Business Continuity and Emergency Preparedness to Meet New CMS Requirements

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Objectives

1. Identify the new CMS Business Continuity Management Requirements relevant to business continuity management and Emergency Preparedness Requirements for Medicare and Medicaid participating providers and suppliers, per Department of Health & Human Services CMS 42 CFR Parts 403, 416, 418, et al.

2. Describe how hospitals can meet the new CMS business continuity management and emergency management requirements

3. Demonstrate how Kaiser Permanente was able to comply with the new CMS requirements

4. Describe the difference between The Joint Commission's emergency management standards and the new CMS requirements for hospitals

Overview

Business Continuity Management (BCM)

- Identify new CMS requirements for BCM
- Demonstrate project plan
  - Timeline — identify needs and time frame to comply with requirements
  - Roles & responsibilities — identify who needs to be part of the project
- Planning process
- Tools & resources
- CMS business continuity plan
- Next steps
Overview (cont.)

Emergency Management

• Situation and context
• Crosswalking between TJC and the new CoPs
• Primary gaps
• Addressing those gaps

The Requirements
Requirement Description

Final Rule 422.504(o) and 423.505(p)

Requires Medicare Advantage (MA) organization and Part D sponsor to develop, maintain and implement a business continuity plan that meets certain minimum standards to limit the impact on beneficiaries of unavoidable disruptions and establish a plan to ensure rapid restoration of operations by:

(1) identifying events (triggers) that would activate the business continuity plan;

(2) developing contingency plans to maintain the availability and, as applicable, the confidentiality of hard copy and electronic essential records, including a disaster recovery plan for IT and beneficiary communication systems;

(3) establishing a chain of command, which would better ensure that employees know the rules of succession;

(4) creating a communications plan that includes emergency capabilities and means to communicate with employees and third parties;

(5) establishing procedures to address management of space and transfer of employee functions; and

(6) establishing a restoration plan with procedures to transition back to normal operations.

Requirement Description (cont.)

Final Rule 422.504(o) and 423.505(p) (cont.)

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(6) establishing a restoration plan with procedures to transition back to normal operations.
Requirement Description (cont.)

Final Rule 422.504(o) and 423.505(p) (cont.)

MA organizations and Part D sponsors must plan to restore minimum essential functions (as defined by CMS) within 72 hours after any of the essential functions fail or otherwise stop functioning as usual.

The business continuity plan must also comply with all applicable federal, state and local laws (i.e., HIPPA Security Rule).

On an annual basis, each MA organization and Part D sponsor test and revise the plan as necessary, and train appropriate employees on their responsibilities under the plan.

Requirement Description (cont.)

Final Rule 422.100

Adds a new paragraph that would require MA organizations to ensure access, at in-network cost sharing, to covered services even when furnished by non-contracted providers when disruption in the service area impedes enrollees' ability to access contracted providers' and/or contracted providers' ability to provide needed services.

The new paragraph also provides the basis for determining the beginning and end of a disaster or emergency, and requires that the organization annually post on its website, and notify enrollees and contracted providers of its disaster and emergency policies.
Planning Process

• Identify requirements for CMS compliance with new regulations

• Engage Kaiser Permanente entities that are affected by the new CMS regulations — Pharmacy, Member Services, IT Resiliency Management (ITRM) and Disaster Recovery (DR)

• Propose and obtain approval for CMS-specific business continuity plan from National Business Continuity Management Governance Council

Planning Process (cont.)

• Create draft CMS business continuity plan and share with Pharmacy, Member Services, ITRM, and DR for review and input

