


ADMINISTRATIVE			<u>Effective Date</u> January 1, 2014		
			<u>Policy #</u> AHP-AD004		
	Disaster Relief Plan		<u>Review Date</u> 01/14/2023	<u>Applicable to:</u>	
				<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> Commercial
			<input checked="" type="checkbox"/> Elevance Health HMO	<input checked="" type="checkbox"/> Blue Shield Trio	
<u>Approver's Name & Title</u>			Scott Kelly – VP, Chief Operating Officer		

1.0 PURPOSE

- 1.1 The purpose of this policy is to help ensure members who have been displaced or delayed by a declared state of emergency - including such disasters as floods, storms, earthquakes, or fires have flexibility and consistent access to medically necessary health care services.

2.0 POLICY

- 2.1 Upon the declaration of a state of emergency in California, Aspire Health Plan (“AHP” or the “Plan”) files this Disaster Relief Plan with the Department of Managed Health Care (DMHC) and notifies all internal teams, delegated entities and full-service commercial plan partners that the Disaster Relief Plan is in effect.
- 2.2 The Plan coordinates its response to a disaster with Montage Health in accordance with AD-3010 Information Security Policy - HIT Business Continuity and Contingency Planning.

3.0 DEFINITIONS

- 3.1 Refer to AHP Definitions Manual

4.0 PROCEDURE

- 4.1 Activation of Operational Contingencies
- 4.1.1 Relax time limits for prior authorization, precertification, or referrals any current prior authorization approval for an additional 4 months if the requester states a need to reschedule due to the State of Emergency.
- 4.1.2 Extend filing deadlines for claims by 180 days before denying for non-timely filing.

- 4.1.3 Authorize a member to replace medical equipment or supplies due to the State of Emergency evacuation and covered under the member's benefits. DMEs are a one-time PA approval. The PA request and the subsequent EOA approval is a response to a provider requesting an immediate DME for a member.
- 4.1.4 Allow member to access out-of-network provider if an in-network provider is unavailable due to the State of Emergency or if the member is out of the area due to displacement. Once the State of Emergency has been lifted, members may seek out-of-network providers through the Continuity of Care/Access to Care process.
- 4.1.5 Denied claims and pre-authorizations for members in affected counties are monitored by the Plan's Operations Department. Any identified issues with inappropriate denials are escalated to the Plan's Utilization Management Department for review.
- 4.1.6 Calls to the Plan's Toll-Free phone number for all affected enrollees is (800) 564-7475. Questions will be forwarded to the full-service commercial plan partner as necessary and in accordance with its plan-to-plan agreements.

4.2 Communication of Disaster Relief Plan

- 4.2.1 The Plan communicates its Disaster Relief Plan to staff, delegated entities, full-service commercial plan partners, its parent entities, members and participating providers to ensure continued access to medically necessary health care services, through the following methods.
 - 4.2.1.1 Placement of the Disaster Relief Plan for members, consumers, and participating providers on the Plan's website at www.aspirehealth.org.
 - 4.2.1.2 Placement of the Disaster Relief Plan for staff on the AHP's intranet.
 - 4.2.1.3 Training on this Disaster Relief Plan for all Plan staff members.
- 4.2.2 The Plan communicates this Disaster Relief Plan to the DMHC in accordance with AHP ASO CO018 Health Care Coverage During a State of Emergency.
- 4.2.3 Business Continuity Plan
 - 4.2.3.1 AHP's Disaster Relief Plan works in tandem with Montage Health's AD-3010 Information Security Policy - HIT Business Continuity and Contingency Planning should the Plan experience any disruptions to daily operations or members' access to care. Disruptions may include declared states of emergency or disasters such as fire, flood, earthquake, or disruptions to the Plan's electrical and/or telephone systems or the Plans' website.

5.0 TRAINING

- 5.1 All employees are trained within 90 days of hire, then annually thereafter.

6.0 REVIEW PERIOD

- 6.1 Regulatory and compliance policies are reviewed by the Policy Owner annually at a minimum (more frequently if a change, regulatory or otherwise, that causes a change to the policy).

7.0 REGULATORY REQUIREMENTS AND REFERENCES

- 7.1 N/A

8.0 POLICY VIOLATION

- 8.1 Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.