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Hurricanes Katrina and Rita – Transportation of Evacuees with Medical Needs

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers, including durable medical equipment regional carriers (DMERCs), and/or fiscal intermediaries (FIs), including regional home health intermediaries (RHHIs), for transportation services provided to evacuees of Hurricanes Katrina and Rita

Provider Action Needed



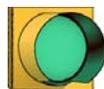
STOP – Impact to You

This Special Edition article provides a summary of the Department of Health and Human Services (DHHS) Fact Sheet regarding the transportation of Hurricanes Katrina and Rita evacuees with medical needs.



CAUTION – What You Need to Know

If you made your own medical transportation arrangements, prior to or after the DHHS established the HHS Medical Travel Center services contract, then the normal Medicare coverage rules apply



GO – What You Need to Do

As you receive inquiries from providers or beneficiaries seeking to discharge a patient (or to help those patients return home), you should provide them with the information contained in this special edition article. Please review the questions and answers at the end of this special edition article, and take appropriate action to use the instructions in your claims submissions.

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Background

The Centers for Medicare & Medicaid Services (CMS) is providing this Special Edition article to give you important information regarding the transportation of Hurricanes Katrina and Rita evacuees with medical needs. This special edition article:

- Explains the HHS Medical Travel Center services;
- Defines which individuals are eligible for medical transportation;
- Provides information for beneficiaries;
- Defines the role of the Discharge Planner;
- Describes the different types of transfers; and
- Provides a list of transportation-related Questions and Answers directed to patients, providers, Medicare carriers and FIs, and Discharge Planners.

Hurricane Evacuation

Because of Hurricanes Katrina and Rita, many people were forced to evacuate their homes and healthcare facilities in Texas, Mississippi, and Louisiana. Evacuees included many Medicare beneficiaries, including some with serious and/or ongoing medical needs, and assisting these evacuees has included dealing with significant difficulties and has raised questions regarding:

- The logistics of transporting the patients back to their home states, and
- The costs and billing for these medical transportation services.

In response to these and many more questions, DHHS created a Fact Sheet to provide information and answer frequently asked questions regarding certain issues resulting from Hurricanes Katrina and Rita.

The DHHS Fact Sheet provides instructions and answers questions pertaining to the provision of transportation for evacuees from Texas, Louisiana, and Mississippi who:

- Are currently patients in healthcare facilities,
- Have out-patient/on-going medical needs, or
- Were evacuated by air lift out of their home state.

Note: The DHHS Fact Sheet may be viewed at <http://www.hhs.gov/katrina/factsheet.html> on the DHHS website.

In many counties and parishes in Texas, Mississippi, and Louisiana, the healthcare infrastructure will not support the return of evacuees with medical needs. Evacuees may need to continue to shelter in their host state, or travel to

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an interim location to be closer to friends and family until Texas, Mississippi, and Louisiana can support their return.

Texas is currently accepting the return of patients and those evacuees with ongoing medical needs to select counties in Texas.

Mississippi is currently accepting the return of patients and those evacuees with ongoing medical needs to select counties in Mississippi.

Louisiana is:

- Accepting the return of evacuees who are currently patients in healthcare facilities on a case-by-case basis only. All healthcare facilities in Louisiana are responsible for gaining approval from the Louisiana Department of Health and Hospitals before accepting the transfer of evacuees into the state. If there is not a receiving facility available, the evacuee may access transportation to an interim location in another state where family and friends may reside.
- NOT accepting the return of evacuees with medical needs who are not patients at healthcare facilities. When Louisiana determines it is able to support the return of evacuees with out-patient/on-going medical needs, additional guidance will be disseminated.

HHS Medical Travel Center

The DHHS established a transportation program to support the return of evacuees with medical needs from Texas, Mississippi and Louisiana. The HHS Medical Travel Center is under contract with HHS to arrange transportation for evacuees who require en-route medical care and/or medical transport to include a non-medical attendant to an institution or to a private residence, as appropriate.

If the evacuee's originating medical facility is not available in their home state or if their residence and community medical infrastructure is not suitable, evacuees will be allowed to travel to an interim location in the continental United States.

The HHS Medical Travel Center will then return the evacuee to their home of record when a medical facility there is available, or they can return to a safe community/home environment.

