

# SMSO Policy Manual

## TRANSPLANT TRAVEL POLICY – MEDICARE

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:**

☒ SummaCare ☒ Apex  
☐ Summa Management Service Organization (SMSO) ☐ Summa Insurance Company

### **Line of Business:**

☐ Commercial Groups ☒ Medicare  
☐ Medicare Supplemental ☐ On-Exchange  
☐ Off-Exchange ☐ Self-Funded

**1.0 Purpose:**

- 1.1 To ensure appropriate payment of transplant travel expenses.
- 1.2 To ensure members and providers that the Plan follows and adheres to all federal and state guidelines pertaining utilization and prior authorizations.
- 1.3 For Medicare Advantage (MA) members, coverage decisions follow Medicare rules and regulations pertaining to MA plans, as well as federal and state regulations, and the member's evidence of coverage (EOC) document. When appropriate, relevant current clinical guidelines, SummaCare's internal policies/procedures and drug formularies may be utilized in the absence of Medicare guidance.
- 1.4 For non-Medicare members, coverage decisions follow appropriate federal and state requirements and the member's evidence of coverage (EOC) document. Additionally, SummaCare's internal policies/procedures, and drug formularies are followed when appropriate

**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 the Plan is the primary insurance plan and when the transplant is performed by a Medicare Approved Transplant Center for the specific type of transplant and pre-authorized as an in-network transplant by the Plan 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 advance pay for travel or lodging reimbursement.
- 2.3 Travel benefits are allowed 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 If the transplant facility is outside the service area, reasonable 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 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 patient (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 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 a covered benefit.
  - 3.1.2 Notifies the member if transplant travel benefits are not available and provides to the member a copy of the cover letter and Transplant Travel Declaration Form.
  - 3.1.3 Notifies 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 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 Medicare Managed Care Manual, Chapter 4 §10.12
- 4.2 Are there any references to other documents, regulations, or intranet locations?
  - 4.2.1 Transplant Travel Member Letter
  - 4.2.2 Transplant Travel Declaration Form
- 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 Medicare transplant travel policy

ORIGINAL *EFFECTIVE DATE*: 04/01/2006

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