• Update CMS BCM plan with edits from KP entities

• Test CMS BCM plan during November statewide drill

• Finalize plan with input from drill debrief
Project Plan

<table>
<thead>
<tr>
<th>ACTIVATION/DELIVERABLE</th>
<th>RESPONSIBLE</th>
<th>STATUS</th>
<th>DATE/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email to leadership</td>
<td>BCM</td>
<td>Completed</td>
<td>May 24, 2015</td>
</tr>
<tr>
<td>Create a Project Plan</td>
<td>BCM</td>
<td>Completed</td>
<td>May 28, 2015</td>
</tr>
<tr>
<td>Conduct a Framework that addresses the core BCM plan requirements</td>
<td>BCM</td>
<td>Completed</td>
<td>May 28, 2015</td>
</tr>
<tr>
<td>Communicate the changes to the BCM program to the BCM Governance Council</td>
<td>BCM</td>
<td>Completed</td>
<td>June 5, 2015</td>
</tr>
<tr>
<td>Create a Crosswalk of CMS requirements and Code Avocado for MISA</td>
<td>BCM</td>
<td>Completed</td>
<td>June 4, 2015</td>
</tr>
<tr>
<td>Meet with pharmacists, MISA, MISA, DR</td>
<td>BCM</td>
<td>Completed</td>
<td>Next 60 days, July, and will meet in August</td>
</tr>
<tr>
<td>Create a draft CMS BCM Plan</td>
<td>BCM</td>
<td>Completed</td>
<td>July 6, 2015</td>
</tr>
<tr>
<td>Share plan with Pharma, MISA, MISA, DR</td>
<td>BCM</td>
<td>Completed</td>
<td>July 10, 2015</td>
</tr>
<tr>
<td>Create a PowerPoint presentation for CMS plan</td>
<td>BCM</td>
<td>Completed</td>
<td>July 16, 2015</td>
</tr>
<tr>
<td>Review, MISA, MISA, DR to review, edit, and approve plan</td>
<td>Pharma, MISA, DR</td>
<td>In-Progress</td>
<td>October 1, 2015</td>
</tr>
<tr>
<td>Provide education and training to our MISA customers on the new HCM guidelines</td>
<td>BCM</td>
<td>In-Progress</td>
<td>November 13, 2015</td>
</tr>
<tr>
<td>Test the BCM Plan</td>
<td>BCM</td>
<td>In-Progress</td>
<td>November 14, 2015</td>
</tr>
<tr>
<td>Testing Plan</td>
<td>BCM</td>
<td>In-Progress</td>
<td>December 13, 2015</td>
</tr>
</tbody>
</table>

Tools & Resources

Tools
- CMS BCM plan
- CMS vs. Member Services crosswalk

Resources
- CA Health Plan Policy — Code Avocado
- CA Pharmacy Operations Policy: Contracted Network Pharmacies — Emergency Refill Process CAPHARM.11.0.15
- National Business Continuity Management Policy NATL.HCM.001
# CMS Member Services Crosswalk

## 42 CFR § 422.190(m) W

**CMS Member Services Crosswalk**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Code Avocato</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2 CFR § 422.190(m)(1) A declaration of disaster will identify the geographic area affected by the event</td>
<td>4.0 Definitions</td>
</tr>
<tr>
<td>4.2 CFR § 422.190(m)(1)(I) Cover Medicare Parts A and B services and supplemental Part D plan benefits furnished at non-contracted facilities (subject to 422.2040(I)(3)) be furnished at Medicare certified facilities</td>
<td>4.2 Declared State of Emergency: A tragedy of a natural or human-made hazard situations which poses a level of threat to life, health, property, or environment; that negatively affects society or environment, as defined and designated by either Governor of the State and/or the President of the United States</td>
</tr>
<tr>
<td>4.2 CFR § 422.190(m)(1)(II) Waive in full, requirements for gatekeeper referrals where applicable</td>
<td>5.0 Provisions</td>
</tr>
<tr>
<td>4.2 CFR § 422.190(m)(1)(III) Provide the same cost-sharing for the enrollee as if the service or benefit had been furnished at a plan-contracted facility</td>
<td>5.1 Medical Care Coverage Policies for Members/RNs Members</td>
</tr>
<tr>
<td>4.2 CFR § 422.190(m)(1)(IV)</td>
<td>5.1.1 During a designated emergency, Kaiser Permanente treats, to the extent possible, all individuals [members and non-members] requiring emergency medical care.</td>
</tr>
<tr>
<td>5.3 Payment for Services and Claims Adjudication</td>
<td>5.1.3 KP suspends pre-authorization, during the first two week period in a crisis.</td>
</tr>
<tr>
<td>5.3.4 Kaiser Permanente executive leadership assess the scope and extends pre-authorization for Post Stabilization Care for Non-Plan Providers, as appropriate to meet the member and provider needs during the emergency period.</td>
<td>5.3 Payment for Services and Claims Adjudication</td>
</tr>
<tr>
<td>5.3.5 Appropriate Kaiser Permanente executive leadership determines what and from whom moses should be collected for services provided during a disaster or emergency. Such decisions are</td>
<td></td>
</tr>
</tbody>
</table>

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# Participation

New CMS regulations for disaster-related decisions during an emergency or disaster. Non-medical service organizations and PHC suspend Autolink services.

