



# Emergency Preparedness and Response Plan for Disaster Preparedness, Reaction, and Response

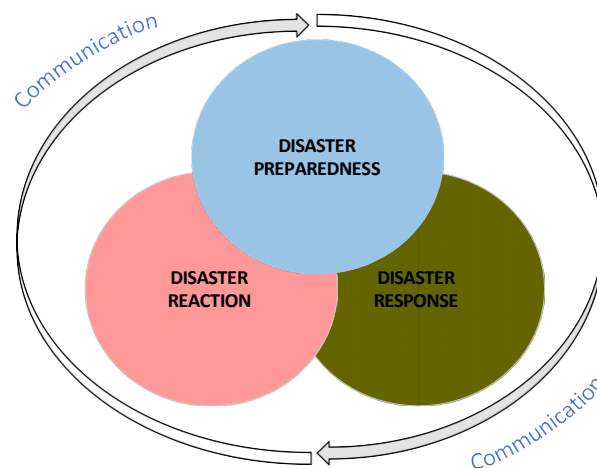
# 1 Introduction

HPSM is committed to ensuring the safety and well-being of our members, staff and community partners in the event of an emergency. This Emergency Preparedness and Response Plan outlines our strategies and procedures for anticipating, responding to and recovering from a range of potential emergencies (including natural disasters, public health crises and other disruptive incidents). Our goals are to:

Maintain continuity of care	Protect critical operations	Support a coordinated response	Minimize negative impacts	Promote organizational resilience
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This Plan is supported by the following companion guides and preparedness plans which will provide specific operational details:

- Emergency Response Team (ERT) Plan
- Incident Command System Companion Guide
- Communication Plan for Incidents
- IT Disaster Recovery Plan
- Member Emergency Preparedness Plan
- Provider Emergency Preparedness Plan



The above shows the phases of Disaster Resource Management (preparing for, reacting to, and responding to a disaster). The phases are as follows:

- **Disaster Preparedness:** Activities occurring prior to an event to ensure the organization is

prepared for a disaster. This phase includes planning, risk assessment, training, testing, preventative maintenance, and systems backups.

- **Disaster Reaction:** Activities occurring while the event is taking place to ensure the safety of employees, visitors, and vital information systems. This phase includes building evacuation, establishing a safe and secure environment, and information and life safety system shutdowns.
- **Disaster Response:** Activities following a disaster that allow the health plan to continue or restore operations as soon as possible. This phase includes disaster recovery of information/technical systems, implementation of Emergency Preparedness and Response plans for the business areas, and restoration of life safety systems.

Effective communication is key during all stages.

This plan must be reviewed and tested on an annual basis. Trainings and/or drills may be in the form of a table-top exercise, a physical walk-through, mock disaster, drills, or component testing to ensure emergency preparedness and to detect vulnerabilities that can be addressed before an actual emergency arises. HPSM will submit a report within 30 calendar days of each test to DHCS. The report will include an overview of the test, summary of outcomes and a plan to address vulnerabilities found. Additionally, upon request, HPSM will participate in mock disaster drills coordinated by governmental entities, if available, to ensure coordination during an emergency. A copy of this plan will be housed on the HPSM Intranet for all staff to access.

HPSM business units are responsible for the following:

- Periodically reviewing the adequacy and appropriateness of its plan and downtime procedures.
- Assessing the impact on the Emergency Preparedness and Response Plan of additions or changes to existing business functions, procedures, equipment, and facilities requirements.

In addition, HPSM will cooperate with local city and county emergency preparedness programs within our service area to ensure provision of health care services. Also, upon request, educate and prepare staff on the California State Emergency Plan and prepare staff to participate in California's Standardized Emergency Management System (SEMS). HPSM will maintain contact information for local city and county emergency preparedness programs within our service area and a Medical Director and Grievance and Appeals Coordinator is currently signed up with California Health Alert Network and the California State Warning Center to receive communications.

## 2 Definitions

For purposes of this document, disasters may be any unforeseen event that could result in loss of building access in part or in total, loss of utility service, disruption in system connectivity, or interruption in the services provided by HPSM operations. The role that the various departments of the health plan may vary depending on the type and extent of the disaster incurred.

Based on geographical location, HPSM may experience the following incidents:

- Natural disasters
- Infrastructure failures
- Security Threats
- Operational disruptions
- Information technology security incidents
- Public health crises.

For the purposes of this document, a “disruption of access to health care” is defined in accordance with §422.100(m) as an interruption of interference in access to health care through the service area such that enrollees do not have the ability to access contracted providers, or contracted providers do not have the ability to provide needed services, causing Medicare Advantage (MA) organizations to fail to meet their prevailing patterns of community health care delivery in the service area under §422.112(a)

## 3 Plan Implementation

### Disaster Declaration

The Incident Commander is responsible for declaring a disaster and activating the various actions as outlined in this plan and its companion documents. Communication will be made to the appropriate individuals or agencies as required by the Communication Plan. Employee communication will be sent through Alert Media per the Communication Plan.

### Enacting the Plan

This Plan becomes effective when a disaster occurs and remains in effect until called off by the Incident Commander, typically after normal operations are resumed at the original location or a replacement location, and control is returned to the appropriate functional management.

### Incident Debrief

Following the completion of the incident, a debriefing session will be held with Incident Commander and other key participants to review lessons learned and identify opportunities

for improvement.

## 4 Disaster Preparedness

It is critical that the health plan is fully prepared for all types of disasters. Preparedness steps include:

- Identify and assess risks of potential public health crises and natural or man-made emergencies (included in the Disaster Response tables below), considering the likelihood of the emergency within the service area and how the emergency may disrupt HPSM's business operations.
- Maintain a well-staffed and well-trained Emergency Response Team (ERT) to assist in the safe and effective evacuation of health plan staff from the office building.
- Conduct regular evacuations drills.
- Conduct preventive maintenance (and any needed repairs) on life safety equipment, including obtaining all required permits.
- Conduct regular testing of the life safety equipment.
- Conduct all data system back-ups on a regular basis.
- Establish a disaster recovery plan for IT system recovery, including the use of a remote colocation site (currently in Reno, NV).
- Establish a process for identifying critical applications.
- Monitor critical applications and servers, ensuring prompt notification in the event of system failure.
- Conduct regular testing of the back-up and colocation systems (both transferring to the site and connecting back to the plan) as well as the critical applications and servers identified above.
- Develop business-focused downtime procedures.
- Conduct regular testing of these downtime procedures.
- Working with the county to provide mutual aid during emergencies. To do this, we have regularly scheduled meetings between the county health department and the health plan which addresses emergency preparedness as needed.

