NDMS Definitive Care Program

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Course Objective

Distinguish the process and documentation required for medical reimbursement, by hospitals, within the National Disaster Medical System (NDMS) when responding to a federally declared disaster or public health emergency.

National Disaster Medical System (NDMS)

Mission:

To temporarily supplement Federal, Tribal, State and Local capabilities by funding, organizing, training, equipping, deploying and sustaining a specialized and focused range of public health and medical capabilities.

Components of NDMS

Medical Response Lead HHS	Patient Evacuation Lead DoD / HHS	Definitive Care Lead DoD/VA
HHS { DMAT, NVRT, IMSuRT, DMORT Specialty Teams	DoD Aeromedical Evacuation Primarily Fixed Wing	DoD/VA Federal Coordinating Centers

ASPR: Resilient People. Healthy Communities. A Nation Prepared.

Definitive Medical Care

- Approximately 1,682 civilian hospitals in the NDMS network nationwide
  - Agree to make a number of inpatient beds available
    - Beds categorized in 5 bed categories (burn, critical care, med-surg, psych, and pediatric)
  - Heavy focus on trauma care

- Federal Coordinating Centers (FCCs)
  - Concentrated in major metropolitan areas
  - Air access
  - Available hospital support
  - Patient reception and distribution capabilities

NDMS Federal Coordination Centers

GEOSPATIAL PUBLIC HEALTH PREPAREDNESS PROGRAM - U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Last Update: 08/10/2010

● Federal Coordination Centers

Hawaii

Puerto Rico

Scope: Federal Coordinating Centers (FCCs)

- Upon activation:

  - FCCs should initiate communication with the Regional Emergency Coordinators (RECs).

  - FCCs monitor the status of NDMS patients from embarkation through repatriation.

Lessons Learned:
NDMS Definitive Medical Care Program

- Activated infrequently:

  Katrina/Rita (2005), Gustav/Ike (2008), Haiti (2010)

- Shortfalls:
  - Delayed provider reimbursement.
  - NDMS patient related information technology.
  - Discharge planning/placement for follow-on care.
  - Transportation and human services issues.
  - Struggles with claims submission process.

Scope: Definitive Medical Care

Limited to care provided for:

- Injuries or illnesses **resulting directly** from the specified public health emergency
- 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
- Injuries or illnesses **affecting authorized emergency response and disaster relief personnel** responding to the public health emergency.

NDMS MOA for Definitive Medical Care, April 2011

Scope and Eligibility: NDMS Coverage

- NDMS **coverage begins** when a Federal Coordinating Center (FCC) authorizes placement of a patient, who has been evacuated from a disaster area, into a facility for Definitive Medical Care.

- NDMS **payment ends** when one of the following occurs, whichever comes first:
  - Completion of medically indicated treatment (maximum of 30 days);
  - Exhaustion of the Diagnostic -Related Group (DRG) payment schedule;
  - Voluntary refusal of care;
  - Return to originating facility or other location for follow on care.

Reimbursement Rates: NDMS Coverage

Medical Reimbursement Solicitation:

- Up to a maximum of 30 days, expands reimbursement as follows:
  - Hospitals and other facilities owned & operated by a hospital (with MOA):
    110% of the Medicare rate.
  - Hospitals that elect not to execute an MOA:
    100% of the Medicare rate.
  - Other providers and practitioners (Medicare covered services):
    100% of the Medicare rate.
  - Facilities, practitioners, or non-emergent patient transport services (non-Medicare covered services, but Medicaid covered):
    100% of the Medicaid rate.

Services Covered: NDMS Coverage

- Generally; most inpatient, outpatient or rehabilitation services currently covered by Medicare or a State's Medicaid plan is eligible for reimbursement as long as there is medical necessity.

- Common services that can be reimbursed in the first 30 days could include:
  - Hospital inpatient or outpatient services
  - Practitioner professional fees
  - Home Health Care
  - Physical Therapy
  - Rehabilitation Hospitals and services
  - Skilled Nursing Facilities
  - Residential Nursing Homes
  - Non-Emergent Patient Transport

Coordination of Benefits: NDMS Coverage

If the patient has:

If the patient has		Result
• Medicare, TRICARE, or the VA	→	Considered payment in full. NDMS does not cover.
• Private health insurance or non-federal public coverage other than Medicaid	→	Other insurance billed as primary payer; NDMS billed as secondary payer for any unreimbursed amounts.
• Medicaid or Section 1011 coverage only	→	NDMS billed as primary payer.

Scope: Service Access Teams (SATs)

- Upon activation:
  - SATs are under the direction and control of the IRCT when the IRCT is operational; under the EMG when the IRCT is demobilized.
  - Assist FCCs in facilitating return of ESF #8 patients back to home of record.
  - Utilize JPATs in tracking patients and updating their status and location.

Note: Envision expanded role given expansion of definitive medical care providers.

Scope: Joint Patient Assessment Tracking System (JPATS) Strike Team

- The JPATS is one software application of the Disaster Medical Information Suite (DMIS), an integrated system of patient information.

