

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Operations	<b>REFERENCE NUMBER:</b> HIM.CLMS.05
<b>EFFECTIVE DATE:</b> 5/2015	<b>POLICY NAME:</b> Member Transplant and Special Circumstance Travel Reimbursement
<b>REVIEWED/REVISED DATE:</b> 03/2018	<b>RETIRED DATE:</b> N/A
<b>PRODUCT TYPE:</b> Health Insurance Marketplace	<b>PAGE:</b> 1 of 3

**SCOPE:**

Centene Corporate Health Insurance Marketplace (HIM), Ambetter Program

**PURPOSE:**

The following reimbursement policy applies to Centene Corporate Ambetter (HIM) commercial program. The policy is to define the process for reimbursing the member and donor for travel expenses related to transplant services.

**POLICY:**

Coverage will be provided for pre-authorized transplants when it is determined to be medically necessary and approved according to the Explanation of Coverage (EOC) limitations if the EOC criteria are met.

Food and travel expenses are reimbursable for a member when the member is pre-authorized for a transplant and steered to a facility for the transplant procedure that is greater than 100 miles away from the patient's home. In no case will reimbursement be paid for travel related to services/products rendered outside of the United States of America.

Non-transplant special circumstances, when approved by Ambetter Case Management and pre-authorized, are also reimbursable. Consideration would be made if required services are more than 100 miles away from the patient's home.

Ambetter Health Plan will provide travel, food, and lodging expense reimbursement for the transplant recipient and one Companion/Immediate Family Member and also for the live donor and one Companion/Immediate Family Member. Receipts and a completed Transplant Travel Reimbursement form must be supplied to the Ambetter Case Manager within 6 months of the date of service in order to be reimbursable.

The maximum reimbursement for all travel, food and lodging expenses combined is \$10,000.00 per lifetime of the member as deemed medically necessary by Case Management in connection with transplant services. If a member needs another transplant on a different organ the \$10,000.00 maximum starts over.

Maximum reimbursement for lodging expenses is \$200.00 per person, per night, subject to the overall maximum listed above. Travel expenses are reimbursed based on actual expenses using the most cost effective and reasonable mode of travel using Case Management discretion.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Operations	<b>REFERENCE NUMBER:</b> HIM.CLMS.05
<b>EFFECTIVE DATE:</b> 5/2015	<b>POLICY NAME:</b> Member Transplant and Special Circumstance Travel Reimbursement
<b>REVIEWED/REVISED DATE:</b> 03/2018	<b>RETIRED DATE:</b> N/A
<b>PRODUCT TYPE:</b> Health Insurance Marketplace	<b>PAGE:</b> 2 of 3

### **Food Services:**

Maximum reimbursement for food expenses is \$75.00 per person, per day, subject to the overall maximum listed above. Travel expenses are reimbursed based on actual expenses using the most cost-effective and reasonable mode of travel using Case Management discretion.

### **Mileage:**

Maximum reimbursement for mileage is limited to travel to and from the member's home to the transplant facility and from the donor's home to the transplant facility and will be reimbursed at the current IRS mileage standard for miles driven for medical purposes. Travel expenses are reimbursed based on actual expenses using the most cost-effective and reasonable mode of travel using Case Management discretion.

### **Transport Services (Air, Train & Ground Services):**

Reimbursement for air, transit including train and ground/bus transport, will be based on coach class tickets only; upgrades to 1<sup>st</sup> class will not be reimbursed. Use of frequent flyer credits, the cost of cancelling and/or rebooking of transportation is not reimbursable unless it can be shown that it was necessary or required for legitimate reasons (such as a change in surgery date). Transportation dates must align to all lodging dates. Travel expenses are reimbursed based on actual expenses using the most cost-effective and reasonable mode of travel using Case Management discretion.

### **Non-Covered Expenses:**

The following items are not reimbursable under travel and lodging expenses.

- Alcohol/tobacco
- Car Rental (unless pre-approved by Case Management)
- Vehicle Maintenance
- Parking
- Speeding Tickets
- Entertainment (e.g., movies, visits to museums, additional mileage for sightseeing, etc.)
- Expenses for persons other than the patient and his/her covered companion
- Expenses for lodging when member staying with a relative
- Any expense not supported by a receipt
- Excludes Upgrade to first class travel (air, bus and train)
- Personal care items (e.g., shampoo, deodorant, etc.)
- Souvenirs (e.g., T-shirts, sweatshirts, toys, etc.)
- Telephone calls
- All other items not described in the policy as eligible expenses

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Operations	<b>REFERENCE NUMBER:</b> HIM.CLMS.05
<b>EFFECTIVE DATE:</b> 5/2015	<b>POLICY NAME:</b> Member Transplant and Special Circumstance Travel Reimbursement
<b>REVIEWED/REVISED DATE:</b> 03/2018	<b>RETIRED DATE:</b> N/A
<b>PRODUCT TYPE:</b> Health Insurance Marketplace	<b>PAGE:</b> 3 of 3

**REFERENCES:** In accordance with Corporate Medical Management policy: CC.UM.18, CC.UM.18.06, CC.UM.18.07

**ATTACHMENTS:**

Transplant RECIPIENT Travel Reimbursement Form  
Transplant DONOR Travel Reimbursement Form

**DEFINITIONS:**

A Companion/Immediate Family Member is defined as a parent, spouse, child, sibling or any person residing with the transplant donor/recipient.

### REVISION LOG

<b>REVISION:</b>	<b>DATE:</b>
Mileage rate adjusted for 2018	3/7/18
Applied new policy template per CC.COMP.22; revised mileage rate to make it evergreen; revised to include donor reimbursement info & add exclusion for services outside of U.S.; added requirement for Travel Reimbursement Form	12/4/19

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.