**Requirements:**

- In each state, the Medicare and Medicaid program will have to develop specific emergency transport plans to ensure that enrollees of Medicare and Medicaid programs are provided with services and benefits that are equivalent to the services and benefits provided under the Medicare and Medicaid programs.
- The states will also be required to ensure that enrollees are provided with access to emergency services and benefits that are equivalent to the services and benefits provided under the Medicare and Medicaid programs.
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**Conditions:**

- Kaiser Permanente may modify its local operational protocols to address the needs of enrollees during an emergency or disaster. These modifications will be communicated to enrollees as soon as possible after the initial event.
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CMS Business Continuity Plan

Roles & Responsibilities

Leadership

- Support the program and promote compliance with CMS regulations
- Approve the CMS BCM plan

Medical Centers

- Update local plans as appropriate
- Be aware of national CMS BCP

Health Care Continuity Management

- Guide and assist through the CMS BCM planning process

CMS Business Continuity Plan Partners

- Update and verify information. Include strategies that will show compliance with CMS regulations
- Be prepared to execute plan when needed
- Participate in annual or biannual updates, testing and yearly exercises
Next Steps

Leadership
- Identify resources to complete the CMS BCM planning process
- Sponsor and communicate the CMS BCM plan

Medical Center
- Work with sponsors to include BCM objectives in future drills or schedule a BCM tabletop exercise

Next Steps (cont.)

Healthcare Continuity Management
- Guide and assist with CMS audits
- Provide workshops and trainings, and assist with drills and tabletops as related to new CMS regulations

CMS Business Continuity Plan Partners
- Attend a BC plan workshop session
- Complete the review and edits of your sections in the CMS BCM plan
- Socialize BC plan with staff and be prepared to execute plan when needed
- Participate in BC updates, testing and yearly exercises
Objectives — Addressing New CMS CoPs for EP at KP

- Situation and context
- Crosswalking between TJC and the new CoPs
- Primary gaps
- Addressing those gaps

Kaiser Permanente Northern California

- Licensed as hospitals
- Joint Commission compliance
- Of the 17 provider types, we have six
  - Hospitals
  - Clinics
  - Home health & hospice agencies
  - Long-term care facilities
  - End stage renal disease
Joint Commission’s EM vs. CMS’ EP

- Baseline: reviewed our TJC challenge areas
- Worked with our accreditation, regulatory & licensing team to crosswalk between 2016 EM chapter and 482.15
- Attended CMS’ national calls and TJC’s 2017 conference to verify assumptions
- There are many assumptions

Primary Gaps

- 482.15(a)(3): Clarify Language
- 482.15(b)(2): Staff Tracking
- 482.15(b)(4): Shelter-in-Place Plans
- 482.15(b)(6) & (c)(1): Volunteers
- 482.15 (c)(7): Authority Having Jurisdiction
- 482.15(d)(1): Training
- 482.15(d)(2)(iii): After Action Reports
- *482.15(f): Integrated HealthCare Systems
Primary Gaps (cont.)

- 482.15(a)(3): Clarify Language
- 482.15(b)(2): Staff Tracking
- 482.15(b)(4): Shelter-in-Place Plans
- 482.15(b)(6) & (c)(1): Volunteers
- 482.15 (c)(7): Authority Having Jurisdiction
- **482.15(d)(1): Training**
- **482.15(d)(2)(iii): After Action Reports**
- *482.15(f): Integrated HealthCare Systems*

Addressing the Gaps

**Gap: 482.15(d)(2): Exercises**

- (iii) Analyze the hospital’s response to and maintain documentation of all drills, tabletop exercises and emergency events, and revise the hospital’s emergency plans, as needed

**Solution:**

- Modify our After Action Report (AAR) template
- Define process for AAR review and submission to regional and local emergency management committees
Addressing the Gaps (cont.)

Gap: 482.15(d)(1): Training

- (i) Initial training
- (ii) Annual training (for all staff)
- (iii) Document the training
- (iv) Demonstrate staff knowledge

Solution:
- KP Learn EM 101 Module
**KP EM Learning Catalogue**

<table>
<thead>
<tr>
<th>Course</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home, Family and Staff Emergency Preparedness</td>
<td>Available</td>
</tr>
<tr>
<td>Emergency Management 101</td>
<td>Available</td>
</tr>
<tr>
<td>Medical Center Surge Management</td>
<td>In Development</td>
</tr>
<tr>
<td>KPNC Mass Casualty Advanced Triage and Treatment (MassCATT)</td>
<td>In Development</td>
</tr>
<tr>
<td>Using KP HealthConnect Disaster Tools</td>
<td>Available</td>
</tr>
<tr>
<td>Disaster Drilling in KP HealthConnect</td>
<td>Available</td>
</tr>
<tr>
<td>Exercise Design and Facilitation</td>
<td>In Development</td>
</tr>
<tr>
<td>Introduction to the Regional Command Center</td>
<td>In Development</td>
</tr>
<tr>
<td>PlaniTrac for the Regional Command Center</td>
<td>In Development</td>
</tr>
</tbody>
</table>
Disclaimer

• This represents internal KP expertise
• We’re not 100% this will meet the standards
• We will modify as information is revealed
• TJC did not update the EM chapter in the 7/20/17 release

Thank you!

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