



**American Hospital
Association**

Readiness Advisory

This Disaster Readiness Advisory, a special service to America's hospitals, contains guidance about disaster readiness.

The HHS Medical Travel Center – Information to Help You Get Evacuees Home

A Message to America's Hospitals:

Hurricanes Katrina and Rita forced hundreds of thousands of people out of Louisiana, Mississippi and Texas. Many subsequently became ill or injured or had chronic medical needs that made it necessary for them to be admitted to a hospital in their host state. At the same time, thousands of hospital patients from the states affected by the storms were evacuated to hospitals in other states.

As the health care infrastructure in counties and parishes of the affected states gradually becomes able to accept patients again, evacuees from some of these areas may be able to return to the facility from which they were originally evacuated, be discharged to a private residence, or travel to an interim location to be closer to friends and family.

To set this process in motion, the Department of Health and Human Services (HHS), in coordination with the Federal Emergency Management Agency, has established the HHS Medical Travel Center, a transportation program to support the return of evacuees to Louisiana, Mississippi and Texas who are currently patients in health care facilities in other states or who otherwise have on-going medical needs.

We've attached to this Advisory an HHS fact sheet featuring a description of the Medical Travel Center, the procedures required to arrange for transportation, and frequently asked questions. Attached with the fact sheet is a "Documentation of Medical Necessity" form for discharge planners. If your hospital is caring for evacuated patients, this information will be critical to ensuring their coordinated and safe transportation back to their home state or to an interim location. Please share this Advisory with your discharge planners.

Ensuring the safety of patients as they return to their home communities is a top concern in the wake of these devastating storms. We'll keep you posted with more about the HHS Medical Travel Center as the department provides it to us.

Sincerely,

Dick Davidson
President

October 19, 2005

HHS Fact Sheet

U.S. Department of Health and Human Services



www.hhs.gov/news

Fact Sheet for Transportation of Evacuees with Medical Needs

Introduction

This fact sheet provides instruction 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.

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 an interim location to be closer to friends and family until Texas, Mississippi, and Louisiana can support their return. Please see below specific instructions for evacuees from one of these three states:

1. Texas

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

2. Mississippi

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

3. Louisiana

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.

Louisiana is 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

A transportation program had been established to support the return of evacuees with medical needs from Texas, Mississippi and Louisiana:

The HHS Medical Travel Center will arrange transportation for evacuees that 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 U.S. 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.

If you are an evacuee in a facility with a discharge planner:

Discharge planners at health care facilities or special needs shelters are responsible for:

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

Facility to Facility Transfer: Once a 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 will need to complete and submit a Documentation of Medical Necessity form provided by the HHS Medical Travel Center. This form will be provided for you when you call the Center or is available online at <http://www.hhs.gov/katrina>.

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.

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).

If you are an evacuee in a shelter, hotel or private home:

Evacuees that have medical needs and are sheltering in a hotel, private residence or other facility that cannot provide discharge planning, should call their home state to access

transportation. 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.

- **Texas:** Texas evacuees with medical needs may contact Texas at 211 (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. Evacuee's 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 will need to complete and submit a Documentation of Medical Necessity form provided by the HHS Medical Travel Center in order to complete the transportation process. This form will be provided for the evacuee's medical attendant when they call the HHS Medical Center or is available online at <http://www.hhs.gov/katrina>. If a family member is completing this form for you, it must be signed by your current local healthcare provider.

Before contacting the HHS Medical Travel Center or your home state, all medical evacuees must register with 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.

Questions and Answers

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

A. Register for Disaster Assistance and obtain a FEMA Disaster Registration number via 1-800-621-FEMA.
2. Q. What if the evacuee or patient I am arranging care for doesn't have a FEMA Disaster Registration number?

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

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

A. 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.

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

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

5. Q. 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?

A. 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.

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

A: 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.

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

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

A. 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.

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

A. 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.

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

A. 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.

10. Q. What if an evacuee is living in a hotel or a home (and therefore don't have a discharge planner) and has medical needs (e.g. require oxygen or stabilized transport), how does the evacuee arrange for travel home?

A. With the exception of Louisiana citizens, please call your home state to access travel arrangements. Your home state will act as your discharge planner and will determine if you can travel via commercial air or ground transportation and work with you to assure that the medical infrastructure in your home community is ready to accept you. If your home state determines that you can travel via commercial means, a separate transportation program will arrange your transportation. If you cannot travel by commercial means, the HHS Medical Travel Center will arrange for your transportation.

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

11. Q. What if the evacuee wants to return to their original healthcare facility and that facility is not able to receive patients?

A. 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 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.

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

A. No, the HHS Medical Travel Center provides door-to-door service. See question # 4.

13. Q. 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?

A. 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. This form is also available online at <http://www.hhs.gov/katrina>.

14. Q. What if a discharge planner needs to move an evacuee within the state, do these travel systems arrange that transportation?

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

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

A. 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:

1) Existing Health Care Insurance. Many evacuees have existing health insurance coverage. Providers should bill an evacuee's private health insurer, if one exists.

2) 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.

3) NDMS. Some evacuees received medical treatment via the National Disaster Medical System (NDMS). At the request of FEMA, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, 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 on the CMS website (www.cms.gov).

4) 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 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.

5) 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 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 putting forth 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 to 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>.

**U.S. Department of Health and Human Services (HHS)
 Medical Travel Center
 Documentation Of Medical Necessity**

**Please Fax Completed form to 972-352-6634
 If you have questions, please call 1-866-753-9344**

Date: _____ Patient's Name _____ Patient's SS # _____ Patient's DOB _____	Facility From: _____ Facility To: _____ FEMA # _____ Sending Discharge Planner _____ Phone #: _____ Receiving Discharge Planner _____ Phone # _____
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Mode transport recommended by Discharge Planner or Social Worker

Ground Ambulance Transport _____ **Commercial Plane Travel with Medical Escort** _____
Fixed Wing Ambulance Transport _____

Medical Necessity Criteria
 (Please document all conditions that apply)

___ Requires Continuous Oxygen Therapy ___ Exhibits Altered Mental Status ___ Requires Restraints ___ Physical ___ Chemical/Sedation ___ Patient is Comatose, Requires Monitoring ___ Patient is Seizure Prone, requires Monitoring ___ Unrepaired or Recent Fracture/Joint Replacement Must Remain Immobile ___ Patient has Severe Contractures ___ Decubitus Ulcers, Requires Wound Precautions Stage: ___ Location: _____ ___ Requires Isolation Precautions Type: _____ ___ Requires Mechanical Ventilation ___ Requires Continuous IV Therapy ___ Requires Continuous Cardiac Monitoring ___ Requires Other Advanced Treatment Specify: _____	___ Bed Confined ___ Unable to walk ___ Unable to sit in a chair or wheelchair ___ Unable to get out of bed w/o assistance (All 3 conditions must apply both prior to and after transport to qualify as "Bed Confined".) ___ Facility to Facility Transport (Specify exactly what service was not available) ___ Surgeon not available. Type: _____ ___ Rehabilitation Services not available ___ CAT scan unavailable or not working ___ Radiation Therapy not available ___ Other, Specify in Detail: _____ _____ _____
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Signature: _____ **Date:** _____