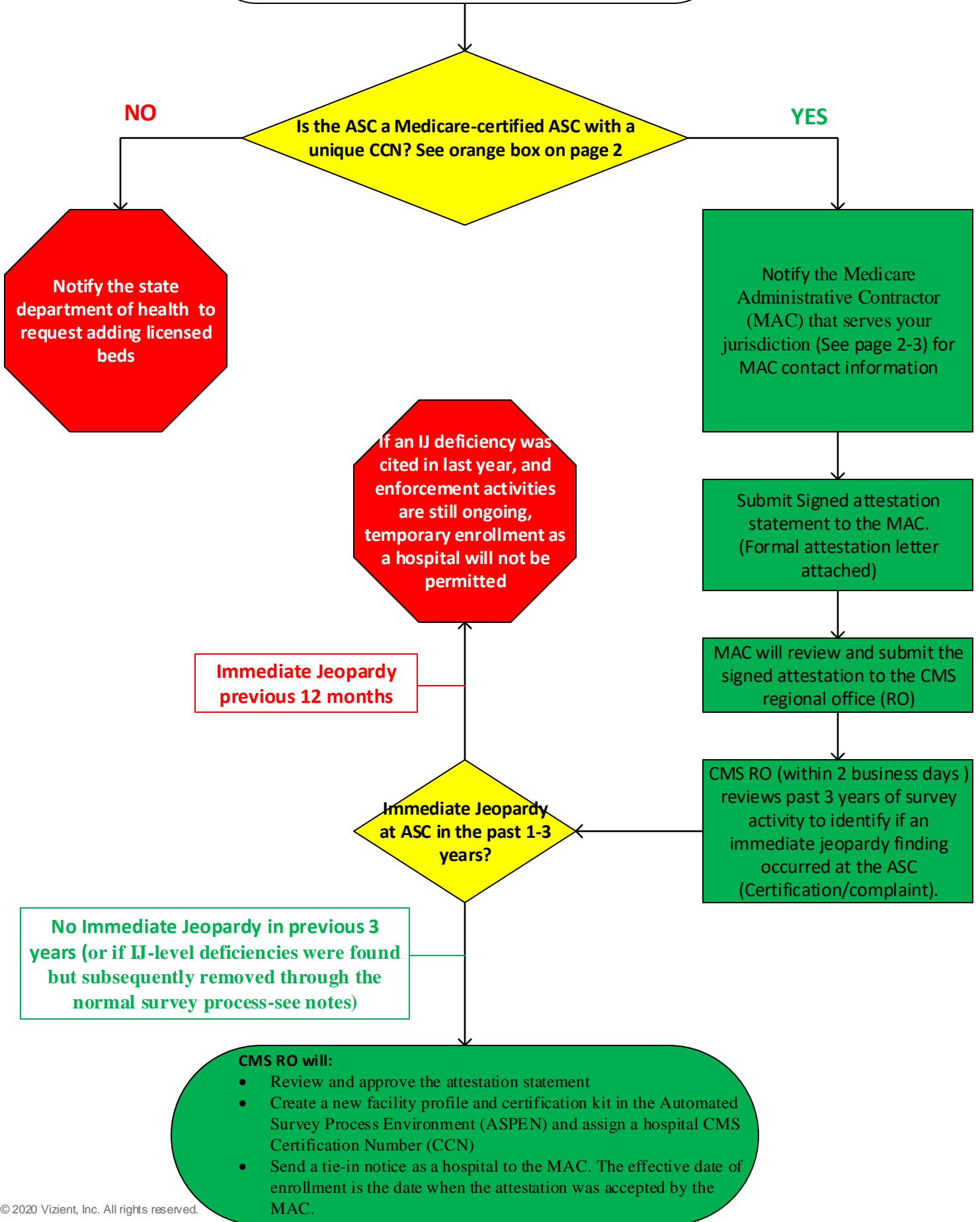


Converting ASC to Hospital-COVID19 Pandemic

CMS regulatory requirements QSO-20-24-ASC



ASC definition- §416.2 Definitions: An Ambulatory surgical center or ASC is defined as a 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.

