Blue Distinction Centers for Transplants

**INSTITUTION**
University of Chicago Medical Center
5841 S. Maryland Avenue
Chicago, IL 60637-1470
(773) 702.1000
TIN 36-3488183N
www.uchospitals.edu

**TYPE OF TRANSPLANT**
Lung
*Single or Bilateral Lung*
Adult - 18 yrs. of age & above

**INSTITUTIONAL CONTACTS**

**Clinical:**
- **UNOS Designated Primary Physician**
  - Sangeeta Bhorade, MD
  (773) 824.1119
- **UNOS Designated Primary Surgeon**
  - Wickii Vigneswaran, MD
  (773) 824.1119

**Transplant Coordinator(s)**
- Uma Bindingnavle, RN  (A-H Pre & Post Transplant) (773) 834.8254, Fax (773) 834.8110
- Patricia Kelly, RN  (I-P Pre & Post Transplant) (773) 834.4267, Fax (773) 834.8110
- Jeanne Nacpil, RN  (Q-Z Pre & Post Transplant) (773) 834.0706, Fax (773) 834.8110

**Referral, Admission, Discharge and Billing:**
- Debra Patterson  (receives BDCT Transplant Services Notification Form; sends Hospital Admission Notification Form to BDCT) (773) 834.9133, Fax (773) 834.3613
- Uma Bindingnavle, RN  (A-H sends BDCT Patient Discharge From Care Form) (773) 834.8254, Fax (773) 834.8110
- Patricia Kelly, RN  (I-P sends BDCT Patient Discharge From Care Form) (773) 834.4267, Fax (773) 834.8110
- Jeanne Nacpil, RN  (Q-Z sends BDCT Patient Discharge From Care Form) (773) 834.0706, Fax (773) 834.8110
- Jeff Wagner  ("bundles" BDCT Contracted Global Claim) (773) 702.1061 x52737, Fax (773) 702.0000

**Utilization Review Department**
- Uma Bindingnavle, RN  (A-H Pre & Post Transplant) (773) 834.8254, Fax (773) 834.8110
- Patricia Kelly, RN  (I-P Pre & Post Transplant) (773) 834.4267, Fax (773) 834.8110
- Jeanne Nacpil, RN  (Q-Z Pre & Post Transplant) (773) 834.0706, Fax (773) 834.8110

**TRAVEL AND LODGING**
(Contact Sara DeSai, SW  at (773) 702.9360 or Social Services Department (773) 834.2003 for more information.)

**Airport**
- Midway Airport (8 Miles/20 Minutes from Hospital)
- O'Hare International Airport (25 Miles/40 Minutes from Hospital)

**Ambulance**
- University of Chicago Aeromedical Network (UCAN) (Air Ambulance) (773) 702.3222
  [www.uchospitals.edu/professionals/ucan.html](http://www.uchospitals.edu/professionals/ucan.html)
- Advance Ambulance (Ground) (773) 774.8999
- Daleys Ambulance (Ground) (708) 331.3310
- EMS Ambulance Inc. (Ground) (888) 474.9090

**Lodging**
(Contact Frederica Ehimen, Hospitality Coordinator at (773) 702.9007 for more information or go to: [http://www.uchospitals.edu/visitor/hospitality.html](http://www.uchospitals.edu/visitor/hospitality.html))
- Beadle Residence  ($102 - $155/Night) (6-8 Blocks to Hospital) (773) 633.1467
- Chicago Hyatt McCormick Place  ($142 - $162/Night) (312) 567.1234
- Club Quarters  ($99 - $145/Night) (312) 357.6400
University of Chicago Medical Center

Lung (continued) IL

- Quadrangle Club ($95/Night) (2 Blocks to Hospital) (773) 702.2550

NOTICE OF PURPOSE: This BDCT hospital profile is provided solely for informational purposes. The BDCT hospital profile should not be construed to suggest that the BDCT recommends, advocates or requires the payment or non-payment of the transplant services profiled.

CONFIDENTIAL: All above information is confidential and proprietary and shall not be shared with personnel outside BCBS Plans subscribing to the Blue Distinction Centers for Transplants. The contract services information is summarized and is not intended to replace the actual agreement(s) it references.

June 2009
BDCT CONTRACT INFORMATION
Rates Effective June 1, 2009

Global Period
Up to and including 38 consecutive days beginning one day prior to the transplant.

