



## Medicare Cost Transition for Transplant COE Programs Frequently Asked Questions

**1. *What is HealthPartners' Medicare Cost transition plan and how have you communicated to members?***

- Starting in October 1, 2018, Medicare Cost members have been notified that they will need to choose either a Medicare Advantage or Medicare Supplement plan if they reside in certain counties.
- Starting January 1, 2019, some of these members have been notified that they will be automatically transitioned to Medicare Advantage and others will need to enroll in a Medicare Supplement plan or choose another carrier. Note: This transition is dependent on where the member resides. See [Medicare Updates Special Editions Fast Facts Newsletter](#) for details

**2. *Where can I find the new Medicare plan options available to our transplant patients?***

You may find information on our Medicare Advantage and Supplement plans for:

- Members: [HealthPartners.com\Medicare](http://HealthPartners.com/Medicare)
- Providers: [Medicare Updates Special edition Fast Facts Newsletter](#)

**3. *How will this change affect the transplant programs in the Centers of Excellence?***

All transplant related services are covered as in-network when a prior notification/authorization is/has been submitted by the designated transplant program when your transplant patient chooses one of the new HealthPartners Medicare Advantage or Cost plans.

**4. *How will this change affect my patients?***

- New and existing transplant patients will be able to continue with your program when a transplant authorization is in place.

**5. *What is the purpose of the authorization?***

The goal is to proactively identify Medicare Advantage and Cost members that are starting an evaluation and again, at time of transplant listing (Organ) or treatment (Blood and Marrow) to ensure that the transplant related services are covered as "in-network".

**6. *What steps are needed to ensure my patient has an authorization in place?***

- Information on the Two-step Transplant prior notification can be found on our Transplant page on the provider portal under [Transplant COE Program Resources](#) tab.
- Annual prior notification/authorization will be necessary for the annual visits in the post transplant period.

**7. *What are the designated transplant programs available to Medicare patients that our referral partners may consider in-network?***



- *Medicare Advantage* members may be referred to any transplant program on our [Regional Transplant COE Network](#) list or National COE Network lists. These lists are available on our Transplant page on the provider portal.
- *Supplemental Medicare* members may be referred to any Medicare certified transplant program.

**8. Who do I contact if I have further questions?**

- For Member service questions:  
Freedom: 952-883-7979 or 800-233-9645  
Medicare Supplement: 952-967-7877 or 833-256-7044  
Medicare Advantage: 952-883-6655 or 866-233-8734
- For contract network questions: Please contact your HealthPartners Contract manager

**Other case-specific questions**

**9. *Would a new transplant candidate be able to be evaluated at our transplant program?***

When there is a prior notification/authorization received by the transplant program, all transplant related services are considered in network.

**10. *What do I tell my patient who already has a scheduled evaluation visit in place?***

You can let your patient know that he/she will be able to move forward at your program under their new plan. Please be sure you have submitted a [transplant medical review](#) form to our medical policy department to complete the prior notification/authorization process.

**11. *Will referring physicians be able to continue to refer to our transplant program?***

Yes. You will need to submit a completed [transplant medical review form](#) prior to the first visit at your center

**12. *Do our existing listed patients need to transition their care to another transplant program if they choose a Medicare Advance plan?***

No. You will need to ensure that there is a current authorization in place so transplant related services are covered at the in-network benefit level.



**13. *What if my patient has already had their transplant at our program?***

Please tell your patient that post-transplant related services provided at your program will continue to be covered when a current authorization is in place. These patients should go ahead and continue their care at your program.

**Other Questions you might have**

**14. How have you communicated the Medicare Cost Transition to specialist and primary care clinicians?**

A special edition Fast Facts has been sent to all contracted providers in our network. You may find a copy on our Transplant page under the COE Provider Resource tab.

[\[Back to top\]](#)