PURPOSE:
This policy will describe the responsibility of Health Plan of San Joaquin (HPSJ) regarding the provision of Transplant services for members. It will outline the process for assisting members in receiving services which are not covered by the Health Plan and the timely disenrollment of members to the Medi-Cal FFS program.

DEFINITIONS

Care management - collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual’s health needs, using communication and available resources to promote quality, cost-effective outcomes.

Evidence of Coverage (EOC) - refers to the written explanation of benefits automatically provided to all members within seven (7) calendar days of enrollment date.

HPSJ (Health Plan of San Joaquin) - Health Plan of San Joaquin is applicable to Health Plan of San Joaquin and its various subcontractors. The term will also include delegates, such as providers, third party administrators, or other entities who have been delegated responsibility for activities defined in this policy.

MCP (Medi-Cal Managed Care Plan) - An organization that is a public or private entity organized and licensed by a state as a risk bearing entity that is certified by CMS as meeting the requirements to offer an MCP plan.

Member - any eligible individual who is enrolled in HPSJ Health Plan. For the purposes of this procedure, “Enrollee” shall have the same meaning as “Member.”

POLICY
Members needing major organ transplants, with the exception of kidney and cornea will be referred to a Medi-Cal approved transplant center for evaluation. If the member is approved for...
a transplant, is placed on the transplant organ list and is notified that an organ has been located, the member will be disenrolled to the Fee for Service Medi Cal program.

**PROCEDURE**

A. Major organ transplant procedures, with the exception of kidney and cornea transplants, are not covered under the HPSJ contract with the Department of Health Care Services (DHCS). Pre-authorizations submitted for members with a potential need for transplant, will be referred to a Medi-Cal approved transplant center for evaluation.

B. The Utilization Management staff will assist its providers as needed through the referral process and act as a liaison between the transplant center staff and HPSJ providers.

C. Transplant procedures which are not covered by the Health Plan include:

1. Bone Marrow Transplants
2. Heart Transplants
3. Liver Transplants
4. Lung Transplants
5. Heart/Lung Transplants
6. Combined Liver and Kidney Transplants
7. Combined Liver and Small Bowel Transplants
8. Small Bowel Transplants

D. The CM will initiate or assist with disenrollment of the member when all of the following has occurred:

1. The member has been referred to the organ transplant facility;
2. The member’s name is listed as an organ recipient.

E. Member disenrollments are generally initiated by the approving transplant facility.

F. Health Plan of San Joaquin will continue to provide all Medically Necessary Covered Services and Case Management until the member has been disenrolled from the plan.

G. Upon the disenrollment effective date, the Medical Management department will do everything possible to support a smooth transition to FFS Medi-Cal.

H. If the member is evaluated and determined not to be a candidate for a major organ transplant or DHCS denies authorization for a transplant, the Member will not be disenrolled and will remain covered by HPSJ.

1. HPSJ will cover the cost of the evaluation performed by the Medi-Cal approved transplant center.

**REFERENCE**

A. DHCS Contract, Exhibit a, Attachment 11 B T

B. Title 22, CCR, Sections 53887, 53888, 53889, 53891

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