

SMSO Policy Manual

TRANSPLANT TRAVEL POLICY – COMMERCIAL

Executive Sponsor: Chief Medical Officer

Issuing Department: Clinical Management

Gate Keeper: Director, HSM Clinical Management

COMPLIANCE STATEMENT:

Enforcement: All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.

Review Schedule: This policy will be reviewed and updated as necessary and no less than every two years.

Monitoring and Auditing: The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.

Documentation: Documentation related to this policy must be maintained for a minimum of 10 years.

APPLIES TO:

- | | |
|--|---|
| <input checked="" type="checkbox"/> SummaCare | <input checked="" type="checkbox"/> APEX |
| <input checked="" type="checkbox"/> Summa Management Service Organization (SMSO) | <input checked="" type="checkbox"/> Summa Insurance Company |

LINE(S) OF BUSINESS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Commercial Groups | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicare Supplemental | <input checked="" type="checkbox"/> On-Exchange |
| <input checked="" type="checkbox"/> Off-Exchange | <input checked="" type="checkbox"/> Self-Funded |

1.0 Purpose:

- 1.1 To ensure appropriate payment of transplant travel expenses.

2.0 Policy:

- 2.1 This policy applies in situations specific to the receipt of a transplant by the member. Transplant travel and lodging benefits are only reimbursable when Summa Insurance Company is the primary insurance plan, when the transplant is performed by a Transplant Center of Excellence for the specific type of transplant, and when the transplant is pre-authorized as an in-network transplant by Summa Insurance Company in accordance with the member's plan requirements.
- 2.2 Transplant-related travel and lodging expenses must be submitted by the member or the member's representative within 90 days after the expenses are incurred. There will be no advanced payment for travel or lodging reimbursement.
- 2.3 Transplant travel benefits are covered up to \$10,000 per transplant per covered member for transplant related travel services incurred by the member and member's companion. If the covered member is a minor, transportation and lodging may be allowed for two companions.
- 2.4 Travel benefits are reimbursed for travel to and from the transplant center for evaluation, transplant procedure, and necessary post-discharge follow-up care for one year post transplant if the transplant facility is more than 75 miles from the covered person's home in the following manner:
 - 2.4.1 Travel by personal vehicle at a benefit per mile per current IRS guidelines as submitted by member unless total mileage submitted exceeds that shown on the Internet sites such as Yahoo maps or Expedia by more than 10 percent. Gasoline receipts are not reimbursable. Tolls are covered if applicable.
 - 2.4.2 Commercial round trip coach airfare, bus, or train transportation to and/or from the city where the transplant will or has occurred. A rental car is only reimbursable if air travel has been utilized.
- 2.5 Lodging benefits are reimbursed in the following manner:
 - 2.5.1 Reasonable and necessary expenses for lodging for member (while not hospitalized) and one companion, or two companions if the member is a minor will be covered for dates authorized. Approved lodging is reimbursed at actual cost, including applicable tax.
- 2.6 Items not covered: Phone calls; meals; room service; mileage within the transplant city; parking; child care; buses; rental cars; taxis and shuttle service except as specifically approved; frequent flyer miles, coupons, vouchers or travel tickets; prepayments or deposits; services that are not directly related to or a direct result of the transplant; laundry; postage; entertainment; return visits for the donor for treatment of a condition found during evaluation; and interim visit to a medical facility while waiting for the actual transplant procedure.

3.0 Procedure:

- 3.1 HSM [Case-Care](#) Manager receives request from member or facility transplant coordinator for transplant travel coordination and does the following:
 - 3.1.1 Reviews the member's benefit plan to determine if covered benefit
 - 3.1.1.1 Confirms the member's remaining travel benefits by verifying amount used from the claims system and/or claims personnel.
 - 3.1.2 Notify the member if transplant travel benefits are not available or have been exhausted and provide the member a copy of the cover letter and Transplant Travel Declaration form.
 - 3.1.3 Notify the member that he/she is required to submit a Transplant Travel Declaration Form with appropriate receipts to the Clinical Management Department within 90 days of the expenses being incurred.
- 3.2 Upon receipt of a Transplant Travel Declaration Form with appropriate receipts, the Case Manager reviews for appropriateness of dates of service related to the actual or planned transplant and in comparison to the covered benefits of this policy, obtains sign off from a manager, then forwards the documents to the claims area requesting payment for each applicable covered expense. Request must include:
 - 3.2.1 Submission for reimbursement of stipend bills including:
 - 3.2.1.1 Name of member and companion/caregiver
 - 3.2.1.2 Dates traveled
 - 3.2.1.3 Name of transplant facility
 - 3.2.1.4 Amount owed per day
 - 3.2.1.5 Total stipend amount owed to the member
 - 3.2.2 Submission of reimbursement for mileage bills including:
 - 3.2.2.1 Dates traveled
 - 3.2.2.2 Round trip mileage
 - 3.2.2.3 Toll receipts, if applicable
 - 3.2.3 Hotel reimbursement requests must include itemized bill or receipt
- 3.3 Jacquie Potelicki, Director, HSM Clinical Management, has the authority and responsibility for the activities in this policy or procedure.
- 3.4 The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.
 - 3.4.1 Compliance will conduct periodic reviews to monitor and audit compliance with this policy.

