TRAVELING HOSPICE PATIENTS

NHPCO Standard(s): 

Regulatory Citation / Other: Section 946 Medicare Modernization Act of 2003

POLICY STATEMENT: HOPE HOSPICE AND PALLIATIVE CARE, INC makes every effort to facilitate travel for hospice patients covered under the Medicare hospice benefit.

PROCEDURES:

1. When a hospice patient indicates he/she would like to travel outside of the hospice’s service area, the interdisciplinary group receives permission from the patient to contact a hospice program near the proposed travel destination in order to initiate a contractual agreement and share the patient’s health information.

2. When a contractual agreement is in place with the travel destination hospice (TDH), the RN Case Manager:
   a. reviews the patient’s travel plans with the patient’s attending physician;
   b. ensures the patient has an adequate supply of medication for 14 days;
   c. arranges for DME, oxygen or other supplies as needed;
   d. updates the patient’s plan of care to reflect the impending travel;
   e. forwards a copy of the patient’s plan of care, current medication profile, DNR status, advance directives, hospice election form and travel arrangements and other information as requested by the TDH.

3. The TDH agrees to provide on-call support and necessary hospice services to the hospice patient when he/she is in the TDH’s service area.

4. If the patient’s condition worsens or warrants intervention while enroute to or from the TDH, he/she is advised to seek treatment at the nearest medical facility.

5. When the patient returns from his/her travel, the interdisciplinary group reviews and revises the patient’s plan of care and files the TDH’s transfer summary in the patient’s clinical record.

6. HOPE HOSPICE AND PALLIATIVE CARE, INC will discharge and/or transfer the patient to the TDH if:
   a. the patient chooses to extend his or her vacation/travel beyond 14 days;
   b. the patient dies while at the travel destination; or
   c. the patient’s condition worsens or requires change to a different level of care and needs to be transferred to the TDH in order to access necessary care.

Initial IDG approval date: 2/23/09

Review/updated/ and reapproved by IDG without changes 2/15/2011, 11/13/2012

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