

National Hospice and Palliative Care Organization

GUIDE TO PATIENT TRAVEL IN HOSPICE CARE



NHPCO

Leading Person-Centered Care

Acknowledgements

The National Hospice and Palliative Care Organization (NHPCO) gratefully acknowledges the contributions of NHPCO committee members:

Carolyn Goodall
Nancy Grissom
Catherine Grubbs
Natalie McNeal
Mary Jane Ruppert
Sue Sciabbarrasi

© National Hospice and Palliative Care Organization

1731 King Street
Alexandria, VA 22314
(703) 837-1500
www.nhpco.org

April 2019

The Medicare Hospice Benefit Guide to Patient Travel

The National Hospice and Palliative Care Organization (NHPCO) is pleased to provide this *Medicare Hospice Benefit Guide to Patient Travel* as a resource for hospice providers, updated from its original publication in 2005. This guide is intended to help your hospice support short-term travel plans for patients receiving care under the [Medicare Hospice Benefit](#) by contracting with another Medicare certified hospice at the patient’s travel destination. The Guide offers information and suggestions for organizing, coordinating, documenting, and communicating with another Medicare-certified hospice provider related to patient travel. Throughout the Guide, the hospice who initially enrolls the patient is called the “managing hospice provider.” The hospice who is providing services to the patient while on travel is called the “contracted hospice provider.” This guide only refers to Federal hospice regulatory requirements. Users of this guide are recommended to check state specific hospice licensure laws and regulations and accreditation standards (as applicable) for additional requirements and guidance related to traveling patients.

Appropriate planning between two Medicare certified hospices can provide care for patients and families while they are visiting another area. For patients whose care is not covered under the Medicare Hospice Benefit, hospice staff would need to speak with the specific insurance company to determine how they support a patient during travel. Coordinating a patient’s travel requires excellent coordination and communication between the patient and family, the attending physician and others on the hospice team, and the two hospice providers. Using this guide, your hospice can help patients achieve their goals by attending family events or visiting a cherished place before death.

Every hospice is strongly encouraged to incorporate information about travel planning and guidelines for their patients and families in their Patient and Family Handbook — if you have one. If you do not, consider adding the following to the admission packet:

“A provision in the [Medicare Modernization Act of 2003 \(§ 946\)](#) allows a hospice to contract for hospice care of patients who are receiving care under the Medicare Hospice Benefit when they travel outside the hospice’s service area. The contract must be between two Medicare certified hospices.

“If you, the patient, want to travel out of our service area, your hospice may be able to arrange for hospice care at the travel destination. We will try to assist with arrangements and require a processing time of **[Hospice provider specified number]** days.

“For patients whose care is not covered under the Medicare Hospice Benefit, you will need to talk with your specific insurance company to determine how they support patients during travel.”

I. Medicare Hospice Regulations

A provision in the Medicare Modernization Act of 2003 (§ 946) permits hospices to contract for care of patients who are receiving care under the Medicare Hospice Benefit when they travel outside the hospice’s service area.¹ It is important to remember that the patient’s managing hospice provider always has professional management responsibility for the patient’s care, even when they travel. The federal hospice Conditions of Participation at §418.100(e) outline a hospice provider’s professional management responsibility when there is a contract in place with another agency, individual, or organization.



§418.100 Condition of Participation: Organization and administration of services.

§418.100(e) Standard: Professional management responsibility

A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be—

- (1) Authorized by the hospice;*
- (2) Furnished in a safe and effective manner by qualified personnel; and*
- (3) Delivered in accordance with the patient's plan of care.²*

The federal hospice Conditions of Participation at §418.64 provide further guidance about the allowance for a hospice provider to contract with another hospice provider in a short-term

¹ Centers for Medicare & Medicaid Services, HHS. (2003).

Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Retrieved from: <https://www.congress.gov/bill/108th-congress/house-bill/1?q=%7B%22search%22%3A%5B%22Section+911b+the+Medicare+Prescription+Drug+Improvement+and+Modernization+Act+2003+MMA+Public+Law+108173%22%5D%7D&resultIndex=1>

² Centers for Medicare & Medicaid Services, HHS. (2008, June 5). § 418.100 Condition of participation: Organization and administration of services. Retrieved from: https://www.ecfr.gov/cgi-bin/text-idx?SID=ddfd85ec97c38bb041c1d2c795034935&mc=true&node=pt42.3.418&rgn=div5#se42.3.418_1100

temporary situation such as patient travel outside of the managing hospice providers service area.

§418.64 – Condition of Participation – Core Services.

A hospice may use contracted staff, if necessary, to supplement hospice employees in order to meet the needs of patients under extraordinary or other nonroutine circumstances. A hospice may also enter into a written arrangement with another Medicare certified hospice program for the provision of core services to supplement hospice employee/staff to meet the needs of patients. Circumstances under which a hospice may enter into a written arrangement for the provision of core services include: unanticipated periods of high patient loads, staffing shortages due to illness or other short-term temporary situations that interrupt patient care; and temporary travel of a patient outside of the hospice's service area.³

The ability to contract for interdisciplinary group (IDG) staff with another hospice provider while a patient is traveling is not restricted to nursing staff. There is no specific guidance from the Centers for Medicare and Medicaid Services related to caring for a patient who decides to travel during their hospice service period, so a hospice provider should develop a policy/procedure related to traveling patients. Per the patient's needs in their plan of care, their wishes during travel, and authorization from the managing hospice provider, the patient could receive medical, nursing, aide, social work, and spiritual care services, or any other services that are part of the plan of care and desired by the patient or family, from the contracted hospice provider.

I. Management of the Patient During Travel

Definitions of hospice providers used in this resource:

- Managing hospice provider – this is the hospice provider with whom the patient originally elected their hospice benefit and manages the patient/family care.
- Contracted hospice provider – this is the hospice provider who cares for the patient as needed at the patient's travel destination.

The Medicare Hospice Conditions of Participation at §418.54(d) requires the managing hospice provider's interdisciplinary group (in collaboration with the individual's attending physician, if

³ Centers for Medicare & Medicaid Services, HHS. (2008, June 5). § 418.64 Condition of participation: Core services. Retrieved from: https://www.ecfr.gov/cgi-bin/text-idx?SID=38dd5332a9765a8197ce5a22688f648c&mc=true&node=pt42.3.418&rgn=div5#se42.3.418_164

any) to update a patient’s comprehensive assessment as frequently as the condition of the patient requires, but no less frequently than every 15 days.

§418.54(d) Standard: Update of the comprehensive assessment.

The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual’s attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient’s progress toward desired outcomes, as well as a reassessment of the patient’s response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.⁴

The Hospice Conditions of Participation at §418.56(d) requires the managing hospice



provider’s interdisciplinary group (in collaboration with the individual’s attending physician, if any) to review, revise and document the individualized plan as frequently as the patient’s condition requires, but no less frequently than every 15 calendar days.

§418.56(d) Standard: Review of the plan of care

The hospice interdisciplinary group (in collaboration with the individual’s attending physician, if any) must review, revise and document the individualized plan as frequently as the patient’s condition requires, but no less frequently than every 15 calendar days. A revised plan of care must include information from the patient’s updated comprehensive assessment and must note the patient’s progress toward outcomes and goals specified in the plan of care.⁵

A. Regulatory Compliance with CoPs

As referenced above, because the Medicare Hospice Conditions of Participation require that the update to the comprehensive and the review of the plan of care must be completed no less frequently than every 15 days, there are several options for the managing hospice provider to consider for the patient who is traveling. Decisions about service provisions are to be made related to length of the patient’s travel and the hospice provider’s policy and procedure.

