POLICY AND PROCEDURE

| POLICY NAME: Member Transplant and Special | POLICY ID: IFP.CLMS.05 | |
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| Circumstance Reimbursement | | |
| BUSINESS UNIT: Please refer to system of record – Archer | FUNCTIONAL AREA: Operations, Claims, | |
| | Contracting | |
| EFFECTIVE DATE: 05/2015 | PRODUCT(S): Marketplace | |
| REVIEWED/REVISED DATE: 3/22/2018, 7/23/2020, 6/21/2021 | | |
| REGULATOR MOST RECENT APPROVAL DATE(S): | | |
| | | |

POLICY STATEMENT:

Ambetter Members traveling for approved transplant procedures (including organ donation) or other special circumstances may be eligible for reimbursement of certain travel expenses. Non-Member organ donors donating to a Member may also be eligible for reimbursement of certain travel expenses. This policy explains which travel expenses are reimbursable by the health plan.

PURPOSE:

The policy defines guidelines for transplant medical coverage and reimbursing Transplant Recipients, Donors and their respective Companion(s) for travel expenses related to Covered Transplant Services.

SCOPE:

Centene Corporate Health Insurance Marketplace (HIM), Ambetter Program, Care/Case Management, Claims

DEFINITIONS:

Companion – an individual who accompanies the Transplant Recipient and/or Donor to a transplant facility, which may or may not be an immediate family member. Transplant Recipients and Donors are each allowed one companion if the Recipient/Donor is an adult, or two Companions if the Recipient/Donor is under the age of 18 under the applicable Evidence of Coverage (EOC).

<u>Covered Transplant / Covered Transplant Services –</u> Transplant and transplant-related services that have been preauthorized by the Centene Center of Excellence as medically necessary and covered under the applicable EOC.

<u>Donor</u> – an individual who donates his/her solid organ or stem cells to a Transplant Recipient, who may or may not be an Ambetter Member.

<u>Non-transplant Special Circumstances Services</u> – non-transplant-related services that have been pre-authorized by the Centere Center of Excellence as medically necessary.

Transplant Recipient – An Ambetter Member who is receiving Covered Transplant Services.

POLICY:

Medical coverage for Covered Transplant Services is reimbursable for both Transplant Recipients and Donors depending on the coverage of the Transplant Recipient and Donor. Certain food, travel and/or lodging expenses are reimbursable for Transplant Recipients, Donors, and their respective Companion(s) when the Transplant Recipient is referred by Ambetter for Covered Transplant Services to a facility that is greater than 60 miles away from the Transplant Recipient's or Donor's home. Non-transplant Special Circumstances Services are also eligible for reimbursement. In no case will reimbursement be paid for travel related to services/products rendered outside of the United States of America.

Medical Coverage:

Ambetter benefit coverage related to Covered Transplant Services are available to the Transplant Recipient and the Donor as follows:

- 1. If both the Transplant Recipient and the Donor are covered by Ambetter, each will have their benefits paid under their own Ambetter benefits as outlined in their EOC.
- 2. If the Transplant Recipient is covered by Ambetter and the Donor has no coverage from any other source for the medical and/or travel costs related to the Covered Transplant Services, the Transplant Recipient's Ambetter

benefits will be provided for both the Transplant Recipient and the Donor. In this case, payments made for the Donor will be charged against the Transplant Recipient's benefits as outlined in their EOC.

- 3. If only the Donor is covered by Ambetter, Ambetter will pay for the Donor's medical and/or travel costs as outlined in their EOC. However, no benefits will be provided for the recipient unless the Transplant Recipient is covered by Ambetter (see scenario #1).
- 4. If the Transplant Recipient's and/or Donor's coverage lapses due to non-payment of premium, no services related to transplant will be paid as a covered benefit for the Transplant Recipient or Donor, as applicable.

Travel Coverage:

Receipts and a completed Transplant Travel Reimbursement form must be supplied to the location indicated on the reimbursement form within 6 months of the date the expenses were incurred to be reimbursable. Donor and Transplant Recipient must submit separate Transplant Travel Reimbursement forms and receipts. Reimbursement will be made for actual incurred expenses. No reimbursement will be made for expenses that were paid by a third party, including grants, government funds, SNAP, charity groups (e.g., St. Jude, Ronald McDonald House, Angel's Flight, Make-a-Wish), go-fund me dollars, etc. All requested expenses are subject to review by Ambetter and its legal and compliance representatives.

The maximum reimbursement for all travel, food, and lodging expenses is \$10,000.00 per Covered Transplant for a Transplant Recipient and his/her Companion(s) combined; and \$10,000 per Covered Transplant for a Donor and his/her Companion(s), combined. Should a Transplant Recipient require another transplant, the \$10,000.00 maximum starts over.

