Emergency Preparedness And Response Plan

PUBLIC VERSION
for Public Release

December 9, 2024

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1. PURPOSE

This Emergency Preparedness and Response Plan (EPRP) is designed to guide Health Plan of San Joaquin/Mountain Valley Health Plan ("Health Plan") in managing emergencies, ensure that its members can access healthcare services during emergencies and effectively contribute to the healthcare system's emergency response. This EPRP should be regarded as guidelines rather than performance guarantees. Furthermore, this document is considered a "living document" because it should be regularly reviewed, updated, and revised as needed to reflect changing circumstances, new information, or evolving threats, ensuring it remains relevant and effective in the event of an emergency.

2. SCOPE

Health Plan EPRP outlines the expectations of staff and members, identifies direction and control systems, identifies internal and external communications plans, outlines the frequency and types of training, and defines the roles and responsibilities before, during, and after an incident. The EPRP also includes references and authorities as defined by local, state, and federal government mandates, common and specialized procedures, and specific hazard/threat vulnerabilities and responses/recovery.

3. SITUATION OVERVIEW

Health Plan is an organization physically located at three offices in three different geographic locations.

- Primary Site: French Camp: 7751 South Manthey Road, French Camp, CA 95231 (San Joaquin County)
- Modesto: 1025 J Street, Modesto, CA 95354 (Stanislaus County)
- Placerville: 4327 Golden Circle Court, Placerville CA 95667 (El Dorado County)

Health Plan has approximately 632 staff including temporary employees and contractors. Approximately 90 - 95% of the staff work remotely throughout California from home.

As of October 31st, 2024, Health Plan provides services to 438,338 members in San Joaquin, Stanislaus, El Dorado, and Alpine counties combined.

External Support

While Health Plan has the potential to be severely impacted by a wide variety of hazards and threats, it is not a traditional response agency. As a result, Health Plan relies on external response partners to assist with response efforts during an emergency. The external response partners that will assist with a response will vary based on the emergency. External response partners include, but are not limited to, those listed below.

- Local law enforcement
    - San Joaquin County Sheriff's Office
    - City of Modesto Police Department
    - Placerville Police Department
- Local fire suppression services
    - French Camp McKinley Fire District
    - Modesto Fire Department
    - El Dorado County Fire Protection District)
- Local emergency medical services (EMS)
    - San Joaquin County Emergency Medical Services Agency
    - City of Modesto Police Department
    - Placerville Police Department
- Local health departments (LHDs)
    - San Joaquin County Health Department
    - Modesto City Health Department
    - Stanislaus County Health Services Agency
    - El Dorado County Public Health Division
- Local emergency management agencies (EMA)
    - San Joaquin County Office of Emergency Services
    - Stanislaus County Office of Emergency Services
    - El Dorado County Office of Emergency Services
- State partners such as the Department of Health Care Services (DHCS), Department of Homeland Security (DHS), California Department of Managed Health Care (DMHC), California Department of Public Health (CDPH), and the California Emergency Medical Services Authority (EMSA)
- Federal partners such as the Federal Bureau of Investigation (FBI), Department of Homeland Security (DHS), Department of Health & Human Services (HHS), and the Centers for Disease Control and Prevention (CDC)

4. RISK ASSESSMENT

A risk assessment (also commonly known as a Hazard Vulnerability Analysis [HVA] or a Hazard and Threat Analysis Summary) is conducted annually by Health Plan and can be found in Appendix A. This analysis provides expected likelihood of occurrence and adverse impacts from various hazards onto the facilities (and the organization). This analysis of likely hazards aids the facility and the organization in prioritizing emergency preparedness activities and response planning.

The top identified hazards for Health Plan's facilities and the organization are found below.

Table 1. High Priority Threats and Hazards (French Camp)

Threat/Hazard	Description
Cybersecurity Incident: Attack, Data Breach, Data Fraud, Data Theft	A suspected or confirmed intrusion resulting in potential reduction in technology (infrastructure, communications, systems, and/or applications) availability or performance AND/OR the actual or suspected exposure of protected information.
Vendor/Supplier Disruption	Vendor or supplier issue results in disruption of service or technology integral to ongoing business operations
Information Systems Failure (Hardware, Software, and Network Connectivity)	A facility-level disruption or outage of critical information systems and services (infrastructure, communications, systems, and/or applications) for an extended duration integral to the delivery of products or services.

Table 2. High Priority Threats and Hazards (Modesto)

Threat/Hazard	Description
Cybersecurity Incident: Attack, Data Breach, Data Fraud, Data Theft	A suspected or confirmed intrusion resulting in potential reduction in technology (infrastructure, communications, systems, and/or applications) availability or performance AND/OR the actual or suspected exposure of protected information.
Vendor/Supplier Disruption	Vendor or supplier issue results in disruption of service or technology integral to ongoing business operations.
Information Systems Failure (Hardware, Software, and Network Connectivity)	A facility-level disruption or outage of critical information systems and services (infrastructure, communications, systems, and/or applications) for an extended duration integral to the delivery of products or services.
Fire, Internal / Explosion	Significant fire (with or without an explosion) at an office location.
Utility Disruption: Electrical System	A facility-level power outage caused by a failed circuit breaker or similar technical failure or a localized loss of power to a facility due

	to an issue with the local electric distribution system. A loss of electrical power at this level is normally short term in nature.

Table 3. High Priority Threats and Hazards (Placerville)

Threat/Hazard	Description
Cybersecurity Incident: Attack, Data Breach, Data Fraud, Data Theft	A suspected or confirmed intrusion resulting in potential reduction in technology (infrastructure, communications, systems, and/or applications) availability or performance AND/OR the actual or suspected exposure of protected information.
Vendor/Supplier Disruption	Vendor or supplier issue results in disruption of service or technology integral to ongoing business operations.
Wildfire	An unplanned, unwanted fire burning in a natural area, such as a forest, grassland, or prairie. Wildfires can start from natural causes, such as lightning, but most are caused by humans, either accidentally or intentionally. Wildfires can damage natural resources, destroy homes, and threaten human lives and safety.

Table 4. High Priority Threats and Hazards (Health Plan)

Threat/Hazard	Description
Cybersecurity Incident: Attack, Data Breach, Data Fraud, Data Theft	A suspected or confirmed intrusion resulting in potential reduction in technology (infrastructure, communications, systems, and/or applications) availability or performance AND/OR the actual or suspected exposure of protected information.
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5. PLANNING ASSUMPTIONS

A. The following assumptions are applied throughout the plan:

1. The threats and hazards identified in the Risk Assessment (Threat/Hazard Assessment Summary) will likely be the most common ones that Health Plan faces, but there is always the potential for lesser threats and hazards or previously unidentified threat and hazards to affect the organization.
2. Disasters and emergencies can strike at anytime with little or no warning resulting in a surge of patients affecting the entire healthcare system in the impacted community.
3. During a healthcare surge, the delivery of care will be different. The standard of care may change based on available resources. The scope of a provider's practice may change based on need, sites of care may look different due to access issues, and the traditional methods of claims identification and submission may be forced to undergo adjustments that require practical solutions.
4. Not all communities are impacted equally by disasters. Some communities experience disproportional impacts from response through recovery.
5. The greater the complexity, impact, and geographic scope of a disaster, the more multi-agency coordination will be required.
6. Health Plan will utilize SEMS and the National Incident Management System (NIMS) in emergency response and management operations.
7. Efforts in all phases (prevention, preparedness, response, recovery, and mitigation) will take into consideration language, equity, and accessibility needs.
8. Health Plan may have to rely on its own resources in order to self-sustain for an extended period of time.
9. In most serious emergencies, local law enforcement, fire, and emergency managers will be available for assistance. However, there may be a delay in response. Therefore, staff and members will often be the first ones present on the scene and must carry out the initial incident response activities until responders arrive.
10. Proper prevention, protection, and mitigation actions will prevent or reduce incident-related losses.
11. Maintaining and providing frequently exercising the EPRP amongst stakeholders such as staff, first responders, and emergency management officials can improve the outcomes of incident response.

B. Limitations

No guarantee is implied by this plan of a perfect incident management system. As personnel and resources may be overwhelmed, Health Plan can only endeavor to make every

reasonable effort to manage the situation with the resources and information available at the time.

6. MISSION OF EMERGENCY MANAGEMENT

The National Response Framework (NRF) developed by the Federal Emergency Management Agency (FEMA) identifies five mission areas for incident response. In the event of an incident Health Plan will adhere to the mission of emergency management, which include:

A. Prevention

Prevent, avoid or stop an imminent, threatened or actual incident

B. Preparedness

Protect our staff, members, visitors, and assets against the greatest threats and hazards in a manner that allows our interests, aspirations and way of life to thrive

C. Mitigation

Reduce the loss of life and property by lessening the impact of future disasters

D. Response

Respond quickly to save lives, protect property and the environment in the aftermath of a catastrophic incident

E. Recovery

Recover through a focus on the timely restoration, strengthening and revitalization of Health Plan's infrastructure affected by a catastrophic incident

7. INCIDENT MANAGEMENT

This plan is based upon the concept that the incident management functions that must be performed by the organization generally parallel some of their routine day-to-day functions. To the extent possible, the same personnel and material resources used for day-to-day activities will be employed during incidents. Because personnel and equipment resources are limited, certain nonessential functions, as determined by the organization, will be suspended. The personnel, equipment, and supplies that would typically be required for those nonessential functions will be redirected to accomplish assigned incident management tasks. Operations fit within the overall National Response Framework (NRF) and comply with the National Incident Management System (NIMS) and Incident Command System (ICS) standards.

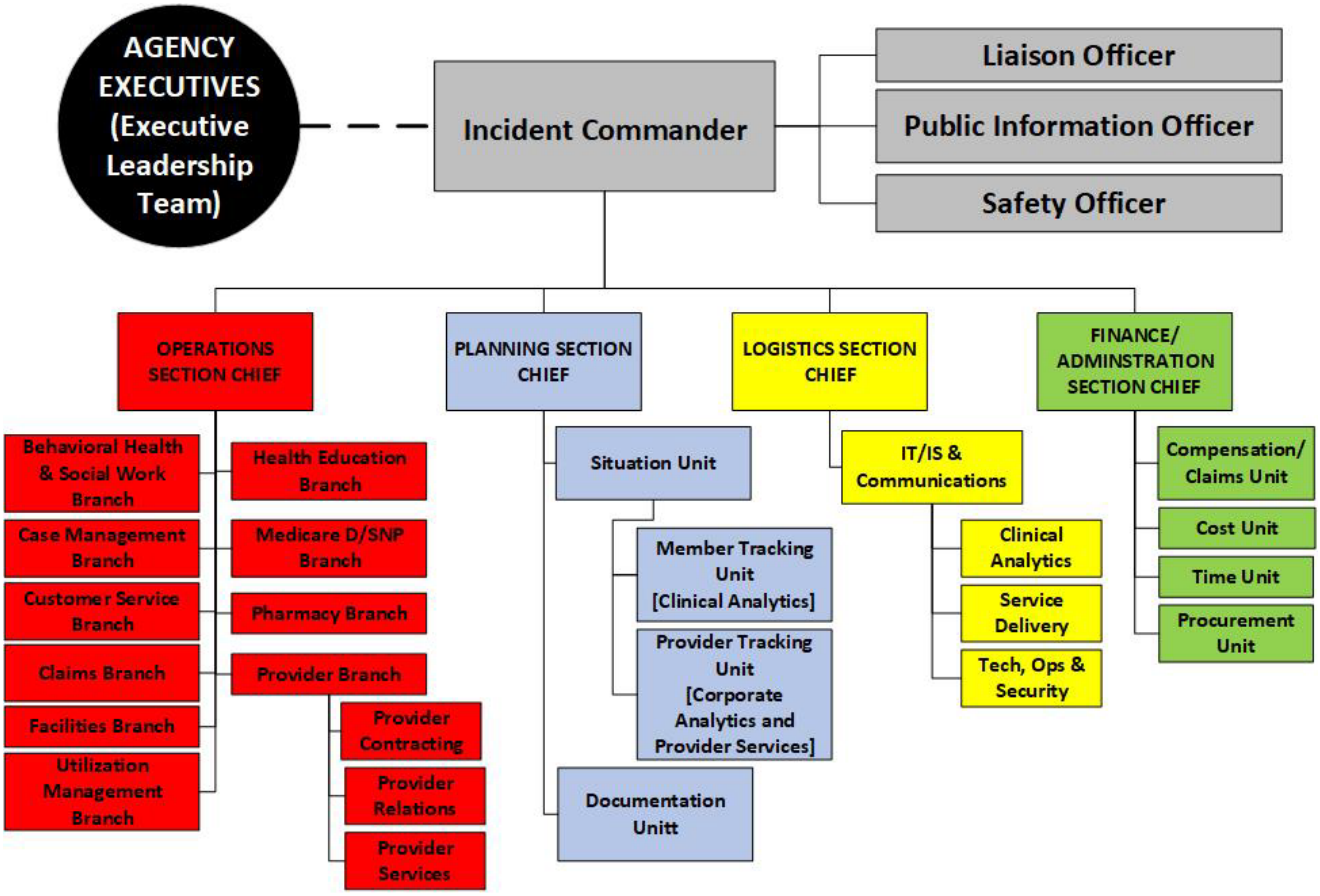
Response Priorities

Priorities for all emergency responses are as follows:

- Life Safety (Maintain a safe and secure environment for staff, members, and visitors)
- Incident Stabilization (Keep the incident from escalating, minimize its effects, and bring it under control)
- Property/Environmental Preservation (Safeguarding the property, the infrastructure, the evidence, and the environment from further harm)
- Continued Operations (Sustain the organization's functional integrity: business, facility, and usual service operations)
- Support of External Emergency Response (Integrate into the community's overall emergency response, meeting Health Plan's external emergency response and recovery commitments as applicable)
- Compliance of Regulatory Requirements (Address regulatory concerns where indicated without compromising the higher priority goals above)
- Preservation of the public trust in Health Plan.

Incident Management Team (IMT) Structure

No one individual can manage all the aspects associated with an incident without assistance. Health Plan relies on other key organization personnel to perform tasks that will ensure the safety of staff, members, and visitors during an incident. This section establishes the organizational structure that will be relied upon to manage an incident.



As illustrated above, the Incident Management Team (IMT) consists of individuals performing the following functions:

- **Incident Commander (IC)**: Within the Incident Command System (ICS) the IC is responsible for the overall management of the incident and determines which Command or General Staff positions to staff in order to maintain a manageable span of control and ensure appropriate attention to the necessary incident management functions.
- **Command Staff**: The purpose of the Command Staff in ICS is to support the IC by performing staff functions such as public information (PIO), incident safety (SO), and interagency liaison (LNO).
- **General Staff**: The General Staff represents and is responsible for the functional aspects of the Incident Command structure. The General Staff typically consists of the Operations, Planning, Logistics, and Finance/Administration Sections.

In ICS/SEMS, there is the role of Agency Executive. The Agency Executive is the official responsible for administering policy for an agency or jurisdiction. Although not part of the IMT, the Agency Executive is also responsible for delegating authority and assigning responsibility to the IC. This delegation can include objectives, expectations, priorities, constraints, and other considerations. The Agency Executive is typically the CEO, however in Health Plan it encompasses the Executive Leadership Team.

Roles should be pre-assigned based on training and qualifications. Further, anyone expected to fill a role during an incident should be informed and familiar with his or her role and responsibilities before an incident occurs. Relevant roles and responsibilities are outlined in the table below.
Note: A single person may fill multiple roles based as needed.

IMT Command Staff Roles & Responsibilities

IMT Command Staff	
Role	**Responsibilities**
Incident Commander (IC) **(typically assumed by Director-level personnel)**	- Having clear authority and knowing agency policy. - Liaise with organizational senior leadership; Ensures that the CEO and other senior administrators (including the board of directors) who are not directly involved in managing the incident are kept properly informed and consulted when needed. - Ensuring the safety of staff, members and visitors. - Establishing an Incident Command Post. - Setting priorities and determining incident objectives and strategies to be followed. - Approving the Incident Action Plan (IAP) and communicating it to the organization (and partners as appropriate). - Establishing the ICS organization needed to manage the incident. - Coordinating Command and General Staff activities. - Coordinating Health Plan's response activities - Assigning staff and resources to manage the incident - Authorizing information release to the media. - Ordering demobilization as needed. - Ensuring after-action reports are completed.
Liaison Officer (LNO)	- Serves as the primary point of contact for external agencies assigned to support Health Plan during incident response. - Maintains a list of assisting and cooperating agencies and agency representatives. - Assists in setting up and coordinating interagency contacts.

	- Monitors incident operations to identify current or potential interorganizational problems. - Participates in planning meetings, providing current resource status, including limitations and capabilities of agency resources.
Public Information Officer (PIO)	- Coordinates information sharing inside and outside the organization. - Serves as a conduit for information to internal personnel and external stakeholders, including the media or other organizations/agencies. - Determines, according to direction from the IC, any limits on information release. - Develop accurate, accessible, and timely information for use in press/media briefings. - Obtain IC's approval of news releases. - Conduct periodic media briefings (while coordinating with County's Joint Information Center (JIC) if activated). - Arrange for tours and other interviews or briefings that may be required. - Monitor and forward media information that may be useful to incident planning. - Maintain current information, summaries, and/or displays on the incident. - Make information about the incident available to incident personnel. - Participate in planning meetings.
Safety Officer (SO)	- Monitors conditions and advises the IC on safety matters, including the health and safety of Health Plan personnel, members, and visitors. - Identifies and mitigates hazardous situations. - Ensures safety messages and briefings are made. - Exercises emergency authority to stop and prevent unsafe acts. - Reviews the Incident Action Plan for safety implications. - Assign assistants qualified to evaluate special hazards. - Initiate preliminary investigation of accidents within the incident area. - Participate in planning meetings.

IMT General Staff Roles & Responsibilities

IMT General Staff	
Title	**Roles**
Operations Section Chief (OSC)	The Operations Section is responsible for all response activities focused on reducing the immediate hazard, saving lives and property, establishing situational control, and restoring normal operations. The OSC is responsible to the IC for the management of all incident-related response activities and implements the Incident Action Plan. The OSC will establish tactics for the assigned operational period. The Operations Section is comprised of several departments ("unit leaders") led by an Operations Section Chief (OSC). These departments are typically "front-facing" (i.e., direct services to Members). ***The departments are Case Management, Clinical Analysis, CMME, Compliance, Corporate Analytics, Customer Service, Facilities, Health Education, IT, Pharmacy, Provider Relations, and Utilization Management**** each represented by their Director or department's designee (Supervisor and above).
Planning Section Chief (PSC)	The Planning Section is responsible for the collection, evaluation, evaluation, and documentation of information about the development of the incident and the status of resources. When activated for an incident or event, Planning or Planning/Intelligence is always found at the Section level. If the planning function is not activated, all planning functions will be the responsibility of the IC. The PSC oversees incident-related data gathering and analysis regarding incident operations and assigned resources, facilitates incident action planning meetings and prepares the Incident Action Plan (IAP) for each operational period. Within the Planning Section, four primary units fulfill functional requirements within Health Plan: • Situation Unit: Responsible for collecting, processing, and organizing ongoing situation information; prepare Situation summaries. • Member Tracking Unit: Responsible for collecting, processing, and organizing ongoing information regarding the number of Members affected by the incident; prepare Affected Member summaries. • Provider Tracking Unit: Responsible for collecting, processing, and organizing ongoing information regarding the number of Network Providers, Subcontractors, and

	Downstream Subcontractors affected by the incident; prepare Affected Network Provider, Subcontractor, and Downstream Subcontractor summaries. • Documentation Unit: Responsible for maintaining accurate and complete incident files, including a record of the response and recovery actions; file, maintain, and store incident documents for legal, analytical, reimbursement, and historical purposes. ***Departments typically falling within this section are Clinical Analytics, Compliance, Corporate Analytics, and Provider Services. ****
Logistics Section Chief (LSC)	The Logistics Section is responsible to provide facilities, services, personnel, equipment, and materials in support of the emergency response. The requirement to provide on-site logistical support will vary based on the size and scope of the incident and the functions involved. This Section is typically "back-office" (i.e., supporting Operations Section response collaboratively with Finance/Admin Section). ***Departments typically falling within this section are Clinical Analytics, Service Delivery, and Tech Ops & Security. ****
Finance/Administration Section Chief (FSC)	Finance/Administration is responsible for all financial and cost analysis aspects of the incident, and for any administrative aspects not handled by the other functions. Within the Finance/Administration Section, four primary units fulfill functional requirements: • Compensation/Claims Unit: Responsible for financial concerns resulting from property damage, injuries, or fatalities at/from the incident. • Cost Unit: Responsible for tracking costs, analyzing cost data, making estimates, and recommending cost-saving measures. • Procurement Unit: Responsible for financial matters concerning vendor contracts. • Time Unit: Responsible for recording time for incident personnel (including staff that are on-duty as a result of the emergency) and hired equipment. The activation and use of the Finance/Administration function will depend on agency policy, type and size of incident. On small incidents, the IC may handle the functions. In some cases, where it is important to have a closely monitored assessment of costs, the IC may only activate the Cost Unit. In general, when there is a need it

	is best to activate an appropriate unit within the organization. Some jurisdictions may elect to centrally manage some or all-incident finance functions. For example, providing a cost analyst to each incident over a certain size. This section is typically "back-office" (i.e., supporting Operations Section response collaboratively with Logistics Section). ***Departments typically falling within this section are Accounting, FP&A, Fiscal Operations, HR Benefits & Compliance, HR Employee Relations, Legal, Payroll, and Procurement. ****

Health Plan staff will report to their immediate supervisors or Managers as is customary during an emergency for accountability and direction.

