


FILING NOTICE: Revisions to this policy require filing with the CA Department of Managed Healthcare. Notify the Compliance Department of any edits made to this policy.

COMPLIANCE	 ASPIREHEALTHPLAN	<u>Effective Date</u> 01/01/2021	
	HEALTH CARE COVERAGE DURING A STATE OF EMERGENCY	<u>Policy #</u> AHP ASO-CO018	
		<u>Review Date</u> 1/14/2023	<u>Applicable to:</u> <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Anthem HMO <input checked="" type="checkbox"/> Blue Shield Trio
	<u>Approver's Name & Title</u> Anthony Serrano – Compliance Officer		

1.0 PURPOSE

1.1 The purpose of this policy and procedure is to describe the intent of Aspire Health Plan (“AHP” or the “Plan”) to comply with State rules, regulations and guidelines relating to access to medically necessary health care services to beneficiaries displaced by a State of Emergency, as declared by the Governor pursuant to Section 8625 of the Government Code or by the State Public Health Officer.

2.0 POLICY

- 2.1 The Plan affirms that it will comply with guidance issued by the CA Department of Managed Healthcare (DMHC) related to the declared State of Emergency.
- 2.2 It is the policy of AHP to ensure members who have been displaced, or with a potential to be displaced, by a State of Emergency, maintain access to medically necessary health care services within 48 hours after the emergency has been declared by the Governor and health emergencies declared by the State Public Health Officer.
- 2.3 For the duration of the state of the emergency, AHP will work with its internal stakeholders, departments, delegated entities and full-service commercial plan partners (i.e., Anthem Blue Cross and Blue Shield California) to implement the following requirements (if applicable):
 - 2.3.1 Relax time limits for prior authorizations, or referrals;
 - 2.3.2 Extend filing deadlines for claims;
 - 2.3.3 Authorize members to replace medical equipment supplies; and
 - 2.3.4 Allow enrollee to access an appropriate out-of-network provider if a network provider is unavailable due to the state of emergency or if the enrollee is out-of-area due to displacement.
- 2.4 AHP will work with its internal stakeholders, departments, delegated entities and full-service commercial plan partners in accordance with AHP-AD004 Disaster Relief Plan.

3.0 DEFINITIONS

3.1 Refer to AHP Definitions Manual.

4.0 PROCEDURE

4.1 In the event of a declaration of a state of emergency by the Governor of California pursuant to Section 8625 of the California Government Code, that displaces or has the immediate potential to displace Plan members (or members for which the Plan has been delegated to perform certain services under its plan-to-plan contracts with full-service commercial plan partners), the Plan shall timely evaluate and respond. To ensure a timely response, the Plan shall adhere to the following procedural workflow and timeline.

4.2 First Phase: Operational Readiness

4.2.1 The Compliance Department shall stay apprised and intake any declarations of a state of emergency made by the Governor of California pursuant to Section 8625 of the California Government Code.

4.2.2 The Compliance Department shall intake all notifications from its full-service commercial plan Provider Relations Team associates that declare when the full-service commercial plan has implemented temporary waivers and for how long.

4.2.3 The Compliance Department shall promptly respond to All-Plan Letters from DMHC.

4.2.4 The Compliance Department (in partnership with Montage Health's Information Security Department) shall work with internal stakeholders, departments and delegated entities to prepare for disasters in accordance with AD-3010 Information Security Policy - HIT Business Continuity and Contingency Planning and AHP-AD004 Disaster Relief Plan.

4.3 Second Phase: Response Coordination

4.3.1 Within 48 hours of a declaration of a state of emergency made by the Governor and/or State Public Health Officer that displaces or has the immediate potential to displace members, Plan will evaluate whether it (or its delegated entities) operate in the county or counties included in the declaration.

4.3.2 If the Plan does operate in the county or counties included in the declaration, the Plan will file a notice with DMHC. The notice will:

4.3.2.1 Describe whether the Plan has experienced or expects to experience any disruption to its operations;

4.3.2.2 Explain how the Plan is communicating with potentially impacted members (to the extent member communications are the delegated responsibility of the Plan under its agreements with full-service commercial plan partners);

4.3.2.3 Summarize actions the Plan has taken or is in the process of taking to ensure the health care needs of members are met.

4.3.3 To provide affected members access to plan benefits, the Compliance Department shall collaborate with the necessary internal stakeholders, departments, delegated entities and full-service commercial plan partners to adjust coverage (as applicable and in accordance with its plan-to-plan contracts), including but not limited to the following:

4.3.3.1 Allow members access to appropriate out-of-network providers if in-network providers are unavailable or due to the state of emergency or if the member is out of the area due to displacement;

4.3.3.2 Suspend prescription refill limitations and allow an impacted member to refill the member's prescriptions at out-of-network pharmacies;

4.3.3.3 Authorize replacements for medical equipment or supplies;

4.3.3.4 Relax time limits for prior authorization, pre-certification, referrals, and grace

- periods for paying bills;
- 4.3.3.5 Extend filing deadlines for claims;
 - 4.3.3.6 Maintain a toll-free telephone number (800-564-7475 (TTY: 711)) that an affected enrollee may call for answers to questions, including questions about the loss of health insurance identification cards, access to prescription refills, or how to access health care; and,
 - 4.3.3.7 Prioritize affected members' approvals for care and replace lost ID cards.
- 4.3.4 During and after the disaster, the Operations Department along with Member Services shall catalog and triage member questions, concerns, and requests as they receive them.
 - 4.3.5 The Compliance Department will inform each full-service commercial plan partner provider relations team when it has filed notice with DMHC.

5.0 TRAINING

- 5.1 Training for employees will occur within 90 days of hire, and upon updates to the policy.

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 California Health & Safety Code § 1368.7
- 7.2 California Government Code § 8625
- 7.3 APL-19-007 (OPL) - Governor's Declarations of Emergency (02/28/2019)
- 7.4 APL 23-002 - SB 979 - Health Emergencies Guidance APL (OPL 1.12.23)

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.