All travel reimbursement checks, including non-member Donor's, will be sent to the Recipient's address on file. The Recipient will be responsible for reimbursing the Donor. However, travel reimbursement checks will be directly sent to the Donor if he/she is an Ambetter Health member.

Lodging:

Maximum reimbursement for incurred lodging expenses (hotel, camping, Airbnb) is \$200.00 per day (including tax and other fees) for the Transplant Recipient and their respective Companion(s), and, if the transplant involves a Donor, \$200.00 per day (including tax and other fees) for the Donor and their Companion(s), 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 guidelines from the Centene Center of Excellence.

Food Expenses:

Maximum reimbursement for incurred food expenses is \$75.00 per day for the Transplant Recipient and their respective Companion(s), and if the transplant involves a Donor, \$75.00 per day for the Donor and their Companion(s) subject to the overall maximum listed above.

Mileage:

Maximum reimbursement for mileage is limited to the total miles traveled by the Transplant Recipient and by the Donor and their respective Companion(s) to and from their respective homes to the transplant facility, plus miles traveled:

- between the transplant facility and local lodging; and
- between a transit hub (e.g., airport, train station, bus station) and either the transplant facility or local lodging.

Mileage must be logged on the Transplant Travel Reimbursement form and will be reimbursed at the current IRS mileage standard for miles driven for medical purposes.

Transportation Expenses (Air, Train & Ground Services):

Reimbursement for incurred air, train, and ground/bus transport expenses for the Transplant Recipient and for the Donor, and their respective Companion(s) will be based on coach class tickets only; upgrades to 1st class will not be reimbursed. Incurred expenses related to cancelling and/or rebooking of transportation are 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. Transportation expenses are reimbursed based on actual incurred expenses using the most cost-effective and reasonable mode of travel as determined by the Center of Excellence discretion.

Public transportation and ground transport are only reimbursable for the following:

between the transplant facility and local lodging

• between a transit hub (e.g., airport, train station, bus station) and either the transplant facility or local lodging

Any transportation expenses incurred outside of what is listed above is not reimbursable.

Preapproval:

The following items may be reimbursed if preapproved:

- Flights
- Car rentals if traveling more than 60 miles from home
- Parking for transplant facility and hotel parking

Non-Covered Expenses:

The following items are not reimbursable expenses:

- a. Alcohol/tobacco/cannabis
- b. Car, trailer, truck rental (unless pre-approved by the Centene Center of Excellence)
- c. Vehicle maintenance (includes: any repairs/parts, labor, general maintenance, towing, roadside assistance, etc.)
- d. Parking (unless pre-approved by the Centene Center of Excellence)
- e. Storage rental units
- f. Temporary housing incurring rent/mortgage payments
- g. Loss of wages due to time off from work required for the transplant for Recipient, Donor or Companion(s).
- h. Utilities, such as gas, water, electric, housekeeping services, lawn maintenance, etc.
- i. Speeding or parking tickets
- j. Entertainment (e.g., movies, visits to museums, additional mileage for sightseeing, etc.)
- k. Any services related to pet care, boarding, lodging, food, and/or travel expense,
- I. Expenses for persons other than the Transplant Recipient, Donor, or their respective Companion(s)
- m. Expenses for lodging when the Transplant Recipient, Donor, or their respective Companions(s) are staying with a relative, friend or otherwise have free lodging
- n. Any expense not supported by a receipt
- o. Upgrades to first class travel (air, bus, and train)
- p. Personal care items (e.g., shampoo, deodorant, clothes, medications)
- q. Luggage or travel-related items including passport/passport card, REAL ID travel ids, travel insurance, travel agency fees, TSA precheck, and early check-in boarding fees, extra baggage fees
- r. Souvenirs (e.g., t-shirts, sweatshirts, toys)
- s. Telephone calls/mobile bills, replacement parts, or cellular purchases of any type
- t. All other items not described in the policy as eligible expenses
- u. Any fuel costs/charging station fees for any vehicle (but note that mileage is reimbursable)
- v. Any tips, concierge, club level floors, and gratuities
- w. Salon, barber, and spa services
- x. Insurance premiums
- y. Cost share amounts owed to the transplant surgeon or facility or other provider

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

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

| REVISION TYPE | REVISION SUMMARY | DATE APPROVED & PUBLISHED |
|---------------|--|---------------------------|
| Update | Mileage rate adjusted for 2018 | 3/7/18 |
| Annual review | Update and apply new policy template | 7/27/20 |
| Annual review | Apply new policy template | 6/7/21 |
| Annual review | Apply new policy template & policy ID# | 6/21/2022 |

POLICY AND PROCEDURE APPROVAL

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