## 5 Disaster Reaction

It is vital that appropriate actions are taken during an actual disaster or emergency while it is occurring. The following are steps that should be taken at that time if the disaster warrants the reaction:

- The ERT will conduct a safe evacuation from the health plan office building.
- Building hazards will be identified, and safe zones will be established.
- The building will be secured.

- Life safety equipment will be shut off.
- Generators will be engaged.
- IT systems will be switched over to the colocation site.
- IT systems will be methodically shut down according to the technical protocols.

## 6 Disaster Risk Assessment and Response

After the imminent danger from the disaster has passed, steps should be taken to return to regular operations and restore vital services as safely and as quickly as possible.

The tables below identify several possible outcomes of an incident, probability of them occurring, impact on HPSM and actions HPSM will take to ensure business continuity. This risk assessment will be reviewed as changes occur, but at least annually.

### A. Loss of Access to Building

Probability	Low
Impact	High
Impact Details	Access to HPSM’s facility is not possible due to unsafe conditions of building or unsafe conditions surrounding the area.
Actions	<ol style="list-style-type: none"> <li>1. Incident Commander or other Administrator of Alert Media to notify all staff of incident using Alert Media.</li> <li>2. Determine essential functions that are needed to provide services and retain necessary staff needed.</li> <li>3. Determine if IT systems are available or need to be shut down.</li> <li>4. Redirect phones to vendor/answering service, or recorded announcement explaining the issue.</li> <li>5. If systems are available, staff work remotely if possible.</li> <li>6. If systems are not available, enable access to DR site in Reno.</li> <li>7. Implement the Communication Plan for members, providers, regulatory agencies, and others as appropriate.</li> <li>8. Waive prior authorization requirements, if necessary, to ensure pharmacy, dental, and medical services are provided to members.</li> </ol>

## B. Loss of System Access

Probability	Medium
Impact	High
Impact Details	Access to a critical system which is widely used throughout the organization (such as HEALTHsuite, Service Desk Plus, or MedHOK) is unavailable for an extended period of time and would affect business operations.
Actions	<ol style="list-style-type: none"> <li>1. If the system affected is on-premises at HPSM, IT provides a projection of how long the system will be unavailable.</li> <li>2. If the anticipated downtime is longer than 48 hours, enable access to DR site in Reno.</li> <li>3. If system is a cloud/SaaS system, IT and/or business owner works with vendor to determine the possible duration of the outage.</li> <li>4. IT notifies Incident Commander.</li> <li>5. If system is projected to be unavailable for more than 3 hours, the Incident Commander notifies department teams to activate downtime procedures.</li> <li>6. Business departments will operate according to their procedures until notified by the Incident Commander or department head that the system is available.</li> <li>7. Once the system is returned, potential loss of data is identified. Data is restored from back-ups if needed.</li> </ol>

## C. Loss of Data

Probability	Low
Impact	High
Impact Details	Loss of critical data could significantly impact business operations, resulting either in lost time for restoration from back-ups or the need for manual reentry of data from paper (such as authorizations or claims) or reloading of data files (such as member enrollment data).

Actions	<p>IT to notify Leadership about the data loss and if there is backup available.</p> <p>If there is backup available:</p> <ul style="list-style-type: none"> <li>• Determine the impact on staff, members, and providers.</li> <li>• Compliance to notify regulatory agencies if required.</li> <li>• Strategize recovery efforts.</li> <li>• Communicate/coordinate recovery plan and length of downtime with leadership/staff.</li> <li>• Execute data recovery plan using most recent data backup.</li> <li>• Notify staff, regulatory agencies, and partners that data has been restored.</li> </ul> <p>If there is no backup available:</p> <ul style="list-style-type: none"> <li>• Determine the impact on staff, members, and providers.</li> <li>• Compliance to notify regulatory agencies if required.</li> <li>• Depending on type of data loss, determine if data can be restored or reloaded from membership files, claims files, authorization files, or other information source.</li> <li>• Communicate/coordinate recovery plan and length of downtime with leadership/staff.</li> <li>• Execute data recovery plan based on type of data loss.</li> <li>• Notify staff, regulatory</li> </ul>
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**D. Loss of Voice/Communications**

Probability	Low
Impact	Low
Impact Details	HPSM utilizes cloud-based phone services so that in an event there is an emergency the phone system and call center would not be impacted.
Actions	All HPSM phone services, including the call-center are now fully functioning cloud services, which will remain active in the event that other HPSM systems are impacted by disaster and/or any man-made emergency.

**E. Loss of Utility Service**

Probability	Low
Impact	High



Impact Details	Loss of utilities, such as power, potable water, adequate ventilation, etc. at the HPSM office building, has a direct impact on the ability of the employees to safely and sufficiently perform their duties.
Impact Actions	<ol style="list-style-type: none"> <li>1. Facilities and Engineering/Vendor to assess the problem and determine how long to expect the loss of utility.</li> <li>2. Facilities to notify Leadership of issue and estimated downtime. Mobilize Incident Command Center if necessary.</li> <li>3. Notification of utility outage will go to HPSM and County staff</li> <li>4. Depending on the utility that is down, the appropriate vendor will be called to assist in restoration.</li> <li>5. Facilities and Engineering/Vendor to identify possible continuity options to</li> </ol>
	<p>help compensate for loss of utility service, if necessary.</p> <ol style="list-style-type: none"> <li>6. Once restored, Facilities and Engineering/Vendor will assess any additional damage.</li> <li>7. Facilities to notify Leadership and staff that utility service has been restored.</li> </ol>

**F. Loss of Key Staff**

Probability	Low
Impact	High
Impact Details	Loss of key staff due to illness, accident, or natural disaster can have a detrimental impact on the functions and performance of HPSM. Key personnel are those in vital leadership roles, those with important institutional knowledge, and those who perform critical operational functions.
Actions	<ol style="list-style-type: none"> <li>1. Identify key position impacted.</li> <li>2. Identify contingency personnel.</li> <li>3. Ensure contingency personnel have sufficient information to carry through on a limited basis.</li> <li>4. Enact Communication Plan as appropriate.</li> </ol>

## G. Incident Resulting in Critical Staffing Levels

Probability	Low
Impact	High
Impact Details	An incident such as a pandemic or major transportation event which results in employees not being able to get to work and leaves HPSM with critically low staffing levels.
Actions	<ol style="list-style-type: none"> <li>1. Identify the minimum number of staff needed for each department to continue critical plan operations.</li> <li>2. Identify the critical operational tasks/functions that are required to continue</li> </ol>
	<p>health plan operations.</p> <ol style="list-style-type: none"> <li>3. Investigate technological solutions/assistance.</li> <li>4. Develop templates/instructions for the critical operations.</li> <li>5. Identify transferable staff available to send to critical areas.</li> <li>6. Deploy transferable staff as needed.</li> <li>7. Determine if staff levels require temporary plan closure.</li> <li>8. Enact the Communication Plan as appropriate.</li> </ol>



# Emergency Preparedness and Response Plan

## Emergency Response Team (ERT) Plan

## Introduction

The Emergency Response Team (ERT) has been established to assist in the safe and effective evacuation of all staff when a Fire Alarm is sounded. All alarms are to be taken as a true emergency, and all staff are to exit the building immediately without returning to workstations or to get personal items. All staff are to meet at the identified mustering site (Industrial Way behind the 801 parking structure).