4.0 References:

4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)

4.1.1 None

4.2 Are there any references to other documents, regulations, or intranet locations?

4.2.1 Transplant Travel Member Letter

<Logo>

<Date>

<First Name> <Last Name>

<Address 1>

<City> <State> <Zip Code>

Dear <Title> <Last Name>:

<Company Name> is providing this letter to explain our travel benefits related to authorized transplant services. **To familiarize yourself with the process, please review the transplant travel benefits summary below.**

- **Please feel free to contact us when services such as consultations, evaluations, tests, procedures, or follow-up services are scheduled.** If assistance with travel arrangements or expenses is needed, please contact me as soon as possible.
- **We can help with travel arrangements and expenses.** If you must travel **over 75 miles** from your home to a facility for these services, we can assist in the following manner:
 - **Transportation** – By commercial round-trip coach airfare, bus, train, *or if by personal vehicle*, mileage and tolls are reimbursed. A rental car is only reimbursable if air travel has been utilized.
 - **Lodging** –Lodging is covered for you and a companion, or two companions if you are a minor, at a hotel or motel at actual cost, including applicable tax.
 - **Not Covered** – Phone calls; room service; mileage within the transplant city; meals; parking; child care; buses, rental cars, taxis and shuttle service except as specifically approved; frequent flyer miles, coupons, vouchers or travel tickets; prepayments or deposits; services that are not directly related to or a direct result of the transplant; laundry; postage; entertainment; return visits for the donor for treatment of a condition found during evaluation; interim visit to a medical facility while waiting for the actual transplant procedure; and other incidentals.

- **Please contact me when you return from your trip so that we may begin processing your travel claims. You will need to complete and submit the enclosed Transplant Travel Declaration Form within 90 days of the expenses being incurred and include:**
 - Travel Dates – Exact dates when you departed and returned home
 - Mileage – calculated by IRS guidelines
 - Itemized Receipts – Please make sure you submit itemized lodging receipts and toll receipts if applicable from your trip.

Please mail the completed form and receipts to me at: <Company Name>, Attn: <Employee Name>, 10 N. Main St, Akron, Ohio 44308.

If you have questions or concerns, please contact me at <Phone Number>. Please leave a message if I am unavailable and I will call you back.

Sincerely,

<Case Manager, RN>
<Company Name>

4.2.2 Transplant Travel Declaration Form

<Company Logo>

Transplant Travel Declaration Form **Must be submitted within 90 days after the expenses are incurred.**

When you return from your trip, please:

- Complete this form
- Attach your itemized receipts
- Mail to <Company Name>, Attn: <Name>, 10 N. Main St., Akron, Ohio 44308

Covered Member/Patient: _____

Member's <Company Name> Identification Number: _____

Travel Dates:

Departed Home: _____ / _____ / _____ (mm/dd/yyyy)

Arrived Home: _____ / _____ / _____

Travel Route To/From Home:

Home Address: _____



City: _____ State: _____ Zip Code: _____

Location of Transplant Services:

Address: _____

City: _____ State: _____ Zip Code: _____

Mileage: *(Only for travel by personal vehicle)*

Total number of miles driven between home and directly to and/or from the transplant center:

By signing below, I state that the information provided above is correct and that misrepresentation, omissions, or incorrect statements may constitute fraud and invalidate my and/or my dependent's coverage.

Signature: _____ **Date:** ____ / ____ / ____

Print: _____

Relationship to patient:

☐ Self ☐ Spouse ☐ Parent

☐ Donor: *(Name)* _____

☐ Other: *(Explain)* _____

4.3 Are there other policies that work in conjunction with this policy?

4.3.1 None

4.4 Replaces (if applicable):

4.4.1 None

5.0 Definitions:

5.1 None

6.0 Key Words or Aliases (Optional):

6.1 Transplant travel policy



Policy Number: HSCM0034
Manual Name: SMSO Policy Manual
Policy Name: Transplant Travel – Commercial
Approved By: Charles Zonfa
Last Revised: 8/12/2019, 12/12/25

ORIGINAL EFFECTIVE DATE: 04/01/2006
REVIEWED: 10/26/2010; 12/23/2013; 03/30/2016; 04/21/2016; 12/02/2016; 08/29/2017;
11/13/2017; 09/17/2018, 4/24/23; 12/12/25
REVISED: 12/23/2013; 03/30/2016; 08/12/2019