



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Touching Lives Every Day"

COMPLIANCE ALERT 11-11

Provider Back-Up in the CAH Emergency Rooms

One of our CAHs was cited during a recent CMS visit for failure to have a back-up provider in the emergency room should the scheduled on-call emergency provider not be available due to unforeseen circumstances. The HHSC facility is working on addressing the citation and it's still an ongoing question—HOWEVER, at this time, we have confirmation from CMS that a back-up provider available on-site (besides the regular on-call physician) within 30 minutes is required.

CMS Advice on 6/26/11: Pat Kalua at Kohala talked with Kelly Valente at CMS. Kelly clarified that **we must have a back-up plan for the on-call providers of any kind, ED included. At this point CMS's advice is that we must have that contract or actual service in place, not in process, in 60 calendar days.**

Citation Used to require the back-up of the On-call provider: This is the citation used by the surveyors:

§489.240)(2)(i)--The hospital must have written policies and procedures in place to respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control.

The CMS contact above said that "or" in the above citation is the key to the interpretation that a back-up provider available within 30 minutes is also required in addition to the regular on-call physician or provider.

Federal law: USC485.618 requires that for CAHs, there must be a doctor of medicine or osteopathy, a physician assistance, a nurse practitioner, or a clinical nurse specialist with training or experience in emergency care on call and immediately available by telephone or radio contact, and available onsite within 30 minutes on a 24-hour-a-day basis unless the CAH has been designated as having "frontier status" (less than six residents per square mile).

The law also allows a State to determine in their rural health care plan, that emergency response time longer than 30 minutes is the only feasible method of providing emergency care to residents of the area served by the CAH. As of this date, we are clarifying this with the State Office of Health Care Assurance.

Follow-up Actions Underway: We are also asking for follow-up on this citation for direction. Stroudwater and Associates' Mary Guyot has been contacted. This requirement to have a back-up as well as a physician assigned to be on call is new to her experience as well and she is pursuing clarification.

ACTION NEEDED BY CAHS: We will inform CAHs as we have more information. In the meantime, CAHs should review existing services to assess how they stand with regards to this recent experience—especially if, as we know today, this advice stands.

Sources: USC§485.618

USC§489.240)(2)(i)

CMS Call on 6/26/11—Pat Kalua and Kelly Valente