Managers will report to their Department Directors. They in turn will report to their respective IMT Branch Directors in the IMT General Staff (i.e., Ops, Planning, Logistics, & Finance/Admin).

The following Departments may be assigned the following tasks/activities by the IC during an emergency response depending upon the type and scope of emergency:

Department	**Task**
Compliance	Regulatory Reporting (e.g., DHCS Notification & DMHC Response Memos)
Clinical Analytics	Run ad hoc member report for impacted area(s)
Customer Service	Address member inquiries and provide information.
Health Education	**FOCUS** (Member) Newsletter
Human Resources	Information for employees (All Staff email) Compliance Tracking for State
Information Technology	Ensure that IT and communication systems and platforms are secure and functioning properly. Perform IT Disaster Recovery as required.
Marketing/Creative	**Scope of Work** **Marketing** • Public Website- www.hpsj-mvhp.org • Social media: reaches 5-7k followers, general public, undefined. • Mail/Fulfillment: direct mail to member and any other desired recipient (provider, other) • Communications- Content development • Communications- Media Content (if designated) **Non-marketing** • PIO role • Calls/call center

	• Data / analytics • State notifications/compliance • Provider communications (alerts) • DRE (provider portal) • Internal comms • Commission notification/comms • Physical locations (walk in) **GENERAL AND ONGOING** Member Facing - General ongoing awareness as part of regularly scheduled communications and engagement with members based on general needs/seasons. **ACTIVE MONITORING** Marketing will be contacted/consulted in the event that active monitoring is resulting in likeliness of incident so staff can be prepared to support. • Website • Social media • Mailing/Fulfillment **ACTIVE INCIDENT** Marketing will be contacted/consulted if active monitoring shows an increased likelihood of an occurring incident so staff can be prepared to support. • A tool kit of media, templates, probable response will be developed and maintained for rapid deployment in the event of activation. • Marketing will identify a third party or reliable website manager to take over if dedicated staff are unable to access/manage the public site (emergency, or otherwise) • Marketing will provide a protocol/process in which to reach the appropriate staff to initiate a comms tactic (web, social, mailings)
Medical Management CM/UM	Calls to High-Risk Members by: • Care Managers • Health Education • Health Navigators • Social Work • Transition of Care

Provider Services	Data (Real Time) from Provider Services; Provider Alerts, Communications to/from Network Providers

EPRP/BCP/IMT Activation

EPRP/BCP, and IMT activation can be triggered by various events, including significant system outages, widespread service disruptions, major security breaches, critical infrastructure failures, large-scale customer complaints, potential data loss, escalating incidents beyond local response capabilities, high-impact events with potential for negative public perception, and situations requiring complex coordination across multiple teams or departments.

Typical key triggers for IMT activation:

- Health Plan's Service Area(s) declares a state of emergency, state of war emergency, or a disaster declaration.
- Health Plan's site or multiple sites experiences an incident with adverse impacts to staff, property, and operations (e.g., site fire, IT system attacks/failures, utility disruptions, active threat incident).
- Health Plan receives warning of an impending threat to the organization, to one or more of its sites, and/or to one or more Service Area(s) in which Health Plan operates in that requires active monitoring and preparations (e.g., flood watch/warning, PSPS, storm watch/warning, wildfire warning, etc.).

Decision-making Process for IMT Activation

- **Initial assessment**: Evaluate the incident and determine if it exceeds the capabilities of Health Plan to manage using "day-to-day business as usual" operations and resources.

When considering activation key factors include the severity and complexity of the incident, potential impact on life and property, jurisdictional boundaries, available resources, the need for specialized expertise, and political sensitivity, all with the aim of ensuring a coordinated and effective response to the situation.

Incident scale and complexity • Number of people affected • Geographic area impacted • Multiple agencies or jurisdictions involved • Potential for long-term response needed	**Threat to life and property** • Severity of injuries or fatalities • Significant property damage • Potential for further escalation
Member impact • Major service degradation impacting Member experience	**Political sensitivity** • Public attention or media interest

• High volume of Member complaints	• Public relations crisis potential • High-profile individuals or locations involved
Resource requirements • Need for specialized skills or equipment • Availability of local resources to manage the incident • Potential need to request outside assistance	**Communication and coordination needs** • Effective communication channels with stakeholders • Joint information system for public updates
Situational awareness • Accurate incident assessment • Ongoing monitoring of situation development	

- **Consult with designated officials**: Seek input from Executive Leadership and relevant stakeholders.
- **Activate the IMT**: If necessary, formally initiate the IMT response by notifying team members and establishing command.
  - When the IMT is activated, designated IMT members are dedicated to supporting the IMT until demobilized by the IC.

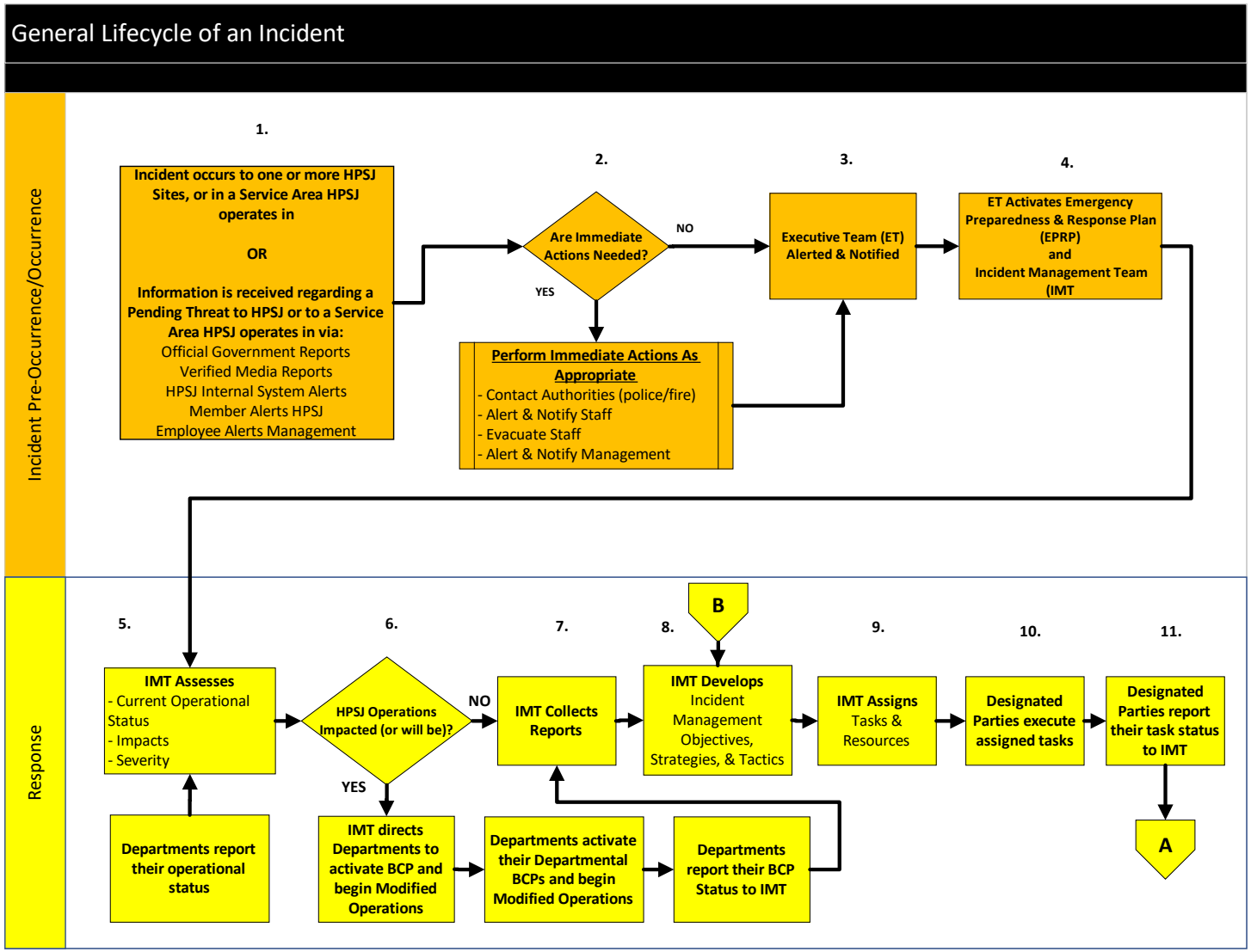
Activation Levels

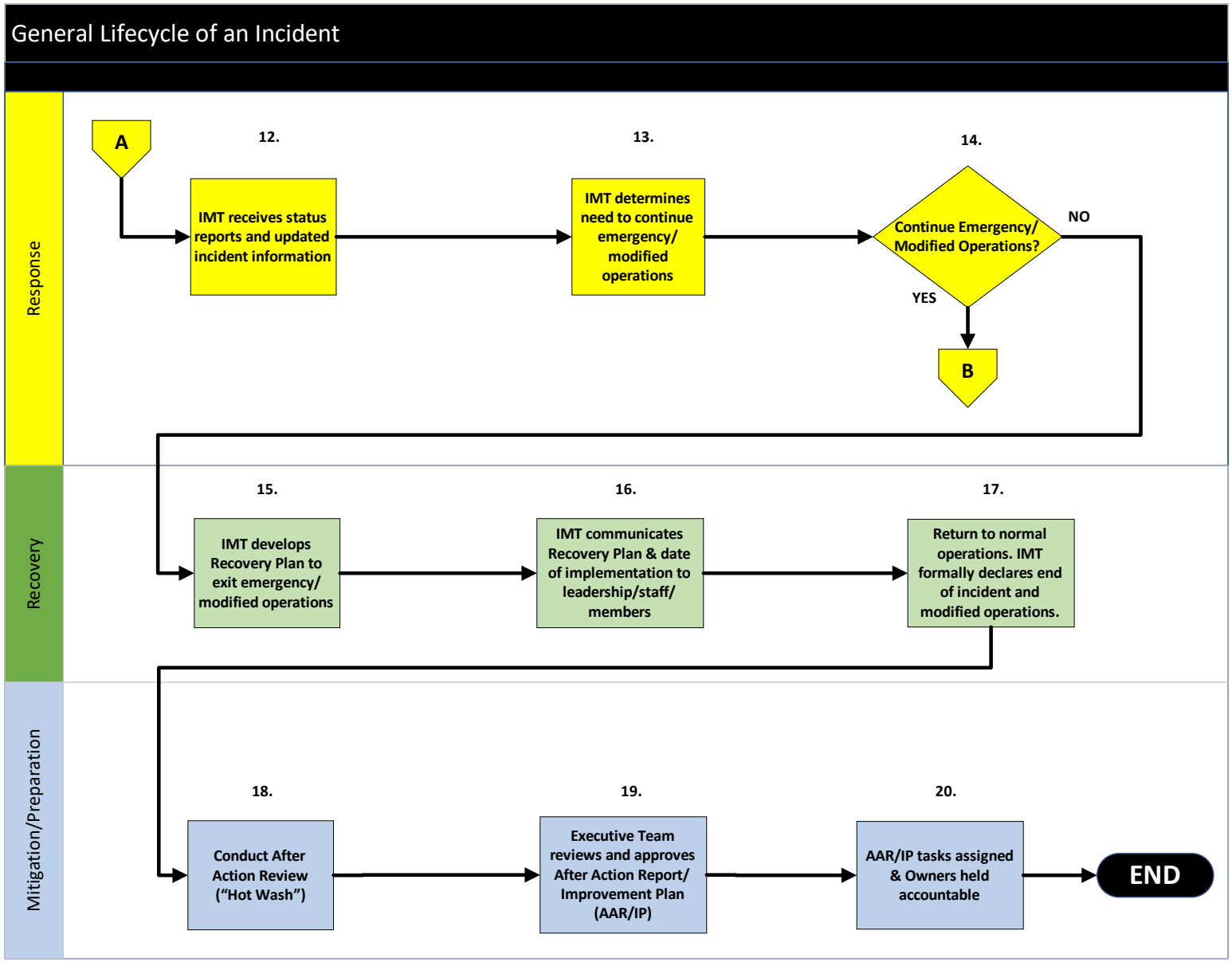
Level	Definition
Full	Full activation occurs when a situation threatens life, health, or property at Health Plan on a large scale and control of the incident will require multiple agencies and multiple Health Plan departments working together. Activation to this level would include any event or incident that has the potential to, or does, seriously impair or halt normal Health Plan operations.
Partial	Partial activation includes incidents that significantly impact one or more Health Plan Departments, are complex, or require interaction with outside response organizations, and/or require a longer or more intense response than the affected units can effectively manage.

Enhanced Monitoring	Enhance Monitoring Increases monitoring to an enhanced level for actual or potential situations that exist, may develop, or are currently developing but have not yet required action. In some cases, enhanced monitoring simply includes increasing surveillance of a particular Service Area, event, or situation to ensure the safety and well-being of staff and members in the area.
Normal	Normal day-to-day operations.

General Lifecycle of an Incident (Flowchart)

Most incidents may be managed using the flowchart below. The box numbers are explained in the Legend that follows the flowchart.




General Lifecycle of an Incident
Response
A
12.
IMT receives status reports and updated incident information
13.
IMT determines need to continue emergency/ modified operations
14.
Continue Emergency/ Modified Operations?
NO
YES
B
Recovery
15.
IMT develops Recovery Plan to exit emergency/ modified operations
16.
IMT communicates Recovery Plan & date of implementation to leadership/staff/ members
17.
Return to normal operations. IMT formally declares end of incident and modified operations.
Mitigation/Preparation
18.
Conduct After Action Review ("Hot Wash")
19.
Executive Team reviews and approves After Action Report/ Improvement Plan (AAR/IP)
20.
AAR/IP tasks assigned & Owners held accountable
END

General Lifecycle of an Incident (Legend)

1. **Pre-Incident Occurrence or Incident Occurrence Health Plan can be impacted by a threat or receive news of an impending threat:**
    a. An incident occurs in one or more Health Plan sites or in a Service Area that Health Plan operates in, impacting (or threatens to impact) the safety of Health Plan staff and its members, and/or Health Plan's ability to provide services to its members

OR

    b. There is forewarning of an impending threat that in all likelihood will occur in one or more Health Plan sites or in a Service Area that Health Plan operates in, impacting (or threatens to impact) the safety of Health Plan staff and its members, and/or Health Plan's ability to provide services to its members. Such information may be transmitted by official government reports, verified media reports, Health Plan's Internal System Alerts (e.g., fire, security/active threat, environmental monitoring), Health Plan's member reports and/or Health Plan's employee reports to Health Plan's Management Team. For details, refer to External Notifications in Section 18 - *Information Collection, Analysis, And Dissemination* of this document.

2. **Are Immediate Actions Needed? Perform Immediate Actions as Appropriate**
    If the impending incident or occurring incident presents an immediate threat to life or safety of Health Plan staff or members, immediate actions such as contacting the local emergency authorities, alerting and notifying staff, taking action (such as building evacuation), and notifying Health Plan Management are to be taken. For details, refer to Health Plan's Emergency Action Plan (EAP).

3. **Executive Team (ET) is Alerted & Notified**
    The ET is alerted and notified of the impending threat or incident occurrence from the Management Team (e.g., Supervisors, Managers, Directors) reports or official government reports, verified media reports, Health Plan's Internal System Alerts (e.g., fire, security/active threat, environmental monitoring), Health Plan's member reports and/or Health Plan's employee reports to Health Plan's Management Team.

4. **ET Activates Emergency Preparedness & Response Plan (EPRP) and Incident Management Team (IMT)**
    The ET activates the EPRP. Actions may include notifying Health Plan staff of the activation to address the impending threat or occurred incident, designating the IC to manage the incident, and directing the subsequent activation of the IMT. The IC subsequently designates the Command Staff (LNO, PIO, SO) and the General Staff Chiefs (Operations, Planning, Logistics, and Finance/Administration) as needed.

Designated Leadership/Management personnel from the following departments will be alerted, notified, and activated (when deemed necessary by the IC) per SEMS to serve in the IMT:

- Operations Section: Case Management, Clinical Analysis, CMME, Compliance, Corporate Analytics, Customer Service, Facilities, Health Education, IT, Pharmacy, Provider Branch (Contracting, Relations, & Services), and Utilization Management
- Planning Section: Clinical Analytics, Compliance, Corporate Analytics, and Provider Services.
- Logistics Section: Clinical Analytics, Service Delivery, and Tech Ops & Security.
- Finance/Administration Section: Accounting, FP&A, Fiscal Operations, HR Benefits & Compliance, HR Employee Relations, Legal, Payroll, and Procurement*

5. **IMT Assesses Current Operational Status, Impacts, and Severity**
   Once activated and incident management roles are assigned, the IMT assesses and determines the presence and number of injuries to Health Plan staff, members, and visitors; Health Plan's operational status (Health Plan departments should be reporting their status after being notified of the EPRP's activation), and impacts to Health Plan staff, sites, and systems and their severities.

6. **Health Plan operations impacted (or will be)?**
   The IMT assesses if Health Plan operations are impacted (or will be) in order to determine the activation of Health Plan BCP. The options are:
   a. If operations are or will be significantly impacted, the IMT directs the organization to activate their BCP's. The departments will activate their plans, enter Modified Operations, and report their BCP status to the IMT.

OR

   b. If operations are not or will not be significantly impacted the organization continues normal operations and the IMT focuses its efforts to resolving the incident. Proceed to Step 7.

7. **IMT collects reports**
   The IMT continues to collect all information and reports pertaining to the incident.

8. **IMT develops Incident Management Objectives, Strategies, & Tactics**
   Incident objectives, strategies, and tactics are three fundamental pieces of a successful incident response. Incident objectives state what will be accomplished. Strategies establish

the general plan or direction for accomplishing the incident objectives. Tactics specify how the strategies will be executed.

9. **IMT assigns tasks and resources**
   IMT assigns tasks and resources to appropriate department personnel to execute strategies and tactics to meet the incident objectives.
   *Note: This includes, during a State of Emergency, the assignment and execution of Daily Emergency Reporting to DHCS. **

10. **Designated Parties execute assigned tasks**
    The designated department personnel ("Designated Parties") execute their assigned tasks to meet the incident objectives.

11. **Designated Parties report their task status to IMT**
    The designated department personnel ("Designated Parties") report the status of their assigned tasks (e.g., completed, not completed, challenges experienced, etc.).

