AST Business of Transplantation Webinar 3-13-13

A Primer on Optimizing an Organ Transplant Program's Financial Statement • Alexander Aussi and Bill Rahm

Additional Q&A

Question	Answer
My understanding was that we can not put routine donor follow up care into the organ acquisition after 6 months post donation surgery? Are you saying that routine donor labs and follow up appointment that is done a year or two after the donation can be put into organ acquisition?	**Per CMS Transmittal 148, dated October 28, 2011, follow up examinations may be covered up to 6 months after the donation to monitor for possible complications. Effective May 2012, any diagnosed complications are billable to the recipient's account after the first discharge from the hospital.**
So it's not the number of deceased donors after hospital for the number of actual organs procured that you can add to your numerator in the Medicare part a reimbursement report? Can I count all organs, for example livers procured at my hospital where we (theoretically)do kidney transplants only?	**No, you cannot count livers in the kidney count for either Total Usable organs or Medicare usable organs. If you are filing a kidney transplant cost report you can only count the kidneys procured at your center whether from deceased or live donors.**
How should Managed Medicare plans be considered in the MCR calculation?	**A select few Medicare Advantage Plans were considered for payment as Medicare organs under a Medicare Demonstration Project (DaVITA and SCAN for ESRD, Plan #H5943 and Fresenius plan# H5301) between Jan 2007 and Dec 31, 2010. This permitted hospitals to include kidney acquisition costs for transplants received by members on the hospital's cost report; however, effective Dec 31, 2010, Medicare Managed Care plans are now considered non-Medicare when counting Medicare usable organs.**
Liver Recipient has commercial coverage with limited living donor benefits. No Medicare coverage. Are the donor complication costs in phase IV inclusive on the cost report?	**No, they are not to be placed on the cost report. They should be billed to the recipient's insurance.**
To confirm: You're indicating that the SAC applied by the hospital at the time of admission should be removed from your direct costs when calculating your reveune?	**I'm assuming that you are speaking to the transplant event financial statements? If so, yes, you should remove the SAC charge as the SAC charge is related to Phase I and Phase II, i.e. organ acqusition costs. As shared on the Webinar, when analyzing program financial statement profitability, you would need to have Phase I &II reported seperately with the Medicare cost report settlement included, then Phase III with no SAC and Phase IV downstream for show and tell... . Tip - Work with your clinical team to ensure you do not lose money on Phase III as compared to Medicare DRG payment without the SAC.**
If program became Heart CMS certified 10/6/12, at what point can we begin including these services in the cost report? For all of 2012 or only back to certification date?	**Our understanding is that you can only report costs to the date of certification.**
if a patient is commercial primary and the contract states evaluation services are directly billable to the payor; are you able to bill for reimbursement at the time of service or is this service reportable on the cost report	**Both. You can bill the Commercial Insurer and you are required to capture and report the evaluation charges on the cost report, D-4, Part I. Medicare pays their percentage which is multiplied against all costs of organ acquisition services.**

In the overhead category...Is it acceptable to charge the cost or portion of the cost of a Database and/or data coordinator to the cost report?	**This can be problematic and complicated, depending on where the salary expense resides in the General Ledger, to which cost center on Worksheet A you grouped the GL account to, the hospital specific B-1 stats, and on the philosophy of your Fiscal Intermediary on audit. I'm not trying to be difficult, but my answer can vary, depending on your circumstances: (1) if the data coordinator works in the tx dept, then yes, you can retain the pre-transplant % of cost to organ acquisition, (2) if the data coordinator works in an overhead department, e.g. Finance, then you would pick up their cost when the Finance department (Admin & General cost center) is stepped down to the organ acquisition cost center, (3) if the data coordinator works in an overhead department that has no B-1 allocation to the organ acquisition cost center, then the only way you could capture their costs is through an A-6 reclassification entry. It is this third example where some Fiscal Intermediaries may give some push back on audit. Call Bill Rahm if you would like to discuss further at 702-778-9766 or drop either of the speakers an email: Alexander Aussi (aaussi01@totaltransplant.com) or Bill Rahm (rahm@guidryeast.com).**