LifeTrac® Making Difficult Easier

Frequently Asked Questions

As a leader in one of the most expensive and challenging areas of medical care – transplantation – LifeTrac has been a consistent and reliable resource to clients for valuable expertise aimed at achieving quality outcomes for both the patient and the bottom line. Following is information in a question and answer format on the transplant network, transplant facts, and financial information.

A. THE LIFETRAC NETWORK

Q. What is the LifeTrac Network?

A. The LifeTrac Network is a national network of over 100 leading medical centers, carefully selected for their solid organ and hematopoietic cellular therapy (HCT) programs. LifeTrac has been serving our clients since 1988.

Q. What is the mission of LifeTrac?

A. The mission of LifeTrac is to share its expertise in managing catastrophic medical events with our business partners. This is accomplished by coordinating access to transplant programs at facilities that have met specific LifeTrac criteria.

Q. What are the main benefits of the LifeTrac Network?

A. The main benefit of the LifeTrac Network is cost predictability at facilities experienced in transplantation so payors no longer need to feel that it is financially "out of their hands" when one of their members requires an organ or HCT. We are committed to a contracting strategy that focuses on managing costs, not just discounts. Of course, our business partners also receive other benefits, including access to our knowledgeable client service team, which includes client managers, clinical consultants, and account executives – all with many years of experience in the industry.

Q. What types of payor clients does LifeTrac serve?

A. LifeTrac is available to serve any risk bearing entity including HMOs, TPAs, other major insurance companies, self-funded groups, and employer health plans.

return to Top of the Document

Frequently Asked Questions

Q. Is transplant data available on the facilities within the LifeTrac Network?

A. Yes. LifeTrac makes summary outcome information for each medical center, which summarizes transplant statistics by program. LifeTrac can provide this information to a case manager, physician, or payor for their own analysis of the facility that best suits their needs. Facility statistics are also available to our clients through our website at www.LifeTracNetwork.com. Please contact LifeTrac at 800-You-Trac (968-8722) to obtain a password and user name for access.

Please note that although general statistical comparisons can be made regarding facility experience, representations regarding the outcome of a patient's care as a result of his or her selection of a facility in the LifeTrac Network cannot be made.

Q. How does the case referral process begin?

A. The payor or case manager electronically submits to LifeTrac a "LifeTrac Referral Notice" through our secure website. Upon receipt of the LifeTrac Referral Notice form, LifeTrac will review the referral information, and once complete, submit the referral to the selected LifeTrac facility. When the submission is finalized, the Referral Status within the system is changed from “Submitted” to “Complete.”

Q. What factors are considered when selecting facilities/ programs for the LifeTrac Network?

A. Every facility and each program is carefully evaluated before becoming part of the LifeTrac Network.

Some of the factors considered when selecting a facility/program include:

- Volume of procedures annually;
- Surgical team experience;
- Number of years the program has been established;
- Survival rates;
- CMS approved national accrediting organization;
- Contract methodology;
- Dedication to research; and
- Geographic location

LifeTrac Facility Fact Sheets contain specific program information such as median time to transplant and can be found on our website at www.LifeTracNetwork.com.

Q. Is there ongoing review of the LifeTrac facilities?

A. Yes. In order to respond to changes in the transplant programs, clinical professionals perform an annual review of facility statistics and require notice of any program or surgical team changes. We also perform ongoing, periodic on-site reviews of transplant programs.

return to Top of the Document

B. TRANSPLANT FACTS

Q. What is the waiting time for an organ?

A. Nationally, an organ procurement system through UNOS (United Network of Organ Sharing) is structured to ensure a uniform and equitable method for managing the distribution of organs. After a patient is evaluated and accepted for transplant, he or she is listed nationally on the UNOS waiting list. When organs are donated in an OPO's service area, that OPO first attempts to match them with local recipients. If no matches are made locally, the organs are then offered to recipients throughout the country through the UNOS registry. By listing patients nationally, and by utilizing donor organs from throughout the country, the goal is to minimize the time a patient has to wait for a donor organ. When a donor organ becomes available, the criteria utilized to select the recipient are:

1. Blood type compatibility;
2. Body size match with the donor;
3. Medical status of the recipient;
4. Length of time on waiting list; and
5. Preservation time of the organ and recipient availability.

Note: Median waiting time for an organ varies by blood group, region, and patient status.

Q. Are most organs for transplantation taken from deceased donors?

A. Yes. Kidneys, however, are often obtained from living donors. Also, some facilities are now performing living related transplants for liver and pancreas.

Q. Hematopoietic Cellular Therapy is not listed as an "organ type." Please explain.

A. Hematopoietic Cellular Therapy (HCT) is the infusion of blood forming stem cells, harvested from marrow or circulating blood, to treat disease or support other therapy.

Sources of hematopoietic cells:

1. Bone Marrow – the spongy tissue within the bones where the body produces blood stem cells that produce red and white blood cells and platelets needed for blood clotting.
2. Peripheral Blood – blood stem cells that have migrated from the marrow out into the circulating blood to produce mature cells.

Patients undergo HCT for a variety of conditions. Some have the diseases of the stem cells, such as aplastic anemia in which the bone marrow does not produce cells.
These patients need new stem cells to make blood normally. Other patients have cancers that cannot be cured with ordinary chemotherapy or radiation, and the high dose treatment used prior to transplantation destroys their normal stem cells which must be protected or replaced.

return to Top of the Document

There are two types of HCT, based on the source of the stem cells:
Autologous: Stem cells collected from the bone marrow or blood of the patient.
Allogeneic: Stem cells donated by either a relative of the patient or an unrelated donor.

Q. How is it determined who qualifies for transplantation?

A. A patient must meet certain medical criteria before medical centers consider him/her to be a candidate for transplantation.

C. FINANCIAL INFORMATION

Q. What are the typical costs of various types of transplantation?

A. Transplant costs will vary by organ type, donor compatibility and patient recovery time. Actual savings on specific cases will also vary.

Q. What is LifeTrac's overall average savings?

A. The network savings vary by facility. Most importantly, the LifeTrac contract methodology can lead to the costs savings and predictability found in the management of the complete transplant event.

Q. What is LifeTrac's transplant contracting philosophy?

A. LifeTrac's contracting methodology divides the transplant into three distinct phases; pre-transplant care/evaluation, transplant period, and post-transplant/follow-up care. Pre-transplant care/evaluation is based on a fixed per diem or an aggressive percent discount. The transplant period is most often based on a case rate which includes both hospital and physician charges for a specific length of stay with fixed per diem rates for any remaining outlier days in the hospital. The cost of the organ/marrow is to be bundled into the case rate or passed through at cost. Post-transplant/follow-up care is based on a fixed per diem or aggressive percent discount.

return to Top of the Document