



***NATIONAL DISASTER
MEDICAL SYSTEM:
Hospitals and Reimbursement***



NDMS PARTICIPATING HOSPITAL RESPONSIBILITIES

- Provide bed availability reports
- Receive patients at hospital
- Evaluate and treat patients as required
- Identify/track NDMS patients and provide updates to FCC Coordinator



NDMS PARTICIPATING HOSPITAL RESPONSIBILITIES

- Communicate post-discharge requirements to HHS Service Access Teams (SATs) regarding:
 - Continuity of care
 - Follow-up of medications
 - Daily personal needs, and
 - Transport home

- Start discharge planning no less than 72 hours prior to discharge



BED REPORTING

- Initial minimum/maximum reporting
- Routine bed availability reporting exercises
- Categories of beds:
 - Critical care (CC)
 - Medical/surgical (MM-SS)
 - Psych (MP)
 - Pediatric (MC)
 - Burn (SBN)
 - Pediatric Critical Care (PICU)
 - Negative Pressure / Isolation (NPU)



AVAILABLE BEDS: DEFINED

- **An available bed for NDMS reporting:**
 - Vacant as of midnight previous day, available immediately for NDMS admission
 - Functional and ready for all aspects of patient care-under *normal* circumstances
 - Excluded are: Observation beds, bassinets, incubators, labor & recovery beds

- ***When a PRA report shows 10 beds available, unless otherwise reported, TPMRC-A may immediately send up to 10 patients to that PRA!***



DISCHARGE PLANNING

- HHS Service Access Teams (SATs) coordinate the discharge and return transportation of patients and accompanying non-medical attendants
- Hospital discharge planning should begin a minimum of 72 hours prior to discharge
- Patients requiring continuing care at their destination location require an accepting physician prior to transfer
- Fatalities are coordinated by the HHS SATs in accordance with procedures of local medical examiner / coroner



REIMBURSEMENTS

- NDMS participating hospitals responsible for identification of all primary / secondary third-party payers, coordination of benefits, submission of final bills for payment
- Private insurance always precedes government sources for reimbursement (which equal 110% of Medicare)
- HHS, or its contracted representatives provides medical claims processing services for NDMS participating hospitals
- Reimbursement generally is for necessary medical care directly resulting from the disaster or emergency – except as may be authorized by HHS



IMPLICATIONS FOR HOSPITAL PARTICIPATION IN NDMS

- Sign Memorandum of Agreement - Participation is *Voluntary*
- Include NDMS component in hospital emergency operations plan
- Review medical staff bylaws – to assure availability of physicians to accept transferred patients
- HIPAA compliance
- Bed reporting / forecasting (24+ hours)
- Non-clinical factors affecting length of stay - 72-hour discharge planning requirement, etc.
- May satisfy accreditation requirements for emergency exercises



REIMBURSEMENTS

- For the most current reimbursement information go to Health and Human Services, Public Health Emergency, NDMS Definitive Care Reimbursement Program web site:
- <https://www.phe.gov/Preparedness/responders/ndms/definitive-care/Pages/default.aspx>