PURPOSE: EFMP moves typically requires weeks to months of planning. Please notify your local TRANSCOM Patient Movement Requirement Center as soon as possible of any potential or upcoming EFMP moves. Flights are typically obtained 24 hours in advance, and itineraries will be provided to all need to know parties at that time.	REQUESTING UNIT:		

NO.	REQUIREMENTS	YES	NO	ZULU TIME

1.	**Prior to submission of a PMR:**
	
	  a. Patient must be verified enrolled in EFMP
	  b. Sponsors orders reflect authorization for utilization of TRANSCOM for movement
	  c. Sponsors orders reflect authorization for GTCC use for ground ambulance payment (required for home to home or TLF moves)
	  d. Orders must be provided to the TPMRC			

2.	**Requirements for Hospital to Hospital Moves:**
	  a. Tricare authorizations for:
	      a. Ground trans from origin to airfield
	      b. Ground trans from airfield to destination
	      c. Authorization for treatment at destination
	  b. Origin: Attending physician name/phone number
	  c. 24/7 POC at origin
	  d. Destination: Accepting physician name/phone number
	  e. 24/7 POC at destination			

3.	**Requirements for Home to Home Moves:**
	
	  1. Origin and final destination must reflect the actual addresses
	  2. All equipment required for care at destination must be listed in the excel equipment list spreadsheet (all other equipment must be sent with TMO)
	  3. Patients with a non-hospital final destination must be assessed by a physician upon landing
	      a. Either by their primary care physician or by an ER physician at the nearest networked facility
	      b. This can be waived by the Flight Surgeon for patients who are flying with critical care teams
	  4. Ground transportation must be coordinated to go to the hospital for evaluation and to take the patient from the hospital to their final destination			

4.	**PMR Initiation in TRAC2ES**
	
	  1. For home health patients, contact information must be provided for the home health nurse or provider- family members can not be the only source of clinical information
	  2. History and Physical
	  3. Recent Clinical Note (last 24 hours)
	  4. Recent labs (last 24 - 72 hours)
	  5. Recent vital signs (last 24– 72 hours)
	  6. Please notify TPMRC is the patient has a need for a specialty team (NICU, CCATT) for flight			

5.	**Ground transportation**			
	1. Must be obtained by the case manager and include:			
	a. Name, contact information, and ensure that ground transportation can support this type of move.			
	b. **Home to Home Moves**: The case manager is responsible for providing this information to the SM so they are able to provide their GTCC information to the ground transportation companies			
	c. **Hospital to Hospital Moves**: The case manager must provide the Tricare Authorization numbers to the TPMRCs.			
	d. In all situations the TPMRC will coordinate the flight times with the ground transportation team.			
	e. **Note:** Patients with equipment for homecare frequently require an extra follow-on vehicle for cargo this can be provided by a family member, unit, or MTF.			