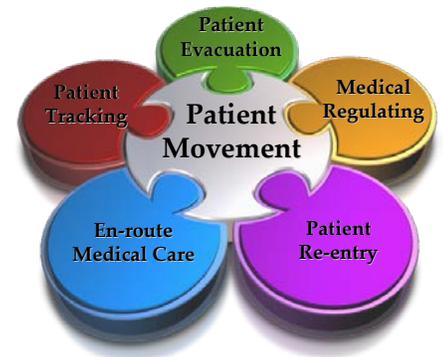


Federal Patient Movement NDMS Definitive Care Program Fact Sheet

Updated December 4, 2017

When a state requests Federal support to move patients, the U.S. Department of Health and Human Services (HHS), as the lead federal agency, will implement the patient movement system, which is comprised of five functions: **patient evacuation** (to include patient reception and management), **medical regulating**, **en-route medical care**, **patient tracking**, and **re-entry**.



What is Federal Patient Movement?

Federal patient movement entails the relocation or evacuation of patients from a disaster site to unaffected areas of the nation by federal agencies. This could include movement from places such as the actual incident scene, the patient's home, a hospital, or nursing home, to a facility within a specific hospital network. The federal patient movement system is requested when the number of patients required to be moved exceeds local or state patient movement capabilities. However, long before federal support is involved, patient movement and evacuation activities are taking place at the local and state levels.

What is the NDMS Definitive Care Reimbursement Program?

Definitive care is provided by a network of approximately 1800 to 2000 civilian hospitals nationwide that have signed agreements with the National Disaster Medical System (NDMS) to accept patients during a disaster or public health emergency. Accredited hospitals, usually over 100 beds in size and located in large U.S. metropolitan areas, are encouraged to enter into a voluntary agreement with the NDMS. Participating hospitals must agree to commit a number of their acute care beds, subject to availability, for NDMS patients in the event of a disaster or public health emergency. Hospitals who enter into an agreement with the NDMS qualify to be reimbursed at 110% of their Medicare rate for any NDMS patient cared for.

Who is Eligible for Reimbursement?

Any Medicare or Medicaid participating provider who provided care to a NDMS patient within the first 30 days of that patient's evacuation or placement.

Will NDMS Reimburse Providers Other than Hospitals?

Yes. Subject to medical necessity and coordination of benefit guidelines, providers and services which are reimbursable under Medicare Part A, Medicare Part B, or a state's Medicaid Program may be eligible for reimbursement.

What Services are Covered for Reimbursement?

Any service that is covered by the Medicare Part A, Medicare Part B or the state's Medicaid benefits package. Subject to medical necessity, services such as emergency department visits and follow up outpatient care services are now covered by NDMS for up to 30 days from the date of evacuation or placement for the NDMS patient. For example, medically necessary hospital care beyond the typical length of stay, home care, rehabilitation, physical therapy, primary care and hospice would be covered. If a provider determines that a patient needed a service or support that is not included in these benefit packages and the care is/was necessary for the patient's treatment plan, the provider can apply to the Claims Processing Contractor for reimbursement on an exception basis. These claims will then be considered by a NDMS Appeals Board for possible reimbursement.

Does the Need for Treatment Have to be Derived from the Public Health Event?

Yes. The care must be medically necessary and linked to the injury or condition that prompted a Federal Coordination Center to coordinate: transport or placement for the patient; injuries, illnesses and conditions requiring essential medical services necessary to maintain a reasonable level of health temporarily not available as a result of the public health emergency; or injuries or illnesses affecting authorized emergency response and disaster relief personnel responding to the public health emergency. HHS, as payer, will define what constitutes an "NDMS patient."

How Will NDMS Coverage Coordinate with Private Sector Payers?

Claims should be submitted to the private payer first, and then NDMS will consider whether the claim is eligible for any secondary reimbursement. However, NDMS will not pay for any coinsurance or deductible amounts. The NDMS payment is limited to payment of the difference in the allowable amounts (between the allowance of the primary payer and the allowance of the NDMS Reimbursement Program). The NDMS Reimbursement Program does not supersede contracts that hospitals have with private payers that require the private insurers' payouts be accepted as payment in full (also known as "Assignment").

How Can I Find Out More or Ask Questions about the NDMS Reimbursement Program?

You may leave a voice message or fax on the NDMS Reimbursement Program toll-free line: (888) 587-2352. You may also submit general written inquiries (no protected health information) via e-mail to: ndms.reimbursement@aprioinc.com.

Additional fact sheets on other components of Federal Patient Movement include:

- [Federal Patient Movement: Overview Fact Sheet](#)
- [Federal Patient Movement: Joint Patient Assessment and Tracking System](#)
- [Federal Patient Movement Service Access Team Fact Sheet](#)

This information is available on the [NDMS Definitive Care Reimbursement Program webpage](#):

- [Coverage Guidelines](#)
- [Provider Registration](#)
- [Reimbursement Rates](#)
- [Claims Submission](#)
- [Participating in the NDMS](#)
- [Frequently Asked Questions](#)