ERT members are responsible for knowing their assigned tasks and how they relate to the overall evacuation plan.

## ERT Member Roles/Responsibilities

### A. Zone Leaders

1. Walk through assigned zone informing staff to evacuate; direct them to nearest stairwell
2. Check areas of responsibility in their zone to ensure it is clear
3. Report zones cleared to Stairwell Monitor
4. Exit building to mustering site

### B. Stairwell Monitors

1. Go directly to assigned stairwell
2. Make sure no one re-enters the floor or tries to go back to their desk
3. Using the Zone Clearance Check List in the document holder at stairwell, receive report of cleared zones from Zone Leaders
4. Give report on cleared zones via radio to Evacuation Report Coordinator (when requested)
5. People who need assistance getting down the stairs should be:
  - a. Kept out of exit path and then left in stairwell once it is safe to do so
  - b. Report to Evacuation Report Coordinator the location of these people (floor/stairwell); or
  - c. If trained to use stair chairs: people can be transported down in stair chairs (located on 3rd and 5th Floors)
6. Exit building to mustering site

### C. Evacuation Report Coordinator

1. Direct communications and receive reports from Stairwell Monitors about cleared zones
2. Direct communications and receive reports from Report Coordinators for staff and visitors
3. Communicate report to Incident Commander

**D. Traffic Control Monitors** – See below maps of outside the building for locations

1. Direct the traffic of staff towards the mustering site
2. Control car traffic going in and out of parking garage
3. Direct flow of staff toward the mustering site.

**E. Staff Report Coordinators**

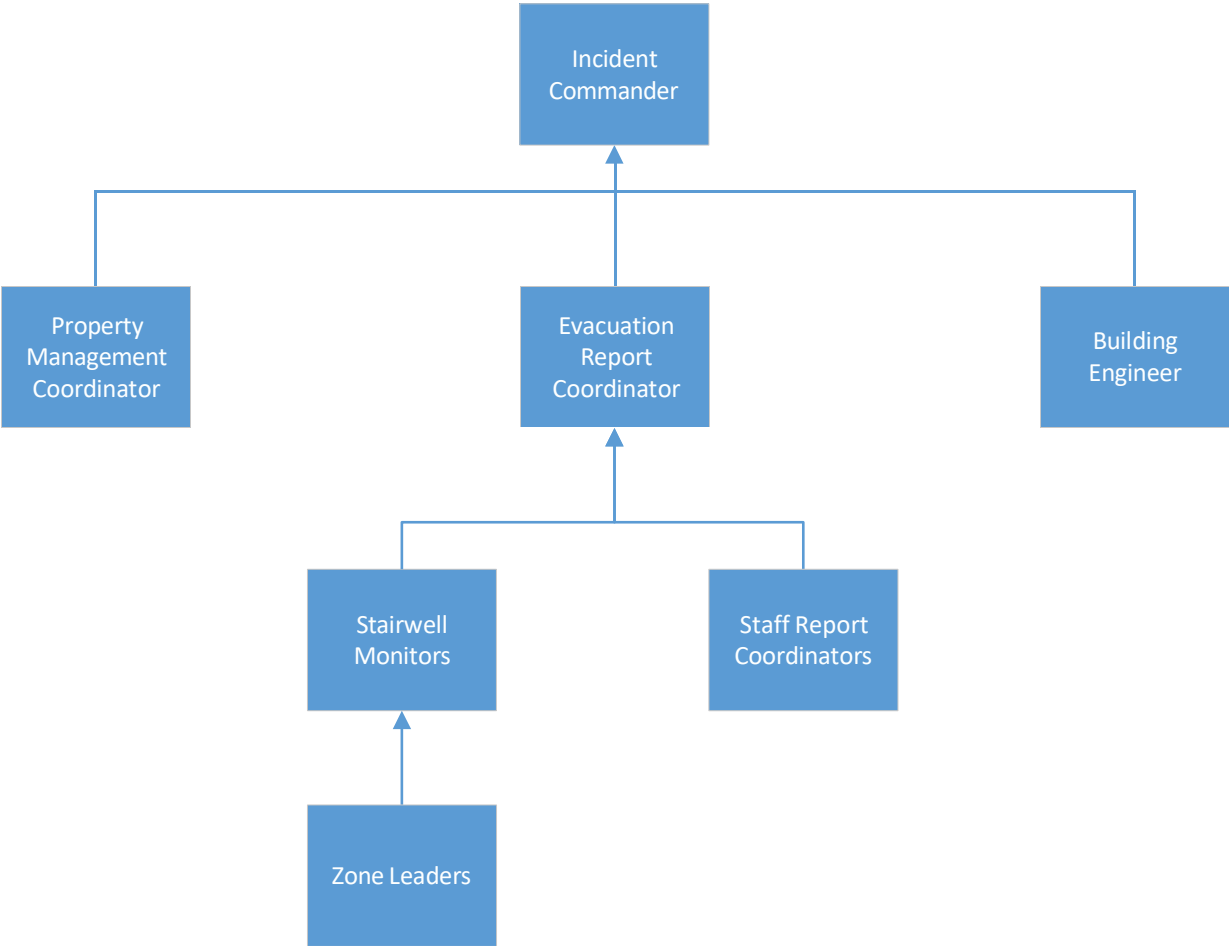
1. Exit building and go to HPSM mustering site
2. Ensure that Department Signs are being distributed
3. Account for staff and visitors using ERT Staff Roster list and department signs
4. Huddle by floor and choose a spokesperson to give report on accountability of staff and visitors to Evacuation Report Coordinator when directed