12. **IMT receives status reports and updated incident information**
    The IMT receives status reports and updated information from internal and external sources, recording and analyzing them.

13. **IMT determines the need to continue emergency/modified operations**
    IMT evaluates the situation and determines the need to continue emergency/modified operations.

14. **Continue Emergency/Modified Operations?**
    The options are:
    a. If emergency/modified operations are still required, the IMT develops incident management objectives, strategies, & tactics for the next operational period (proceed to Step 8 listed above).

OR

    b. If emergency/modified operations are not required, then proceed to Step 15.

15. **IMT develops Recovery Plan to exit emergency/ modified operations**

16. **IMT communicates Recovery Plan & date of implementation to leadership/staff/members**

17. **Return to normal operations, IMT formally declares end of incident and modified operations**

18. **Conduct After Action Review ("Hot Wash")**

An after-action review (AAR) is a structured discussion and analysis of an event or project to identify lessons learned and areas for improvement. It focuses on how and why things occurred during the incident response. It compares intended results with what was accomplished. The findings and deliverables are documented in an After-Action Report/Improvement Plan (AAR/IP) that is subsequently submitted to the Executive Team and, as applicable, other parties (e.g., Disaster Recovery Team).

19. **ET reviews and approves the AAR/IP**

Note: In the event of an exercise/drill, the AAR/IP (aka DHCS' Emergency Drill Report) must be submitted ***"… to DHCS within 30 calendar days of each training drill which identifies drill activities, provides a summary of outcomes, and creates a plan to address any vulnerabilities found." ****

20. **AAR/IP tasks assigned & Owners held accountable**

AAR/IP tasks assigned & designated task corrective action owners are held accountable for their completion. Applicable Lessons Learned are disseminated throughout the organization.

8. COMMUNICATIONS

Communication is critical during an emergency. The IC will direct the communications at the earliest opportunity when appropriate. ***This plan supports the provision of accurate, timely and coordinated information to the members, staff, the public, external stakeholders (i.e., Network Providers, Subcontractors, Downstream Subcontractors, DHCS) and other essential person and entities during times of potential and actual incidents in and/or near Health Plan facilities and pertinent Service Areas*.*** The plan also describes the system and process in place allowing Health Plan "… ***to provide and receive information from Network Providers, Subcontractors, Downstream Subcontractors during an emergency.**** The Communications Plan outlines the roles and responsibilities, protocols, and modalities that should guide the organization in promptly sharing information.

Communication Modalities & Descriptions

Health Plan will utilize all modes of communication as necessary and available during an emergency.

The following communication modalities available for use to communicate with staff[1], members[2], and relevant authorities[3] (such as federal, state, regional, and local emergency agencies) include:

- Preparis Alerting Module (Internal Mass Notification System)[1]
    - An online application that can send real-time and/or pre-programmed SMS/MMS/RCS texts, emails, and automated calls to Health Plan personnel via their work and personal devices of record. ***Recipient responses to messages can be enabled in the system for accountability and acknowledgment of message receipt. ****
    - The Manager, Emergency Management is responsible for maintaining the automated alert and notification system and testing it at least annually.
- Cascade Call Trees (Departmental level)[1]
    - A cascade call tree is also known as a phone tree, call list, phone chain or text chain. Call trees play an important role in disaster response plans. A call tree is a notification model, procedure or chain that shows how people will be contacted in case of an emergency or unusual incident as well as who will contact them. The call tree is distributed to all involved parties and stored in a location where it can be viewed or accessed by them.
    - Department Directors and Managers are responsible for developing and maintaining current cascade calling lists for their assigned personnel. Department Directors and Managers will maintain and update their list every six months and test the system twice a year. All tests should be coordinated with the Manager, Emergency Management and documented for any corrective actions.

- Facsimile (Fax) Machines[1,2,3]
    - Fax machines have been in use since the mid-1960s and are still in use today. Government agencies sometimes still use fax machines for emergency response because they are perceived as a more secure communication method compared to email, offering a reliable way to transmit sensitive information quickly, even in areas with limited internet access, and often considered legally valid for official documents like court orders or critical notices, especially when immediate action is required.
        - Health Plan has one fax machine in French Camp available for outbound fax transmissions ONLY.
- Government Emergency Telecommunications Service (GETS) / Wireless Priority Service (WPS)[1,3]
    - The purpose of GETS is to provide domestic voice and voice-band data communications services to include international calling through Public Switch Network and international gateway switches. GETS is intended to be used in an emergency or crisis during which the probability of completing a telephone call over normal or alternate telecommunications means has been significantly decreased.
    - GETS Cards are provided by the National Communications System (NCS), which supports the Federal, State, and Local Government and Industry personnel in performing their National Security and Emergency Preparedness (NS/EP) missions. GETS Cards are intended to be used in an emergency when normal telecommunications are not available.
        - The Executive Leadership Team has been provided with GETS cards for emergency use.
- Health Plan External-facing Website (HPSJ.com)[2]
    - Health Plan utilizes an external-facing website in its day-to-day operations to provide information to its Members, Network Providers, and the general public. During emergencies, the Health Plan may use this modality to disseminate incident-related information.
        - Member Area: www.hpsj.com/members/
        - Provider Area: www.hpsj.com/providers/
- Health Plan-furnished Cellular Telephones[1,2,3]
    - Health Plan provides cellular phones to its leadership/management personnel for day-to-day operations. These may be used during emergencies to send notifications during an incident (typically via the Preparis Alerting Module) and to coordinate response activities.
- Health Plan Internal Active Threat Notification System (TBD)[1,3]

- Health Plan sites are outfitted with an Internal Active Threat Notification System. The system, consisting of alarm buttons at every site exit that, when pressed by escaping employees, triggers silent blue strobes throughout the site alerting employees of an Active Threat situation. The system is also connected to 24/7 monitoring dispatch centers enabling the rapid summoning of law enforcement assistance.

- Health Plan Internal Fire Detection System[1,3]
  - Health Plan sites are surveilled by fire detection systems that are connected to 24/7 monitoring dispatch centers enabling the rapid summoning of fire departments.
- Health Plan Internal Intrusion System/Panic Button System[3]
  - Health Plan sites have Internal Intrusion System/Panic Buttons at each front desk that are connected to 24/7 monitoring dispatch centers enabling the rapid summoning of law enforcement assistance.
- Online collaboration application: Microsoft Teams[1,3]
  - Microsoft Teams' instant messaging, voice and video calling, broadcast message, Live Events, centralized communication, task management, document collaboration, and integrations features can be used for crisis management and emergency communication.
- Online email application: Microsoft Outlook[1,2,3]
  - Microsoft Outlook can be leveraged as an effective tool for emergency communication and crisis management. It can be used to (1) send urgent alerts and updates to large groups of affected individuals within Health Plan through mass email broadcasts, (2) share essential documents like evacuation plans, resource lists, and situation reports within a shared inbox for easy access, (3) schedule and manage virtual meetings to facilitate quick decision-making and updates among response teams located in different areas, and (4) Attach and share draft response plans within email threads to gather feedback and finalize strategies quickly.
- Online cloud-based incident management application: WebEOC (San Joaquin County)[3]
  - San Joaquin County utilizes WebEOC— a web-enabled emergency management information system —as a tool for resource ordering by, and information sharing with, other agencies and responders within the San Joaquin Operational Area (OA) and the State. This provides San Joaquin County the ability to have a common operating picture, situational awareness, and information coordination throughout the jurisdiction during an emergency.
  - The system is primarily managed by staff at the SJC Emergency Medical Services Agency. WebEOC has been rolled out to all County fire districts, all ESF-8, Public Health and Medical entities, some ESF-6 agencies, and the City EOC's. In addition, OES and incident management teams are fully integrated into WebEOC. County

resources are coordinated through the Resource Request and Deployment Module (RRDM) within WebEOC as well. Health Plan's Emergency Management Manager has access to WebEOC.

- Personal Cellular Telephones[1,3]
  - Personal cellular phones may be used to send messages to personnel (typically via the Preparis Alerting Module) that do not possess Health Plan-furnished cellular phones.
- Runners[1,3]
  - Personnel may be deployed in Health Plan vehicles with messages.
- Social Media[1,2,3]
  - Health Plan maintains social media sites to share emergency information, Network Provider closures and other emergency related information to our members and stakeholders. Social media allows our members to know and understand emergencies and disasters that could directly affect their health care appointments.
    - Information will also be provided through Health Plan's Facebook (hpsj.mvhp), Instagram (hpsj.mvhp), LinkedIn (Health Plan of San Joaquin/Mountain Valley Health Plan), and X (HPofSanJoaquin) account posts and updates (managed by CMME).
- Text Messaging[1,3]
  - Text messages may be used to alert and notify Health Plan staff of incidents and the organization's response activities. During emergencies, Health Plan may use this modality to disseminate incident-related information. Text messages are 160 characters or less to stand consistent with Federal guidance from the FCC (Wireless Messaging Service Declaratory Rulings). Any text messages require prior approval from Health Plan Leadership and DHCS (via use of the Texting Program & Campaign Submission Form and the DHCS MCOD Contract Oversight Branch – Submission Review Form).
- Two-Way Radios (French Camp)[1]
  - The French Camp site has battery-operated Midland T51VP3 X-Talker two-way radios (located within the Facilities office) available for emergency use.
- Virtual Private Branch Exchange (PBX) System (e.g. Microsoft Teams Phone System)[1,2,3]
  - Private Branch Exchanges (PBXs) are phone systems—private telephone networks—used in companies and organizations. They offer key capabilities and features for a business to operate. These often include auto-attendant, contact center integration, voicemail, call queues, conferencing, and routing. The Microsoft Teams Phone System enables call control and PBX capabilities in the cloud with Microsoft Teams. With Phone System, users can choose Microsoft Teams to place and receive calls, transfer calls, and mute or unmute calls. Phone System users can click a name in their address book, and place Teams calls to that person. To place and receive calls, Phone System users

can use their mobile devices, a headset with a laptop or PC, or one of many IP phones that work with Teams. Calls between users in Health Plan are handled internally within Phone System, and never go to the Public Switched Telephone Network (PSTN). This applies to calls between users in Health Plan located in different geographical areas.

Alerting And Notification

Emergency Contact Information*

Emergency contact information, telephone numbers and other contact information is kept as described:

- **Emergency Responders/Government Entities/Local and County Emergency Preparedness Programs**: Facilities/Emergency Management maintains this list in SharePoint, and is attached to this Emergency Preparedness and Response Plan as Appendix B.
- **Emergency Contact List: Vendors (San Joaquin County WebEOC):** San Joaquin County maintains a list of their emergency contacts in their online incident management & communications application WebEOC. Facilities/Emergency Management maintains a copy of this list in SharePoint, and is attached to this Emergency Preparedness and Response Plan as Appendix C.
- **Vendors**: Facilities/Emergency Management maintains a listing in SharePoint, is accessible via the online BCP application, and is attached to this Emergency Preparedness and Response Plan as Appendix D.
- **Network Providers, Subcontractors, Downstream Subcontractors**: Corporate Analytics, along with Provider Services maintains a database containing the contact information of Network Providers, Subcontractors, Downstream Subcontractors.
- **Health Plan Staff (Organization-wide)**: Human Resources Department maintains contact information of all Health Plan staff.
- **Health Plan Staff (Department-level)**: Health Plan Management maintains contact information of staff in their respective department(s).

Internal Notifications

Mass notifications to Health Plan staff regarding emergencies will be disseminated to staff[1], members[2], and relevant authorities[3] (such as federal, state, regional, and local emergency agencies) based upon the type of threat faced, utilizing one, or more in combination, of the following modalities:

- The Preparis Alerting Module (Internal Mass Notification System triggering mass telephone calls, texts, and emails)[1]
- Cascade Call Trees (Departmental level)1

- Health Plan Internal Active Threat Notification System[1,3] [Active Threat/Shooter only]
- Health Plan Internal Fire Detection System[1,3] [Fire only]
- Virtual Private Branch Exchange (PBX) System (e.g. Microsoft Teams Phone)[1,2,3]
- Online email application: Microsoft Outlook[1,2,3]
- Health Plan-issued cellular phones[1,2,3]
- Personal cellular phones[1,3]
- Text Messaging[1,3]

External Notifications

Notifications will be made to the jurisdictions or agencies where the emergency or disaster is present. Depending on the type of incident, the IC may designate a Liaison Officer (LNO) to serve as the primary point of contact for external agencies assisting Health Plan during the incident. Upon the IC's direction, the LNO may notify and communicate with:

- Local Health Departments
- Local and State emergency management agencies
- Local fire and law enforcement agencies
- CDPH
- DHCS
- DMHC

Also depending upon the type and scope of incident, the IMT will prepare a situation status report for DHCS. After the initial situation status report, the IMT will provide updates daily to DHCS at a minimum, unless otherwise directed and when deemed necessary.

9. COMMUNICATIONS WITH NETWORK PROVIDERS, SUBCONTRACTORS, AND DOWNSTREAM SUBCONTRACTORS*

Network Providers, Subcontractors, and Downstream Subcontractors are to contact their assigned Provider Services representative(s) to notify Health Plan of any impacts to their operations because of the emergency and provide information during the emergency. For details, refer to Section 26.c – *Network Provider, Subcontractor, and Downstream Subcontractor Emergency Requirements*. In some cases, the IC may direct Provider Services to conduct outreach telephone calls to Network Providers, Subcontractors, and Downstream Subcontractors that are in/near the areas affected by the emergency/disaster.

Health Plan will provide information (via direct contact by Provider Services) to Network Providers, Subcontractors, and Downstream Subcontractors about what modifications need to be implemented during an emergency to ensure that Health Plan Members are able to access Covered Services, and how Health Plan can assist Network Providers, Subcontractors, and Downstream Subcontractors in those efforts. Information may also be provided via Health Plan's website in the provider area - www.hpsj-mvhp.org.

Network Providers, Subcontractors, and Downstream Subcontractors may contact Health Plan's Call Center with questions. For details, refer to Section 15 – *Call Center Operations*.

10. PUBLIC INFORMATION OFFICER (PIO)

Responsibilities

During any incident, Health Plan's IMT Public Information Officer (PIO), designated by the IC, serves as the primary spokesperson for Health Plan.

The PIO:

- Coordinates information sharing inside and outside the organization.
- Serves as a conduit for information to internal personnel and external stakeholders (e.g., members, media, other organizations/agencies).
- Establish a policy concerning what kinds of information staff can release without approval and what types of communications need approval
- Use leadership goals and the strategic communication plan to develop key messages
- Obtain IC or designated point of contact (POC) approval for media releases
- Inform the media, conduct media briefings, and prepare officials for public outreach engagements
- Arrange for tours and other interviews or briefings, and assist with town hall meetings
- Maintain current information summaries and displays on the incident or event
- Provide information on the status of the incident to assigned personnel
- Maintain an activity log using ICS Form 214 or designated electronic record system
- Manage media and public inquiries
- Manage public information products
- Coordinate emergency public information and warnings
- Monitor media reporting for accuracy
- Ensure that the IC or designated POC approves information before public release
- Complete all required forms, reports, and documents before demobilization
- Hold debriefing session with the IC or POC before demobilization

PIO Contact Lists

The PIO should review and update all contact lists (media, PIOs, other agencies) every six months. Lists include information such as telephone numbers (office and cell phone), e-mail addresses, social media identifiers, and web addresses.

PIO Go-Kits

The PIO should have tools and resources ready to use during an incident. This collection of tools is called a go-kit. A go-kit should include pre-established contracts/agreements with businesses or agencies that can assist with public information operations, such as:

- Translation, closed captioning, and sign language service providers
- Printing companies that can publish brochures, fact sheets, and other emergency documents
- Communication companies to install Wi-Fi service or landline telephones

A go-kit can also include:

- Office supplies such as pens, paper, stapler, and tape
- Laptop computer, tablet, smartphone, and portable printer with alternate power supply and accessories (for example, thumb drive, mouse, and printing paper)
- Maps
- Cell phone with relevant applications and alternate power supply
- Agency letterhead
- PIO and other emergency operations plans
- Battery-powered radio
- Pre-scripted messages and release templates

Communications Content

Messaging is crafted with appropriate information and disseminated accordingly for pre-, peri-, and post- emergency situations.

Pre-Emergency

- **Preparation Tips**: Information on how to prepare for emergencies and disasters.
- **Emergency Contacts**: Provide a list of community emergency contacts and resources.
- **Health Plan Coverage**: Information on what health services are covered during emergencies.

During Emergency

- **Real-Time Updates**: Information on the status of the situation and any immediate actions required.
- **Health Services Access**: Instructions on accessing urgent care, medical facilities, and telehealth services.

- **Safety Instructions**: Guidance on how to stay safe, including evacuation procedures and shelter locations.

Post-Emergency

- **Recovery Information**: Steps for recovery, including how to access mental health services and support.
- **Claims and Coverage**: Information on how to handle claims and coverage issues related to the emergency.

Messaging Prioritization/Triaging

- Health Plan messaging to its members during non-disasters ("blue sky days"), elevated periods of watchfulness, and times of emergent conditions all differ. With this in mind, the PIO in consultation with the IC and the Marketing & Creative Team will triage messaging to conform to the severity of the emergency and actual or expected impacts to Health Plan members.
- **RED** – lives lost, evacuations, tornadoes, pandemics (events that Health Plan has confirmed have affected or will affect its members)
- **YELLOW** – wildfires, winter storms, flood warnings, power outages, cyber-attacks, web issues (events that Health Plan is required to communicate in the best interest of its members;
- **BLUE** – general topics that Health Plan commits to communicating on an annual basis (e.g. seasonal topics such as summer heat safety; staying safe during Public Safety Power Shut-offs, etc.)
- CMME commits to communicating alerts and information for emergencies and disasters via:
- Web alert – banner at top of www.hpsj-mvhp.org home page (red alerts)
- Web slider – slider graphic for home page (yellow alerts)
- Social media – info for community and members (red, yellow and blue alerts)
- SharePoint slider – FYI for employees (red, yellow and blue alerts)
- *Important: Cyber-attack sliders to remain posted for 90 days

11. MEDIA RELEASES

The PIO will coordinate the drafting of messaging, when directed by Health Plan's IC to do so, ensuring that such messaging is also coordinated with the affected Operational Area's (i.e., Health Plan Service Area's) Joint Information Center (if activated).

Appendix E - *Public Information Emergency Communications Kit* contains a template for News Releases, Public Service Announcements, and Provider Alerts to be used for disseminating information to the public and Provider Network as needed.

Below illustrates several news outlets to be used when disseminating news releases and public service announcements during an emergency.

Outlet	Contact Point
Associated Press	Sacramento: **Contained in Internal Version EPRP** San Francisco: **Contained in Internal Version EPRP** info@ap.com **Either one but not both bureaus.** Only for emergencies or major news events. Good for print + broadcast news operations.
Central Valley TV (Modesto & southern San Joaquin County	carlos@centralvalleytv.net
KCRA-3 NBC: Sac, Stockton, Modesto	News Releases: 1-916-444-7316 FAX: 1-916-441-4050 newstips@kcra.com
ABC-10 Sacramento	www.abc10.com/contact-us News Hotline: 1-916-321-3300 Assignment Desk: 1-916-321-3300 desk@abc10.com
CBS 13 Sacramento	news@kovr.com Online file/News Tips, plus newsroom staff, https://sacramento.cbslocal.com/station/cbs13-cw31/
Fox 40 - Sacramento	Info + staff: https://fox40.com/contact/fox40-contact-information/ News Press Releases: News@FOX40.com
KGO-Radio (ABC)	News@kgoradio.com
KCBS-Radio 1040	kcbscomments@kcbs.com kcbsnewsdesk@kcbsradio.com
Telemundo 22 – Sacto send to sister newsroom, KCRA/NBC	Línea principal (Main Line): 1-916-567-3300 Pistas de noticias (News Track): 1-916-891-5323
Univision 19 KUVS Sac-Stockton-Modesto	1-916-927-1900 info@mcc.univision.com Univision Sacramento Website: www.univision.com/local/sacramento-kuvs Contact: **Contained in Internal Version EPRP**

	Phone: N/A Email: **Contained in Internal Version EPRP** Location: Sacramento

12. PUBLIC, MEMBER AND FAMILY COMMUNICATION

General notification to the public will be provided through media releases by the PIO, and information forwarded to the jurisdiction's Joint Information Center (JIC) if activated. Phone inquiries will only be provided with general information or scripted statements developed by the PIO and approved by the IC.

