

Major Organ Transplant Program

Fact Sheet and Frequently Asked Questions

As part of the CalAIM state initiative, Blue Shield of California Promise Health Plan (Blue Shield Promise) is implementing a Major Organ Transplant Program, effective January 1, 2022.

With this program, Blue Shield Promise will be taking full responsibility for major organ transplant (MOT) services for adult and non-California Children's Services eligible pediatric transplant recipients and donors, including organ procurement services and living donor care, in compliance with [All Plan Letter 21-015](#) and [Attachment 2](#), which were issued by the Department of Health Care Services (DHCS) as part of the CalAIM initiative.

How the new program will work

1. Referrals, coordination and authorizations

Blue Shield Promise will refer, coordinate, and authorize the delivery of the MOT benefit and all medically necessary services associated with MOTs, including but not limited to:

- Pre-transplantation assessments and appointments
- Organ procurement costs
- Hospitalization
- Surgery
- Discharge planning
- Readmissions from complications
- Post-operative services
- Medications
- Care coordination
- Transportation
- Post-transplantation follow-up

Blue Shield Promise will directly refer adult members and authorize referrals to a transplant program that meets DHCS requirements for an evaluation within 72 hours of a member's primary care physician or specialist identifying the member as a potential candidate for the organ transplant.

2. Financial responsibility

Blue Shield Promise will cover all medically necessary services for both living donors and cadaver organ transplants.

- Blue Shield Promise will only authorize MOTs to be performed in approved transplant programs located within a DHCS-approved Center of Excellence (COE) or hospital that meets Centers for Medicare & Medicaid Services (CMS) criteria for MOT and is a current beneficiary of the Organ Procurement and Transplantation Network (OPTN), which is administered by the United Network for Organ Sharing (UNOS).
- **Financial responsibility for MOT services, including pre-transplant and evaluation services, surgery, and post-transplant services, will not be delegated to independent physician**

associations (IPAs) or their Management Service Organizations (MSOs). Refer to paragraph 1 above, Referrals, coordination and authorizations, for a list of included services.

3. Covered benefits

All covered benefits related to the following major organs will be provided at a DHCS-approved COE:

- Bone marrow
- Heart
- Heart-lung
- Liver
- Pancreas
- Small bowel
- Combined liver and small bowel
- Lung
- Simultaneous kidney-pancreas
- ~~Kidney~~(DHCS has removed kidney from the original list. As minor organ transplants, kidney transplants are not the responsibility of managed care plans unless they are performed at the same time as a major organ transplant in a Medi-Cal-approved COE.)

New Administrative Process effective January 1, 2022

All MOT authorization requests, referrals, and claims for services taking place on and after January 1, 2022, should be sent to Blue Shield Promise, following Blue Shield Promise's standard processes.

1. Service requests

- For service requests for MOT evaluation, the box for "Urgent Request" on the [Outpatient Treatment Authorization Request Fax Form](#) must be checked.
- For service requests for MOT evaluation during an inpatient stay, the boxes for "Inpatient" and "Urgent Request" must be checked on the Treatment Authorization Request Form.
- In addition, "Transplant" in the Service(s) Requested 'Other' box must be indicated.
- Healthcare providers/facilities must send the Service Request fax to the Urgent Fax number: **(323) 889-5403**, so that MOT requests are prioritized to meet the required 72-hour processing requirement.

2. Claim submissions

Claim submissions may be made via electronic data interchange (EDI)/837 unless an attachment is needed. We currently are unable to accept attachments with EDI/837 submissions. If an MOT claim truly needs an attachment, it will need to be submitted on paper by postal mail to:

Blue Shield of California Promise Health Plan
P.O. Box 272660
Chico, CA 95927-2660

Claims submitted for solid organ procurement require an invoice from the Organ Procurement Organization (OPO) indicating what the facility paid for each organ acquired for the transplant recipient. The invoice must be from a regional non-profit federally designated OPO that is a member of the United Network for Organ Sharing (UNOS).

Claims submitted for bone marrow procurement require an invoice from either the National Marrow Donor Program or an equivalent registry (for example, an international registry). The letterhead on the invoice must indicate either "National Marrow Donor Program" or the name of the equivalent registry. Dates on the invoice must fall within the "from-through" billing period on both the TAR and claim

Frequently Asked Questions

- 1. If a patient is accepted as a transplant candidate, is that patient removed from my IPA/MG roster during the time of the transplant services, and are capitation funds removed for that member from the group's monthly capitation payment?**

No. The Blue Shield Promise member is NOT removed from the delegated IPA/medical group roster and payment for that member remains in the capitated monthly file from Blue Shield Promise.

- 2. If a patient accepted into the Blue Shield Promise Major Organ Transplant (MOT) program needs non-transplant care during the time they are in the MOT program, which organization is clinically and financially responsible for that non-transplant related care?**

The member's assigned IPA/medical group is responsible for administering and paying for non-transplant related care, as they normally would be if the patient was not in Blue Shield Promise's MOT program.

As an example, if a member breaks an arm while they are in the MOT program, treatment and cost for the broken arm would be the responsibility of the member's assigned IPA/medical group.

The member's IPA/medical group should inform the Blue Shield transplant team of any potential issues that may require coordination.

- 3. Does the new program change the payment arrangement the IPA/medical group or Management Service Organization ("MSO") has with Blue Shield Promise for evaluation of the transplant candidate for the program?**

Yes. Previously, the groups were responsible for covering evaluation fees, including the professional consultation fees required during the evaluation process.

With this new program, Blue Shield Promise will assume responsibility for all processes and fees, including professional and facility fees, for the evaluation of the potential transplant candidate member.

- 4. How long is the acceptable Treatment Authorization Request (TAR) post-surgery period, during which Blue Shield Promise will provide oversight, financial responsibility for transplant-related care, etc.?**

The timeline of the TAR will vary, depending on the TYPE of transplant, in accordance with APL-21-015.

- 5. What is the duration of the "Global Surgical Period" for the Blue Shield Promise MOT Program for billing of surgery and conditions that can be included and covered by Blue Shield Promise in case of complications?**

The duration of the Global Surgical Period is 90 days, in accordance with Medi-Cal policy.

6. The original list included kidney transplants as the responsibility of managed care plans. Why has the list changed?

DHCS edited the list following our December 2021 announcement. We are complying with their program requirements.

7. If I have questions about this program, whom should I contact at Blue Shield Promise?

Questions about MOT services or claims may be directed to our Provider Services team at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.