

## EMERGENCY PREPAREDNESS THIRD-PARTY TRAINING ACKNOWLEDGEMENT & ATTESTATION

In accordance with applicable State, Federal or Health Plan Training on Emergency Preparedness, select Third-Party's (including Network Providers, Subcontractors, Downstream Subcontractors and related entities) must comply with Emergency Preparedness requirements annually.

### 1) Training and Education

- a. Health Plan must educate Network Providers, as a part of training in accordance with Exhibit A, Attachment III, Subsection 3.2.5 (Network Provider Training), and Subcontractors and Downstream Subcontractors on Contractor's Emergency policies and procedures.
- b. Health Plan must provide Network Providers, Subcontractors, and Downstream Subcontractors with an Emergency Preparedness fact sheet and resources on general Emergency Preparedness, response, and communications protocols.

### 2) Communications During an Emergency

- a. Health Plan must have a system and process in place to be able to provide and receive information from Network Providers, Subcontractors, and Downstream Subcontractors during an Emergency.
- b. Health Plan must have a process in place to inform Network Providers, Subcontractors, and Downstream Subcontractors about what modifications need to be implemented during an Emergency to ensure that Members are able to access Covered Services, and the how Contractor can assist Network Providers, Subcontractors, and Downstream Subcontractors in those efforts.

### 3) Network Provider & Third-Party Contractor Agreements

- a. Health Plan's Third-Party's (including Network Providers, Subcontractors, Downstream Subcontractors and related entities) Agreements must state that Third-Party's are required to:
  - i. Annually submit evidence of adherence to CMS Emergency Preparedness Final Rule 81 FR 63859;
  - ii. Advise Health Plan as part of the Network Provider's or Third-Party's Emergency plan;
  - iii. Third-Party's must notify Health Plan within 24 hours of an Emergency if the Network Provider or Third Party Contractor (a) closes down, (b) is unable to meet the demands of a medical surge, (c) experiences a service interruption/outage, or (d) is otherwise affected by an Emergency.
  - iv. Attest that Third-Party has a Business Continuity Plan (BCP)
  - v. Provide a copy of the BCP to Health Plan annually with attestation or upon request

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Subcontractors and Downstream Subcontractors must attest for themselves and their employees who completed the training by completing the attestation below.

An Authorized Person can complete the training attestation on behalf of your organization for each staff member.

Name of Third-Party Contracted Entity/Practice Name:	Business Address:
Federal Tax Identification Number#:	Practice NPI# (if applicable):

I am the only provider at my practice

Training- Option 1:  Provided by HPSJ/MVHP      Training Date: \_\_\_\_\_

Training- Option 2:  Provided by \_\_\_\_\_ Training Date: \_\_\_\_\_

**I attest to having received the annually required Third-Party Emergency Preparedness Training and resources. Please sign and date below.**

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Print Third Party Authorized Name

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Title

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Signature

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Date

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Email

-----  
Phone Number

Please send this completed form to HPSJ/MVHP at [procurement@hpsj.com](mailto:procurement@hpsj.com). This training is required for all Third-Party's (including Network Providers, Subcontractors, Downstream Subcontractors and related entities) and their staff. Please list all contractors, subcontractors and staff who also completed the training. You can upload a roster of your subcontractors, downstream contractors and staff names and titles, that completed the training in lieu of completing the attestation below.



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### Notification Required Information

*Third-Party's (including Network Providers, Subcontractors, Downstream Subcontractors and related entities) reporting: (a) closure, (b) being unable to meet the demands of a medical surge, (c) experiencing a service interruption/outage, or (d) being otherwise affected by an Emergency, must include the following information in their notification:*

- 1) Third-Party Name
- 2) Third-Party TAX ID
- 3) Third-Party Rep Name (reporting issue)
- 4) Third-Party Rep EMAIL
- 5) Third-Party Rep Phone
- 6) Third-Party POC name at Health Plan
- 7) Incident resulting in Service Interruption/Outage (indicate which apply)
  - a) Fire
  - b) Earthquake
  - c) Storm
  - d) Flood
  - e) Tornado / Hurricane / Tsunami
  - f) Other (Please explain)
- 8) Type of Service Interruption (indicate which apply)
  - a) Power outage
  - b) Internet / Network outage
  - c) Hardware failure
  - d) Breach
  - e) Labor shortage / Strike
  - f) Civil unrest
  - g) Other (please explain)
- 9) Service interruption/downtime start date
- 10) Anticipated Service Interruption /downtime end date
- 11) Additional Information (box)

### **Notify Health Plan of a service interruption or outage by contacting us in one of the following ways:**

- [EPalerts@hpsj.com](mailto:EPalerts@hpsj.com)
- (209) 639-1609 *(for non-Provider Third-Party use only, if you are a provider, please follow instructions provided by your Health Plan designated provider services representative)*
- Submit Web Form for "Third Party Service Interruptions and Outages"