The entity must have an agreement with CMS to participate in Medicare as an ASC, and must meet the conditions set forth in subparts B and C of this part. Subpart (b) Survey of ASCs. (1) Unless CMS deems the ASC to be in compliance with the conditions set forth in subpart C of this part, the State survey agency must survey the facility to ascertain compliance with those conditions, and report its findings to CMS. Subpart (c) Acceptance of the ASC as qualified to furnish ambulatory surgical services. If CMS determines, after reviewing the survey agency recommendation and other evidence relating to the qualification of the ASC, that the facility meets the requirements of this part, it sends to the ASC—(1) Written notice of the determination; and (2) Two copies of the ASC agreement.

Interpretive Guidelines: §416.2 According to the definition of an Ambulatory Surgical Center, or ASC, its key characteristics are that it:

- Is a distinct entity;
- Operates exclusively for the provision of surgical services to patients not requiring hospitalization, with the ASC's services expected not to exceed 24 hours in duration following an admission;
- Has an agreement with Medicare to participate as an ASC; and
- Complies with the Conditions for Coverage (CfCs) in Subparts B and C, i.e., 42 CFR 416.25-52.

In essence a true ASC will have its own Medicare CCN separate from the hospital

MAC reference (don't know your MAC? See next page): Providers and suppliers should only contact the hotline for the MAC that services their geographic area. To locate your designated MAC refer to <https://www.cms.gov/Medicare/MedicareContracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf>.

The hotlines are operational Monday – Friday and at the specified times below.

- CGS Administrators, LLC (CGS) The toll-free Hotline Telephone Number: 1-855-769-9920 Hours of Operation: 7:00 am – 4:00 pm CT
- First Coast Service Options Inc. (FCSO) The toll-free Hotline Telephone Number: 1-855-247-8428 Hours of Operation: 8:30 AM – 4:00 PM EST
- National Government Services (NGS) The toll-free Hotline Telephone Number: 1-888-802-3898 Hours of Operation: 8:00 am – 4:00 pm CT
- National Supplier Clearinghouse (NSC) The toll-free Hotline Telephone Number: 1-866-238-9652 Hours of Operation: 9:00 AM – 5:00 PM ET
- Novitas Solutions, Inc. The toll-free Hotline Telephone Number: 1-855-247-8428 Hours of Operation: 8:30 AM – 4:00 PM EST
- Noridian Healthcare Solutions The toll-free Hotline Telephone Number: 1-866-575-4067 Hours of Operation: 8:00 am – 6:00 pm CT
- Palmetto GBA The toll-free Hotline Telephone Number: 1-833-820-6138 Hours of Operation: 8:30 am – 5:00 pm ET
- Wisconsin Physician Services (WPS) The toll-free Hotline Telephone Number: 1-844-209-2567 Hours of Operation: 7:00 am – 4:00 pm CT

MAC Jurisdiction	Processes Part A & Part B Claims for the following states:	MAC
DME A	Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont	Noridian Healthcare Solutions, LLC
DME B	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin	CGS Administrators, LLC
DME C	Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico, U.S. Virgin Islands	CGS Administrators, LLC
DME D	Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands	Noridian Healthcare Solutions, LLC
5	Iowa, Kansas, Missouri, Nebraska	Wisconsin Physicians Service Government Health Administrators
6	Illinois, Minnesota, Wisconsin **HH + H for the following states: Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Michigan, Minnesota, Nevada, New Jersey, New York, Northern Mariana Islands, Oregon, Puerto Rico, US Virgin Islands, Wisconsin and Washington	National Government Services, Inc.
8	Indiana, Michigan	Wisconsin Physicians Service Government Health Administrators
15	Kentucky, Ohio **HH + H for the following states: Delaware, District of Columbia, Colorado, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, and Wyoming	CGS Administrators, LLC
E	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands	Noridian Healthcare Solutions, LLC
F	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	Noridian Healthcare Solutions, LLC
H	Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi	Novitas Solutions, Inc.
J	Alabama, Georgia, Tennessee	Palmetto GBA, LLC
K	Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont **HH + H for the following states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	National Government Services, Inc.
L	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania (includes Part B for counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)	Novitas Solutions, Inc.
M	North Carolina, South Carolina, Virginia, West Virginia (excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia) **HH + H for the following states: Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, and Texas	Palmetto GBA, LLC
N	Florida, Puerto Rico, U.S. Virgin Islands	First Coast Service Options, Inc
**Also Processes Home Health and Hospice claims	https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf	

