

Provider and Supplier Types Covered by the CMS Emergency Preparedness Rule

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There are 17 specific provider and supplier types affected by the newly released [Centers for Medicare and Medicaid Services \(CMS\) Emergency Preparedness Rule](#). ASPR TRACIE developed the following definitions based on information gleaned from numerous sources to provide a general description of each type. These definitions should not be interpreted as regulatory or interpretive guidance, but used for general informational and awareness purposes only. Listed alphabetically, facilities are also categorized based on whether they are inpatient or outpatient, as outpatient providers are not required to provide subsistence needs for staff and patients.

Please refer to CMS publications for final determination of applicability of the rule and compliance questions.

For more information visit asprtracie.hhs.gov/cmsrule.

Affected Provider and Supplier Types

Inpatient	Outpatient
Critical Access Hospitals (CAHs)	Ambulatory Surgical Centers (ASCs)
Hospices	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
Hospitals	Community Mental Health Centers (CMHCs)
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Comprehensive Outpatient Rehabilitation Facilities (CORFs)
Long Term Care (LTC)	End-Stage Renal Disease (ESRD) Facilities
Psychiatric Residential Treatment Facilities (PRTFs)	Home Health Agencies (HHAs)
Religious Nonmedical Health Care Institutions (RNHCIs)	Hospices
Transplant Centers	Organ Procurement Organizations (OPOs)
	Programs of All Inclusive Care for the Elderly (PACE)
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Ambulatory Surgical Centers (ASCs) (Outpatient)

CMS defines an ASC as any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. An unanticipated medical circumstance may arise that would require an ASC patient to stay in the ASC longer than 24 hours, but such situations should be rare.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ASCs.html>

Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services (Outpatient)

CMS provides the following definitions:

- **Rehabilitation Agency** - An agency that provides an integrated, multidisciplinary program designed to upgrade the physical functions of handicapped, disabled individuals by bringing together, as a team, specialized rehabilitation personnel.
- **Clinic** - A facility established primarily for the provision of outpatient physicians' services. To meet the definition of a clinic, the facility must meet the following test of physician participation:
 - The medical services of the clinic are provided by a group of three or more physicians practicing medicine together, and
 - A physician is present in the clinic at all times during hours of operation to perform medical services (rather than only administrative services).
- **Public Health Agency** - An official agency established by a state or local government, the primary function of which is to maintain the health of the population served by providing environmental health services, preventive medical services, and in certain instances, therapeutic services.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/OutpatientRehab.html>

Community Mental Health Centers (CMHC) (Outpatient)

CMS defines CMHCs as outpatient organizations that provide partial hospitalization services to Medicare beneficiaries for mental health services. CMS estimates there are about 100 CMHCs that provide partial hospitalization services through Medicare and that will be affected by this rule.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CommunityHealthCenters.html>

Comprehensive Outpatient Rehabilitation Facilities (CORFs) (Outpatient)

Per CMS, CORFs must provide coordinated outpatient diagnostic, therapeutic, and restorative services, at a single fixed location, for the rehabilitation of injured, disabled or sick individuals. Physical therapy, occupational therapy and speech-language pathology services may be provided in an off-site location. Consultation with and medical supervision of non-physician staff, establishment and review of the plan of treatment and other medical and facility administration activities, physical therapy services, social or psychological services are also provided.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CORFs.html>

Critical Access Hospitals (CAHs) (Inpatient)

CMS maintains that CAHs:

- Be located in a state that has established a State Medicare Rural Hospital Flexibility Program;
- Be designated by the state as a CAH;
- Be located in a rural area or an area that is treated as rural;
- Be located either more than 35 miles from the nearest hospital or CAH or more than 15 miles in areas with mountainous terrain or only secondary roads; OR prior to January 1, 2006, were certified as a CAH based on state designation as a “necessary provider” of health care services to residents in the area;
- Maintain no more than 25 inpatient beds that can be used for either inpatient or swing-bed services;
- Maintain an annual average length of stay of 96 hours or less per patient for acute inpatient care (excluding swing-bed services and beds that are within distinct part units); and
- Furnish 24-hour emergency care services 7 days a week.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CAHs.html>

End-Stage Renal Disease (ESRD) Facilities (Outpatient)

A freestanding dialysis center is a facility that provides chronic maintenance dialysis to ESRD patients on an outpatient basis, including dialysis services in the patient's place of residence. A certified ESRD facility provides outpatient maintenance dialysis services, home dialysis training and support services, or both. A dialysis center may be independent or hospital-based.

For more information: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/ESRD.html>.

Home Health Agencies (HHAs) (Outpatient)

CMS defines HHAs as primarily engaged in providing skilled nursing services and other therapeutic services to patients. HHAs policies are established by a group of professionals (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services which it provides. HHAs provide for supervision of above-mentioned services by a physician or registered professional nurse, are licensed pursuant to State or local law, or have approval as meeting the standards established for licensing by the State or locality. HHAs must also meet the federal requirements in the interest of the health and safety of individuals they serve.

For purposes of Part A home health services under Title XVIII of the Social Security Act, the term “home health agency” does not include any agency or organization which is primarily for the care and treatment of people with mental illnesses.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/HHAs.html>

Hospices (Inpatient and Outpatient)

A hospice is a public agency, private organization, or a subdivision that: is primarily engaged in providing care to terminally ill individuals (individuals that have been certified as being terminally ill as per CMS requirements and entitled to Part A of Medicare); meets the conditions of participation for hospices; and has a valid Medicare provider agreement.

Hospice care is a comprehensive set of services identified and coordinated by an interdisciplinary group to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care.