The HHS Medical Travel Center provides transportation services without cost to providers. Providers (and patients) who use the HHS Medical Travel Center services will not incur any charge, and they should not bill Medicare. The HHS Medical Travel Center will be paid directly by HHS as per its contract.

The HHS Medical Travel Center can be reached at 1-866-753-9344. The phone lines are open everyday 7:00 a.m. to 5:00 p.m. Central Daylight Time (CDT).

Before contacting the HHS Medical Travel Center or their home state, all medical evacuees must register with the Federal Emergency Management Agency

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(FEMA) and obtain a Disaster Registration Number from the FEMA Registration Center at 1-800-621-FEMA. This phone line is operational 24 hours a day, 7 days a week.

Important Information for Discharge Planners

For evacuees in health care facilities or special needs shelters with a discharge planner, the discharge planners are responsible for:

- Determining if an evacuee must be transferred to a receiving facility or can be discharged to a private residence;
- Identifying a receiving facility/residence in the evacuee's home state or an interim state if necessary;
- Determining the evacuee's medical requirements during transport; and
- Arranging for a FEMA registration number for the evacuee and any non-medical assistants.

Facility to Facility Transfer

Once the discharge planner has completed these tasks, they may contact the HHS Medical Travel Center to arrange for medical transportation. In order to complete the transportation process, discharge planners must complete and submit a Documentation of Medical Necessity form provided by the HHS Medical Travel Center.

Facility to Non-Facility Transfer

If the discharge planner determines that the evacuee can be discharged to a residence, the discharge planner must call the evacuee's home state, which will be acting as a receiving point of contact. Please see below for information on how to contact the evacuee's home state.

Evacuees in a Shelter, Hotel, or Private Home

Evacuees should call their home state to access transportation if they:

- Have medical needs, and
- Are sheltering in a hotel, private residence, or other facility that **cannot provide discharge planning**.

Guidance from the Home State

The evacuee's home state will determine if the evacuee can ride commercial transportation and if their state medical system can support their ongoing medical needs. If the state medical system cannot support the evacuee's ongoing medical needs, the home state will help the evacuee find an interim location in another state, if appropriate.

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Texas

Texas evacuees with medical needs may contact the 2-1-1 telephone service (if calling within Texas) or 1-888-312-4567 (if out-of-state) to initiate access to appropriate transportation and receive an evaluation of the community medical infrastructure to support the return. The Texas phone lines are open everyday 8:00 a.m. to 5 p.m., Central Daylight Time (CDT).

Mississippi Department of Health

Mississippi evacuees with medical needs may contact the Mississippi State Health Department at 601-576-7300 to initiate access to appropriate transportation. The Mississippi phone lines are open Monday to Friday 8:00 a.m. to 5 p.m., Central Daylight Time (CDT).

Louisiana Department of Health and Hospitals

Louisiana is not currently accepting the return of evacuees with out-patient and/or ongoing medical needs. Evacuees from Louisiana with medical needs sheltering in a hotel, residence or other facility that cannot provide discharge planning must have their current medical attendant or family member contact the HHS Medical Travel Center to initiate access to appropriate transportation.

The evacuee's medical attendant must complete and submit a Documentation of Medical Necessity form provided by the HHS Medical Travel Center to complete the transportation process. This form will be provided for the evacuee's medical attendant when they call the HHS Medical Travel Center. If a family member is completing this form for the patient, it must be signed by the patient's current local health care provider.

Questions and Answers (Q&As)

Below are frequently asked questions about the transportation of Hurricane Katrina and Rita evacuees.

Q1. What is the first step in the process no matter what category of evacuee I am?

A1. Register for Disaster Assistance and obtain a FEMA Disaster Registration number via 1- 800-621-FEMA.

Q2. What if the evacuee or patient I am arranging care for doesn't have a FEMA Disaster Registration number?

A2. Call the FEMA Registration Center at 1-800-621-FEMA to register for Disaster Assistance and obtain a FEMA Disaster Registration number.

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Q3. Will this travel system arrange transportation for National Disaster Medical System (NDMS) patients as well as those persons who became patients in similar facilities after evacuating?