**F. Incident Commander (IC)**

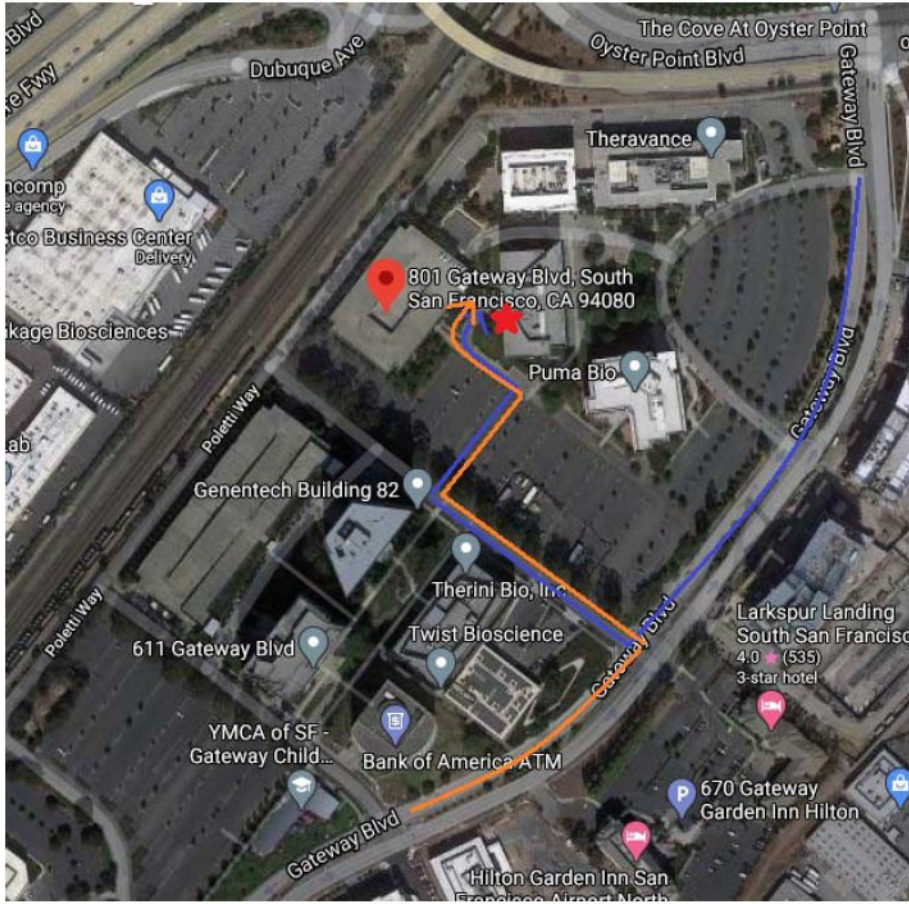
1. Direct and control any incident, and is responsible for the overall management of the response
2. Receive report from Evacuation Report Coordinator
3. Receive status report from Property Management Coordinator and Building Engineer
4. Deals directly with Fire, Police, Paramedics, all Emergency Personnel
5. Gives further direction to the ERT and is responsible for the “ALL CLEAR”

See Incident Commander Companion Guide for more details.

Information flows from the Zone Leaders up to the Incident Commander.



Maps







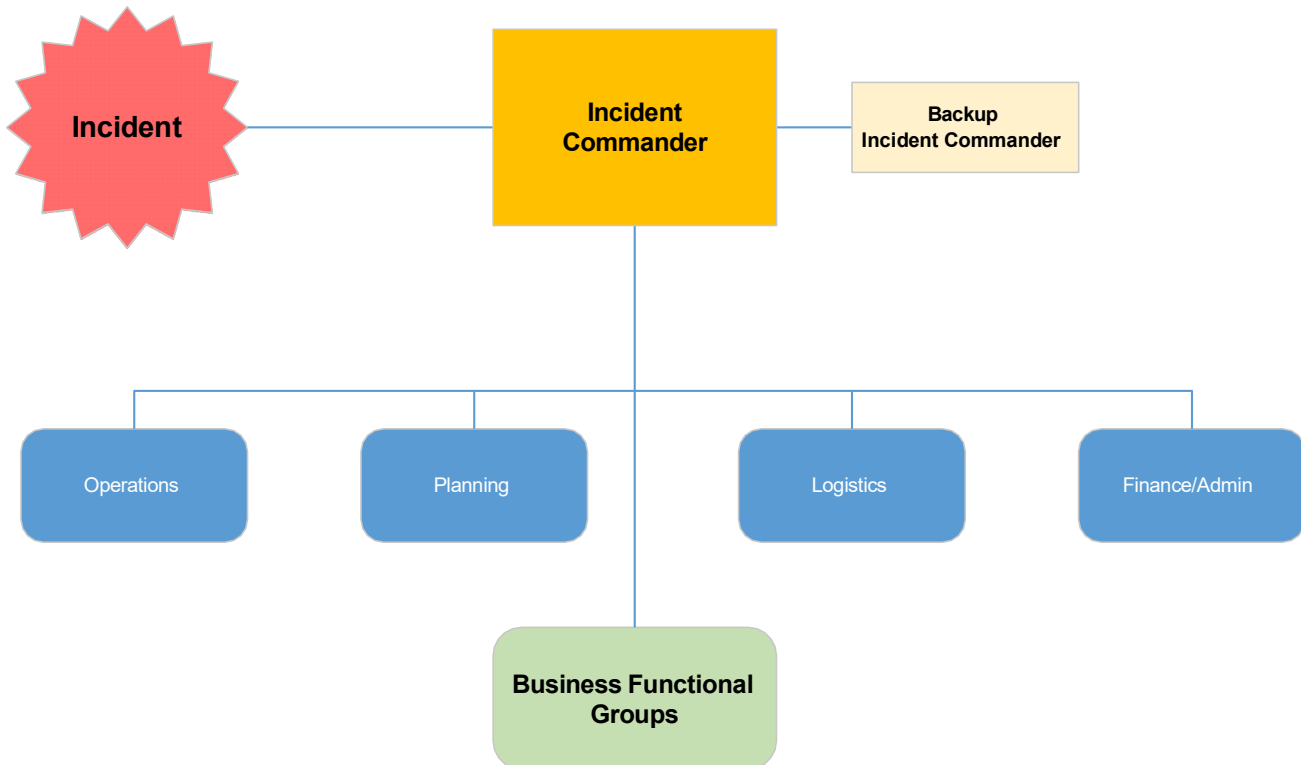


# Emergency Preparedness and Response Plan

## Incident Command System Companion Guide

## INCIDENT COMMAND SYSTEM (ICS)

The function of ICS includes assigning one central coordinator, the Incident Commander, to manage response activities by assigning personnel, deploying equipment, obtaining additional resources, and coordinating with participating partners as needed. The Incident Commander delegates emergency management responsibilities as needed and thereby maintains necessary focus on the overall picture of the disaster situation.