Members will be supplied with the same information as released to the public. However, members will be notified of any cancelled appointments or disruption of service because of the incident. Appointments will be rescheduled when services are cancelled to support the incident. Health Plan departments will activate internal contingency plans to supplement phone notifications.

- Additional personnel support will be provided (when requested and available) via the IMT.*
- IT will provide communication support when requested (and available) via the IMT.

13. RELEASE OF INFORMATION DURING EMERGENCIES & DISASTERS

The Health Insurance Portability and Accountability Act (HIPAA), California Consumer Privacy Act (CCPA), Confidentiality of Medical Information Act (CMIA), and Health Plan internal policies and procedures will govern the release of Member information to third parties (i.e., other health care organizations, state health department, and law enforcement). Further information regarding the release of information as it pertains to HIPAA is available in this document as Appendix F. Questions concerning specific HIPAA and/or Privacy requirements and procedures are to be referred to Health Plan's Chief Legal Officer.

14. MEDIA ACCESS

All requests for interviews and media inquiries must be promptly forwarded to Health Plan's PIO. The PIO shall determine the degree of onsite access available to news media representatives. News media will not be allowed into secure Health Plan operations areas without the approval of the Chief Executive Officer.

The pre-established media information center is at the French Camp Site. The PIO will determine the room based on the scope and size of the event and media needs. If this room is not available, an alternate location will be designated by the IC.

- This location will be utilized for news conferences and as a waiting area for reporters. Events located in facilities geographically separated from Health Plan sites will be managed in Health Plan Center.
- Health Plan's PIO is responsible for monitoring the information flow and media activity.

15. CALL CENTER OPERATIONS*

Health Plan has call center personnel at its three sites (i.e., French Camp, Modesto, and Placerville) as well as personnel working remotely throughout the state during day-to-day operations that are able to answer questions from Members, Network Providers, Subcontractors, and Downstream Subcontractors. These personnel will be utilized during emergencies for the same purpose.

16. COOPERATION WITH LOCAL (CITY) AND COUNTY EMERGENCY PREPAREDNESS/RESPONSE PROGRAMS*

Health Plan cooperates with the local and county emergency preparedness/response programs within its Service Areas (i.e., Alpine County, El Dorado County and City of Placerville, San Joaquin County, Stanislaus County and City of Modesto) to ensure the coordinated provision of health care services during emergencies.

17. COORDINATION WITH FIRST RESPONDERS

If an incident is within the authorities of the responder community (police, fire, etc.), command will be transferred upon the arrival of qualified responders. At the discretion of the new IC (e.g., Law, Fire), Health Plan's IC (or their designated representative) may be integrated into the incident response as a component of Unified Command.

18. INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

Accurate and relevant information is key to incident response. Health Plan will maintain contact and participate in information sharing with local fire departments, law enforcement agencies, health departments, EMS agencies, and other relevant partners. Useful sources of information include social media, mainstream media, and weather reports. Relevant information will also be shared internally and externally as determined by the IC.

External Sources of Information

Health Plan may receive information via the following systems as described below:

Government Sources

Local, State and Federal Emergency Agencies and Jurisdictions maintain websites and social media sites where they post official bulletins containing emergency information and updates.

- Alpine County
    - Alpine County News Flash: www.alpinecountyca.gov/CivicAlerts.aspx
    - Alpine County Road Department Current Road Conditions: www.alpinecountyca.gov/176/Road-Department.

- El Dorado County Office of Emergency Services
  - El Dorado County Perimeter Map: perimetermap.com/
  - El Dorado County Fire Updates & Maps: www.eldoradocounty.ca.gov/Public-Safety-Justice/Wildfire-Disaster/Fire-Updates-Maps
- San Joaquin County Office of Emergency Services (SJC OES)
  - Proclamation of Existence of a Local Emergency: https://sjready.org/
  - Current Conditions, Shelter, & Recovery Information: www.sjgov.org/department/oes/current-conditions
  - San Joaquin County Perimeter Map: https://perimetermap.com
  - San Joaquin social media (@sjgov on X): https://x.com/sjgov
  - San Joaquin County social media (Facebook): www.facebook.com/sjgov
- Stanislaus County Office of Emergency Services (SC OES)
  - Stanislaus County Community Dashboard: https://stancounty-gis.maps.arcgis.com/apps/dashboards/eb89292a9b4e4314a9e2f63a33507699
  - Cooling Locations: www.stanoes.com/divisions/office-of-emergency-services
  - Warming Locations: https://www.stanoes.com/divisions/office-of-emergency-services
  - Sandbags, Flooded Streets, & Broken Tree Limb Information: www.stanoes.com/divisions/office-of-emergency-services
  - Stanislaus County Social Media Directory: www.stancounty.com/social.shtm
- California Office of Emergency Services (Cal OES)
  - Active Incidents: www.caloes.ca.gov/cal-oes/active-incidents/
  - California Preparedness Platform: https://calprep-calema.hub.arcgis.com/
- California Department of Forestry and Fire Protection (CalFire)
  - Active Incidents: www.fire.ca.gov
- California Health Alert Network (CAHAN)
  The California Health Alert Network (CAHAN) is the official public health alerting and notification program for California, CAHAN is designed for emergency preparedness information sharing, distribution of pertinent public health related events and alerting materials, dissemination of treatment and prevention guidelines, coordinated disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. The priority health communication distribution through the health communication system is ranked into four different levels using the below levels of communications based on the noted definitions.
  - Alert: Conveys the highest level of importance; warrants immediate action or attention.

- Advisory: Provides important information for a specific incident or situation; may not require immediate action.
- Update: Provides updated information regarding an incident or situation; unlikely to require immediate action along with general information that is not considered to be of an emergent nature.

Enrollment is limited to administration and select staff with emergency preparedness roles in State Agencies, Local Health Jurisdictions and California Department of Public Health (CDPH) licensed Health Care Facilities. ***Health Plan's Emergency Management Manager, Medical Directors, and Grievance and Appeals personnel are enrolled to receive CAHAN messaging.****

- The California State Warning Center (CSWC)
  The CSWC is the official State Warning Point. The CSWC is staffed 24 hours a day, seven days a week watching over California to identify potential and emerging threats, provide alert notification to all levels of government (i.e., federal, state and local government agencies) as well as critical situational awareness during an emergency or disaster. The mission of the CSWC is to be a central intelligence hub for statewide emergency communications and notifications. Serving as a highly reliable and accurate "one-stop" resource for emergency management, law enforcement, fire, and key decision-making personnel throughout the state. Non-state entities will not receive warnings directly from the CSWC, receiving them instead from other avenues locally (e.g., County Emergency Management, County Public Health, etc.).
- Federal: Emergency Alert System (EAS)
  The EAS provides a means of distributing emergency information and warnings quickly to radio stations, television stations, cable entities and certain satellite distribution entities and to be relayed to the public. An EAS warning may be for a few blocks or widespread - large parts of a city, sections of specified areas (such as a county or parts of adjoining counties) or a part or entire region; or several states or the entire nation.

  In California, the EAS can be used for warnings of an immediate emergency, such as:
  - Severe storms, tornadoes, hurricanes, flash floods and landslides can lead to devastating floods. Icing and snows are a hazard under certain conditions in some areas of the State.
  - Chemical and hazardous material spills and chemical releases that can create both immediate and long-term health hazards.
  - Dam failure, whether natural or manmade causes, can result in extensive damage and potential loss of life in areas that would be affected by the sudden surges of water and debris.
  - Large scale transportation accidents can occur from a variety of causes, such as dust storms, dense fog, heavy rain or volcanic ash.

- Offshore seismic activity in the Pacific basin can result in tsunamis that can affect coastal communities. Earthquakes are natural hazards due to the proximity of geologic faults to major urban centers. However, no effective and dependable warning system yet exists for earthquakes.
- Fires can be threats to wooded areas and adjacent communities. Hot dry winds and low humidity conditions can push wild land blazes into urban areas.
- Volcanic eruptions can present a disaster of epic proportions, depending on timing and magnitude. Certain mountains in the state are classed as active volcanoes by geologists.
- Nuclear accidents or incidents can occur, in or out of the state, from fixed nuclear power plant sites, military installations, transportation systems, military aircraft crashes, or terrorist activity.
- Unusual incidents can arise out of terrorism, urban unrest, or other mass actions.
- Nuclear or conventional war, armed aggression are potential threats. Numerous military bases and key economic and industrial centers in California could be targets for attack.
- Child abduction notifications are added as part of California's AMBER Alert Program.
- National Primary, State Primary and Local Primary Stations

- Sacramento-Sierra - KFBK 1530 / KSTE 650 / KGBY
- Central Zone counties of Alpine*, Amador, El Dorado*, Nevada*, Placer*, Sacramento, & Yolo - KEDR 88.1
  - (Except portions east of the Sierra Crest: Alpine, El Dorado, Placer, Nevada, Plumas, Sierra which are part of the Western Nevada-Eastern California Operational Area EAS Plan served out of Reno.)
    - San Joaquin Valley - KMJ 580 Fresno
    - Stanislaus-Tuolumne Counties - KOSO 93.7 Modesto, KTRB 860 (Spanish)

- Federal: NOAA Weather Radio All Hazards (NWR)
  NWR is a nationwide network of radio stations broadcasting continuous weather information directly from the nearest National Weather Service (NWS) office. NWR broadcasts official NWS warnings, watches, forecasts, and other hazard information 24 hours a day, 7 days a week. Working with the Federal Communication Commission's (FCC) EAS, NWR is an "All Hazards" radio network, making it a single source for comprehensive weather and emergency information. In conjunction with Federal, State, and Local Emergency Managers and other public officials, NWR also broadcasts warning and post-event information for all types of hazards – including natural (such as earthquakes or avalanches), environmental (such as chemical releases or oil spills), and public safety (such as AMBER alerts or 911 telephone outages). NWR includes 1025 transmitters, covering all 50 states, adjacent coastal waters, Puerto Rico, the U.S. Virgin Islands, and

the U.S. Pacific Territories. NWR requires a special radio receiver or scanner capable of picking up the signal. Broadcasts are found in the VHF public service band at these seven frequencies (MHz):

County	SAME#	NWR Transmitter	Call Sign	Frequency
Alpine	006003	Reno	WXK58	162.550
El Dorado	006017	Reno	WXK58	162.550
El Dorado	006017	Reno	WXK58	162.550
San Joaquin	006077	Sacramento	KEC57	162.550
Stanislaus	006099	Sacramento	KEC57	162.550

- NWR Federal Information Processing Series (FIPS)* Codes for California Counties
  *A FIPS code is a standardized numeric or alphabetic code used by the Census Bureau to identify geographic entities through all government agencies. It is used to program NWR radios to receive area-specific information.
  - ALPINE - 06003
  - EL DORADO - 06017
  - SAN JOAQUIN - 06077
  - STANISLAUS - 06099

Media Sources

Media entities also provide public information and warning to the communities they serve during emergencies, supporting emergency responders when requested (selected television stations, radio stations, and newspaper companies are shown).

- ABC-10 Sacramento: www.abc10.com/section/modesto
- CBS-13 Sacramento: www.cbsnews.com/sacramento/
- Fox-40 Sacramento: https://fox40.com/new/local-news/
- Telemundo-33 Sacramento: www.telemundo33.com/
- KCRA-3: www.kcra.com/local-news
- KUVS-19 Univision Sacramento: https://www.univision.com/local/sacramento-kuvs
- CBS News Sacramento: https://www.cbsnews.com/sacramento/tag/french-camp/
- Modesto Bee: https://www.modbee.com/
- Modesto Bee (Facebook): https://www.facebook.com/modestobee/
- Stockton Record: https://www.recordnet.com/news/
- CapRadio (Sacramento Region): https://www.capradio.org/news/sacramento-region
- CapRadio News (Modesto/Stockton): 91.3 FM

- Radio Azteca (Modesto/Sacramento/Stockton) 93.9FM

Private and Partnership Sources

Information is also available from sources in the private sector and entities that are comprised of government-private sector partnerships. Some of these sources have been extremely reliable that emergency responders and agencies have used them. These and many others may be accessed via the Facilities/Emergency Management/Business Continuity & Disaster Recovery Sharepoint Site.

- **Healthcare Ready's RxOpen**: A mapping tool that helps patients and providers locate open pharmacies in areas impacted by natural disasters and public health emergencies. By offering up-to-date information on pharmacy operations, RxOpen ensures individuals can access necessary medications, even in challenging times. When activated, RxOpen offers the latest status of pharmacies in affected areas, indicating whether they are open, closed, or have restricted hours. When RxOpen is inactive, it displays every tracked facility in the country as "Open" on the map. It is activated only during disasters or when pharmacy access is significantly disrupted. https://healthcareready.org/RXopen/.
- **HHS emPower Program**: a partnership between the Administration for Strategic Preparedness and Response (ASPR) and the Centers for Medicare and Medicaid Services (CMS). The program provides tools, data, and resources to help communities prepare for, respond to, and recover from emergencies and disasters. The program's goal is to protect the health of at-risk Medicare beneficiaries, including those who rely on electricity-dependent medical equipment and devices. The HHS emPOWER Map is updated monthly and displays the total number of Medicare beneficiaries who have had an administrative claim for one or more types of electricity-dependent durable medical and assistive equipment (DME) and devices, as well as at-risk combinations data for those who rely on a certain essential health care service(s) and any electricity-dependent DME and devices. https://empowerprogram.hhs.gov/empowermap.
- **PG&E Outage Center**: A Public Safety Power Shutoff (PSPS) occurs in response to severe weather. Power is turned off to help prevent wildfire. This website helps identify affected areas. https://pgealerts.alerts.pge.com/.
- **PG&E Community Resource Centers (CRCs)**: Community Resource Centers (CRCs) support customers during a Public Safety Power Shutoff or longer outage. This site helps identify CRCs that provide device charging, Ice, Wi-Fi Support, medical device support, accessible transportation to CRCs, and important health and safety measures. https://pgealerts.alerts.pge.com/ways-we-can-help/?
- **Turlock Irrigation District (TID) Outage Center**: A Public Safety Power Shutoff (PSPS) occurs in response to severe weather. Power is turned off to help prevent wildfire. This website helps identify affected areas. https://www.tid.org/power/outages/.

- **Watch Duty**: A non-profit, non-partisan, and non-government organization focused on disseminating public safety information in real-time from verified sources. Has been known to report events accurately ahead of official government channels. https://app.watchduty.org/ (Note: Wildfire information is this app's primary focus, but power outage maps are also available).
- **Zoom Earth**: An interactive weather map of the world and a real-time storm tracker. It provides satellite imaging, radar, precipitation, wind speed/direction, temperature, humidity, and atmospheric pressure data. https://zoom.earth/maps/satellite/#view=38.0778,-119.7781,7z

19. EMERGENCY REPORTING REQUIREMENTS*

Notification to Health Plan by Network Providers

According to the DHCS Medi-Cal Managed Care Plan Contract, Network Providers are required to notify Health Plan (via their assigned Service Area Provider Services representative(s)) within 24 hours of an emergency if the Network Provider closes down, is unable to meet the demands of a healthcare surge, or is otherwise affected by the emergency.

Note: Some Network Providers (e.g., hospital, skilled nursing facilities, clinics, etc.) are obligated to report their operational status at the onset of a healthcare surge and/or emergency and throughout its duration to their County EMS Agency and/or Local Public Health Departments.

Notification to DHCS by Health Plan

Within 24 hours of a federal-, State-, or County-declared Major Disaster, State of Emergency, or State of War Emergency located within one or more of Health Plan's Service Areas (i.e., Alpine, El Dorado, San Joaquin, and Stanislaus Counties), Health Plan will notify DHCS as to whether Health Plan has experienced or expects to experience any disruption to operations.

Situation Status Report/Notification Memo

DHCS (Department of Health Care Services) and/or DMHC (Department of Managed Health Care) will likely require Health Plan to report its planned outreach activities, plus daily real-time impacts on members, providers and staff. At a minimum, Health Plan must report the status of its operations once a day (or as directed) to DHCS. The situation status report to DHCS must include the following minimum essential elements of information (EEI):

- Number of Members in Health Plan's service area affected by the emergency, per County, including the number of medium to high health risk Members as identified through the Population Needs Assessment.
- Information to the extent available relating to Network Provider site closures including:
  - The number of Network Provider site closures by Provider Type per county,

- The number of Members served by each closed Network Provider per county,
- The number of hospitalized Members who need to be transferred
- The location(s) of where Members were transferred, and
- For each closed Network Provider, a list of the alternative Providers or Facilities where Members can receive care

- The number of Health Plan offices that are closed.
- How Health Plan is communicating with impacted Members, Network Providers, Subcontractors, and Downstream Subcontractors.
- The actions Health Plan has taken or will take to meet the continued health care needs of its Members, and
- The Network Provider, Subcontractor, Downstream Subcontractor, or Member issues Health Plan has received.

DHCS/DMHC may request data by zip codes for areas deemed "under threat."
A data collection spreadsheet is available to assist with gathering the above information from Health Plan Compliance Department and the Manager, Emergency Management.

The Situation Status Report/DHCS Notification Memo (Appendix G – *Sample DHCS Notification Memo Template*) is to be used for initial and update reports. The DHCS Notification Memo Template is typically used, completed, and submitted to DHCS by Health Plan's Compliance Department. This format may also be used for reporting to DMHC.

Health Plan must comply with any guidance from the California Health and Human Services Agency regarding the reporting on the status of Health Plan's operations during the emergency.

20. SOURCING AND USE OF RESOURCES*

Health Plan will utilize its own assets and resources to manage emergencies (including personnel) first. Should Health Plan require additional personnel and resources to respond effectively to an incident, Health Plan may mobilize pre-negotiated contracts and vendor agreements in place. The Health Plan may then negotiate and enter into new contracts and agreements if there are no pre-arranged contracts and agreements in place. If resources needed to continue operations to support the affected Service Area's medical-health system are exhausted within Health Plan and are not obtainable from vendors that Health Plan has contracts or service-level agreements (SLAs) with, then a formal Resource Request for non-medical resources (e.g., fuel) may be submitted to the applicable jurisdiction's (i.e., El Dorado, San Joaquin, and/or Stanislaus) County Emergency Operations Center (via its Medical Branch).

All pre-negotiated agreements and contracts can be found in CLM and Docusign. Procurement and Contracting may be tasked to assist with locating such documents on file. Expedited

agreement and contracting procedures, as allowable by statute and regulation, may be used by Health Plan to source required resources during an emergency.

21. COOPERATIVE AGREEMENTS*

Health Plan attends monthly healthcare coalition meetings with San Joaquin, Stanislaus, and Amador/Alpine/El Dorado counties where mutual emergency preparedness and response concerns are collaboratively addressed. ***Aside from the Healthcare Coalition Mutual Aid Memoranda of Understanding (MOUs) for Healthcare Organizations executed between Health Plan and two county coalitions (i.e., San Joaquin & Stanislaus), there are no other cooperative agreements that explicitly address the sharing of resources between Health Plan and the counties or other healthcare-provider or healthcare-payor entities.**** Per the MOUs, Health Plan can provide share network provider status information integral to supporting Emergency Support Function – 8 (ESF-8) Public Health and Medical Services operations in the affected area(s) (e.g., provider operational statuses, PSA message relaying to members, etc.). Health Plan can also assist with public information and warning activities, coordinating such activities with the County Joint Information Center (JIC), if activated. Health Plan will deploy resources and service support, when available, as directed by DHCS to any affected DHCS-contracted payor organization(s) as needed. ***Health Plan must submit to DHCS an attestation that it will update its cooperative agreements at least annually.***

Health Plan has an agreement with the Central Valley Regional Voluntary Organizations Active in Disaster (CVR VOAD) to assist with the CVR VOAD's emergency response supporting San Joaquin and Stanislaus Counties. Health Plan can provide, when requested and available, the following resources and areas of support: ASL & Interpretation Services, Communications (e.g., Call Center capabilities), Crisis Intervention, Emotional Care, Financial Assistance, Mental Health Services, Social Services, space (at French Camp and Modesto), and vehicles (2 minivans, 1 cargo van, and 1 small SUV).

