CMS Emergency Preparedness Rule

**Background**: On September 8, 2016 the Centers for Medicare and Medicaid Services (CMS) finalized a rule to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid. The purpose is to increase patient safety during emergencies and establish a more coordinated response to natural and man-made disasters.

This final rule requires Medicare and Medicaid participating providers and suppliers to meet the following four common and well known industry best practice standards:

1. **Emergency plan**: Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.

2. **Policies and procedures**: Develop and implement policies and procedures based on the plan and risk assessment.

3. **Communication plan**: Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.

4. **Training and testing program**: Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

**Important date for providers**
The regulation goes into effect on **November 16, 2016**. Health care providers and suppliers affected by this rule have one year from this date to comply and implement all regulations within their practice.

**Impacted Providers**
The following providers and suppliers are required to comply with the Emergency Preparedness Rule:

- Hospitals
- Religious Nonmedical Health Care Institutions (RNHCIs)
- Ambulatory Surgical Centers (ASCs)
- Hospices
- Psychiatric Residential Treatment Facilities (PRTFs)
All-Inclusive Care for the Elderly (PACE)  
Transplant Centers  
Long-Term Care (LTC) Facilities  
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)  
Home Health Agencies (HHAs)  
Comprehensive Outpatient Rehabilitation Facilities (CORFs)  
Critical Access Hospitals (CAHs)  
Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services  
Community Mental Health Centers (CMHCs)  
Organ Procurement Organizations (OPOs)  
Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)  
End-Stage Renal Disease (ESRD) Facilities

Note: While all 17 Provider/Suppliers are impacted; requirements may differ between types.

Additional Information
Amerigroup* Community Care does not have any additional requirements beyond that required by CMS. If you have questions regarding the Emergency Preparedness Rule and for a list of specific requirements, please visit the CMS website at:


65371MUSENMUB 03/02/17

*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.