### Incident Command Functional Areas:

1. **Command** – Develops incident objectives and approves resource orders.
2. **Operations** – Identifies, assigns and supervises the resources needed to accomplish the incident objectives
3. **Planning** – Tracks resources
4. **Logistics** – Orders resources
5. **Finance/Administration** – Procures and pays for resources

The Incident Commander is the person responsible for all aspects of an emergency response; including quickly developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved.

The Incident Commander sets priorities and defines the organization of the incident response teams and the overall incident action plan. The role of Incident Commander *may* be assumed by senior or higher qualified officers upon their arrival or as the situation dictates. Even if subordinate positions are not assigned, the Incident Commander position will always be designated or assumed.

## HPSM Incident Commander Roles and Responsibilities

Area of Responsibility	Incident Commanders	Role/Responsibility
Building and Evacuation*	Oz Bubakar (Primary) Sheila Galliani/Pat Curran (Backups)	Overall responsibility: <ul style="list-style-type: none"> <li>Establishes objectives, priorities, and strategic guidance</li> <li>Communicates with first responders</li> <li>Communicates with other Incident Commanders</li> <li>Ensures the safety of all people in building</li> <li>Oversees building evacuation and ERT team</li> <li>Establishes procedures for joint decision making and documentation</li> <li>Captures lessons learned and best practices</li> </ul>
IT Systems	Eben Yong (Primary) Kris Neri (Backup)	Overall responsibility: <ul style="list-style-type: none"> <li>Establishes objectives, priorities, and strategic guidance</li> <li>Communicates with other Incident Commanders</li> <li>Ensures recovery of IT systems</li> <li>Activation of colocation and remote access</li> <li>Shutdown of systems</li> <li>Establishes procedures for joint decision making and documentation</li> <li>Captures lessons learned and best practices</li> </ul>
Area Wide Incidents (Major earthquake, roads/bridges, etc.)	Sheila Galliani (Primary) Pat Curran (Backup)	Overall responsibility: <ul style="list-style-type: none"> <li>Establishes objectives, priorities, and strategic guidance</li> <li>Communicates with other Incident Commanders</li> <li>Establishes procedures for joint decision making and documentation</li> <li>Captures lessons learned and best practices</li> </ul>
Employees & Contractors	Colleen Murphey (Primary) Sheila Galliani (Backup)	Overall responsibility: <ul style="list-style-type: none"> <li>Establishes objectives, priorities, and strategic guidance</li> <li>Communicates with other Incident Commanders</li> <li>Ensures communication with all employees and contractors regarding incident or emergency</li> <li>Ensures employee contact data is up to date</li> <li>Establishes procedures for joint decision making and documentation</li> <li>Captures lessons learned and best practices</li> </ul>
Community Response	Amy Scribner	Overall responsibility: <ul style="list-style-type: none"> <li>Participate in community information calls</li> <li>Gather necessary information to identify members impacted</li> </ul>

\*Note: There could be building (facilities) only incidents or major emergencies:

### **Building/Facilities Incidents:**

- Do not necessarily pose an immediate danger to life or health
- Do not necessarily involve emergency/police/paramedic services
- Are typically addressed or resolved by facility organizations
- Examples: sewage spills, broken water main, roof leaks

### **Major Emergencies:**

- Pose an immediate danger to life or health or
- Impact the building as a whole or
- Require the evacuation of entire building or
- Require assistance from Dept. of Public Safety, and/or city and county emergency services



# Emergency Preparedness and Response Plan

## Communications Plan for Incidents

## Introduction

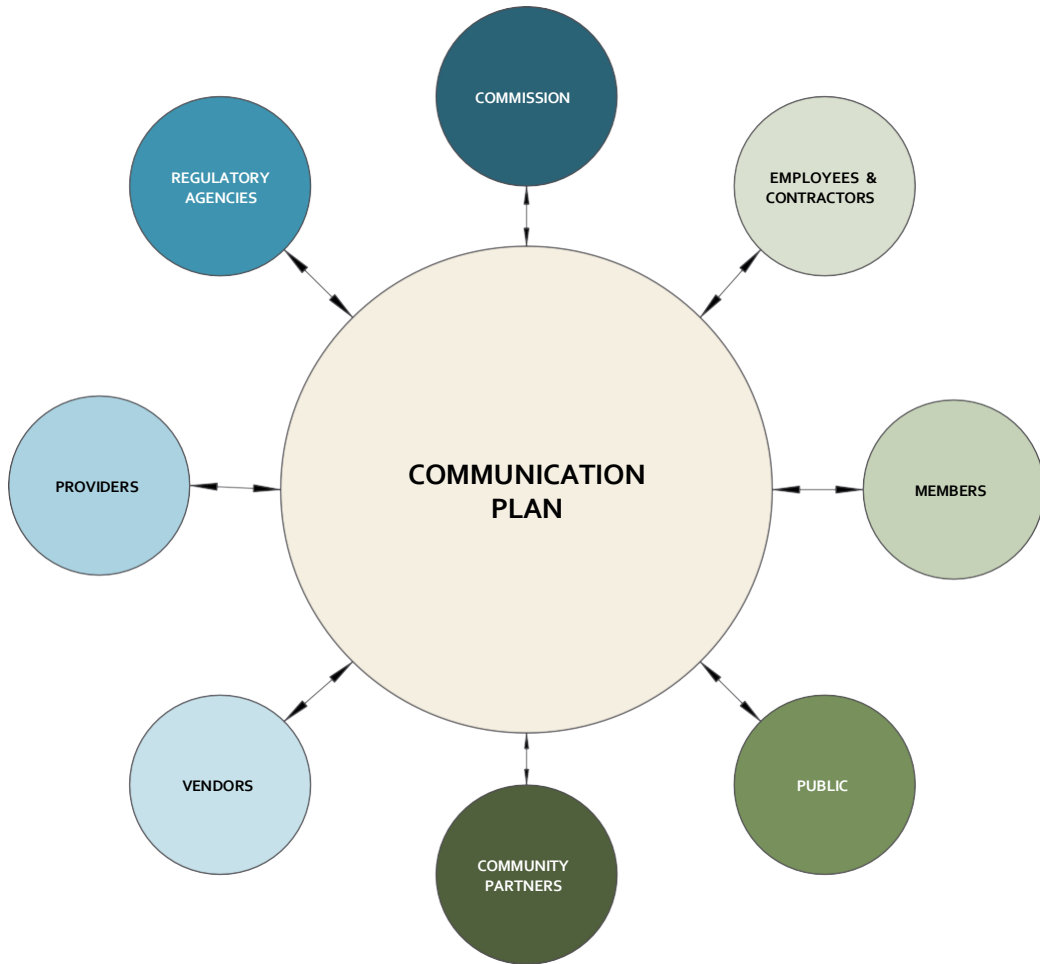
The Health Plan of San Mateo (HPSM) is committed to providing a safe work environment for all staff. Timely communication in the event of an emergency is a priority. This document will be used as a guide to direct the flow of information to the following:

- Members
- Providers
- Regulatory Agencies
- Employees and Contractors
- HPSM Commission
- Community Partners
- Vendors
- Public

All responses to an emergency will flow through the Incident Commander and/or the Leadership Team.