- **Voluntary Organizations Active in Disaster (VOAD):** The phrase 'Voluntary Organizations Active in Disasters' or VOAD refers to the coalition of the nation's most reputable organizations (faith-based, community-based and other non-profit organizations) coming together at the local, state/territorial or national level. National VOAD membership is divided into national members, state/territory members and partners.
    - **National members:** The organization has more than 75 national member nonprofit organizations that respond to disasters across the entire country.
    - **State/territory:** Each state/territory has a State VOAD structure, which also belongs to National VOAD; there are approximately 56 state members. These members provide coordination during a local or regional disaster, often having a seat at the state or local Emergency Operations Center (including the CVR VOAD).
    - **Partners:** The partner membership categories include foundations, nonprofits, government agencies, for-profit corporations, education and research institutions,

and associations. Partners work with VOAD members to improve U.S. disaster relief, response and recovery efforts in various ways, including sponsorship, providing member benefits and subject matter expertise. For example, members can access "reduced shipping, lodging and transportation rates thanks to [their] partnerships with UPS, Airbnb, and Enterprise."

22. ADMINISTRATION, FINANCE, AND LOGISTICS

During any incident, resource and fiscal tracking is key. Accurate and detailed recordkeeping of incident costs is important as detailed records will assist in the recovery of funds from insurers and/or requesting assistance from the State and/or Federal Government. The IMT's Logistics and Finance/Administration Sections, as identified by Health Plan's IC, are responsible for the recording, collection, and maintenance of these records.

23. BUSINESS CONTINUITY PLANS (BCPs)*

Health Plan has implemented the infrastructure and processes necessary to ensure that the essential business functions and data needed to provide services to its members are preserved, maintained, augmented, and restored in the event of an emergency or disaster that impacts, or threatens to impact the organization. If Health Plan has experienced, or will experience, impacts to its critical operations, the IC will direct the organization or specific department leaders to activate their BCPs. The purpose of a BCP is to ensure that an organization can perform its essential functions and provide critical services despite the threat or hazard faced. The BCP identifies recovery strategies for the organization's essential functions only.

- The organizational and departmental BCPs are kept within an online cloud-based application. Departments are responsible for having hard copies and electronic back-ups easily available for use in the event that the online cloud-based application is not accessible.
- The online cloud-based application currently in use by Health Plan is Preparis.

24. CLAIMS RESOLUTION*

Health Plan will maintain the continual and timely resolution of claims using the processes that have been established for day-to-day operations. These processes have been identified as critical and addressed in the Claims Department Business Continuity Plan for their preservation during emergencies until such time Health Plan resumes normal operations.

25. SYSTEMS RECOVERY*

Health Plan's Information Technology (IT) Department has plans and procedures for:

Emergency Operations

- Maintaining critical business processes that protects confidential and sensitive electronic and non-electronic information including, but not limited to, Protected Health Information (PHI), Personal Information (PI), and claims information during an emergency*, and

Data Back-ups

- Backing-up confidential and sensitive electronic information including, but not limited to, PHI, PI, and claims information to maintain the ability to retrieve such information during an emergency. IT conducts back-ups weekly, stores the back-up data offsite monthly, updates the inventory of back-up media, and formulates an estimate for the time needed to restore lost confidential and sensitive information. For details, refer to Health Plan Policy and Procedures IT#271 - *Contingency Plan Policy* and IT#272 - *Data Backup Policy*.

26. MEMBER EMERGENCY PREPAREDNESS PLAN*

This Member Emergency Preparedness Plan is designed to address Health Plan Members' needs during an emergency. This plan details the required coordination between Contractor and its Members, Network Providers, Subcontractors, and Downstream Subcontractors to ensure Member access to health care services in the event of an emergency.

Member Communication

Call Center

Health Plan has call center personnel at its three sites (i.e., French Camp, Modesto, and Placerville), as well as personnel working remotely throughout the state during day-to-day operations that are able to answer questions from members, Network Providers, Subcontractors, and Downstream Subcontractors. These personnel will be utilized during emergencies for the same purpose [Section 15 – *Call Center Operations*].

Emergency Protocols

Emergency protocols and call scripts for Health Plan's Customer Service call center (as well as any needed Member Emergency Preparedness Plan templates) will be developed by the Incident Management Team and the Public Information Officer for Member needs as dictated by the emergency and information that is available from DHCS, DMHC, and other appropriate response agencies with jurisdictional authority (e.g., the Medical Health Operational Area Coordinators, health departments, county offices of emergency management, county Joint Information Centers).

Members contacting Health Plan via the call center can access the desired service, advice nurse, or provider by (1) calling the numbers listed on their insurance cards, (2) using the interactive voice response system (IVR) when they call in and selecting "advice nurse" when prompted, (3) routed to the appropriate service or nurse by the call center's Member Services Representative as guided by their internal departmental standard operating procedure. Refer

to *Important Telephone Numbers for Members and Network Providers* contained within Section 26 of this document for telephone numbers.

Health Plan Actions during and Post-Emergency

During an emergency and afterwards, Health Plan will:

- Instruct Members about how to reach Health Plan's nurse advice line, care coordinators, Medi-Cal Rx pharmacy services, Telehealth services, and other Contractor services and resources as deemed appropriate; Refer to Section 26.D – *Important Telephone Numbers for Members and Network Providers* for telephone numbers.
- Notify Members about available alternative primary pharmacy, dialysis center, chemotherapy or other infusion therapy location, and other treatment sites;
- Inform Members about how Health Plan may modify its care protocols and Member benefits to ensure continued access to Medically-Necessary services;
- Provide Members with information on how to obtain medical authorizations, Out-of-Network care, medication refills or emergency supply, Durable Medical Equipment (DME) and replacements, and Medical Records; and
- Inform Members about how to access behavioral and mental health services.

Continuity of Covered Services

1) Health Plan must ensure that Members impacted by a federal, State, or county declared state of emergency continue to have access to Covered Services. Health Plan will take actions to ensure continued access, including but not limited to the following:

- Relaxing time limits for Prior Authorization, pre-certification, and referrals;
- Extending filing deadlines for Grievances and Requests for Appeal;
- Coordinating, transferring, and referring Members to alternate sources of care when Providers are closed, unable to meet the demands of a healthcare surge, or otherwise affected by an emergency;
- Authorizing Members to replace DME or medical supplies Out-of-Network;
- Allowing Members to access appropriate out-of-Network Providers if Network Providers are unavailable due to an emergency or if the Member is outside of the Service Area due to displacement; and
- Providing, when directed, a toll-free telephone number for displaced Members to call with questions, including questions about the loss of a Beneficiary Identification Card, access to prescription refills, and how to access health care.

2) Health Plan will establish policies and procedures to immediately implement the above actions as necessary or as directed by DHCS. Some activities that Health Plan has performed during emergencies include but are not limited to:

- Conducting calls to at-risk or home-bound members (based on internal data)
- Sending texts for non-high risk or homebound members
- Creating and posting digital creative resources with vital information, updated and ready to go live on the hpsj-mvhp.com website in English, Spanish, and Chinese/Traditional
- Conducting provider outreach to help the network support Health Plan Members
- Developing talking points for Health Plan Customer Service and other staff teams to answer Members' questions

3) Additional information for consideration is available in this document as Appendix H – *Additional Information for Payor Organizations and Healthcare Surge.*

4) When a federal, State, or county state of emergency is declared, DHCS may waive existing Medi-Cal Managed Care Plans (MCPs) contractual requirements and institute new requirements to address an emergency pursuant to an emergency directive. Emergency Directives may be communicated to Health Plan via All Plan Letters (APLs), advisory memos, or other similar announcements and are effective when established. Unless otherwise stated, Emergency Directives will remain in effect until they are terminated. Health Plan will promptly comply with all DHC Emergency Directives.

Network Provider, Subcontractor, and Downstream Subcontractor Emergency Requirements

Education

- For details, refer to Section 27 - *Education, Training, and Exercises.*

Communications During an Emergency

- Information Exchange System and Process: For details, refer to Section 8 - *Communications.*
- Notifying Network Providers, Subcontractors, and Downstream Subcontractors regarding modifications to ensure Member access to Covered Services: For details, refer to Section 9 - *Communications with Network Providers, Subcontractors, and Downstream Subcontractors*.

Network Provider Agreements

CMS Compliance

Network Providers are required to submit evidence of adherence annually to the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule (FR) 81 FR 63859 and FR 51732.

Note: The updated CMS EP Final Rule [https://www.cms.gov/files/document/qso-21-15-all.pdf]

establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. The CMS Preparedness Rule requires all 17 provider types (listed below per 81 FR 63859) to develop and maintain an emergency preparedness program. This program should include an emergency plan, policies and procedures, a communications plan, and a training and testing program.

- *Ambulatory Surgical Centers (ASCs) §416.54*
- *Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services §485.727*
- *Community Mental Health Centers (CMHCs) §485.920*
- *Comprehensive Outpatient Rehabilitation Facilities (CORFs) §485.68*
- *Critical Access Hospitals (CAHs) §485.625*
- *End-Stage Renal Disease (ESRD) Facilities §494.62*
- *Home Health Agencies (HHAs) §484.22*
- *Hospitals §482.15*
- *Hospices §418.113*
- *Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) §483.475*
- *Long Term Care (LTC) Facilities §483.73*
- *Organ Procurement Organizations (OPOs) §486.360*
- *Programs of All-Inclusive Care for the Elderly (PACE) §460.84*
- *Psychiatric Residential Treatment Facilities (PRTFs) §441.184*
- *Religious Non-Medical Health Care Institutions (RNHCIs) §403.748*
- *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) §491.12*
- *Transplant Centers §482.78*

Advising Health Plan is in Network Provider's Emergency Plan

Network Providers are required to ensure that advising Health Plan is part of their Emergency Plan.

Network Provider Notification of Operational Status

Network Providers are required to notify Health Plan (via their assigned Service Area Provider Services representative(s)) within 24 hours of an emergency if the Network Provider closes down,

is unable to meet the demands of a healthcare surge, or is otherwise affected by the emergency. For details, refer to *Notification of Health Plan by Network Providers* within Section 19 - *Situation Status/Emergency Reporting Requirements.*

Important Telephone Numbers for Members and Network Providers

- **Health Plan Customer Service:** 1-888-936-PLAN (7526) TTY 711 (Monday through Friday, 8 a.m. to 5 p.m.)

OR

- **HealthReach Nurse/Doctor Advice Line:** 1-800-655-8294
- **Mental Health Help:** 1-888-581-PLAN (7526)
- **Health Plan Care Coordination:** 1-209-942-6352 (Monday through Friday, 8 a.m. to 5 p.m.)
- **Medi-Cal Rx:** 1-800-977-2273 TTY/TTD 711 (24 hours a day, 7 days a week)
- **Medi-Cal Rx After hours/weekends/holidays:** 1-855-828-1486 (for early refills in a crisis)
- **Western Drug Medical Supply**: 1-818-956-6691 (Health Plan's Durable Medical Equipment Provider)
- **Provider Services Representative Contacts for Network Providers**
  All Network Providers, Downstream Contractors, and Subcontractors are assigned a specific Health Plan Provider Service Representative. Specific assignments can be found within the Provider Services Department.

Service Area(s)	All Counties	Alpine El Dorado	Alpine El Dorado
PSR	**Contained in Internal EPRP**	**Contained in Internal EPRP**	**Contained in Internal EPRP**
Phone	**Contained in Internal EPRP**	**Contained in Internal EPRP**	**Contained in Internal EPRP**
Email	**Contained in Internal EPRP**	**Contained in Internal EPRP**	**Contained in Internal EPRP**

Service Area(s)	San Joaquin Stanislaus	San Joaquin Stanislaus	San Joaquin Stanislaus
PSR	**Contained in Internal EPRP**	**Contained in Internal EPRP**	**Contained in Internal EPRP**
Phone	**Contained in Internal EPRP**	**Contained in Internal EPRP**	**Contained in Internal EPRP**
Email	**Contained in Internal EPRP**	**Contained in Internal EPRP**	**Contained in Internal EPRP**

27. EDUCATION, TRAINING, AND EXERCISES*

Health Plan recognizes the critical importance of education, training, and exercises as a part of incident response and recovery preparation.

Education & Training

- New and existing staff are educated and trained on Health Plan's Emergency Action Plan, and Health Plan's Emergency Preparedness and Response Plan (including its Business Continuity Plan) upon hire and annually.
- Additionally, Health Plan senior leadership and management are educated at least annually, via Healthstream, on the California State Emergency Plan and prepared to participate in the California Standardized Emergency Management System (SEMS) [the law addressing how emergencies are managed by all government agencies in the State).
- Health Plan educates Network Providers, Subcontractors, and Downstream Contractors on Health Plan's emergency policies and procedures, per the DHCS Contract, specifically: "*Contractor* [Health Plan] *must start training within ten Working Days and complete training within 30 Working Days after Contractor places a newly contracted Network Provider on active status. Contractor may conduct Network Provider training online or in-person. Contractor must maintain records of attendance to validate that Network Providers received training on a bi-annual basis. This must include training on existing Contractor data collection and reporting requirements…"*
    - Furthermore, per the DHCS Contract, "*Training must be reviewed by the appropriate Contractor committees, including Contractor's board of director's compliance and oversight committee and QIC, routinely, but not less than biennially, to ensure consistency and accuracy with current requirements and Contractor's policies and procedures*."
    - Health Plan will provide Network Providers, Subcontractors, and Downstream Subcontractors with an *Emergency Preparedness Fact Sheet* (Appendix I) and resources on general emergency preparedness, response, and communications protocols.

Exercises

Exercises are a key component of national preparedness — they provide the whole community (including Health Plan) with the opportunity to (1) test emergency plans, policies, procedures, and capabilities in place, (2) identify capability gaps, resource requirements, and areas for improvements, (3) strengthen community stakeholders as they work together to prevent, protect against, and respond to mutual hazards, (4) help staff become familiar with their roles and responsibilities in an emergency, and (5) encourage meaningful communication and interaction across organizations.

Frequency

Health Plan tests its EPRP by conducting exercises. ***Health Plan will conduct an exercise (EPRP with business continuity) annually with an after-action report submitted to DHCS (described in Section 26.A below)*.***

Health Plan will also ***"… upon request, participate in community disaster drills coordinated by governmental entities, if available, to ensure mutual coordination during an emergency." ****

Exercise Types

The type of exercise conducted is based upon the desired purpose(s) and goal(s) of the exercise. Exercise types are generally conducted in a building block manner. They are broken down into two general groups: Discussion-based and Operations-based exercises.

Discussion-based: A discussion-based exercise focuses on facilitated conversation and analysis of plans, policies, and procedures in a theoretical setting.

- **Seminar** - Generally orients participants to, or provides an overview of, authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas. It can be valuable for entities that are developing or making major changes to existing plans or procedures. Can be similarly helpful when attempting to gain awareness of, or assess, the capabilities of inter- agency or inter-jurisdictional operations. Infrequently used in a healthcare setting.
- **Workshop** - Although similar to seminars, workshops differ in two important aspects: participant interaction is increased, and the focus is placed on achieving or building a product. Effective workshops entail the broadest attendance by relevant stakeholders. Products produced from a workshop can include new standard operating procedures (SOPs), emergency operations plans, continuity of operations plans, or mutual aid agreements. To be effective, workshops should have clearly defined objectives, products, or goals, and should focus on a specific issue.
- **Tabletop Exercise (TTX)** - Tabletop exercise allows participants to move through a scenario based on discussions regarding the coordination of plans and procedures with other departments or agencies. A TTX is intended to generate discussion of various issues regarding a hypothetical, simulated emergency. TTXs can be used to enhance general awareness, validate plans and procedures, rehearse concepts, and/or assess the types of systems needed to guide the prevention of, protection from, mitigation of, response to, and recovery from a defined incident. Generally, TTXs are aimed at facilitating conceptual understanding, identifying strengths and areas for improvement, and/or achieving changes in perception. A TTX includes a group discussion led by a facilitator, using a narrated, operationally relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. An example is

the annual California Statewide Medical & Health TTX co-sponsored by the California Department of Health (CDPH) and the California Emergency Medical Services Agency (EMSA);

- **Game** - A simulation of operations that often involves two or more teams, usually in a competitive environment, using rules, data, and procedures designed to depict an actual or hypothetic situation. Games explore the consequences of player decisions and actions and are therefore excellent tools to use when validating or reinforcing plans and procedures or evaluating resource requirements. Infrequently used in a healthcare setting.

Operations-based: An operations-based exercise involves actively simulating a real-world scenario by mobilizing personnel and resources to test those plans in practice.

- **Drill** - A coordinated, supervised activity usually employed to validate a specific operation or function in a single agency or organization. Drills are commonly used to provide training on new equipment, develop or validate new policies or procedures, or practice and maintain current skills. Examples are Site-level Active Shooter, Site Fire, and Evacuation drills.
- **Functional Exercise (FE)** - Functional Exercise allows players involved in management, direction, command, and control functions (e.g. Emergency Operations Centers, incident command posts/hospital command centers, etc.) to work through plans, policies, procedures in a real-time scenario, typically based in an operations center environment. In FEs, events are projected through an exercise scenario with event updates that drive activity at the management level. The exercise pace can be increased or decreased depending on the players' ability to work through their plans and procedures. A FE is conducted in a realistic, real-time environment; however, movement of personnel and equipment is usually simulated. Examples are the annual California Statewide Medical & Health FE co-sponsored by the California Department of Health (CDPH) and the California Emergency Medical Services Agency (EMSA) and the annual Golden Guardian exercise sponsored by the California Office of Emergency Services (Cal OES).
- **Full Scale Exercise (FSE)** - Typically the most complex and resource-intensive type of exercise. Same as FE above, but with actual deployment of field personnel and apparatus; includes mobilization of operational and support resources, conduct of operations and integrated elements of exercise play. This type of exercise incorporates "boots-on-the-ground" activities.

Exercise Planning and Design

1. Health Plan will design exercises to do the following:

    a. Ensure the safety of people, property, operations, and the environment involved in the exercise

    b. Identify planning and procedural deficiencies

c. Test or validate recently changed procedures or plans
d. Clarify roles and responsibilities
e. Obtain participant feedback and recommendations for program improvement
f. Measure improvement compared to performance objectives
g. Improve coordination among internal and external teams and entities
h. Validate training and education
i. Increase awareness and understanding of the hazards and the potential impacts on Health Plan
j. Identify additional resources and assess the capabilities of existing resources, including personnel and equipment required for effective recovery
k. Assess the ability of the IMT to identify, assess, and manage an incident
l. Improve individual performance

2. The Emergency Preparedness Committee designs exercises with scenarios and objectives based upon findings from the hazard vulnerability analysis (HVA) and from critiques/after action reports from past exercises and/or actual events to provide staff with the opportunity to train for their roles and practice their response activities during an emergency.
3. Refer to the Department of Homeland Security's publication *Homeland Security Exercise and Evaluation Program (HSEEP)* for exercise planning details.

Exercise Conduct

1. Exercise conduct involves activities such as preparing for exercise play, managing exercise play, and conducting immediate exercise wrap-up activities. For discussion-based exercises, conduct also entails presentation, facilitation, and discussion. For operations-based exercises, conduct encompasses all operations occurring between the designated Start and End of Exercise.
2. Refer to the Department of Homeland Security's publication *Homeland Security Exercise and Evaluation Program (HSEEP)* for exercise planning details.

