

CMS Condition for Coverage (CfC)	Specific Citation	CfC language effective through 11/28/2019	CfC language effective 11/29/2019	ASCA Comments	ISDH Requirements
§416.41: Governing body and management.	§ 416.41(b)(3)	<p>(b) Standard: Hospitalization. (1) The ASC must have an effective procedure for the immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the ASC.</p> <p>(2) This hospital must be a local, Medicare-participating hospital or a local, nonparticipating hospital that meets the requirements for payment for emergency services under §482.2 of this chapter.</p> <p>(3) The ASC must—</p> <p>(i) Have a written transfer agreement with a hospital that meets the requirements of paragraph (b)(2) of this section; or</p> <p>(ii) Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the requirements of paragraph (b)(2) of this section.</p>	(3) The ASC must periodically provide the local hospital with written notice of its operations and patient population served.	CMS had proposed to eliminate § 416.41(b)(3) entirely. Rather than deleting, CMS finalized revisions to require ASCs to periodically provide the local hospital with written notice of its operation and patient population served.	ISDH regulations require we keep our transfer agreements active Q228 and that our providers have hospital privileges Q710.

CMS Condition for Coverage (CfC)	Specific Citation	CfC language effective through 11/28/2019	CFC language effective 11/29/2019	ASCA Comments	ISDH Requirements
§416.52: Patient admission, assessment and discharge.	§416.52 (a)	<p>(a) Standard: Admission and pre-surgical assessment. (1) Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.</p> <p>(2) Upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals.</p> <p>(3) The patient's medical history and physical assessment must be placed in the patient's medical record prior to the surgical procedure.</p>	<p>(a) Standard: Patient assessment and admission. (1) The ASC must develop and maintain a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy must--</p> <p>(i) Include the timeframe for medical history and physical examination to be completed prior to surgery.</p> <p>(ii) Address, but is not limited to, the following factors: patient age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level.</p> <p>(iii) Be based on any applicable nationally recognized standards of practice and guidelines, and any applicable State and local health and safety laws.</p> <p>(2) Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.</p> <p>(3) The pre-surgical assessment must include documentation of any allergies to drugs and biologicals.</p> <p>(4) The patient's medical history and physical examination (if any) must be placed in the patient's medical record prior to the surgical procedure.</p>	<p>CMS is replacing the requirement that every patient must have a comprehensive H&P within 30 days prior to surgery in an ASC, with a requirement that allows the operating physician and ASC to determine which patients would require more extensive testing and assessment prior to surgery. CMS states "in almost all situations ASCs can reasonably rely on existing H&P results that are more than 30 days old and then are updated by patient responses just prior to surgery."</p>	<p>ISDH regulations require the medical record to contain a patient history with support for the diagnosis completed by proceduralist/surgeon/anestheologist. Q630, Q662</p>

CMS Condition for Coverage (CfC)	Specific Citation	CfC language effective through 11/28/2019	CfC language effective 11/29/2019	ASCA Comments	ISDH Requirements
§ 416.54: Emergency preparedness	§ 416.54 (a) introductory text	(a) Emergency plan. The ASC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:	(a) Emergency plan. The ASC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:	Changes review and update requirement from every year to every two years.	ISDH regulations require "timely" review of the center safety plan--EP falls under this. Q1182
	§ 416.54 (a)(4)	(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the ASC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.	ASCs must still work with emergency preparedness officials, if possible, but do not need to document those efforts.	ISDH surveyors are tasked to see any MOU's the center has with outside agencies. Q1198
	§ 416.54 (b) introductory text	(b) Policies and procedures. The ASC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:	(b) Policies and procedures. The ASC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:	Changes review and update requirement from every year to every two years.	
	§ 416.54 (c) introductory text	(c) Communication plan. The ASC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:	(c) Communication plan. The ASC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:	Changes review and update requirement from every year to every two years.	
	§ 416.54 (d) introductory text	(d) Training and testing. The ASC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.	(d) Training and testing. The ASC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.	Changes review and update requirement from every year to every two years.	ISDH regulations require "disaster" drills annually per the safety plan/program. 410 IAC 15-2.5-7 Physical Plant section.

CMS Condition for Coverage (CfC)	Specific Citation	CfC language effective through 11/28/2019	CFC language effective 11/29/2019	ASCA Comments	ISDH Requirements
§ 416.54: Emergency preparedness	§ 416.54 (d)(1)(ii)	(ii) Provide emergency preparedness training at least annually.	(ii) Provide emergency preparedness training at least every 2 years.	Changes training requirement from every year to every two years.	
	§ 416.54 (d)(1)(v) (New)		(v) If the emergency preparedness policies and procedures are significantly updated, the ASC must conduct training on the updated policies and procedures.	If significant changes are made to EP policies and procedures, training on the updates must take place.	
	§ 416.54 (d)(2)	<p>(2) Testing. The ASC must conduct exercises to test the emergency plan at least annually. The ASC must do the following:</p> <p>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, individual, facility-based. If the ASC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ASC is exempt from engaging in an community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is individual, facility-based.</p> <p>(B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the ASC's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the ASC's emergency plan, as needed.</p>	<p>(2) Testing. The ASC must conduct exercises to test the emergency plan at least annually. The ASC must do the following:</p> <p>(i) Participate in a full-scale exercise that is community-based every 2 years; or</p> <p>(A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or</p> <p>(B) If the ASC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ASC is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the ASC's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the ASC's emergency plan, as needed.</p>	Changes testing requirement to one test a year. Every other year, the ASC must conduct a full-scale exercise that is community based, if accessible. If not accessible, a facility-based exercise counts. If the ASC encounters an actual emergency, the facility is exempt from its next community-based or facility-based functional exercise. In opposite years from the full-scale exercise, the ASC has more options as to the type of test performed.	