⁴ Centers for Medicare & Medicaid Services, HHS. (2008, June 5). §418.56(d) Standard: Review of the plan of care. Retrieved from: <https://www.govinfo.gov/content/pkg/CFR-2013-title42-vol3/pdf/CFR-2013-title42-vol3-sec418-56.pdf>

⁵ Centers for Medicare & Medicaid Services, HHS. (2008, June 5). §418.56(d) Standard: Review of the plan of care. Retrieved from: https://www.ecfr.gov/cgi-bin/text-idx?SID=8492160f7200e25bac802d5b02636083&mc=true&node=pt42.3.418&rgn=div5#se42.3.418_154

- **Patient travel less than 15 calendar days**

The managing hospice initiates a contractual agreement with the hospice in the patient's travel area for service provision per the patient's needs in their plan of care or per the patient's wishes. If the patient does not wish to receive a visit during their travel, the contracted hospice provider remains on-call to see the patient as needed.

- **Patient travel more than 15 calendar days**

If the patient's travel time will extend beyond 15 calendar days, the managing hospice provider can choose one of the options below to remain in regulatory compliance. The provider's policy/procedure should outline their process for traveling patient management.



1. The patient must return home within 15 calendar days for the managing hospice IDG to update the patient's comprehensive assessment and review and revise the plan of care within the 15-calendar day timeframe; or
2. The managing hospice provider must coordinate with the contracted hospice provider for their IDG to visit the patient and document an update to the comprehensive assessment. The managing hospice provider uses the information to review and update the patient's plan of care within the 15-calendar day timeframe; or
3. The patient requests a transfer (change of designated provider) to a hospice provider in their travel area. The managing hospice provider coordinates with the hospice provider in the travel area to provide patient information and ensure a smooth transition; or
4. The managing hospice provider discharges the patient for leaving their service area and the patient resumes Medicare coverage of the benefits waived when hospice care was elected.

B. Suggestions for Patient Travel Coordination

Specific coordination and communication must take place by the managing and the contracted hospice for an optimal patient travel experience and provision of appropriate hospice care. The contracted hospice provider furnishes patient services to the patient under the supervision of the managing hospice provider per the patient's plan of care or per the patient's wishes. Some

contracted hospice providers prefer to visit a travel patient soon after he or she enter their area, to assess the patient's status after the journey, establish a relationship, and perhaps reduce some evening/weekend calls and/or trips to the ER. If the patient does not wish to receive a visit during their travel, the contracted hospice provider should remain on-call for the patient as needed (phone calls and visits). All contact (phone, electronic, visits) with the patient/family and care provision must be documented by the contracted IDG and submitted to the managing hospice provider to support services provided to the patient during travel.

The patient/family and each hospice provider have distinct responsibilities related to communication, coordination, and ensuring patient care provision when a patient travels outside of the managing hospice provider's service area. The "Patient Travel Responsibility Grid" below has more information about suggested responsibilities for the managing and contracted hospice before, during and after a patient travel. This resource also contains information and guidelines for the patient and family (see attachments).

II. Reimbursement & Billing



Agreements regarding payment from a managing hospice provider to a contracted hospice provider will vary and must be negotiated between the parties based on the specific situation. Some of the factors that may be considered in negotiating a payment amount include the following:

- The Medicare per diem payment rates applicable to both the managing and contracted hospice provider, based on the location of the patient.
- The managing hospice provider's billing and other administrative costs.
- The contracted hospice provider's administrative costs of complying with the agreement (*i.e.* documentation and coordination of care, care management).
- The managing hospice provider's pharmacy and DME costs.
- The cost of any pharmacy, durable medical equipment, or other supplies that will be provided by contracted hospice provider.
- The specifics of the patient's plan of care and the type and frequency of services the contracted hospice provider furnishes to the patient.

PLEASE NOTE:

Reimbursement is negotiable between the two hospice providers and could be a per diem rate, a fee per service basis, or another type of arrangement.

Patient Travel Responsibility Grid

Please note that the content in this grid is coordination of care suggestion and not federal hospice regulatory requirement.