Exercise Evaluation and Improvement Planning

1. Exercises are evaluated and analyzed through a multidisciplinary process that includes leadership and staff to identify response strengths, deficiencies and opportunities for improvement based upon evaluation activities and observations recorded during the exercise.
    a. Observation and Data Collection
        - Exercise observations and data collection can differ between discussion-

based exercises and operations-based exercises. Discussion-based exercises often focus on issues involving plans, policies, and procedures; consequently, observations of these exercises may consist of an evaluator or a note-taker recording data from participant discussions on Exercise Evaluation Guides (EEGs). Operations-based exercises focus on issues affecting the operational execution of capabilities and critical tasks. During operations-based exercises, evaluators collect and record participant actions which form the analytical basis for determining if critical tasks were successfully demonstrated and capability targets were met.

2. Evaluators
    a. Evaluators provide an unbiased observation of the exercise and document their observations accordingly. Evaluators should avoid interaction with exercise players.
    b. At least one individual not involved in the exercise who is knowledgeable of Health Plan's EPRP and the goals of the exercise shall be assigned to evaluate each exercise. Evaluators can be selected internally from Health Plan or externally (from other health plans, responder partner agencies, etc.).
    c. Evaluators should be strategically pre-positioned in locations where they can observe exercise activity and gather useful data, and they should track and record player actions carefully in accordance with the evaluation training and EEGs. Evaluators will generally be able to observe many of the following topics:
        i. How and what information is shared internally and externally.
        ii. Pertinent decisions made, including information gathered to make decisions; and
        iii. Roles and responsibilities of government agencies and private organizations;
        iv. Legislative authorities used or implemented;
        v. Activation or implementation of processes and procedures, requests for resources, use of mutual aid agreements, etc.; and
        vi. Plans, policies, and procedures used during the exercise;

    Other areas evaluators are to observe and evaluate also include:

        i. **Communications**: The receipt, review, and transmission of accurate and timely information is essential for situational awareness and coordination of emergency response activities. Processes for communicating internally through the chain of command, with staff, Members, and external parties such as Network Providers and response partners must be reliable and redundant.

        ii. **Resources and Assets**: A solid understanding of the availability of an organization's resources and assets (e.g., responders, equipment, supplies, personal protective equipment, and transportation) is important in the evolving dynamics of an emergency or disaster. Materials and supplies, vendor and community services, as well as state and federal caches, are some of the

essential resources that organizations must know how to access and maintain in times of crisis to help them maintain member safety and sustain services.

iii. **Safety and Security:** The safety and security of members and staff is the prime responsibility of the organization during an emergency. Some safety strategies relate to damage of the facility due to natural or man-made events; in other situations, the facility is intact but must be protected from unauthorized access, vandalism, or theft. In all cases, the secure access and movement of staff, members, and visitors is paramount.

iv. **Staff Roles and Responsibilities:** As conditions evolve and new risks emerge, staff will need to adapt their roles to meet new challenges to their abilities to provide services to Members. If staff cannot anticipate how they might be called on to perform during an emergency, the likelihood increases that Health Plan will not sustain itself during an emergency.

v. **Utilities:** Health Plan depends on the uninterrupted function of its utilities during an emergency. Key utilities such as power, potable water, ventilation, and fuel must be protected, and alternative sources for essential utilities must be established in advance.

vi. **Member Support Activities:** The needs of Members during an emergency are of prime importance. Health Plan must have clear, reasonable plans to address the needs of Members during extreme conditions when the organization's infrastructure and resources are taxed.

3. Notes, Records, and Supplemental Information

    a. Evaluators are to retain their notes and records of the exercise to support the development of the AAR. As necessary, the Exercise Director may assign evaluators to collect supplemental data during or immediately after the exercise. Such data is critical to fill in gaps identified during exercise evaluation. For example, useful sources of supplemental evaluation data might include records produced by automated systems or communication networks (e.g., Preparis, WebEOC), and written records such as logs and message forms.

4. The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented with an After-Action Report/Improvement Plan (AAR/IP).

    a. Participant Feedback Forms

        i. Players and observers receive a Participant Feedback Form after the end of the exercise that asks for input regarding observed strengths and areas for improvement that players identified during the exercise.

        ii. Providing Participant Feedback Forms to players during the exercise Hot

Wash allows them to provide evaluators with their insights into decisions made and actions taken.

iii. A Participant Feedback Form also provides players the opportunity to provide constructive criticism about the design, control, or logistics of the exercise to help enhance future exercises. Information collected from feedback forms contributes to the issues, observations, recommendations, and corrective actions in the After-Action Report/ Improvement Plan.

b. Incident Debrief ('Hot Wash')

i. The Hot Wash is a facilitated discussion among incident response participants (All key individuals including leadership and appropriate staff). It captures feedback about any issues, concerns, or proposed improvements incident participants may have about the emergency response. It is an opportunity for incident participants to voice their opinions and observations on the emergency response and their own performance. This collective information forms the basis of a draft AAR/IP.

ii. An initial Hot Wash will be scheduled by Health Plan senior leadership and facilitated by the Manager, Emergency Management within three business days of the incident.

5. Refer to the Department of Homeland Security's publication *Homeland Security Exercise and Evaluation Program (HSEEP)* for exercise observation and data collection details.

After Action Reporting/Emergency Exercise Reports

1. The AAR/IP summarizes key exercise-related evaluation information, including the exercise overview and analysis of objectives and core capabilities, identifies strengths and opportunities for improvement, identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion.

2. The finalized AAR/IP documenting ***the exercise/response activities, summary of outcomes/findings and performance improvement plan addressing any gaps found is subsequently submitted to the Executive Team and, as applicable, other parties (e.g., Disaster Recovery Team). The AAR/IP is then submitted to DHCS within 30 calendar days to DHCS.****

3. AAR/IP are intended for internal use only and may be shared with DHCS, DMHC, and with other response agencies as appropriate (e.g., County OES, Health Departments, EMS Agencies)

4. For a sample AAR/IP, refer to Appendix J - *Sample After-Action Report / Improvement Plan*. This AAR/IP is adapted from FEMA's Homeland Security Exercise and Evaluation Program (HSEEP) templates that are used nationally.

Corrective Action Implementation and Tracking

1. Implementation of the AAR/IP: Once approved by Health Plan senior Leadership, the AAR/IP corrective actions and recommendations will be implemented, their progress monitored and reported to Health Plan leadership until their completion by the Emergency Management Committee.

28. DEFINITIONS

- **California Department of Health Care Services (DHCS):** State agency that manages and finances California's Medicaid program, Medi-Cal, which provides health care to low-income individuals and families.
- **California Department of Managed Health Care (DMHC):** State agency that oversees health plans, including health maintenance organizations (HMOs), and ensures a stable health care delivery system. The DMHC is responsible for health plans subject to the Knox-Keene Act, which establishes requirements for health plans to ensure beneficiaries have access to health care.
- **Crisis:** A crisis is defined as a significant event that often prompts media coverage, public scrutiny and has the potential to damage the reputation or image of HEALTH PLAN. A crisis could be precipitated by an emergency or a controversy. A controversy could be a protest or employee misconduct.
- **Disaster:** A disaster may be defined as an occurrence causing widespread destruction and distress. Disaster may be caused by negligence, bad judgment, or the like, or by natural forces, such as a hurricane or flood.
- **Emergency:** Unforeseen circumstances that require immediate action or assistance to alleviate or prevent harm or damage caused by public health crises, natural and man-made hazards, or disasters (DHCS MCP].
- **Emergency Preparedness and Response Plan:** A plan put in place to ensure continuity of its business operations, to ensure delivery of its essential care and services to Members, and to help mitigate potential harm caused by an emergency [DHCS MCP].
- **Evaluator:** An individual with expertise in the functional areas they will observe selected to measure and assess response performance, capture unresolved issues, and analyze exercise results. Evaluators passively assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) standards and without interfering with exercise flow.
- **Exercise:** An instrument to train for, assess, practice, and improve performance in prevention, protection, mitigation, response, and recovery capabilities in a risk-free environment. Exercises can be used for testing and validating policies, plans, procedures, training, equipment, and inter-agency agreements; clarifying and training personnel in roles and responsibilities; improving inter-agency coordination and communications; improving individual performance; identifying gaps in resources; and identifying opportunities for improvement.
- **Exercise Director:** The Exercise Director oversees all exercise functions during exercise conduct; oversees and remains in contact with controllers and evaluators; debriefs

controllers and evaluators following the exercise; and oversees setup and cleanup of the exercise as well as positioning of exercise controllers and evaluators

- **Exercise Evaluation Guide (EEG):** A template for observing and collecting exercise data in relation to objectives and associated capabilities. EEGs typically identify targets and critical tasks for exercise objectives and capabilities and enable evaluators to capture structured and unstructured data regarding exercise performance.
- **Hazard:** Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.
- **Health Care Coalition:** A health care coalition is a functional entity of health care organizations and related organizations that work together to prevent, protect, militate against, respond to and recover from an incident.
- **Healthcare Surge:** Has varying meanings to participants in the healthcare system. For planning a response to a catastrophic emergency in California, “healthcare surge” is defined as follows: A healthcare surge is proclaimed in a local health jurisdiction when an authorized local official, such as a local health officer or other appropriate designee, using professional judgment, determines, subsequent to a significant emergency or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity in hospitals, long term care facilities, community care clinics, public health departments, other primary and secondary care providers, resources and/or emergency medical services.
- **Improvement Plan (IP):** The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. The IP is developed in conjunction with the After-Action Report.
- **Incident:** An occurrence caused by either human or natural phenomena, that requires response actions to prevent or minimize loss of life, or damage to property or the environment.
- **Incident Command System:** The Incident Command System (ICS) is a component of NIMS which provides a standardized organizational structure with common terminology to enable effective and efficient domestic incident management.
- **Player:** Term identifying those individuals that have an active role in preventing, responding to, or recovering from the risks and hazards presented in an exercise scenario, by either discussing or performing their regular roles and responsibilities. Players initiate actions that will respond to and/or mitigate the simulated emergency.
- **Threat:** Natural, technological, or human-caused occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.
- **Vulnerability:** Characteristics of the organization that could make it more susceptible to the identified threats and hazards.

29. REFERENCES

Federal

- Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, 42 U.S.C. 5121, et seq., as amended
- Homeland Security Presidential Directive 5, Management of Domestic Incidents, February 28, 2003
- Homeland Security Presidential Directive 8, National Preparedness. December 17, 2003
- The Code of Federal Regulations, Title 44, Chapter 1. Emergency Management Assistance. October 1, 2007.
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- Crisis and Emergency Risk Communication. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2015.
- BULLETIN: HIPAA Privacy in Emergency Situations. U.S. Department of Health and Human Services, Office for Civil Rights. November 2014.
- Health Information Privacy. U.S. Department of Health and Human Services, Office for Civil Rights. September 2, 2005.

- HIPAA and Disasters: What Emergency Professionals Need to Know. U.S. Department of Health and Human Services, Administration for Strategic Preparedness & Response (ASPR). September 11, 2017.

State

- CA Code Regs §§ 2400-2450, Standardized Emergency Management System (SEMS)
- CA Govt Code § 8607, Emergency Services Act (Chapter 7, Division 1, Title 2)
- Executive Order S-2-05, NIMS Implementation, February 2005
- California State Emergency Plan (CA SEP)
- California Public Health and Medical Emergency Operations Manual
- California Catastrophic Incident Base Plan: Concept of Operations
- California Disaster and Civil Defense Master Mutual Aid Agreement (1950)
- Medi-Cal Managed Care Plan Contract, California Department of Health Care Services (DHCS)
- APL 23-002 – Senate Bill 979, Health Emergencies Guidance, January 12, 2023
- Hospital Incident Command System (HICS) Guidebook (5th Ed.), California Emergency Medical Services Authority, May 2014
- Standards and Guidelines for Healthcare Surge During Emergencies (Volume III: Payors), California Department of Public Health (CDPH), 2008

Local

- El Dorado
    - El Dorado County Emergency Operations Plan (EOP), El Dorado County, February 2023
- San Joaquin
    - *San Joaquin Emergency Operations Plan (EOP),* San Joaquin County Office of Emergency Services, February 2022
    - San Joaquin EOP Emergency Support Function Annex (ESF-08 Public Health & Medical), San Joaquin County Office of Emergency Services, July 2020
    - San Joaquin Operational Area Medical/Health Multi-Agency Coordination (Med MAC) Group Plan, San Joaquin County Emergency Medical Services Agency, October 24, 2013
- Stanislaus
    - Stanislaus County Emergency Operations Plan, Stanislaus County Office of Emergency Services

Industry Standards

- NFPA 1660: Standard for Emergency, Continuity, and Crisis Management: Preparedness, Response, and Recovery (2024 Ed.), National Fire Protection Association
- ISO 22320: 2018 Security and Resilience — Emergency Management — Guidelines for Incident Management, International Organization for Standardization

APPENDIX A – HEALTH PLAN RISK ASSESSMENTS

Contained in Internal EPRP

APPENDIX B – EMERGENCY CONTACT LIST: EMERGENCY RESPONDERS/GOVERNMENT ENTITIES/LOCAL AND COUNTY EMERGENCY PREPAREDNESS PROGRAMS

Contained in Internal EPRP

APPENDIX C – EMERGENCY CONTACT LIST: VENDORS (SAN JOAQUIN WEBEOC)

Contained in Internal EPRP

APPENDIX D – CONTACT LIST: HPSJ/MVHP VENDORS (IN PREPARIS – 12/9/24)

Contained in Internal EPRP

APPENDIX E – PUBLIC INFORMATION EMERGENCY COMMUNICATIONS KIT

Upon declaration of an emergency by the State, the Service Area's government, or Health Plan under Health Plan's Emergency Preparedness and Response Plan (EPRP) AND activated by Health Plan's Incident Commander (IC), Health Plan's Public Information Officer (PIO) shall:

- Use the templates within this Appendix as needed and appropriate
- Feature toss to Emergency Updates - Active Emergencies page (https://www.hpsj.com/emergency-updates/)
- Adapt the templates for use with relevant, accurate information
- Review the drafted messages with Health Plan's IC before any external publication.
- Notify the HPSJ-MVHP Incident Commander and the Incident Management Team (IMT)

Templates

- News Release
- Public Service Announcement (PSA)
- Provider Alert
- See samples templates and PIO External Communications Tactics in this Appendix – and update for incident type.
    - Website Banner
    - Health Plan's Emergency Resources page (https://www.hpsj.com/disaster-prevention/)
    - Health Plan's Emergency Updates page (https://www.hpsj.com/emergency-updates/)
    - Social Media (Facebook, X, Instagram, LinkedIn)

Additional Emergency Public Information Resources are available for modification and use at https://health.mo.gov/living/lpha/toolkit/toolkit.php#marketing

RESPONSE PIO CHECKLIST

- Verify information
- Notify your boss if he/she is not already aware
- Give your boss your first assessment and inform them of your next steps.
- Notify key partners (other DHCS, DMHC, County, etc.)
- Let County EOC (using proper channels per SEMS) know you are involved
- Identify a Health Plan spokesperson
- Call in or designate extra PIO staff and give them tasks
- Notify your organization's employees and ask for their support
- Release initial statement – "we are aware of situation & are involved in response"
- Begin monitoring media
- Provide key messages to staff/volunteers answering phones
- Establish phone hotline; launch website page
- Begin rumor control log; update key messages to staff/ volunteers based on rumors
- Send a basic statement to partners and stakeholders using pre-arranged systems.
- Set up in Health Plan's Incident Command Post (if physically established) or in County JIC (if activated and appropriate for the incident)
- Do event and needs assessments
- Triage media requests
- Establish media staging area as appropriate
- Review key messages
- Brief spokesperson
- Hold first press conference (if necessary)
- Develop follow-up public information messages

PIO EXTERNAL COMMUNICATIONS TACTICS

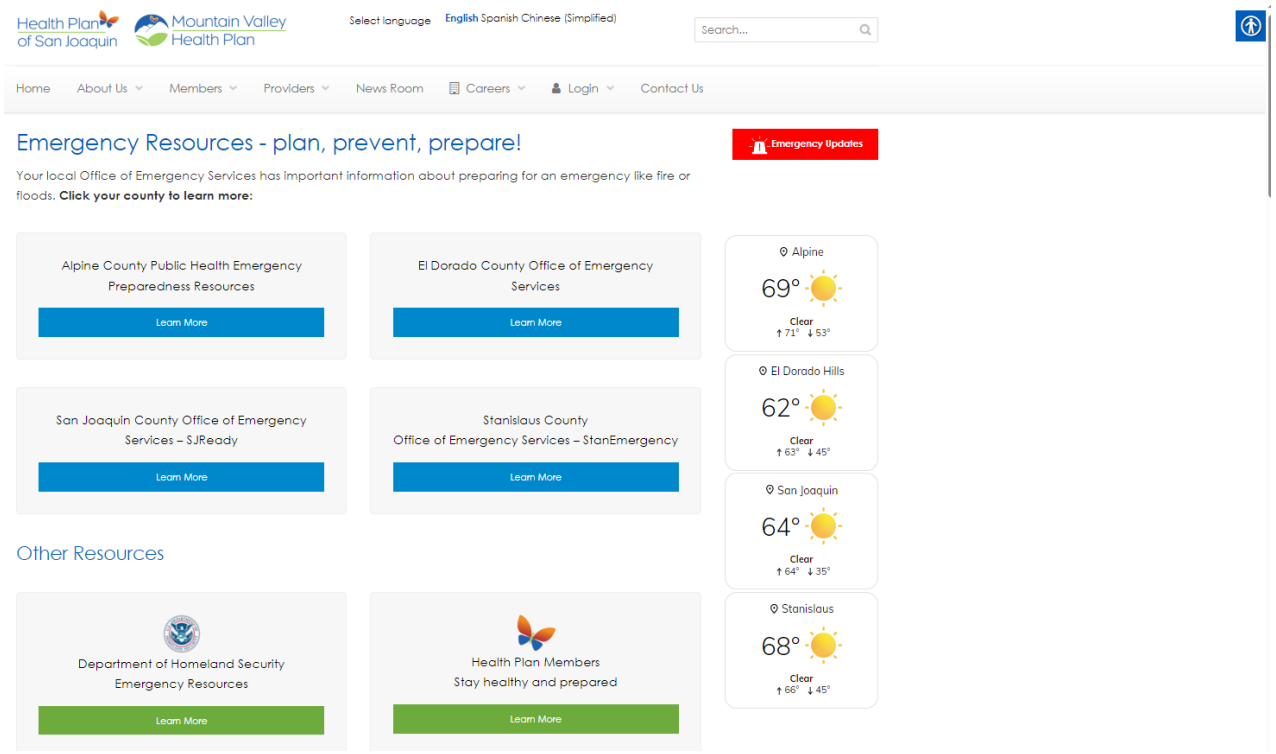
The following audiences, activities, and file locations below are to be used depending on the (situation and appropriate resources available) for External Website Communications:

- The use of two web pages: Emergency Resources (Disaster Prevention) and Emergency Updates (Active Emergency Information)
- Multi-language communications that meet Health Plan's regulatory requirements (i.e. threshold languages) in addition to leveraging web-based translation tools for additional translations.
- This approach is designed to direct members to official government agency sites (e.g., CalOES, County OES Agencies) for and keep page "clean" and free of redundant or outdated information.
- The Emergency Resources page will be used commonly to socialize emergency preparedness topics and encourage members to prevent incidents by sharing links to important, approved resources throughout the seasons (e.g., wildfire prevention, earthquake preparedness, etc).
- When an actual emergency is present, banners on HPSJ-MVHP home pages and static top banner will provide links to the 'EMERGENCY UPDATES' page.

