


<b>UTILIZATION MANAGEMENT</b>	 <b>ASPIRE HEALTH PLAN</b>	<u>Effective Date</u>	
		01/01/2021	
		<u>Policy #</u>	
		AHP ASO-HS061	
	<b>NON-DELEGATED TRANSPLANT REQUIREMENTS</b>	<u>Review Date</u>	<u>Applicable to:</u>
		3/20/2024	<input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Anthem HMO <input checked="" type="checkbox"/> Blue Shield Trio
	<u>Approver's Name &amp; Title</u>		
	Kellie Verdugo, RN – Utilization Management Director		

### 1.0 PURPOSE

To define the process for ensuring that potential transplant members will be directed to the health plan to receive appropriate care.

### 2.0 POLICY

2.1 This policy applies to all Anthem Commercial members to notify the Health Plan of all transplant cases and all transplant related investigational/experimental services requested.

2.1.1 Aspire Health Plan (AHP) will notify the Health Plan of any potential transplant within 1 business day (even when in testing/evaluation phase) to determine Centers of Medical Excellence/Plan approved Transplant Center network use.

2.1.2 Aspire Health Plan will notify the Health plan of all transplant related admissions within 2 business days.

### 3.0 DEFINITIONS

3.1 Refer to the Definitions Manual

3.2 Anthem Transplant Team's review of services includes Solid Organ and Bone Marrow and excludes Cornea.

3.3 Blue Shield Trio HMO Transplant Team's review of services includes Solid Organ and Bone Marrow and excludes cornea.

### 4.0 PROCEDURE

4.1 Anthem Transplants, Roles and Responsibilities

4.1.1 Notify Anthem within 1 business day of receiving request (including when in

testing/evaluation phase)

4.1.1.1 Anthem's Enterprise Transplant and Specialty Therapy Department at 1(888) 574-7215; Fax 1 (866) 255-2471

4.1.2 Notify Anthem Transplant Case Management Department of all transplant related admissions within 2 business days.

4.1.2.1 Anthem's Enterprise Transplant and Specialty Therapy Department at Phone number: 1 (888) 574-7215

4.1.3 As AHP is not delegated responsibility for Pre-transplant or Transplants, Anthem retains responsibility for the following:

4.1.3.1 Issue the pend/deferral letter if clinical information is missing

4.1.3.2 Advise members regarding the use of Centers of Medical Excellence

4.1.3.3 Issue denial letters for benefit limitation

4.1.3.4 Document concurrent review, discharge planning and member needs

4.1.3.5 Coordinates the care for the member and communicate with Anthem Transplant Case Management Department

4.1.3.6 Notify approval for the actual transplant and the transplant admission after medical review by the Health Plan

4.1.3.7 Provide referrals and authorizations for all pre and post-transplant services

4.1.3.8 Notify Anthem Transplant Case Management of any issues for assistance

## 4.2 Blue Shield Trio HMO Roles and Responsibilities

4.2.1 Notify Blue Shield Trio HMO within 1 business day of receiving request (including when in testing/evaluation phase).

4.2.1.1 All requests should be faxed to the Transplant Medical Care Services Team (TMCST) at Fax (916) 350-8865 Attention: Transplant Team.

4.2.1.2 For more information regarding the specific services for which a hospital has assumed financial responsibility during the global case rate period, please contact the Transplant Medical Care Solutions Team at (800) 637-2066, extension 841-1130 or the TMCST listed above.

4.2.1.3 For more information regarding the specific services for which a hospital

has assumed financial responsibility during the global case rate period, please contact the Transplant Medical Care Solutions Team via Fax

4.2.2 Notify Blue Shield's TCMST of all transplant related admissions within 2 business days.

4.2.2.1 Blue Shield's TCMST Department at Fax number: (916) 350-8865

4.2.3 As AHP is not delegated responsibility for Pre-transplant or Transplants, Blue Shield of CA (BSC) retains responsibility for the following:

4.2.3.1 Issue the pend/deferral letter if clinical information is missing

4.2.3.2 Advise members regarding the use of Centers of Medical Excellence

4.2.3.3 Issue denial letters for benefit limitation

4.2.3.4 Document concurrent review, discharge planning and member needs

4.2.3.5 Coordinates the care for the member and communicate with Anthem Transplant Case Management Department

4.2.3.6 Notify approval for the actual transplant and the transplant admission after medical review by the Health Plan

4.2.3.7 Provide referrals and authorizations for all pre and post-transplant services

4.2.3.8 Notify Blue Shields TCMST of any issues where assistance is required

4.3 For both Anthem and Blue Shield Trio HMO, Aspire Health Plan is responsible for Authorization and management of all non-transplant-related (e.g., medically necessary, covered services for the Member). Non-transplant related services include those services needed to treat the Member's underlying disease and maintain the Member until transplant can be completed (e.g., ventricular assist devices/ mechanical circulatory support devices).

## **5.0 TRAINING**

5.1 Training for employees will occur within 90 days of hire, and upon updates to the policy.

## **6.0 REVIEW PERIOD**

6.1 Annually

## **7.0 REGULATORY REQUIREMENTS AND REFERENCES**

7.1 N/A

## **8.0 POLICY VIOLATION**

Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.