



Effective 4/1/2025

Lines Of Business All Lines of Business

Transplant Services

PURPOSE:

To ensure The Health Plan maintains compliance with CMS, BMS and relevant regulatory bodies transplant services requirements.

POLICY:

The Health Plan provides transplant services to all members equivalent to transplant benefits provided by original Medicare services or as specified in MHT contracts. All care and services are coordinated by a complex case navigator upon identification of request for transplant evaluation or continuation of transplant services if already engaged in the transplant process. Under certain conditions the following transplants are covered: corneal, kidney, kidney-pancreas, heart, liver, lung, heart/lung, bone marrow, stem cell and intestinal/multi-visceral.

Securecare:

1. The Health Plan provides transplant services to members that are consistent with community patterns of care for original Medicare beneficiaries. Members requiring care or services related to transplantation at any and all phases are identified and assigned to a complex case navigator to assist with service coordination. Members, involved providers and complex case navigators work together to identify the best options for transplant care providers, taking into consideration individualized needs, access, quality of care, timeliness of service and transplant wait times.
2. Transplant services may be provided by either an in-network local or distant (greater than 100 miles one way) transplant provider who has met and maintained all Medicare eligibility requirements for the specific requested transplant services. Special consideration in the form

of a single case agreement, will be given to a local transplant provider if they are non-contracted with The Health Plan but willing to cover transplant services at the original Medicare rate.

3. Members approved for transplant services and one companion are eligible for travel and lodging reimbursement if the travel distance is 100 miles or greater one way to a transplant center.
4. Expenses eligible for reimbursement are incurred during transplant evaluation/work-up, while hospitalized for transplant related services or while the member is required to remain in the vicinity of the transplant facility for transplant services.
5. The Health Plan limitations imposed upon travel and lodging as included in the EOC.

Mountain Health Trust/WVCHIP

1. The Health Plan will provide continuity of care for MHT/WVCHIP enrollees receiving services for transplantation of organs or tissues, other than corneal transplants.
2. The Health Plan MHT/WVCHIP enrollees receiving services for transplantation of organs or tissues, other than corneal transplants, are covered under FFS Medicaid for the entire duration of their treatment.
3. The Health Plan must notify the State of any past, present, or future transplant recipient at the time they are identified and request transfer to FFS Medicaid . MHT/WVCHIP will coordinate with its Utilization Management vendor to transition enrollees to the MHT FFS system and coordinate care at that time.
4. The enrollee will be covered under MHT FFS retroactively to the beginning of the month that The Health Plan notifies the State.
5. Capitation will be recouped for this month. Any claims paid during the month by The Health Plan may be reversed and directed to the fiscal agent for payment.

Commercial

1. The Health Plan provides transplant services to members that are consistent with community patterns of care for original Medicare beneficiaries. Members requiring care or services related to transplantation at any and all phases are identified and assigned to a complex case navigator to assist with service coordination. Members, involved providers and complex case navigators work together to identify the best options for transplant care providers, taking into consideration individualized needs, access, quality of care, timeliness of service and transplant wait times.
2. Transplant services may be provided by an in-network transplant provider who has met and maintained all Medicare eligibility requirements for the specific requested transplant services.
3. Members approved for transplant services and one companion are eligible for travel and lodging reimbursement if the travel distance is 75 miles or greater one way to a transplant center.
4. Expenses eligible for reimbursement are incurred during hospitalization for the transplant or while the member is required to remain in the vicinity of the transplant facility for transplant services.

5. The Health Plan limitations imposed upon travel and lodging as included in the EOC.

ASO/Self-Funded

1. The Health Plan provides transplant services to members that are consistent with community patterns of care for original Medicare beneficiaries. Members requiring care or services related to transplantation at any and all phases are identified and assigned to a complex case navigator to assist with service coordination. Members, involved providers and complex case navigators work together to identify the best options for transplant care providers, taking into consideration individualized needs, access, quality of care, timeliness of service and transplant wait times.
2. Transplant services may be provided by an in-network transplant provider who has met and maintained all Medicare eligibility requirements for the specific requested transplant services. Further requirements may be applied as per individual plan documents and EOC's.
3. The Health Plan case manager will work in coordination with the stop loss carrier to determine the most appropriate transplant network to be utilized, or will work in coordination with the managed transplant program if appropriate. The Health Plan case manager will assist in placing appropriate referrals for a transplant network as appropriate.
4. Travel and lodging benefits will be determined by the plan document and EOC.

All Revision Dates

5/23/2024, 7/28/2023, 8/20/2021, 8/21/2020, 5/29/2019, 11/1/2016

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