

Managing The Traveling Hospice Patient



Judi Lund Person
Miriam Markowitz



**National Hospice and Palliative Care
Organization**

What is the problem?



Patients want to travel

- to see the grandson graduate from high school, go to a wedding, other family event
- To go to the beach one last time
- To go to another family member's house for care
- Many reasons for travel



Why bother?



- Realize family and personal goals for life closure
- Patient portability
- Administrative burden
- Pushing increased length of stay



Before December 8, 2003



- The home hospice would have to discharge
- Contact a hospice in the area where the patient was going
- Travel hospice would have to admit
- Give the patient instructions about who to contact if care is needed
- Process reverses when travel is complete



Before



- Hospices discharged patients
- Revoked their Medicare benefits because they were leaving the service area
- Had a policy for patients leaving the service area that could allow for some travel for a limited time
- Shut their eyes and hoped for the best
- Had informal agreements with other hospice for traveling patients



Why did NHPCO advocate for a change?



- Continuity of care for the patient
- Allow the patient to fulfill dreams or say goodbye
- Improves quality of life
- Decreases confusion and provides for ongoing care for patients
- Promotes a standard way to handle traveling patients



Today -- 2004



- The Medicare Modernization Act of 2003 (MMA) allows a hospice to contract with another Medicare-certified hospice to provide core services under certain non-routine circumstances, such as
 - unanticipated periods of high patient loads,
 - staffing shortages due to illness or other events, or
 - temporary travel of a beneficiary outside the hospice's service area.
- The contracting hospice continues to bill Medicare for all care provided to the beneficiary, and remains professionally responsible for all contracted care.
- Effective on the date of enactment – December 8, 2003



Now



- Care for the patient and their family is seamless
- Hospices can contract with each other to facilitate the patient who wish to travel
- Home/sending hospice maintains professional management responsibility
- Home/sending hospice contracts with receiving hospice for services, supplies, equipment, drugs as needed



Clinical Management of the Patient

- Day to day needs of the patient are being met by the travel/receiving hospice
- Contracting for care at the routine home care level of care
- Maintain professional management responsibility by home hospice
- Patient/family responsibility
- On call coverage
- Emergency/change in status/death



Population covered



- Medicare only
- Set up a policy and procedure that you could use with other payers



Practice Considerations



- 14 day maximum?
- Transfer the patient with a change in level of care?
- Discharge and transfer instead of contracting?
- Reimbursement trail
- Documentation expectations



Responsibilities of each party



- Patient responsibility
- Home/sending hospice responsibilities
- Travel/receiving hospice responsibilities



Discussion and Questions



National Hospice and Palliative Care
Organization