A3. Yes, the HHS Medical Travel Center will arrange transportation for all evacuees that currently require en-route medical care and/or medical transport, back to their home state or to an interim state. Discharge planners at medical facilities/shelters should contact the HHS Medical Travel Center to arrange for transportation of their evacuees.

Evacuees from Texas and Mississippi with medical needs who do not have a discharge planner should contact their home state. Evacuees from Louisiana with medical needs who do not have a discharge planner should contact the HHS Medical Travel Center and will need their healthcare provider to complete the forms.

Q4. Will evacuees or medical facilities incur any transportation costs using this travel system?

A4. The HHS Medical Travel Center covers all transportation costs; **there will be neither bills nor co-pays and no insurance forms will be necessary.**

Evacuees who can travel via commercial transportation must make their own arrangements to the airport or station.

Q5. Can a healthcare facility be reimbursed by the HHS Medical Travel Center for transportation arrangements already made? Can a healthcare facility make transportation arrangements for evacuees in the future and be reimbursed by the HHS Medical Travel Center?

A5. No. The HHS Medical Center will not reimburse facilities or states that have already made transportation arrangements for evacuees. All future transportation arrangements for evacuees should be made through the HHS Medical Travel Center or appropriate state system.

Q6. What are the criteria for deciding if an evacuee needs en-route medical care and/or medical transportation, and who makes this determination?

A6: If the evacuee is currently a patient at a medical facility and has a discharge planner coordinating their transportation, the healthcare facility discharge planner will determine if the evacuee requires medical transportation.

If the evacuee is not sheltering at a facility with discharge planning, the evacuee's home state or, in the case of Louisiana, the evacuee's medical attendant or accompanying family member, will determine if the evacuee is able to travel via commercial air or ground transportation.

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Commercial airlines are very flexible in accepting people with such medical needs as oxygen and wheelchairs. If that is all that is required, a routine commercial flight will be arranged by FEMA for the evacuee and their family members if the evacuee meets the necessary qualifications.

Q7. Will the HHS Medical Travel Center perform discharge planning or provide clinical validation of evacuees?

A7. No. The discharge planners in the healthcare facilities and/or the evacuee's home state will provide that function PRIOR to movement. The HHS Medical Travel Center will provide safe, efficient, and effective medical transport en-route.

Q8. Who arranges for the discharge planning of evacuees, including destination, special medical equipment required, or other relevant transportation concerns?

A8. The discharge planners of the healthcare facility in which the evacuee resides should coordinate all arrangements for the evacuee with the receiving institution. This includes working with the evacuee's home state, hospital, and/or nursing home to identify a receiving institution if the originating facility is not able to receive patients. Evacuees without discharge planners will need to contact their home state for assistance.

Q9. What if an evacuee requires en-route medical care and/or medical transport and has multiple accompanying family members (who are also evacuees) who must return with the evacuee?

A9. The HHS Medical Travel Center will provide a medical attendant to support en-route medical care if required. The HHS Medical Travel Center will make all reasonable efforts to accommodate at least one family member during medical transport. If the HHS Medical Travel Center is unable to do so, a separate transportation program will attempt to ensure family members will travel to the destination along a similar schedule. Both of these systems require all travelers to have a FEMA Disaster Registration Number.

Q10. If an evacuee is living in a hotel or a home (and therefore does not have a discharge planner) and has medical needs (e.g., requires oxygen or stabilized transport), how does the evacuee arrange for travel home?

A10. With the exception of Louisiana citizens, evacuees can call their home state to access travel arrangements. Their home state will act as their discharge planner and will determine if the evacuee can travel via commercial air or ground transportation and work with the evacuee to ensure that the medical infrastructure in their home community is ready to accept them. If the evacuee's home state determines that they can travel via commercial means, a separate transportation

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program will arrange their transportation. If the evacuee cannot travel by commercial means, the HHS Medical Travel Center will arrange for their transportation.

If the evacuee is a citizen of Louisiana and is living in a hotel or a home in a host state, he or she will not be able to return to Louisiana at this time. If their medical attendant or a family member determines that they can travel via commercial means, a separate transportation program will arrange their travel to an interim state. If the evacuee cannot travel by commercial means, the HHS Medical Travel Center will arrange for their transportation to an interim state and the evacuee's medical attendant should complete the necessary paperwork for the travel.

