**Question**

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?

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**Answer**

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.

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**Question**

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?

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**Answer**

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.

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**Question**

How should Managed Medicare plans be considered in the MCR calculation?

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**Answer**

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.

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**Question**

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?

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**Answer**

No, they are not to be placed on the cost report. They should be billed to the recipient’s insurance.

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**Question**

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 revenue?

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**Answer**

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 acquisition 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.

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**Question**

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?

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**Answer**

Our understanding is that you can only report costs to the date of certification.

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**Question**

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

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**Answer**

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).