## Emergency Communication Overview

The following chart indicates stakeholders that HPSM may need to communicate with in the event of an emergency or disaster:



## Emergency Communication Procedure Summary

The following is an at-a-glance summary of how to contact HPSM stakeholders in the event of an emergency or disaster:

When to Contact	Who to Contact	Responsibility	What is Communicated
When a business disruption (critical application failure, emergency, or disaster) is anticipated to impact service to members and providers.	HPSM Members	Chief Health Officer/COO	<ul style="list-style-type: none"> <li>- Nature of incident</li> <li>- Assess if additional support/services are needed</li> <li>- Inform members of eased guidelines as applicable</li> <li>- Alert member of plan status</li> </ul>
When a business disruption (critical application failure, emergency, or disaster) is anticipated to impact service to members and providers.	HPSM Providers	COO/Director of Provider Services	<ul style="list-style-type: none"> <li>- Nature of incident</li> <li>- Identify impacted applications/systems</li> <li>- Contact providers to alert them of plan status</li> <li>- Confirm provider/clinics accessibility</li> <li>- Inform providers of eased guidelines as applicable</li> </ul>
When a business disruption (critical application failure, emergency, or disaster) is anticipated to impact service to members and providers.	Regulatory Agencies	Chief Compliance Officer (or alternate leadership member)	<ul style="list-style-type: none"> <li>- Nature of incident</li> <li>- Potential impacts on members and providers</li> <li>- Required notification and reporting</li> </ul>
When an incident is anticipated to impact employees' ability to get to work or perform regular duties.	HPSM Employees & Contractors	Incident Commander/Backup	<ul style="list-style-type: none"> <li>- Nature of Incident</li> <li>- Instructions for reporting to work</li> <li>- Expected duration (if known)</li> <li>- Identify impacted applications/systems</li> <li>- Instructions for requested response from employees</li> </ul>



When a business disruption (critical application failure, emergency, or disaster) is anticipated to impact service to members and providers.	San Mateo Health Commission	CEO/COO	<ul style="list-style-type: none"> <li>- Nature of Incident</li> <li>- Expected duration (if known)</li> <li>- Potential impact on members and providers</li> </ul>
When a business disruption (critical application failure, emergency, or disaster) is anticipated to impact service to members and providers.	Community Partners (i.e., ILS, Landmark)	Community Partner Liaison (HPSM Business Owner)	<ul style="list-style-type: none"> <li>- Nature of Incident</li> <li>- Expected duration (if known)</li> <li>- Potential impact to members and providers</li> </ul>
When a business disruption (critical application failure, emergency, or disaster) is anticipated to impact service to members and providers.	HPSM Vendors	Vendor Liaison (HPSM Business Owner)	<ul style="list-style-type: none"> <li>- Nature of Incident</li> <li>- Expected duration (if known)</li> <li>- Potential impact on members and providers</li> <li>- If vendor is impacted, obtain ETA for service restoration</li> </ul>
When a business disruption (critical application failure, emergency, or disaster) is anticipated to impact service to members and providers.	Public	PR/Communication Spokesperson	<ul style="list-style-type: none"> <li>- Identify impacted services</li> <li>- Post an update on the HPSM website indicating details of the impact</li> <li>- Ensure the public has an alternate way of contacting the plan for questions</li> <li>- Media coverage will also be assessed, if necessary, dependent upon the emergency</li> </ul>

## Emergency Communication Procedures

### HPSM Members

The Chief Health Officer or designee shall coordinate contact with HPSM Members in the event of an emergency. If the situation allows for prior notification (such as Public Safety Power Shutoffs), HPSM will reach out to identified members prior to the event. In emergent situations, the plan's cloud-based call center will be the hub of communication with members. Call scripts related to the specific emergency being addressed will be available to call center representatives including a Public Safety Assessment. An example of a call script can be found below in Appendix A. Information on access to covered services can be found in the HPSM Member Emergency Preparedness Plan.

### HPSM Providers

The Director of Provider Services, or designee shall contact HPSM network providers as needed depending upon the incident. This may include communication via the HPSM website, by telephone, or by fax-blast. In addition to HPSM providing updates to its network, the providers are required to notify HPSM Provider Services within 24 hours of an emergency if the provider closes, is unable to meet the demands of a medical surge or is otherwise affected by an emergency.

### Regulatory Agencies

In the event of a disaster that affects HPSM's ability to provide services to its members, the Chief Governance and Compliance Officer (CGACO), or if unavailable, a member of the leadership team, shall contact DHCS, DMHC and CMS regulatory agencies by email and/or telephone. These guidance documents should be used if the CCO is unavailable to notify these agencies directly. The CEO or designee may identify another member of HPSM staff to perform the notification function and to function as the main contact with regulatory agencies until such time that another individual assumes that responsibility. HPSM will promptly comply with all DHCS Emergency directives. Please see Appendix B for the Regulatory Agency Communication Checklist. Please see Appendix C for an email/call script to be used for these communications.

## Regulatory Reporting Instructions

In addition to direct notification/communication, HPSM will comply with any directives from federal, state, or county agencies regarding reporting on the status of operations during an emergency. HPSM will also report within 24 hours of a federal, state, or county declared state of emergency located within service area.