- **Emergency Resources page:**
  - Quick links to County and State OES sites;
  - Lots of content and links to other helpful resources but includes functionality that allows members to quickly 'pop' to sections of interest when selected.
  - Red button available to quickly access EMERGENCY UPDATES page

- **EMERGENCY UPDATES page:**
  - Basic, to the point and free of 'content clutter'
  - Notates specific and current active incidents
  - Provides link to approved website(s) per incident (get people where they need to go)
  - Provides link back to Emergency Resources page, which includes many more resources if member chooses to seek additional help

Audience	Emergency Resources - plan, prevent, prepare!
Health Plan Members	https://www.hpsj.com/disaster-prevention/



Important Numbers for Health Plan Members:

- Customer Service: **1-888-936-PLAN (7526) TTY 711** (Monday through Friday, 8 a.m. to 5 p.m.)
- Medi-Cal Rx: **1-800-977-2273 TTY 711** (24 hours a day, 7 days a week)
- After hours/weekends/holidays: **1-855-828-1486** (for early refills in a crisis)
- Mental health help: Call Health Plan **1-888-936-7526 TTY 711**
- HealthReach Nurse/Doctor Advice Line: **1-800-655-8294**
- Health Plan Care Coordination: **1-209-942-6352** (Monday through Friday, 8 a.m. to 5 p.m.)
- Western Drug Medical Supply: **1-818-956-6691**

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Emergency Preparedness Information

Emergency Preparation Checklist

Sign up for alerts:
Make sure your power company has your current contact information. That way they can warn you about planned power shutoffs.

Create a supply kit:
Stock it with enough water and nonperishable food to last for a week. Plan on 1 gallon of water per person per day. Be sure to refresh your kit at least once a year

Keep cash on hand:
Make sure to keep cash on hand, ATMs may not work during a shutoff.

Gas up:
If you have a car, make sure your tank is full before the power goes off. You never know when you will need to drive to other areas for supplies or to stay safe during a fire.

Stock up on batteries:
You'll need these for things like flashlights and radios. You may need them for medical devices too.

Have flashlights handy:
Keep a few flashlights in different areas of your house in the event of a power outage. Steer clear of candles, they can be a fire hazard.

Prep your phones:
Find out if your landline will work without power. If you have a cellphone, keep it charged and have your chargers handy.

Talk with your doctor if needed:
Do you depend on a medical device that runs on electricity? Or take a medicine that needs to stay cold? Your doctor can help you prepare.

It is important to remember:

- Your prescription medications
- To charge medical devices or equipment important for your health
- Your Health Plan ID card and Medi-Cal Benefits Card

If you are affected by power outages or a natural disaster, we want to make sure you have your medications. An urgent care or pharmacy can help fill some meds. In the case of an emergency, you can also go to your local emergency room.

Access to your Doctor
In case of an emergency, call 911. To access routine or non-emergency care, call your doctor. If you cannot see your doctor, Health Plan can help you find a doctor or you can visit your local urgent care center. Click here to search for a doctor in our network: (use link instead)

Call our 24-hour advice and doctor line for health advice day or night: **1-800-936-PLAN (7526) TTY 711**

Mental health
Power outages can be stressful. You have access to mental health professionals and social workers as a Health Plan member.

In case of an emergency, please dial **911**, or for crisis support, dial **988**.

For help finding a mental health provider and other mental health assistance, call our Customer Service Department **1-888-581-PLAN (7526) TTY 711.**

Medications during emergencies

Medi-Cal Rx works with most drug stores in California. You can check if the pharmacy is within the network by visiting https://medi-calrx.dhcs.ca.gov/home/. You can fill your meds at any of the places within the Medi-Cal Rx group. If the store is not part of the group, Medi-Cal Rx may pay you back for the charges. Visit https://medi-calrx.dhcs.ca.gov/member/forms-information to fill out the form for Medi-Cal Rx to review your out of pocket payment. If your meds are lost or destroyed due to a catastrophic emergency, you can refill them even if they are not due to be refilled.

Refrigerated meds
You may know that some of your meds have to be refrigerated. Many of those meds will stay stable at room temperature for a few days. It is good to keep these meds cool, but do not use ice. Keep them in a cool, dry place away from direct sunlight or heat. Call your doctor or pharmacist for more information.

Electrical medical equipment
Please call Health Plan's medical equipment provider, Western Drug Medical Supply, at **1-818-956-6691** if you use life-sustaining medical equipment that needs electricity to work. They can help you get other devices if you are not able to use a regular power source.

Tips for dialysis patients
Your renal dialysis clinic should be able to see you if you need help with dialysis urgently during a power outage. If you have a problem getting supplies during a power outage, call Health Plan Care Coordination at **1-209-942-6352**. If you are not able to get in, please call 911 in the case of an emergency.

Insulin

Insulin should be stored at 36 to 48 degrees. Once opened, it can be stored at room temperature for up to 28 days (**exceptions are Novolog 70/30 Flexpen – with a 14-day expiration once opened; Tresiba and Levemir have longer expiration dates beyond 28 days**). Too low or too high temperatures (below 35 and above 86 degrees) can ruin a vial of insulin. Insulin should be kept as cool as you can in very high heat and guarded from freezing. If you suspect that the insulin has been ruined, the insulin may need to be replaced if it:

- Is cloudy
- Has clumps even after you rolled it like you are supposed to
- Has threads or strings in it
- Has changed color
- Or your blood sugar stays high even after your normal correction dose.

If you are worried about any of your meds not being safe to use or if you want a replacement, call your doctor or pharmacy.

Disaster Resources

Cyber Security

Fire Emergency

Flood Hazard

Extreme Cold

Extreme Heat

Physical Threat

Power Outage

Cyber Security

Alpine	El Dorado	San Joaquin	Stanislaus
• California Cybersecurity Integration Center Resources • California Cybersecurity Integration Center Alerts	• California Cybersecurity Integration Center Resources • California Cybersecurity Integration Center Alerts	• California Cybersecurity Integration Center Resources • California Cybersecurity Integration Center Alerts	• California Cybersecurity Integration Center Resources • California Cybersecurity Integration Center Alerts

Fire Safety

Alpine	El Dorado	San Joaquin	Stanislaus
• Be Disaster Ready – Fires	• Be Disaster Ready – Fires	• Be Disaster Ready – Fires	• Be Disaster Ready – Fires

Flood Hazard

Alpine	El Dorado	San Joaquin	Stanislaus
• Be Disaster Ready – Floods	• Be Disaster Ready – Floods	• Be Disaster Ready – Floods	• Be Disaster Ready – Floods

Extreme Cold

Alpine	El Dorado	San Joaquin	Stanislaus
• Practice Storm Season Safety	• Practice Storm Season Safety	• Practice Storm Season Safety	• Practice Storm Season Safety

Extreme Heat

Alpine	El Dorado	San Joaquin	Stanislaus
• Be Disaster Ready – Extreme Heat	• Be Disaster Ready – Extreme Heat	• Be Disaster Ready – Extreme Heat	• Be Disaster Ready – Extreme Heat

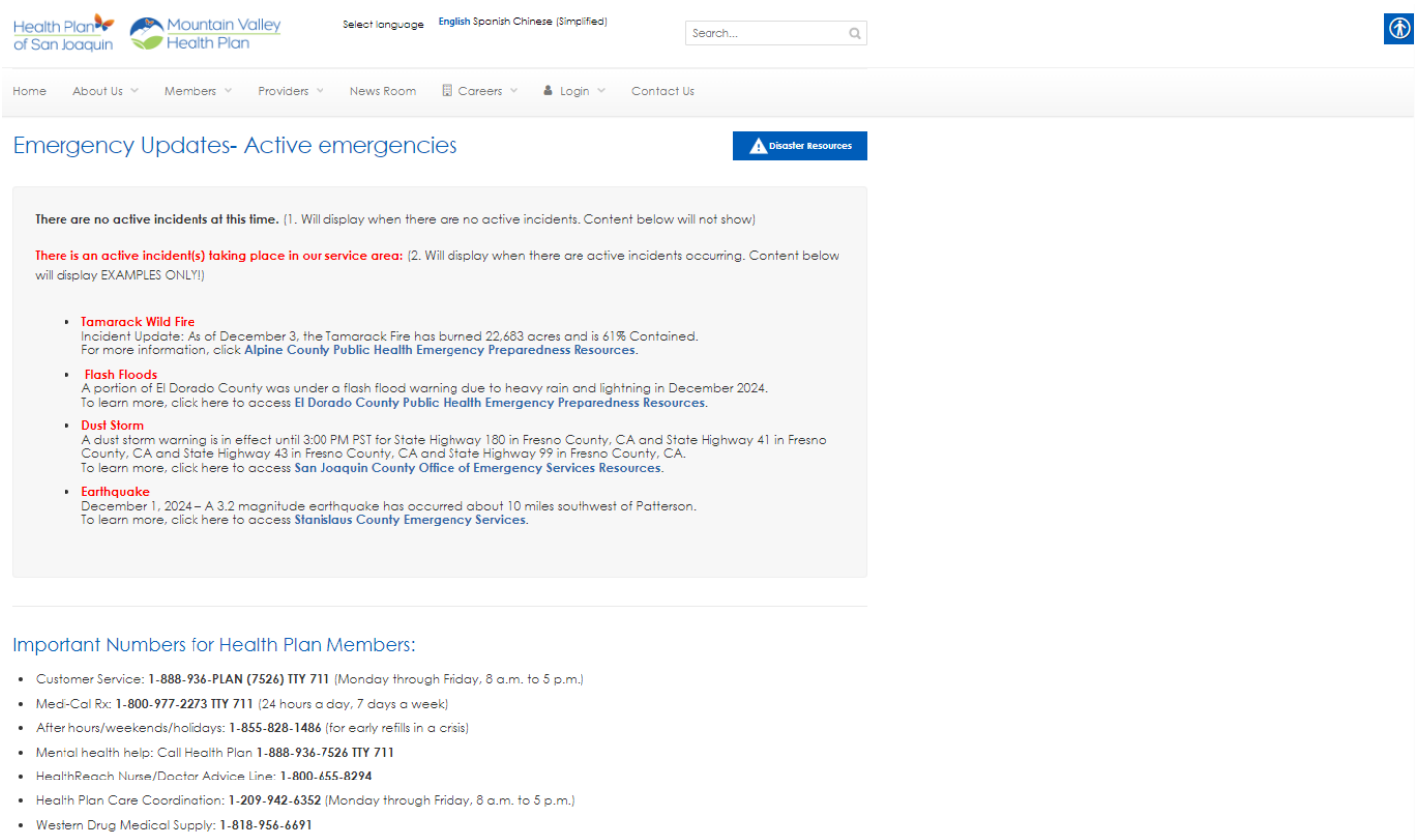
Physical Threat

Alpine	El Dorado	San Joaquin	Stanislaus
• Public Safety Alerts	• Public Safety Alerts	• Public Safety Alerts	• Public Safety Alerts

Power Outage

Alpine	El Dorado	San Joaquin	Stanislaus
• Be Disaster Ready – Power Outage	• Be Disaster Ready – Power Outage	• Be Disaster Ready – Power Outage	• Be Disaster Ready – Power Outage

Audience	Emergency Updates- Active emergencies
Health Plan Members	https://www.hpsj.com/emergency-updates/



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Select language English Spanish Chinese (Simplified)

Search...

Home | About Us | Members | Providers | News Room | Careers | Login | Contact Us

Emergency Updates- Active emergencies

Disaster Resources

There are no active incidents at this time. (1. Will display when there are no active incidents. Content below will not show)

There is an active incident(s) taking place in our service area: (2. Will display when there are active incidents occurring. Content below will display EXAMPLES ONLY!)

- **Tamarack Wild Fire**
  Incident Update: As of December 3, the Tamarack Fire has burned 22,683 acres and is 61% Contained.
  For more information, click **Alpine County Public Health Emergency Preparedness Resources**.
- **Flash Floods**
  A portion of El Dorado County was under a flash flood warning due to heavy rain and lightning in December 2024.
  To learn more, click here to access **El Dorado County Public Health Emergency Preparedness Resources**.
- **Dust Storm**
  A dust storm warning is in effect until 3:00 PM PST for State Highway 180 in Fresno County, CA and State Highway 41 in Fresno County, CA and State Highway 43 in Fresno County, CA and State Highway 99 in Fresno County, CA.
  To learn more, click here to access **San Joaquin County Office of Emergency Services Resources**.
- **Earthquake**
  December 1, 2024 – A 3.2 magnitude earthquake has occurred about 10 miles southwest of Patterson.
  To learn more, click here to access **Stanislaus County Emergency Services**.

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APPENDIX F – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND DISASTERS

Adapted from HIPAA and Disasters: What Emergency Professionals Need to Know, U.S. Department of Health and Human Services, Administration for Strategic Preparedness & Response (ASPR) (September 11, 2017) https://files.asprtracie.hhs.gov/documents/aspr-tracie-hipaa-emergency-fact-sheet.pdf.

Disasters and emergencies can strike at anytime with little or no warning and the local healthcare system in the midst of an emergency response can be rapidly inundated with Patients/Members, worried family and friends looking for their loved ones, and media organizations requesting Patient/Member information. Knowing what information can be released, to whom, and under what circumstances, is critical for healthcare facilities in disaster response. This guide is designed to answer frequently asked questions regarding the release of information about Patients/Members following an incident.

NOTE: This guide does NOT replace the advice of Health Plan's Privacy Officer and/or Health Plan's Chief Legal Counsel who should be involved in planning for information release prior to an event, developing policy before a disaster that guides staff actions during a disaster, and during an emergency when contemplating disclosures.

What is HIPAA and the Privacy Rule?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations, the HIPAA Privacy, Security, and Breach Notification Rules, protect the privacy and security of Patients'/Members' PHI, but is balanced to ensure that appropriate uses and disclosures of the information may still be made when necessary to treat a Patient/Member, to protect the nation's public health, and for other critical purposes.

Does HIPAA Apply to Me or My Organization?

The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce.

- Covered entities are health plans, healthcare clearinghouses, and those healthcare providers that conduct one or more covered healthcare transactions electronically, such as transmitting healthcare claims to a health plan.
- Business associates generally include persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting PHI. Business associates also include subcontractors that create, receive, maintain, or transmit PHI on behalf of another business associate.

When Can PHI Be Shared?

Covered entities can disclose needed Patients'/Members' protected health information (PHI) without individual authorization:

- **Treatment.** Under the HIPAA Privacy Rule, covered entities may disclose, without a Patient's/Member's authorization, PHI about the individual as necessary to treat the Patient/Member or to treat a different Patient/Member. Treatment includes the coordination or management of healthcare and related services by one or more healthcare providers and others, consultation between providers, providing follow-up information to an initial provider, and the referral of Patients/Members for treatment.
- **Public Health Activities**. The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to PHI that is necessary to carry out their public health mission. Therefore, the HIPAA Privacy Rule permits covered entities to disclose needed PHI without individual authorization:
- **To a public health authority** that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or to a person or entity acting under a grant of authority from or under contract with such public health agency. This could include, for example: the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions.
    - **At the direction of a public health authority**, to a foreign government agency that is acting in collaboration with the public health authority.
    - **To persons at risk** of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations.
- **Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification.** A covered entity may share PHI with a Patient's/Member's family members, relatives, friends, or other persons identified by the Patient/Member as involved in the Patient's/Member's care. A covered entity may also share information about a Patient/Member as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the Patient's/Member's care, of the Patient/Member's location, general condition, or death. This may include—if necessary to notify family members and others—the police, the press, or the public at large.
    - The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the Patient/Member does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the Patient's/Member's best interest.

- In addition, a covered entity may share PHI with disaster relief organizations such as the American Red Cross, which are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the Patient's/Member's care, of the Patient's/Member's location, general condition, or death. It is unnecessary to obtain a Patient's/Member's permission to share information in this situation if doing so would interfere with the organization's ability to respond to the emergency.
- **Imminent Danger.** Healthcare providers may share Patient/Member information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct.
- **Disclosures to the Media or Others Not Involved in the Care of the Patient/Member.** Except in the limited circumstances described above, affirmative reporting to the public or media of specific information about treatment of an identifiable Patient/Member will not be done.
  - General or aggregate information in mass casualty incidents that does not identify an individual or meets the requirements of the HIPAA Privacy Rule's de-identification provisions is not considered PHI (e.g., X number of Members were affected by the incident).

Minimum Necessary. For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose.

Note: The disclosures listed above are at the discretion of the covered entity and are not required disclosures under the Rule. Some of these disclosures may be required by other federal, state or local laws (for example, mandatory reporting of positive infectious disease test results).

Does the HIPAA Privacy Rule Permit Disclosure to Public Officials Responding to a Bioterrorism Threat or other Public Health Emergency?

Yes. The HIPAA Privacy Rule recognizes that various agencies and public officials will need PHI to deal effectively with a bioterrorism threat or emergency. The public health threat does not have to reach a declared emergency status. If information is needed by a government agency to protect the health of the public (e.g., a food-borne outbreak), the agency may request and receive appropriate clinical and other information about the patient's disease, care, and response to treatment. To facilitate the communications that are essential to a quick and effective response to such events, the HIPAA Privacy Rule permits covered entities to disclose needed information to public officials in a variety of ways. Further, if the covered entity has obligations to report test

results and other information to public health agencies by statute, rule, or ordinance, the HIPAA Privacy Rule generally permits these disclosures.

Covered entities may disclose PHI, without the individual's authorization, to a public health authority acting as authorized by law in response to a bioterrorism threat or public health emergency (reference 45 CFR 164.512(b)), public health activities). The HIPAA Privacy Rule also permits a covered entity to disclose PHI to public officials who are reasonably able to prevent or lessen a serious and imminent threat to public health or safety related to bioterrorism (reference 45 CFR 164.512(j)), to avert a serious threat to health or safety). In addition, disclosure of PHI, without the individual's authorization, is permitted where the circumstances of the emergency implicates law enforcement activities (reference 45 CFR 164.512(f)); national security and intelligence activities (reference 45 CFR 164.512(k)(2)); or judicial and administrative proceedings (reference 45 CFR 164.512(e)).

Is the HIPAA Privacy Rule "Waived" or "Suspended" During an Emergency?

The HIPAA Privacy Rule is not suspended during a public health or other emergency; however, under certain conditions the Secretary of the U.S. Department of Health and Human Services may waive, **for hospitals only**, certain provisions of the HIPAA Privacy Rule section 1135(b)(7) of the Social Security Act, if such a waiver is deemed necessary for the particular incident when the Secretary declares a public health emergency and the President declares an emergency or disaster under the Stafford Act or National Emergencies Act.

Does the HIPAA Privacy Rule Permit Disclosure to Law Enforcement?

A HIPAA-covered entity may disclose PHI to law enforcement with the individual's signed HIPAA authorization. A covered entity may disclose directory information as mentioned above to law enforcement upon request. Further disclosures to law enforcement for purposes of reunification and family notification are permitted as discussed above. A HIPAA-covered entity also may disclose PHI to law enforcement without the individual's signed HIPAA authorization in certain incidents, including:

- To report to a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- To report PHI that the covered entity in good faith believes to be evidence of a crime that occurred on the premises of the covered entity.
- To report PHI to law enforcement when required by law to do so.
- To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or an administrative request from a law enforcement official (the administrative request must include a written statement that the information requested is relevant and material, specific and limited in scope, and de-identified information cannot be used).