ASC QSO Notes (<https://www.cms.gov/files/document/qso-20-24-asc.pdf>)

- ASC's that enroll as hospitals will be paid as hospitals not ASC's
- ASC's that enroll as hospitals must meet the hospital conditions of participation (excluding those which have been waived).
- The ASC billing privileges are deactivated during the time when the ASC is enrolled as a hospital .
- The ASC will receive a new CCN for hospital billing
- An onsite survey is not required for approval. However, the CMS RO may authorize a survey by the State Survey Agency at a later date to ensure quality and safety. If survey activity is warranted, it will be a focused infection control survey based on QSO-20-20-ALL, and the availability of PPE as needed. For deemed status ASCs, CMS Central Office (CO) will provide a list to the CMS Survey Operations Group of those ASCs with IJ-level deficiencies cited within the previous three years.
- Once the Secretary of the Department of Health and Human Services (Secretary) determines there is no longer a PHE due to COVID-19, the CMS RO will terminate the hospital CCN and send a tie-out notice to the applicable MAC. The MAC will deactivate the hospital billing privileges and reinstate the ASC billing privileges effective on the date the ASC terminates its hospital status. If the temporarily enrolled hospital decides to revert back to an ASC prior to the end of the PHE period, they must notify their MAC in writing.
- If the ASC wishes to participate as a hospital after the PHE has ended, it must submit form 855A to begin the process of enrollment and initial certification as a hospital under the regular processes.

Summary of attestation core requirements to become a hospital:

- Ensure adequate staffing models.
- Provide 24 hour nursing services furnished or supervised by a registered nurse
- Access State scope of practice to ensure proper staffing models
- Ensure proper handling and administration of drugs and pharmaceuticals as per Federal and State Law
- Provide pharmaceutical services that meet the needs of the patients.
- Ensure drug storage area(s) are under competent supervision and locked.
- Oversight of pharmacy services must be provided by a pharmacist.
- Modify Infection Control (IC) Plan to include:
 - Employ methods to prevent/control the transmission within the hospital and between providers
 - Creating an IC Surveillance plan to control Healthcare Acquired Infections
 - Establish a hospital-wide antibiotic stewardship program in accordance with national standards.
- Appoint a Director of Respiratory Services
- The Director must be a physician and be available full or part-time to supervise and administer respiratory services.
- Ensure adequate respiratory staffing models.
- Ensure all respiratory services are delivered in accordance with medical staff directives (orders).

*See formal attestation letter for full list of requirements.

1135 waivers- Upon approval of ASC conversion to hospital status the following requirements are waived:

Disclaimer: An 1135 waiver, when granted by CMS, does not have the effect of waiving state or local licensure requirements or any requirement specified by the state or a local government as a condition for waiving its licensure requirements. Those requirements would continue to apply unless waived by the state.