The plan will also notify DHCS as to whether it has experienced or expects to experience any disruption to its operations. HPSM will report the status of its operations to DHCS at least once a day or otherwise as directed by DHCS. Reported elements will include:

- Number of members in service area affected
  - o Out of the above number the number of medium to high-risk members
- Network provider site closures by provider type
  - o Number of members served at each closed site
  - o Number of hospitalized members who need to be transferred
  - o Where these members were transferred
  - o A list of alternative providers or facilities for each closed Network Provider
- Number of Network Providers offices that are closed
- How HPSM is communicating with impacted Members, Network Providers, Subcontractors, and Downstream Subcontractors
- Actions HPSM has taken or will take to meet the continued health care needs of its members
- Network Provider, Subcontractor, Downstream Subcontractor, or Member issues HPSM has received

## Employees and Contractors

In the event of a fire or other emergency situation at the 801 Gateway site, the Incident Commander shall ensure that all employees, contractors, and visitors are notified as soon as possible using the building's alarm system and all other non-ambiguous audible and visual alarms.

The Incident Commander shall provide special instructions to all employees and contractors via the public address system, by use of a portable "Bull Horn" loudspeaker, if available, or by Alert Media (text, email, phone call or web).

If a fire or emergency situation occurs after normal business hours, the Incident Commander shall contact all employees not on shift and advise them of the status of future work via Alert Media (text, email, phone call or web).

Alert Media is a mass notification system which will be used to send text (SMS), email, and phone notifications to HPSM employees, contractors, and other stakeholders in the event of an emergency or disaster. Messages can be sent simultaneously using all three methods. Recipients can reply with their status and information is tracked on the HPSM Alert Media web portal.

### **San Mateo Health Commission**

The Chief Executive Officer or Chief Operating Officer shall contact the San Mateo Health Commission members by email and/or telephone to provide information on the nature of the incident, potential impact to members and providers, and anticipated duration of the incident.

### **Community Partners**

The HPSM staff member who functions as the Community Partner Liaison shall contact their respective community partners by email and/or telephone to provide information on the nature of the incident, potential impact to members and providers, and anticipated duration of the incident. If the community partner is likewise impacted by the incident, information of the partner's business continuity plan and service restoration will be ascertained.

### **HPSM Vendors**

The HPSM staff member who functions as the Vendor Liaison shall contact the vendor by email and/or telephone to provide information on the nature of the incident, potential impact on members and providers, and anticipated duration of the incident. If the vendor is likewise impacted by the incident, information of the vendor's business continuity plan and service restoration will be ascertained.

### **The Public**

The company public relations spokesperson will contact public agencies depending upon the incident and if media coverage of the situation is expected. Individuals who are not designated as official representatives of HPSM are not permitted to talk with the media under any circumstances.

## APPENDIX A – SAMPLE CALL CENTER SCRIPT

Hello *[member name]*, this is *[staff name and title]* with the Health Plan of San Mateo. I am contacting you to notify you of a *[insert if applicable <natural>]* disaster and to ask *[the below questions]* to further assess if the plan can be of assistance to you in this time of need.:

### **Public Safety Assessment:**

1. Who do you live with?
2. If living alone, do you have friends or family members that can assist with an evacuation if necessary?
3. If you have caregivers, are they still coming to see you, or are you worried about not having enough help?
4. Do you have enough medications? Do you anticipate refill needs in the next 2 weeks?
5. Do you have all of your medical supplies (incontinent supplies, oxygen, wound supplies)?
6. Do you need additional supplies?
7. How will you continue to use equipment that runs on electricity, such as dialysis, electrical lifts, etc.?
8. Do you have a safe back-up power supply and how long will it last? Do you need batteries for your equipment?
9. Do you have enough food and access to meals?
10. Are you familiar with evacuation sites near your area?
11. Do you currently feel safe in your environment? If not, do you have an evacuation plan?
12. Do you need a specially equipped vehicle or accessible transportation?
13. Do you need me to connect you with other resources? Is there any other type of services that you feel you need at this time?

## APPENDIX B – REGULATORY AGENCY COMMUNICATION CHECKLIST

Notify all three agencies below:

Agency	Position	Name	Email	Phone
Dept of Health Care Services (DHCS) Medi-Cal	Contract Manager	Matthew Nabayan	<a href="mailto:Matthew.Nabayan@dhcs.ca.gov">Matthew.Nabayan@dhcs.ca.gov</a>	916-750-2703
	MCOD Manager	Nicole Cortez	<a href="mailto:Nicole.Cortez@dhcs.ca.gov">Nicole.Cortez@dhcs.ca.gov</a>	916-633-0161
Dept of Managed Health Care (DMHC) All LOBs Except ACE & DSNP	Licensing Counsel	Michelle Chung	<a href="mailto:Michelle.Chung@dmhc.ca.gov">Michelle.Chung@dmhc.ca.gov</a>	916-414-0999
	Deputy Director	Amanda Levy	<a href="mailto:Amanda.Levy@dmhc.ca.gov">Amanda.Levy@dmhc.ca.gov</a>	916-319-9922
Centers for Medicare and Medicaid Services (CMS) Medicare	Account Manager	Yolanda Li	<a href="mailto:Yolanda.Li@cms.hhs.gov">Yolanda.Li@cms.hhs.gov</a>	415-744-3629
	Health Insurance Specialist	Melanie Xiao	<a href="mailto:Melanie.Xiao@cms.hhs.gov">Melanie.Xiao@cms.hhs.gov</a>	415-744-3613

- Describe the type of disaster that has occurred
- Describe the limitations the disaster has placed on HPSM’s ability to do business as usual
- DO NOT speculate as to when business as usual will resume; DO commit to providing updates as they are available
- In the event the Chief Compliance Officer (CCO) is available to handle communications, and hand off all prior communications between yourself and the agencies to the CCO.

## Appendix C: REGULATORY AGENCY EMAIL/CALL SCRIPT

Hello *[agency contact]*, this is *[staff name and title]* with the Health Plan of San Mateo. I am contacting you on behalf of the Chief Governance and Compliance Officer (CGACO), Ian Johansson, to notify you of a *[insert if applicable <natural>]* disaster.

[Choose one of the following, and fill in the blanks as appropriate:]

- [If natural disaster] As you already know, the *[disaster type]* has affected our members' ability to access care and services under normal circumstances. We have removed restrictions such as prior authorization requirements to ensure our members can access care in the most expedient way possible.
- [If other disaster] HPSM recently experienced a/an *[describe disaster, e.g., power failure, loss of facilities, etc.]*. This event has *[describe limitations due to disaster, e.g., system failure]*, which has limited HPSM's ability to provide access to care and services under normal circumstances. HPSM has taken the following steps to ensure access to care and services until normal operations are able to resume: *[describe steps here.]*

I will be your primary contact regarding our disaster response. All of our communications will copy the CEO, Pat Curran and the Chief Governance and Compliance Officer (CGACO), Ian Johansson . If you need any additional information from us, please do not hesitate to contact us at your convenience.

