Compliance Today - November 2020
Emergency preparedness: Medicare and Medicaid provider and supplier requirements

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Is your organization's emergency preparedness plan current, tested, and functioning? Earlier this year, the Department of Health & Human Services (HHS) added auditing of organizational plans for emergency preparedness planning, which now includes emerging infectious disease preparedness planning, to its Work Plan.[1] Centers for Medicare & Medicaid Services (CMS) plans to audit internal controls over hospital preparedness for an emerging infectious disease epidemic, such as coronavirus disease 2019 (COVID-19), along with hospital compliance and CMS's emergency preparedness requirements.[2] Hospitals that participate in the Medicare program must comply with federal participation requirements, including requirements that hospitals engage in all-hazards emergency preparedness planning.[3] Business continuity plans are required under 42 C.F.R. § 422.504(o) and 42 C.F.R. § 423.505(p) to ensure restoration of business operations following disruptions, including emergencies, and should be outlined in each required facility's emergency preparedness plan.

As we continue to experience the impact of COVID-19 on our healthcare system, it is a good time to reflect on lessons learned regarding emergency preparedness and response. CMS recommends that current business continuity plans include necessary planning for business operations disruption due to a public health emergency.[4]

Background

CMS published the final rule on the emergency preparedness on September 16, 2016.[5] The regulation became effective November 15, 2016, and the implementation date became effective November 15, 2017.

The CMS Emergency Preparedness Rule focuses on the development and implementation of an emergency preparedness plan, policies and procedures, a communications plan, training and testing requirements, and specialized provisions dealing with emergency and backup power supplies for certain provider and supplier types.

The regulation implies that providers and suppliers that comply with emergency planning criteria, such as standards set by The Joint Commission, may be considered compliant for some aspects of the emergency preparedness plan. However, there is significant focus directed toward the guidance and tools available through the Assistant Secretary for Preparedness and Response - Technical Resources, Assistance Center, and Information Exchange (ASPR-TRACIE) to meet compliance requirements.[6]

In addition, the Federal Emergency Management Agency (FEMA) *Guide for All-Hazard Emergency Operations Planning*[7] and the FEMA *Comprehensive Preparedness Guide*[8] are recommended resources that can be used to

help achieve the goals of the rule and meet compliance requirements.

In the annual HHS publication of the top management and performance challenges for 2019,[9] Office of Inspector General (OIG) identified emergency preparedness planning as one of the top six areas requiring attention.

While the HHS has a lead role in preventing, preparing for, and responding to the adverse health effects of public health emergencies, it important for Medicare and Medicaid providers and suppliers to be prepared to handle public health emergencies such as communicable diseases, outbreaks, and natural disasters that can severely strain the healthcare infrastructure.

The CMS Emergency Preparedness Rule emphasizes the importance of having adequate planning and mechanisms in place prior to and during a national emergency to efficiently and rapidly deploy assets and provide relief to those in need. OIG has identified a number of gaps in emergency preparedness and response planning for healthcare facilities during disasters and pandemics.[10] In one example, discussed in the OIG report titled *Hospital Emergency Preparedness and Response During Superstorm Sandy*, infrastructural gaps, including electrical and communication failures, as well as community collaboration issues over resources such as fuel, transportation, hospital beds, and public shelters were reported at healthcare facilities.[11] A concerted effort to improve preparedness and response is important and necessary to deliver healthcare services during a natural disaster, as well as support an effective recovery.

A 2019 OIG report found that HHS was deficient in several key areas, including (1) inadequate planning for coordinating global health security, (2) insufficient preparation for deployment of the resources needed for an adequate response, and (3) a lack of internal and external communication channels for responding to a public health emergency.[12] The Medicare and Medicaid provider and supplier types identified in the CMS Emergency Preparedness Rule should note the OIG findings and ensure planning and preparedness includes provisions to address coordination of security; deployment and resupply of resources such as personal protective equipment, vaccines, anti-viral drugs, antibiotics, and other medications and medical equipment; internal and external communications channels; and procedures for handling medical surge.