CMS 1135 blanket waivers:

- Emergency Medical Treatment & Labor Act (EMTALA)
- Verbal Orders (use/authentication)
- Pre-printed/Electronic Standing Orders
- Restraint reporting requirements
- Patient rights (medical records)
- Sterile compounding (masks)
- Detailed Information Sharing for Discharge Planning for Hospitals and CAHs (data sharing)
- Limiting Detailed Discharge Planning for Hospitals (informed choice)
- Medical Staff (privileging/approval)
- Medical records (content/retention)
- Advance Directives (notification of policy)
- Telemedicine
- Physician Services (care of a physician)
- Anesthesia Services (CRNA supervision)
- Utilization Review (waived)
- Written Policies and Procedures for Appraisal of Emergencies at Off Campus Hospital Departments
- Quality Assessment and Performance Improvement Program
- Nursing Services (nursing careplan)
- Food and Dietetic Services
- Respiratory Care Services (qualifications and oversight)
- Practitioner Locations.

Please reference the CMS- COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers document for a full listing/applicability of 1135 waivers: <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>

Ambulatory Surgical Center (ASC) Hospital Enrollment Attestation Statement
For Use During COVID-19 Public Health Emergency (PHE)*

This attestation statement applies to: _____
(Legal Business Name of Entity)

D/B/A, if any: _____

Located at: _____
(Address, including street name and number, suite number if applicable, city, state, zip code)

Existing ASC CMS Certification Number (CCN): _____

In order to enroll as a Hospital during the COVID-19 PHE, the undersigned individual authorized by the ASC entity's Governing Body attests that the entity meets and will continue to meet, during the PHE, all applicable hospital federal participation requirements and that the following safeguards are in place (Check each item for an affirmative response):

_____ The ASC named above may enroll as a hospital provided that it is not inconsistent with the state's emergency preparedness or pandemic plan.

_____ To the extent not waived, the ASC named above is compliant with the requirements of 42 CFR 482.23 Condition of Participation: Nursing Services. In particular, but not limited to:

- Ensure adequate numbers of licensed registered nurses and other personnel to provide nursing care to all patients as needed
- Provide 24 hour nursing services furnished or supervised by a registered nurse
- Ensure drugs and pharmaceuticals are prepared and administered in accordance with Federal and State laws and according to the orders of the practitioner(s) responsible for the patient's care

_____ To the extent not waived, the ASC named above is compliant with the requirements of 42 CFR 482.25 Condition of Participation: Pharmaceutical Services. In particular, but not limited to:

- Provide pharmaceutical services that meet the needs of the patients
- Have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision
- Provide a full-time, part-time or consultant pharmacist who is responsible for all activities of the pharmacy services
- Provide an adequate number of personnel to ensure high quality pharmaceutical services, including emergency services
- Ensure Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse and Prevention and Control Act of 1970 are kept locked within a secure area

_____ To the extent not waived, the ASC named above is compliant with the requirements of 42 CFR 482.42 Condition of Participation: Infection Control and Antibiotic Stewardship Programs. In particular, but not limited to:

- Appointed a qualified individual as the Infection Preventionist/Infection Control Professional
- Employ methods for preventing and controlling the transmission within the hospital and between other providers
- Create an Infection Control Surveillance plan to control Healthcare Acquired Infections
- Establish a hospital-wide antibiotic stewardship program in accord with national standards

_____ To the extent not waived, the ASC named above is compliant with the requirements of 42 CFR 482.57 Condition of Participation: Respiratory Services. In particular, but not limited to:

- Ensures that a director of respiratory care services who is a doctor of medicine or osteopathy is available on a full or part-time basis to supervise and administer respiratory services
- Ensure an adequate number of qualified respiratory therapists and technicians
- Ensure all respiratory services are delivered in accordance with medical staff directives

Attestation on behalf of the ASC named above by:

Signature _____ Title _____

Printed Name _____ Date _____

** This attestation statement will cease to be in effect and the associated hospital CCN will be terminated when the Secretary of the Department of Health and Human Services determines there is no longer a Public Health Emergency due to COVID-19. At that time, CMS will send public notice that this attestation has ceased to be effective via its website.*

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.