Thank you,

*[Staff Name]*



# Emergency Preparedness and Response Plan

## IT Disaster Recovery Plan



## Introduction

This document outlines HPSM processes for technology disaster recovery. The goal of this plan is to return to normal services in less than 24 hours, if there has not been any damage to the facility and/or equipment. Modifications to this document may be made to ensure physical safety of HPSM staff, systems, and data in the event of an actual emergency.

## IT Disaster Recovery Team

The IT Disaster Recovery Team will represent HPSM's efforts to recover from a technical disaster. This team's responsibilities include the following:

- Establish facilities for an emergency level of service within 2.0 business hours
- Restore key services within 4.0 business hours of the incident
- Recover to business as usual within 8.0 to 24.0 hours after the incident
- Coordinate activities with disaster recovery team, first responders, etc.
- Report to the Emergency Response Team

The members of the IT disaster recovery team include:

- Chief Information Officer
- Manager, IT Operations
- System Administrator (s)
- Building Engineer (if building/power-related issue)
- Director of Facilities (if building/power-related issue)
- Others will be involved in the process, as needed.

## Data Backup

Data backups for electronic information including but not limited to Protected Health Information, Personal Information, and claims information occur on a regular basis. Backups are made to HPSM's off-site disaster recovery location in Reno, Nevada as well as to cloud storage locations. Backups occur at least daily, with some applications backing up as frequently as every 2 hours.

## Notification and Activation

Issues at HPSM that would trigger the IT Disaster Recovery Plan include:

- Total loss of all communications
- Loss of power impacting the IT servers / server room
- Flooding of the premises
- Loss of the building

If necessary, the remote back-up site in Reno, Nevada will be activated for key applications, and notification will be given via recorded messages or through communications with managers.

## Recovery Phase

- Execute temporary IT processing capabilities
- Repair damage to system
- Restore operational capabilities
- Recovery strategies



# Emergency Preparedness and Response Plan

## Member Emergency Preparedness Plan

## Introduction

The Member Emergency Preparedness Plan has been established to address members' needs during an emergency, including members in long-term care facilities, skilled nursing facilities, or other institutional settings; and for members with disabilities, limitations in activities of daily living, and/or cognitive impairments to ensure member access to health care services in the event of a natural disaster or man-made emergency.

## Member Communication

An active cloud-based phone system, which is also the member services call center, will allow HPSM to communicate with the member before, during, and after an emergency. Emergency protocols have been established for the member services call center that will allow for escalations, ensuring access to covered services, varying call scripts that account for different member's needs, staff training for crisis response, and warm hand-off connections to nurses or doctors for members requiring immediate assistance during an emergency. A sample call center script can be found in Appendix A of the Communications Plan for Incidents.

- a) Members reaching out to the member services call center will be provided instruction on how to reach the plan's nurse advice line, care coordinators, Medi-Cal Rx pharmacy services, telehealth services, behavioral and mental health services, and other services and resources as deemed appropriate. This information will also be available within the member newsletter, the HPSM website, Facebook, LinkedIn, and Instagram.
- b) Members can find alternative care (primary pharmacy, dialysis center, chemotherapy or other infusion therapy locations, and other treatment sites) by accessing the online provider directory via the HPSM website.
- c) Proactive discussions with members during the care planning process prompt them to develop their own personalized emergency plans.
- d) HPSM will inform members about how benefits may be modified by removing barriers of care and adjusting protocols as needed to ensure access to medically necessary services in the event of an emergency. Some benefit modifications and adjusted protocols include easing of authorization protocols, out-of-network restrictions, pharmacy refill limitations, obtaining DME replacements, and retrieving medical records.

## Continuity of care

HPSM will ensure that members impacted by a federal, state, or county declared state of emergency, where there is also a disruption of access to health care, continue to have access to covered services by taking actions, including but not limited to the following:

- a) Relaxing time limits for prior authorizations, pre-certification, and referrals
- b) Extending filing deadlines for grievance and requests for appeals
- c) Coordinating, transferring, and referring members to alternate sources of care, including out-of-network providers, when providers are closed, unable to meet the demands of a medical surge, affected by an emergency or if the member is outside of the service area due to displacement during or after an emergency.
- d) Authorizing out-of-network care, in-network cost sharing, for DME and medical supply replacement
- e) Members have been provided with a toll-free telephone number to call with questions, including questions about the loss of a Beneficiary Identification Card (BIC), access to prescription refills, assistance with displacement, and how to access health care in the event of an emergency.



# Emergency Preparedness and Response Plan

## Provider Emergency Preparedness Plan

## Introduction

The Provider Services Department (Provider Services) will work with HPSM's provider network, including network providers, subcontractors, and downstream subcontractors, to ensure members have continuing access to health care services in the event of an emergency and to gather information related to closures and/or impacted clinics in order to provide required regulatory reporting.

## Education

- A. Provider Services will update existing provider trainings to include content around emergency preparedness and disaster planning/relief. This Plan will also be presented during the credentialing process, which providers will attest to, to ensure HPSM's network providers are equipped to manage and inform the health plan of any impactful man-made emergencies and/or natural disasters.
- B. Provider Services will provide network providers, subcontractors, and downstream subcontractors with an emergency preparedness fact sheet and resources on general emergency preparedness, response, and communication protocols via the HPSM website, provider newsletters, provider quick reference sheet, and provider trainings in the event of a man-made emergencies or natural disasters.

## Communication During an Emergency

- A. HPSM has a system, process, and contacts in place to inform and receive information from network providers, subcontractors, and downstream subcontractors during an emergency, which are listed below. Contact information will be updated, as changes occur, but no less than every six months.
  - Email
  - Phone (cloud based)
  - HPSM Website
  - Marketing (emergency notifications)

- B. Provider Services has policies for informing network providers, subcontractors, and downstream subcontractors about what modifications need to be implemented during an emergency to ensure that members can access covered services, and how the plan can assist network providers, subcontractors, and downstream subcontractors in those efforts.
- C. Possible changes made to members' access to covered services can be found in the HPSM Member Emergency Preparedness Plan. This information will be transmitted to providers as determined by the specific emergency.

## Network Provider Agreement

- A. Provider Services provider agreements inform network providers that they are required to advise HPSM of the provider's emergency plan, adhere to CMS Emergency Preparedness Final Rule 81 FR 63859, and submit evidence of doing so annually.
- B. In addition, they are to notify HPSM Provider Services within 24 hours of an emergency if the provider closes, is unable to meet the demands of a medical surge or is otherwise affected by an emergency.