKF Premium Assistance through HIPP

1. Patients interested in applying for continued premium assistance must do so by either:
  - Contacting their dialysis unit and working directly with their unit to submit invoices for continued AKF insurance premium assistance
  - Contacting the AKF directly to continue assistance through the AKF Grant Management System:
    - <https://gms.kidneyfund.org/users/welcome>
    - 800-795-3226
2. **CBMC Renal & Pancreas Transplant is not a participating provider for the AKF Health Insurance Premium Program and**
3. **CBMC Renal & Pancreas Transplant will not be processing requests for grant assistance with the AKF**

**Patients will be required to work directly with the AKF or their dialysis unit to:**

1. Apply for continued assistance
2. Remit invoices
3. Confirm that assistance is paying for patient premiums

It is also important to note that for patients being evaluated for a kidney transplant, **the extension of premium assistance through the AKF will not be considered when assessing insurance coverage needed for a transplant**. Patients must be able to demonstrate their ability to pay for adequate insurance coverage long term in order to be approved for listing and transplant, as coverage for medications, lab tests and clinic visits are critical to the long-term success of a kidney.♦