Q11. What if the evacuee wants to return to his or her original healthcare facility and that facility is not able to receive patients?

A11. There are three potential options if the originating facility is not able to receive patients:

- The evacuee's discharge planner can identify another facility within the evacuee's home state. Transportation will be provided to another suitable facility within the home state with final transportation to the originating facility to be arranged by the HHS Medical Travel Center when the originating facility is able to receive patients;
- The evacuee's discharge planner can identify a facility in an interim state where family members or other relatives or relations of the evacuee reside. The HHS Medical Travel Center will provide transportation to the interim state facility with final transportation to the originating facility to be arranged when it is able to receive patients; or
- The evacuee must continue to be cared for by the current host state with final transportation to the originating facility to be arranged by the HHS Medical Transport Center when the originating facility is able to receive patients.

Q12. As a discharge planner, do I have to arrange for transportation from my healthcare facility to the airfield (if aeromedical transportation is being used)?

A12. No, the HHS Medical Travel Center provides door-to-door service. See question Q4.

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Q13. As a discharge planner, do I need to fill out and submit a particular discharge planning form when making travel arrangements for my patient evacuee?

A13. Yes. The HHS Medical Travel Center will fax or email you a Documentation of Medical Necessity form to complete. The information you provide on this form will help the HHS Medical Travel Center provide the necessary medical care en-route for your evacuee.

Q14. What if a discharge planner needs to move an evacuee within the state? Do these travel systems arrange that transportation?

A14. Yes, all of these travel systems arrange for intra- and inter-state transportation.

Q15. How will hospitals and other providers be reimbursed for the medical care they provided to evacuees?

A15. Remember, with the use of the HHS Medical Travel System, there are no transportation costs associated with the return of evacuees to their home state or an interim state. However, there are many ways for providers to be reimbursed for services provided to evacuees:

Existing Health Care Insurance

Many evacuees have existing health insurance coverage. Providers should bill an evacuee's private health insurer, if one exists;

Medicare

Many evacuees are covered under the Medicare program. Providers should contact their local Medicare carrier or fiscal intermediary, if they have questions regarding Medicare reimbursement for evacuee health care.

On January 1, 2006, the Medicare prescription drug benefit begins. CMS will work closely with evacuees and those who provide insurance counseling to the elderly to ensure that those evacuees who want to enroll in a drug plan will be able to do so. We are also taking steps to let those elderly evacuees who qualify for extra help in paying for their drug costs know about the availability of this program.

National Disaster Medical System (NDMS)

Some evacuees received medical treatment via the NDMS. At the request of FEMA, CMS and DHHS is developing payment mechanisms for those patients who entered NDMS hospitals via the Federal Coordinating Centers as part of the NDMS evacuation. Specifics about how to submit claims for these patients will be made available at <http://www.cms.hhs.gov> on the CMS website.

Medicaid

Many evacuees will qualify for Medicaid, either because they were eligible in their home state, or because they are now eligible because of a loss of income and/or

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resources. CMS has approved Medicaid waivers for many states. Under these waivers, effective retroactively to August 24, 2005, evacuees who have been displaced from their home as a result of Hurricane Katrina will be provided the opportunity to enroll through a streamlined process to receive services under the Medicaid or SCHIP programs in whatever state they are now physically present.

Medicaid and SCHIP providers should work with their states to submit claims and receive payment. States are putting in place modifications to their current claims processing systems to accept such claims, and all payments for Medicaid and SCHIP eligible persons will be handled through the states.

Uncompensated Care

Through the waiver process mentioned above, CMS is working with states with large numbers of evacuees to put in place processes for handling those claims which would otherwise have been uncompensated. Providers should contact their state for information on how those claims will be submitted and how payments will be processed.

CMS will be providing information on these payment mechanisms on the CMS web site (<http://www.cms.hhs.gov/emergency>). CMS will also be sharing information with provider and patient-based national and state trade and professional associations, and the states via the state Emergency Operations Centers.

Note: All HHS press releases, fact sheets, and other press materials are available at <http://www.hhs.gov/news> on the HHS website.

Additional Information

If you have any questions, please contact your carrier/DMERC/intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/apps/contacts/> on the CMS website.

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