Hospice services can also be provided in facilities, such as those located as a part of a hospital, nursing home, or residential facility, or as a freestanding hospice inpatient facility. All hospices must meet specific federal requirements and be separately certified and approved for Medicare participation.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospices.html>

Hospitals (Inpatient)

CMS defines a hospital as an institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services. (Critical Access Hospitals are certified under separate standards. Psychiatric Hospitals are subject to additional regulations beyond basic hospital conditions of participation.) Inpatient Rehabilitation Facilities and Long Term Care Hospitals are included in the Hospital definition.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html>

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (Inpatient)

The ICF/IID benefit is an optional Medicaid benefit. The Social Security Act created this benefit to fund "institutions" (4 or more beds) for individuals with intellectual disabilities and other related conditions, and specifies that these institutions must provide "active treatment," as defined by the Secretary of the U.S. Department of Health and Human Services. Currently, all 50 States have at least one ICF/IID facility. This program serves over 100,000 individuals, many of whom are non-ambulatory, have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination. All must financially qualify for Medicaid assistance.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ICFIID.html>

Long-Term Care (LTC) Facilities (Inpatient)

CMS includes skilled nursing facilities and nursing facilities under LTC Facilities. They define "**skilled nursing facility**" as an institution (or a distinct part of an institution) which: is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for injured, disabled, or sick persons, and is not primarily for the care and treatment of mental diseases; has in effect a transfer agreement (meeting the requirements of §1861(1)) with one or more hospitals having agreements in effect under §1866; and meets the requirements for a SNF described in subsections (b), (c), and (d) of this section.

CMS defines "**Nursing facility**" as an institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services for injured, disabled, or sick persons, or on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases; has in effect a transfer agreement (meeting the requirements of §1861(1)) with one or more hospitals having agreements in effect under

§1866; and meets the requirements for a NF described in subsections (b), (c), and (d) of this section.

For more information: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/LTC.html>

Organ Procurement Organizations (OPOs) (Outpatient)

OPOs, as defined by the Health Resources and Services Administration, offer opportunities for volunteering and helping to raise awareness about the importance of registering as a donor. There are 58 OPOs in the United States, each with its own designated service area.

OPOs have two major roles in their service area. They are responsible for:

- **Increasing the number of registered donors.** To encourage donor sign-ups, OPOs may reach out to communities by: sponsoring advertising campaigns; organizing programs in schools, worksites, or faith institutions; sharing print and electronic materials, and more.
- **Coordinating the donation process.** When donors become available, representatives from the OPO will evaluate the potential donors, check the deceased's state donor registry, discuss donation with family members, contact the OPTN computer system that matches donors and recipients, obtain a [match list](#) for that specific donor, and arrange for the recovery and transport of donated organs. They also provide bereavement support for donor families and volunteer opportunities for interested individuals.

OPOs employ a variety of staff including [procurement coordinators](#), [requestors](#), donor family specialists, and professionals in public relations communications, and health education, as well as administrative personnel.

For more information: <http://organdonor.gov/awareness/organizations/local-opo.html>

Programs of All-Inclusive Care for the Elderly (PACE) (Outpatient)

CMS defines the PACE program as an innovative model that provides a range of integrated preventative, acute care, and long-term care services to manage the often complex medical, functional, and social needs of the frail elderly. PACE was created as a way to meet a person's health care needs while allowing them to continue living safely in the community. PACE is a pre-paid, capitated, comprehensive health care program.

For more information: <https://www.medicare.gov/your-medicare-costs/help-paying-costs/pace/pace.html>.

Psychiatric Residential Treatment Facilities (PRTFs) (Inpatient)

A PRTF is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21 (“psych under 21 benefit”). The facility must be accredited by the Joint Commission or any other accrediting organization with comparable standards recognized by the state.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/PRTFs.html>

Religious Nonmedical Health Care Institutions (RNHCIs) (Inpatient)

CMS defines RNHCIs as tax-exempted religious organizations that provide nonmedical nursing items and services to beneficiaries who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs. RNHCIs furnish nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of nonmedical patients (e.g., assistance with activities of daily living; assistance in moving, positioning, and ambulation, nutritional needs and comfort and support measures). They also furnish nonmedical items and services to inpatients on a 24-hour basis. They do not furnish patients, on the basis of religious beliefs, through its personnel or otherwise, medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs).

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/RNHCIs.html>

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) (Outpatient)

An RHC is located in a rural area designated as a shortage area, is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases, and meets all other requirements of 42 CFR 405 and 491.

FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Certain tribal organizations and FQHC Look-Alikes (an organization that meets PHS Section 330 eligibility requirements, but does not receive Health Center Program grant funding) also may receive special Medicare and Medicaid reimbursement.

For more information:

- <http://bphc.hrsa.gov/about/what-is-a-health-center/index.html>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf>

Transplant Centers (Inpatient)

CMS defines a transplant center as a component within a transplant hospital that provides transplantation of a particular type of organ.

Types of organ transplant programs:

- Heart
- Lung
- Heart/lung - The program must be located in a hospital with an existing Medicare-approved heart and Medicare-approved lung program.
- Liver
- Intestine - The program must be located in a hospital with a Medicare-approved liver program. This program includes multivisceral and combined liver-intestine transplants
- Kidney
- Pancreas - The program must be located in a hospital with a Medicare-approved kidney program. This program includes combined kidney/pancreas transplants.

All organ transplant programs must be located in a hospital that has a Medicare provider agreement.

For more information: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Transplant-Laws-and-Regulations.html>