- JPATS can be run on any laptop or hand-held device so long as they have internet connectivity.

- All patients reimbursed under the NDMS must be listed as NDMS patients and tracked through JPATS.

Claims Process: NDMS Coverage

- Contractor is responsible for the processing and payment of claims on behalf of NDMS.
- During an event, the Contractor and SAT teams will monitor NDMS patients and perform outreach with providers to help claims submission.
- Provider submits claims to Contractor as soon as 30 days post discharge. Deadlines for submitting claims are set at each event. Typical deadline could be 90-180 days after an event.
- Contractor adjudicates the claims and either makes electronic payment to provider or notifies provider that claim has been denied.
- Provider may appeal denied claims or payment amounts for NDMS appeal board to consider for additional reimbursement.

Typical NDMS Activation Scenario

- Day 1: Patient movement is requested.
- Day 1/Day 2: Federal Coordinating Center (FCC) is activated.
  - SAT activated. Expected to be on ground/ on-site within 48-72 hours of activation). Establish initial contact with the receiving State(s) hospital administrator(s).
  - NDMS Definitive Care Contract activated. Customer service line (888-587-2352) activated and staffed.
  - Definitive Care Reimbursement program updates can be found at:

    www.phe.gov/ndms/reimbursement

Typical NDMS Activation Scenario

Day 4: Definitive Care Contractor, who has daily updates of JPATS records will be in contact with the hospitals to:

- Inform of claims submission and reimbursement process.
- Validate or obtain patient demographic, medical, and insurance information as needed.
- Establish communication with State Medicaid Agency to ensure no duplicate payments are made.

Day 4: SAT members on site at NDMS participating facility:

- SAT directed by Incident Response Coordination Team (IRCT).
- Day-to-day contact is with designated facility administrator.

Sample Claims Processing Timeline

- After Day 4: First NDMS patient discharges/transfers anticipated.
- After Day 30: First receipt of facility and/or practitioner claims expected by the Definitive Care contractor.
- Day 30-60: Facility/practitioner has registered for payment with Definitive Care contractor. Contractor will adjudicate "clean" claims within 30 days.
- Day 60-75: Payment is made via electronic funds transfer or explanation of benefits received noting any denied amounts.

Sample Appeals Timeline

- Day 75-105: Notify the contractor of any possible claims processing errors so corrections may be processed. For any uncovered amounts, providers may file an appeal.
- Appeals will be considered by a NDMS Medical Review Board once all qualifying claims have been received and processed.
- ~ Day 180 (depending on the size of the event): Providers will be notified regarding the disposition of any appeals and additional payments made if authorized.

Note: Each event will have a deadline for claims submission. Typically 90-120 days after the event.

Reimbursement Process For NDMS Patients

Providers
- Hospitals
- Other providers,
- Practitioners,
- etc.

→ Facilities Submit Claims to Fiscal Intermediary

Provider-based claims for NDMS patients for up to 30 days of care for services covered by Medicare or Medicaid

→ All other claims

↓ Claims Review Board

- Eligible for NDMS → Fiscal Intermediary → Send Payment
- Not Eligible for NDMS
  - Fiscal Intermediary coordinates with State Medicaid Agency (if eligible for those programs).
  - Fiscal Intermediary to hold pending supplemental funding, if applicable

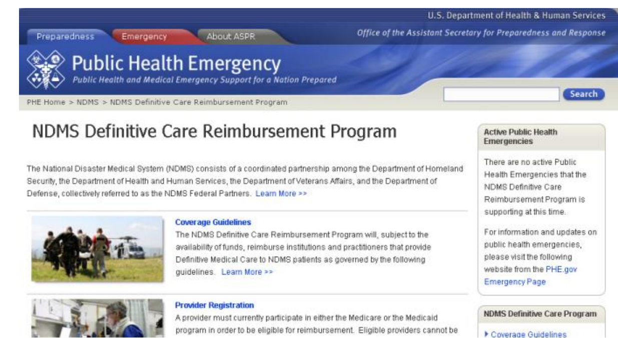
Provider-based claims (↓) → Fiscal Intermediary ↓ Send Payment

Note: Contractor will provide names of NDMS patients to State Medicaid Agencies.

NDMS Definitive Care Payments

- Definitive Care claims processing is supported by a contractor (Apprio Inc.).
- Providers will need to complete electronic payment authorization forms before payments can be made.
- All payments will be made via electronic funds transfer.
- Payments will be from Apprio Inc., not NDMS.
- Contact number: 888-587-2352.
- Website address:

  www.phe.gov/ndms/reimbursement



Future Concerns

- ICD-10 implementation
- HIPAA compliance
- Care provided in military facilities and international hospitals

Additional Information

- CDR Monique Howard, DrPH, MBA, OTR/L
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- NDMS Definitive Care Fact Sheet 2.14.13MH

- NDMS Definitive Care Program Q&As 4.23.13MH

- Web address (active but will be updated per event):
  http://www.phe.gov/ndms/reimbursement/Pages/default.aspx

Questions