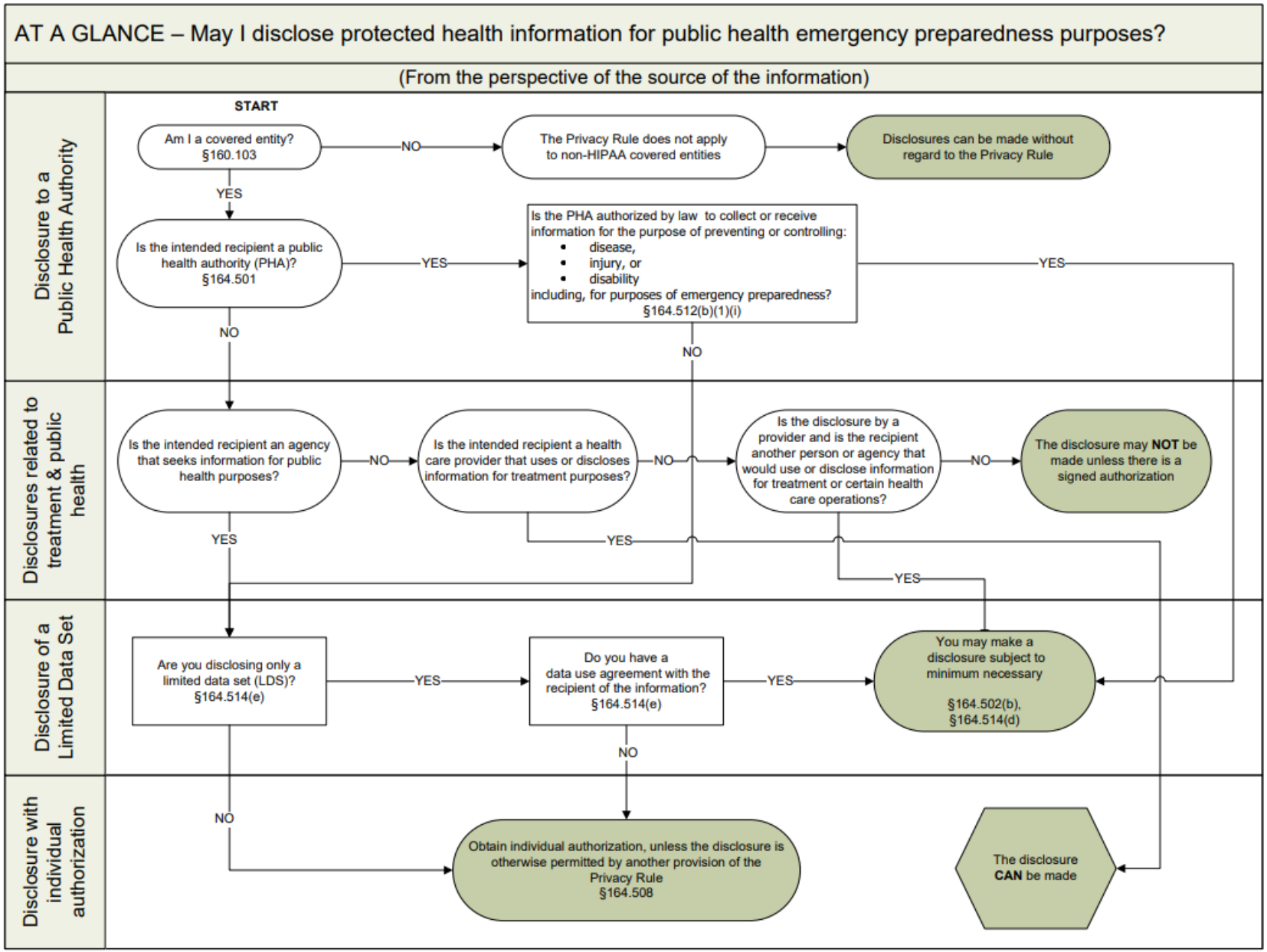
- To respond to a request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person, but the information disclosed must be limited to certain basic demographic and health information about the person.
- To respond to a request for PHI about an adult victim of a crime when the victim agrees (or in limited circumstances if the individual is unable to agree). Child abuse or neglect may be reported, without a parent's agreement, to any law enforcement official authorized by law to receive such reports.

For More Information

December 23, 2022. U.S. Department of Health and Human Services, Office for Civil Rights: Disclosures for Emergency Preparedness - A Decision Tool: Overview. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html

November 2014. U.S. Department of Health and Human Services, Office for Civil Rights BULLETIN: HIPAA Privacy in Emergency Situations. https://www.hhs.gov/sites/default/files/emergencysituations.pdf

September 2, 2005. U.S. Department of Health and Human Services, Office for Civil Rights: Health Information Privacy https://www.hhs.gov/hipaa/for-professionals/faq/960/can-health-care-information-be-shared-in-a-severe-disaster/index.html


AT A GLANCE – May I disclose protected health information for public health emergency preparedness purposes?
(From the perspective of the source of the information)
Disclosure to a Public Health Authority
START
Am I a covered entity? §160.103
NO
The Privacy Rule does not apply to non-HIPAA covered entities
Disclosures can be made without regard to the Privacy Rule
YES
Is the intended recipient a public health authority (PHA)? §164.501
YES
Is the PHA authorized by law to collect or receive information for the purpose of preventing or controlling:
• disease,
• injury, or
• disability
including, for purposes of emergency preparedness? §164.512(b)(1)(i)
YES
NO
NO
Disclosures related to treatment & public health
Is the intended recipient an agency that seeks information for public health purposes?
NO
Is the intended recipient a health care provider that uses or discloses information for treatment purposes?
NO
Is the disclosure by a provider and is the recipient another person or agency that would use or disclose information for treatment or certain health care operations?
NO
The disclosure may NOT be made unless there is a signed authorization
YES
YES
YES
Disclosure of a Limited Data Set
Are you disclosing only a limited data set (LDS)? §164.514(e)
YES
Do you have a data use agreement with the recipient of the information? §164.514(e)
YES
You may make a disclosure subject to minimum necessary §164.502(b), §164.514(d)
NO
Disclosure with individual authorization
NO
Obtain individual authorization, unless the disclosure is otherwise permitted by another provision of the Privacy Rule §164.508
The disclosure CAN be made

APPENDIX G – SAMPLE DHCS NOTIFICATION MEMO TEMPLATE

Contained in Internal EPRP

APPENDIX H – ADDITIONAL INFORMATION FOR PAYOR ORGANIZATIONS AND HEALTHCARE SURGE

Excerpts from Standards and Guidelines for Healthcare, Vol III: Payers, California Department of Public Health (CDPH) (2008). This manual outlines specific sets of recommendations for commercial health plans to consider when working with providers, employers and others during the surge planning process. Recommended approaches to changes in contract provisions which focus on simplifying administrative and reimbursement requirements are included. This volume also contains specific information on the impact that a healthcare surge may have on a health plan's administrative and financial relationship with Medicare Advantage, Medi-Cal Managed Care and Workers' Compensation.

In California, a healthcare surge is proclaimed in a local jurisdiction when an authorized local such as a local health officer or other appropriate designee, using professional judgment determines, subsequent to a significant emergency or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity in hospitals, long -term care facilities, community care clinics, public health departments, other primary and secondary care providers, resources and/or emergency medical services. The local health official uses the situation assessment information provided from the healthcare delivery system partners to determine overall local jurisdiction/Operational Area medical and health status.

The coordination of activities during a healthcare surge entails significant responsibilities for local government as well as hospitals and other community healthcare professionals. While the ultimate determination regarding surge related activities will be made by local government, healthcare providers and payers will be kept informed to provide a coordinated and integrated response.
A key barrier to effective healthcare surge response is the complexity of the healthcare delivery system. Preserving the overall financial liquidity of the healthcare delivery system during a catastrophe is an issue that is larger than any single stakeholder. There are practical ways that healthcare organizations can take proactive steps to preserve a revenue stream during a surge event, while payers (government and commercial) can more effectively meet their obligations for their covered beneficiaries under the traditional third-party payer system. Given the unpredictable nature of a disaster and its potential to significantly impact the healthcare delivery system, sufficient planning and coordination between providers and payers will be essential to maintain business continuity and sustain operations at facilities providing medical care.

During a healthcare surge, the delivery of care will be different. The standard of care may change based on available resources. The scope of a provider's practice may change based on need, sites of care may look different due to access issues, and the traditional methods of claims identification and submission may be forced to undergo adjustments that require practical solutions. Additionally, during a catastrophic emergency, the primary focus of the healthcare community will be on responding to the emergency and caring for the ill and injured. These

changes will require providers to work with health plan partners to meet the needs of the health care surge environment and ensure adequate provisions of care and cash flow.

Health plans play a key but distinct role during a catastrophic emergency and have unique issues that must be addressed. Key issues for health plans during a catastrophic emergency to consider include the following:

- Within California, the structure of the relationship between the health plan and provider, in most instances, is based on the network model, which may include a gatekeeper, a predetermined set of providers and defined protocols and standards of care. The network model in a surge environment may be disrupted as the provision of care in a catastrophic emergency will reflect the care appropriate to the resource demands of the disaster. Access to the appropriate provider and/or level of care, as dictated by a health plan or assigned medical group, may not be possible due to situational constraints.
- Noncompliance with pre-authorization requirements could limit provider payment for some services, and the plan requirement that physicians be licensed in the state in which they practice may preclude out-of-state healthcare professionals from providing assistance.
- Recognizing that healthcare surge conditions may preclude the ability to follow normal reimbursement rules and protocols while providing care that would be reimbursable under non-surge conditions, health plans and providers should proactively develop streamlined reimbursement mechanisms to solve administrative complications and deficiencies that may present themselves during a healthcare surge.
- There is a strong likelihood that health plans will receive a significant increase in the volume of claims. Furthermore, health plans should anticipate that they may be challenged by administrative complexities due to an increase in paper claims, claims from non-network providers, incomplete and/or late claims, claims sent in error, or claims for members who are no longer eligible. The increased volume of claims may put a strain on health plan reserves, systems and processes.
- Employer premium payments and eligibility listings during a healthcare surge may be late, missing and/or inaccurate.
- The circumstances surrounding a healthcare surge may create business continuity challenges when information technology is unavailable, impacting communication with providers, continuity of care, claims submission and payments.
- Health plan members may receive healthcare services at an Alternative Care Site during a healthcare surge. Health plans are not financially liable for services rendered to members at unlicensed healthcare facilities. However, surge planning for health plans should include a process to collect health related data from Alternative Care Sites for tracking and reporting, as well as for health-related follow-up with their primary care provider.

This document is intended to serve as a guide to assist representatives from commercial health plans, network providers, public payers and employer groups to work together to address the impact that a healthcare surge might have on the healthcare system, including health plan and

provider operations, contractual requirements, premium payments and member coverage. The content in this volume addresses health plans with respect to licensed healthcare providers and is not intended to apply to Alternate Care Sites. With this goal in mind, this document contains general and specific planning considerations that health plans can use in managing their various products and relationships during a healthcare surge, thus promoting patient care, access and funding, business continuity and sustained operations at facilities providing medical care.

As current policies and regulations do not fully address all of the funding and reimbursement issues that may arise during a healthcare surge, it is recommended that health plans develop disaster recovery plans to address how their organization will respond during a healthcare surge. Developing these plans preemptively limits the confusion that may arise during a catastrophic event and provides the health plans' members, providers and community with the opportunity to prepare appropriately.

The rules, requirements, policies and procedures that health plans enforce during normal operating procedures may present impediments to healthcare delivery during a healthcare surge. Health plans may want to address and minimize these anticipated risks in their disaster recovery plans, outlining how their rules, requirements, policies and procedures may be altered during a healthcare surge to meet the needs of their members in the affected area such as:

- Medical and pharmacy procedures and requirements
- Barriers to accessing needed healthcare
- Authorization for out-of-network medical services
- Alternatives for medical pre-certification, referrals, medical necessity review and notification of hospital admissions
- Accessing other primary care physicians or specialists
- Pharmacy restrictions, refills, additional supplies of medications as backup
- Mail order pharmacy
- Claims payment
- Crisis toll free hotline
- Ability to identify current members

In order to prepare financially for a healthcare surge, health plans and providers should initiate discussions to address the potential challenges and barriers that a healthcare surge may generate. Maintaining existing revenue streams during healthcare surge will likely depend on health plan and provider organizations addressing disaster-related concerns in advance through contract provisions. Sufficient planning and coordination between health plans and providers will be essential to maintaining business continuity and sustaining operations at facilities providing medical care during a healthcare surge. During a healthcare surge it will be reasonable to expect that most healthcare personnel will be devoted to patient care. Additionally, current electronic

systems may be nonfunctional or unavailable. As such, administrative billing functions under healthcare surge conditions may need to be reduced or re-tooled to meet minimum requirements.

Health Plans and Medi-Cal Managed Care

Several California health plans have contracts in place with Medi-Cal to offer managed care plans to Medi-Cal beneficiaries. The benefits and provider network configurations of Medi-Cal Managed Care plans are designed with a key focus on prevention, women's services and primary care. If a healthcare surge develops, health plans and providers may be challenged to meet their contractual obligations. While considerations related to general disaster planning were discussed above, outlined below are steps health plans may want to consider when working with providers and employer groups to prepare for a healthcare surge.

Rates	Policies & Procedures	Access & Coverage
• Simplify rate structure for hospitals which may include negotiating a global acute care rate for inpatient care. • Consider providing lump sum advance payments to assist high volume providers in maintaining cash flow. • Consider modifying contract language with independent practice associations / medical groups and hospitals to provide for an automatic increase in capitation during a surge, when appropriate. • Move toward a common reimbursement, such as a Medicare Diagnosis-Related Group based system to simplify claims generation and payment process. • Leverage the health plan's commercial network and negotiate	• Modify timely filing provisions to accommodate late or delayed claims which may be due to lack of correct benefit and eligibility information. • Proactively develop messaging for members to communicate surge protocols and administrative procedures. • Create new or modify existing contracts to include disaster provisions that address rights and obligations outside the typical force majeure clauses. • Create policies to expedite cash flow during a declared healthcare surge. • Consider developing minimum required data elements for	• For closed network models, revise preauthorization and referral requirements to allow access to care when needed and where available. • Due to a limited network of providers in some geographies, maintain full benefits for members seeking care or accessing care at out-of-network providers due to availability.

reciprocity rates to accommodate out of network utilization during a healthcare surge.	reimbursement purposes during a healthcare surge and incorporate these elements into the provider contracts. • Consider developing contract provisions to include third-party vendors who may assist with billing on behalf of an existing facility during an extended healthcare surge.	

One of the challenges in preparing for the financial consequences of a healthcare surge is the highly situational nature of any healthcare surge response. As such, it may be helpful to review in greater depth the California and federal laws and regulations addressing how health plans can respond to patient care, access and financing issues during a healthcare surge, as well as the types of responses that have occurred historically. In some cases, laws and regulations dictate how health plans must respond during a catastrophic emergency, what health plans are required to provide their members and what protections their members are afforded.

APPENDIX I – EMERGENCY PREPAREDNESS FACT SHEET TEMPLATE

Health Plan of San Joaquin/Mountain Valley Health Plan
Emergency Preparedness Fact Sheet

Welcome to Our Network!

At Health Plan of San Joaquin/Mountain Valley Health Plan ("Health Plan"), we're committed to supporting you, our valued Network Partners, in delivering exceptional care to our members. We understand that emergencies can impact your ability to provide healthcare, and we're here to work together with you to ensure the safety, well-being, and continuity of care for everyone involved.

This Emergency Preparedness Fact Sheet provides basic guidance regarding preparing for emergencies while fostering a strong partnership with Health Plan. Our goal is to create a seamless and collaborative approach to emergency preparedness, ensuring we're all ready to respond effectively when it matters most.

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1) Collaborate with your County Healthcare Coalition

   We suggest actively engaging with your county healthcare coalition before an emergency occurs. Participation can help build coordinated response strategies, ensuring resource sharing, streamlined communication, and effective care during a crisis. By collaborating, you can strengthen your emergency plans, identify readiness gaps, and foster relationships that are crucial for timely action. In some cases, active collaboration with your county's healthcare coalition may be mandatory due to statute or accreditation requirements, such as through the Joint Commission.

Preparing together can significantly enhance the safety and well-being of the community.

- Alpine County – (Email emergencymanagement@hpsj.com for point of contact info)
- El Dorado County – Amador/El Dorado Community Preparedness Coalition (Email emergencymanagement@hpsj.com for point of contact info)
- San Joaquin County – San Joaquin Operational Area Healthcare Coalition (Email emergencymanagement@hpsj.com for point of contact info)
- Stanislaus County - Stanislaus County Healthcare Emergency Preparedness Coalition (Email SCHEPC@schsa.org)

2) Get Plugged In

   Actively seek out sources of emergency preparedness, warning, and response information such as your county Office of Emergency Services, Health Department, and Emergency

Medical Services Agency. The State and federal government also have sites and tools that are useful. Examples are:

County

- **Alpine County Public Health Emergency Preparedness Resources** (https://www.alpinecountyca.gov/196/Emergency-Preparedness-Section)
- **El Dorado County Public Health Emergency Preparedness Resources** (https://www.eldoradocounty.ca.gov/Public-Safety-Justice/Safety-Justice/sheriff/operations/oes)
- San Joaquin County Public Health Emergency Preparedness Resources (https://sjready.org/)
- **Stanislaus County Public Health Emergency Preparedness Resources** (https://www.stanoes.com/stanemergency)

State

- **CalFire firePLANNER.** firePLANNER is a web-based platform that helps residents develop customized readiness plans for wildfire and other emergencies. It also provides information on preparing home and property for wildfire; creating an evacuation plan, including for pets and livestock; and special considerations to keep in mind during a wildfire. Users can also access information on active California wildfires. FirePLANNER is available in both English and Spanish. https://wildfiretaskforce.org/new-online-resources-now-available-to-help-prepare-for-wildfires/
- **CalOES Be Disaster Ready, California.** This site provides the public information and resources about emergency preparedness and allows people to sign up for emergency alerts from their counties**.** https://www.listoscalifornia.org/disaster-readiness/
- **CDPH Be Prepared California**. This site provides the public and healthcare workers information and resources about emergency preparedness. https://www.cdph.ca.gov/Programs/EPO/Pages/BePreparedCalifornia.aspx

Federal

- **AirNow.gov**. AirNow reports air quality using the official U.S. Air Quality Index (AQI), a color-coded index designed to communicate whether air quality is healthy or unhealthy for you. When you know the AQI in your area, you can take steps to protect your health. www.airnow.gov/?city=French%20Camp&state=CA&country=USA
- **Clinician Outreach and Communication Activity (COCA).** COCA provides timely, accurate, and credible information to clinicians related to emergency preparedness and response and emerging public health threats. https://emergency.cdc.gov/coca/about.asp
- **HHS ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE).** ASPR TRACIE was created to meet the information and technical assistance needs of regional ASPR staff, healthcare coalitions, healthcare entities, healthcare

providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness. https://asprtracie.hhs.gov/.

3) Ensure compliance with CMS Emergency Preparedness Final Rule

The updated CMS EP Final Rule (https://www.cms.gov/files/document/qso-21-15-all.pdf) establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.

4) Include Health Plan in your Emergency Plans

Ensure that notifying and advising Health Plan regarding your operations during an emergency are in your emergency plans. Have Health Plan‘s Customer Service telephone numbers and your Health Plan Provider Services Representative contact information included, as well.

5) Notifying Health Plan of Operational Status

Follow your emergency response protocols (which may include notifying your local health department, emergency medical services agency, or county emergency operations center) but then

Notify Health Plan (via your Service Area Provider Services Representative) within 24 hours if your operations are affected by an emergency, such as closure, inability to meet healthcare surge demands, or other impacts; and to provide updates on any operational changes during the emergency. In some cases, Health Plan may conduct outreach telephone calls to providers that are in/near the areas affected by the emergency/disaster.

6) Communications to Providers

Health Plan will provide you with details on necessary modifications during emergencies to ensure members can access covered services. This information will be communicated directly by Provider Services, and additional resources may be available on Health Plan’s website in the Provider area (www.hpsj-mvhp.org).

You can contact Health Plan’s Customer Service Department at 1-888-936-PLAN (7526) TTY 711, Monday through Friday, 8 a.m. to 5 p.m., for assistance or questions. Health Plan staff, located at French Camp, Modesto, Placerville, and working remotely across the state, are available to respond to inquiries from providers and their partners.

7) Information to Members

Health Plan has several methods to provide information to its members during emergencies. Health Plan has its call center at 1-888-936-PLAN (7526) TTY 711 (Monday through Friday, 8

a.m. to 5 p.m.) for assistance. It can also make additional resources available to members in the Member area of Health Plan's website (www.hpsj-mvhp.org).

If you have any questions regarding emergency preparedness, please contact your assigned Service Area Provider Services Representative.

For general inquiries, you may reach your Provider Services Representative listed below:

Provider Services Representative: _____

Telephone: _____ Email: _____

or Email: provider.services@hpsj.com

APPENDIX J – SAMPLE AFTER-ACTION REPORT/IMPROVEMENT PLAN

Contained in Internal EPRP