



Nevada January 2017 Emergency Preparedness Region IX

Prepared by the Centers for Medicare & Medicaid Services (CMS),
Western Division of Survey & Certification Group



September 16, 2016 Final Rule on Emergency Preparedness Requirements for Providers



Final Rule Emergency Preparedness

- Affects all 17 provider and supplier types
- Facilities are expected to be in compliance with CoP's/CfC's and requirements by November 15, 2017
- In the event facilities are non-compliant, the same general process will occur as is currently in place for any other conditions and could lead to termination of the provider agreement.



Final Rule Emergency Preparedness (cont'd)

- The Survey & Certification Group (SCG) is in the process of developing the Interpretive Guidelines (IGs) which will assist surveyors in implementation of the new regulation.
- We anticipate the guidelines to be completed by spring 2017.
- The IGs will be formatted into one Appendix as opposed to updating all 17 provider/supplier type IGs already available.



Resources

- The Assistant Secretary for Preparedness and Response (ASPR's) Technical Resources Assistance Center and Information Exchange (TRACIE) is a resource for developing emergency plans and can be found at:
<https://www.asprtracie.hhs.gov>



Resources (cont'd)

- Link to 9/15/2016 Final Rule on Emergency Preparedness Requirements for providers:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>



Resources (cont'd)

- Contains useful resource documents for: healthcare coalitions by state; sample facility transfer agreement; list of 17 facility provider supplier types impacted and a table/chart of requirements; FAQ's



Resources (cont'd)

- Link to October 5, 2016 CMS hosted Medicare Learning Network (MLN) call to discuss the requirements of the regulation and answer questions:
<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2016-10-05-Emergency-Preparedness.html?DLPage=2&DLEntries=10&DLSort=0&DLSortDir=descending>



1135 Waivers



1135 Waivers

- Scope - Federal Requirements only, not state licensure
- Purpose - Allow reimbursement during an emergency or disaster even if providers can't comply with certain requirements that would under normal circumstances bar Medicare, Medicaid or CHIP payment
- Duration - End no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.



1135 Waivers

- Duration – Waivers for EMTALA (for public health emergencies that do not involve a pandemic disease) and HIPAA requirements are limited to a 72-hour period beginning upon implementation of a hospital disaster protocol. Waiver of EMTALA requirements for emergencies that involve a pandemic disease last until the termination of the pandemic-related public health



What waivers DON'T do:

- 1135 waivers are not a grant or financial assistance program
- Do not allow reimbursement for services otherwise not covered
- Do not allow individuals to be eligible for Medicare who otherwise would not be eligible
- Should NOT impact any response decisions, such as evacuations.
- Do not last forever. And appropriateness may fade as time goes on.



Examples of 1135 Waiver Authorities

Conditions of Participation

Licensure for Physicians or others to provide services in affected state

Emergency Medical Treatment and Labor Act (EMTALA)

