Anthem Blue Cross and Blue Shield

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
Anthem Blue Cross and Blue Shield 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:


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