Pre-Travel Responsibilities

Patient/ family	Managing Hospice Provider	Contracted Hospice Provider
<ul style="list-style-type: none"> – Formulates travel plans – Communicates plans to IDG member(s) – Attending MD 	<ul style="list-style-type: none"> – Identifies and selects Hospice provider in patient’s travel area – Confers with Attending MD – Assesses patient’s clinical status and updates plan of care – Identifies travel needs for patient – Negotiates and executes a patient travel agreement and rates with contracted hospice provider – Prepares and forwards appropriate clinical information to contracted hospice provider – Provides travel information to the patient (optional) – Initiates managing hospice provider travel checklist (optional) – Informs business office of contractual agreement details 	<ul style="list-style-type: none"> – Agrees to contract for care of patient during patient’s stay – Negotiates and executes hospice travel agreement and rates – Initiates contracted hospice checklist (optional) – Assigns patient to IDG members – Initiates contracted hospice documentation summary – Informs business office of contractual agreement details

During Travel Responsibilities

Patient/ family	Managing Hospice Provider	Contracted Hospice Provider
<ul style="list-style-type: none"> – Contacts contracted hospice provider upon arrival to travel area – Brings medications, travel information and other paperwork as requested – Notifies managing and contracted hospice provider of any changes, such as contact information, destination or duration of travel 	<ul style="list-style-type: none"> – Maintains professional management of care plan and patient – Continues to bill Medicare for the appropriate hospice level of care 	<ul style="list-style-type: none"> – Provides necessary services to patient and family per plan of care and agreement with the managing hospice provider – Documents all phone contact and services provided to patient

Post Travel Responsibilities

Patient/ family	Managing Hospice Provider	Contracted Hospice Provider
<ul style="list-style-type: none"> - Contacts managing hospice provider upon return home to resume services 	<ul style="list-style-type: none"> - Incorporates patient care documentation from contracted hospice provider into patient's medical record - Resumes provision of direct patient care services - Once invoice is received from contracted hospice provider, remits payment to contracted hospice provider per contract details 	<ul style="list-style-type: none"> - Forwards patient care documentation to managing hospice provider - Forwards invoice to managing hospice provider per contractual agreement

Travel Information & Guidelines for the Patient and Family

Sometimes a hospice patient wants to travel, perhaps for a family reunion or vacation. A provision in the Medicare Modernization Act of 2003 (§ 946) allows Medicare certified hospices to contract with other Medicare- certified hospices to provide care to patients covered under the Medicare Hospice Benefit who want to travel. When you are at your travel destination, the temporary hospice provider is available to you for team member visits, as well as “after hours” support.

There are some important issues to consider and some planning is required when making travel plans. Good communication is important between the patient/family, **[Add hospice provider’s name]**, and the hospice provider at your travel destination. During travel, if your condition changes and you are not in the service area of either **[Add hospice provider’s name]** or the temporary hospice provider, you are advised to seek assistance at the nearest appropriate medical facility or emergency department. If you extend your time at your travel destination you may consider requesting a transfer of hospice care to the temporary hospice provider or you may want to revoke your hospice benefit so that you have access to the Medicare coverage you had prior to electing your hospice benefit. If your health changes while you are at your travel destination and you need more intensive hospice services, such as inpatient care, we recommend that you transfer to the temporary hospice provider or another hospice in the area you’re visiting.

To best support you and your family while away, we request that you review the following “Patient’s Guide to Travel.”

A Patient’s Guide to Travel

1. Discuss your travel plans with your attending physician.
2. Discuss your travel plans with your family.
3. Inform your hospice team about your travel plans.
4. To coordinate hospice care coverage for you at your travel destination, please give us at least **[specified number]** business days before you start your travel.
5. Review your medications carefully with your hospice nurse. Plan to travel with an adequate supply of all your medications.
6. When you arrive at your travel destination, contact your temporary hospice provider, letting them know that you have arrived, and verify your local contact information and address. We recommend that you also verify the temporary hospice’s “after hours” contact information and the clinical manager responsible for your care.
7. If your travel plans change, please contact **[Add hospice managing provider’s name]** as

soon as possible.

8. If your condition changes when you are traveling between your home and your travel destination, we advise you to go to an appropriate medical facility or Emergency Department and contact **[Add managing hospice provider's name]**.
9. When you return home, contact **[Add managing hospice provider's name]** as soon as possible so that you can resume your regularly scheduled team visits and discuss any additional support you may require.