

# Provider Update

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## 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:

[www.cms.gov](http://www.cms.gov) >>Medicare>>Survey& Certification – Emergency Preparedness.

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