Global Rate
Hospital shall receive the following Lesser of % of Established Charges or a Global Rate payment for Medically Necessary Transplant Services** provided during the Global Period:

Lesser of 90% of Established Charges or Global Rate of: (Adult) Single or Bilateral Lung: $106,000

Death Following Transplant
Hospital shall receive the following Lesser of % of Established Charges or a Global Rate payment for Medically Necessary Transplant Services** if the Recipient Dies within 48 hours after transplant:

(Adult) Lesser of 90% of Established Charges or 70% of Global Rate

Outlier Per Diem Rate (INPATIENT ONLY)
Hospital shall receive the Lesser of % of Established Charges or the applicable Outlier Per Diem Rate for Medically Necessary Transplant Services** if the Recipient is inpatient on Day 39. The Outlier Rate ends when the Recipient is discharged from the inpatient stay. The Lesser of payment determination shall be made after all the Established Charges are bundled at the end of the inpatient stay:

Outlier Per Diem Rates of: (Adult) Non ICU $2,000 ICU $2,600

Retransplant Rate
(Adult): Lesser of 90% of Established Charges or Retransplant Global Rate of: $95,000
Preauthorized retransplants must occur within 60 calendar days of the initial transplant. The Retransplant Global Period will begin one day prior to the Retransplant and will include the same number of consecutive days as the initial transplant.

TRANSPLANT SERVICES**
All inpatient and outpatient hospital, professional and ancillary services (i.e., homecare) and products provided or arranged by the Participating Hospital/Physicians and related to the transplant and/or its complications provided during:
- the Global Period days until Discharge from Care
- any remaining [consecutive] Global Period days if the Recipient returns to the Participating Hospital/Physicians after a Discharge from Care.
- any applicable Outlier Per Diem(s) until discharged to outpatient care

EXCEPT AS SPECIFICALLY EXCLUDED BELOW:

EXCLUDED TRANSPLANT SERVICES**
- Pre-transplant clinical evaluation for Recipient (unless performed one day prior to transplant)
- Ground or Air Ambulance services
- Travel and Lodging expenses
- Living Donor Lobar Lung

NOTE:
- The Hospital must provide, and the Plan (Transplant Coordinator, Case Manager, or Medical Director) must approve, a patient discharge from care in writing using the BDCT “Patient Discharge From Care Notification Form.”
This signed Form does NOT terminate the BDCT Provider Contract if the Member returns to the Hospital/Physicians for Transplant Services** during any remaining consecutive Global Period days, or inpatient Outlier per diems if applicable.

CLAIM PAYMENT:

STOP LOSS RATE:
If the bundled Established Charges for Transplant Services** during the Global Period, not including any applicable Outlier Period charges, exceed $250,000, the Hospital will be paid the Stop Loss Rate of 50% of Established Charges for the Global Period.

If the bundled Established Charges for Transplant Services** during any applicable Outlier Period, not including the Global Period charges, exceed $250,000, the Hospital will be paid the Stop Loss Rate of 50% of Established Charges for the Outlier Period.

- Payment, if any, for Excluded Transplant Services** is subject to Local Plan's provider agreements, the BlueCard Program and the Member's Benefit Contract.
- Hospital must be paid within 60 days after receipt by the Plan of a clean (bundled) claim, or a late payment penalty may apply.
- Payment should be mailed to:

University of Chicago Medical Center
1122 Paysphere Circle
Chicago, IL 60674
TIN: 363488183
**PROCEDURES AND OUTCOMES**

**PROGRAM DURATION**

<table>
<thead>
<tr>
<th>Adult</th>
<th>Date</th>
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<tbody>
<tr>
<td>Lung</td>
<td>11/1996</td>
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**PROCEDURE SUMMARY**

<table>
<thead>
<tr>
<th>Adult</th>
<th>2006</th>
<th>2007</th>
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<tbody>
<tr>
<td>Total</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Lung Single</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Lung Bilateral</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Lung &gt;65 years of age*</td>
<td>0</td>
<td>2</td>
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*included in single, bilateral and lobar volumes above

**VOLUME BY DIAGNOSIS**

<table>
<thead>
<tr>
<th>Adult (1/1/2007 - 6/30/2008)</th>
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<tbody>
<tr>
<td>Lung</td>
</tr>
<tr>
<td>Idiopathic Pulmonary Fibrosis</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD) /Emphysema</td>
</tr>
<tr>
<td>Bronchiectasis</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Eosinophilic Granuloma</td>
</tr>
<tr>
<td>Primary Pulmonary Hypertension</td>
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**SURVIVAL (%)** (Actuarial 7/1/2004-12/31/2006)

<table>
<thead>
<tr>
<th>Adult</th>
<th>One Month</th>
<th>One Year</th>
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<tbody>
<tr>
<td>Lung Graft</td>
<td>100</td>
<td>75</td>
</tr>
<tr>
<td>Lung Patient</td>
<td>100</td>
<td>75</td>
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**Lung Program is Medicare certified**