

KPD Match Financial Checklist

Discuss information sharing with donors and candidates.

- There is no secure website to list recipients' insurance information in UNet.
- Medicare providers and hospitals are considered covered entities under HIPAA, therefore, a separate agreement is not required. NOTE: 13.6.A Requirements for Match Run Eligibility for Candidates and 13.6B Requirements for Match Run Eligibility for Donors does require a signed a release of protected health information.
- Transplant hospital's follow internal policies and procedures about educating and consenting transplant recipients and donors that demographic and financial information will be shared with the matched transplant hospital.
- To preserve confidentiality, establish a process to blind donor claims and anonymity throughout the KPD process.
- Educate and consent patients to the fact that while every effort will be made to protect their confidentiality, information may be shared.

Once KPD match offers are accepted by all transplant hospitals in the exchange:

[] 1. VERIFY MEDICARE APPROVAL

- a. At the time of the match acceptance, the recipient transplant hospital verifies donor recovery hospital CMS status.

OR

- b. Requests the donor recover hospital sends a copy of their most recent Medicare-approval letter.

[] 2. REVIEW INSURANCE INFORMATION

This review is time-sensitive and begins upon notification of match acceptance.

- a. Financial contact information is located on the TXC Contact sheet on the match response page. If a financial contact does not have access to the Match response page the KPD primary contact shall provide the matched transplant hospital with name and contact information of the financial coordinator at their hospital.
- b. [] After preliminary acceptance by all transplant hospitals in an exchange, donor and recipient transplant hospitals obtain and review matched candidate insurance information to ensure that donor nephrectomy and transplant would be covered by the recipient's insurance carrier.
- c. If the match is not viable from an insurance perspective, the match can be refused and the exchange terminated allowing pairs to re-enter for the next match run.

[] 3. SHARE INFORMATION WITH MATCHED TRANSPLANT HOSPITALS

[] The donor recovery hospital provides the donor's demographic information (ie, name, date of birth and address, etc) via secured method to the matched candidate's transplant hospital.

[] The matched candidate transplant hospital provides the donor recovery hospital with the following information (to ensure donor's providers will be paid by candidate's insurance):

- candidate's name
- insurance coverage information (policy name and number)
- subscriber
- authorization number
- case manager name and contact information (if applicable)

4. Review and confirmation of insurance

- Donor recovery hospital reviews insurance information regarding potential match
- Candidate transplant hospital reviews insurance information regarding potential match
- Recipient transplant hospital confirms recipient insurance covers donor at donor recovery hospital
 - For example, if recipient is receiving a kidney from an out-of-state donor, does recipient have out-of-network coverage for donor's providers?
- Donor recovery hospital confirms that all providers involved in the case are approved by candidate's insurance (either in-network or authorized)
- Donor recovery hospital confirms how the donor nephrectomy charges will be paid (section 3.E)

5. DEVELOP AND EXECUTE KPD FINANCIAL AGREEMENTS

Each match requires an agreement between the donor recovery hospitals and their respective matched candidate. Elements of the agreement are to include:

- Preamble
- Description of Services and Exchange Process
- Representations and Warranties
- Billing for Transplant Services
- HIPAA and Applicable Law
- Term
- Indemnification
- Insurance
- Notice
- Counterpart

6. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

- a. As part of the Quality Assessment and Performance Improvement (QAPI) program, transplant hospitals must ensure that there is a feedback system to address any adverse events that occur from a donation and subsequent transplant.
- b. If an adverse event occurs, there must be notification that an event has occurred and written communication between the two programs of the specific actions taken to prevent repeat incidences of the adverse event.

7. SUBMIT BILLS FOR THE DONATION AND TRANSPLANT AS FOLLOWS:

- a. Bill all candidate/recipient charges (facility and provider) to the recipient's insurer
- b. Bill donor recovery hospital claims for nephrectomy to matched recipient transplant hospital using departmental charges method
- c. Bill donor provider charges to the matched recipient's insurance or per mutual agreement prior to the donation (section 3.E)
- d. Some payers have indicated that they would prefer to pay providers directly, outside the global and reduce payment amount to the recipient transplant hospital. This is to be determined by each hospital upfront and included in the KPD Financial Agreement.

Note: There are no consequences for the transplant hospital who declines a match offer for any reason, including finances. UNOS requires transplant hospitals enter a refusal reason when a match is declined to assist them in working through the more common barriers and process improvement.