Stark Self-Referral Sanctions

Medicare Advantage out of network providers

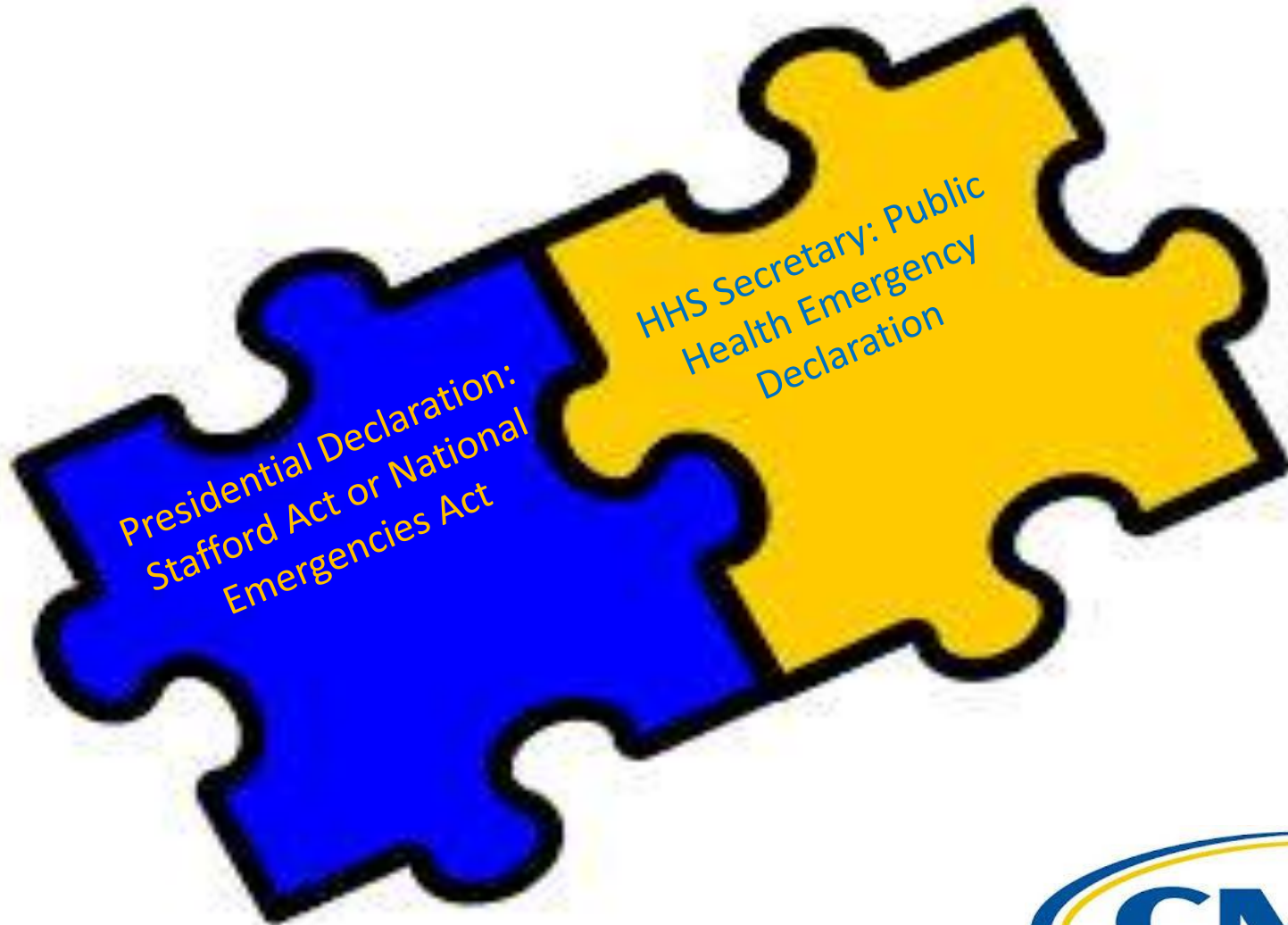
HIPAA



Considerations for Waiver Authority

- Scope and severity of event with specific focus on health care infrastructure
- Are there unmet needs for health care providers?
- Can these unmet needs be resolved within our current regulatory authority?

Needed to issue 1135 waivers:





Expectations of Waived Providers

Provide sufficient information to justify actual need

Providers and suppliers will be required to keep careful records of beneficiaries to whom they provide services, in order to ensure that proper payment may be made.

Providers must resume compliance with normal rules and regulations as soon as they are able to do so



Effective Communication & Coordination with CMS

- A State S&C emergency point of contact (& back up) is available 24/7 to the CMS RO when the State declares a widespread disaster.
- Coordinates State S&C activities with CMS RO
- Addresses questions and concerns regarding S&C essential functions
- Policy communications: During a disaster, the capability is operative 24/7.



Effective Communication & Coordination with CMS (cont'd)

- Policy communications
 - Prompt dissemination of CMS policy & procedures to surveyors, providers & affected stakeholders.
- Information and Status Report
 - The SA or the State ICS maintains capability and operational protocols to provide the CMS RO with State policy actions and an electronic provider tracking report upon request.



Affected Disaster Tracking Reporting Tool

Incident Event and Date

DATA SUMMARY

Name of Staff Compiling Report _____

Facility Type	# of Impacted Facilities	# of Facilities Evacuated	# of Facilities not at Normal Ops	# of Patients Evacuated/Quarantined	# of Patients Approved to Return
General Acute Care Hosp (GACH)	0	0	0	0	0
Acute Psychiatric Hosp (APH)	0	0	0	0	0
State Hosp (SH)	0	0	0	0	0
Skilled Nursing Facility (SNF)	0	0	0	0	0
Intermediate Care Facility (ICF)	0	0	0	0	0
Clinic	0	0	0	0	0
Dialysis	0	0	0	0	0
Other	0	0	0	0	0
TOTAL	0	0	0	0	0

Facility Identification				Patient Information					Facility Information			
Facility Type	Facility Name & Address	County	District Office	Current Evacuation Status	Any Pts Evac'd? Y (Blank=NO)	# of Licensed Beds	# of Patients Evacuated	Date Re-Population Approved	# of Patients Approved to Return	Patient Status Comments: # of patients evacuated/quarantined and returned data (comment date & time, # & Patient Type)	Current Operation Status	Facility Status Comments (comment date & time)



Status Report

Provider Contacts	Provider Status	Provider Plans
<ul style="list-style-type: none"> • Provider's name • CMS Certification Number (CCN) • National Provider Number (NPI) • Provider type • Address (Street, City, ZIP Code, County) • Current emergency contact name • Contact's Telephone number and alternate (e.g., cell phone) • Contact's email address 	<ul style="list-style-type: none"> • For profit/ or not-for-profit agency, or government agency status • Provider status (evacuated, closed, damaged) • Provider census • Available beds • Emergency department contact information (name, telephone number, FAX number) if different than provider contact information • Emergency department status (if applicable) • Loss of power and/or provider unable to be reached 	<ul style="list-style-type: none"> • Estimated date for restored operations • Source of information • Date of the status information



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QUESTIONS?

