Community Health Plan
OF IMPERIAL VALLEY

Unified Emergency Preparedness and Business Continuity Manual

Including Medi-Cal (Health Net)

and

Community Advantage Plus (CHG)

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1. Introduction

Community Health Plan of Imperial Valley (CHPIV) is committed to providing continuous access to high-quality healthcare services during emergencies or disruptive events. As the contracted Medi-Cal managed care plan with the California Department of Health Care Services (DHCS), CHPIV holds direct responsibility for provider contracting, case management, and oversight of subcontracted entities. CHPIV also manages the Community Advantage Plus Dual Eligible Special Needs Plan (D-SNP) and has delegated plan operations to Community Health Group (CHG). For the Medi-Cal line of business, CHPIV has delegated day-to-day plan administration to Health Net. This manual outlines CHPIV's emergency planning framework, integration with its delegated partners, and compliance with federal and state regulations (e.g., SB 979, APL 23-002, CMS emergency preparedness standards).

2. Purpose

This Emergency Preparedness and Business Continuity Manual ensures that CHPIV, in coordination with its delegated partners Health Net and CHG, can respond effectively to emergencies, mitigate disruptions to care, support affected members and providers, and fulfill regulatory reporting requirements.

3. Types of Emergencies and Crises

- Natural Disasters: Earthquakes, wildfires, floods, severe storms
- Public Health Emergencies: Pandemics, infectious disease outbreaks
- Infrastructure Failures: Utility outages, IT system failures, cybersecurity incidents
- Man-Made Disasters: Active shooter events, civil unrest, terrorism
- Environmental Hazards: Hazardous materials exposure, poor air quality

4. Constituents

CHPIV's emergency planning considers all stakeholders impacted by operational disruptions, including:

- Members: Continued access to medically necessary services, prescriptions, and support
- Providers: Support for operational continuity and urgent service availability
- Employees: Safety and access to remote systems and communications

- Regulators: Compliance with DHCS, DMHC, and CMS during emergencies
- Subcontractors: Coordination and oversight of Health Net and CHG emergency efforts
- Vendors: Ongoing partnerships with transportation, translation, flex card, and pharmacy networks
- Community: Information sharing with public health and emergency management partners
- Elected Officials: Notification and briefing protocols for local and state leadership as needed

5. Emergency Preparedness Protocol

- Conduct annual risk assessments covering internal systems and external threats.
- Maintain current emergency contact directories for all departments and delegated entities.
- Conduct at least one tabletop exercise per year to test the Emergency Operations Plan (EOP).
- Ensure emergency supplies and IT backup capabilities are maintained for business-critical systems.
- Review delegated entity emergency preparedness documents annually (Health Net and CHG).

6. Emergency Response Teams

CHPIV maintains two emergency response groups:

• Emergency Response Leadership Team (ERLT): Responsible for decision-making and communication with regulators.

• Emergency Response Operational Team (EROT): Responsible for executing and monitoring emergency procedures.

ERLT Members:

- CEO – Lawrence Lewis
- CFO – David Wilson
- COO – Julia Hutchins
- CCO – Elysee Tarabola
- CMO – Dr. Gordon Arakawa

- COS – Daniel Ocampo

7. Coordination with Delegated Entities

CHPIV collaborates with its two subcontracted entities during emergencies:

Health Net (Medi-Cal Line of Business):

- Delegated for claims, authorizations, referrals, and member services.
- Maintains a separate Emergency Plan and participates in required reporting.
- CHPIV receives and consolidates Health Net emergency impact reports for DHCS.

Community Health Group (CHG – Community Advantage Plus/D-SNP):

- Handles claims, referrals, authorizations, and member support for CHPIV's D-SNP plan.
- Maintains its own Business Continuity Plan that aligns with CMS requirements.
- Reports emergency status and escalations to CHPIV for oversight and coordination.

8. Functional Area Responses

In the event of an emergency, the following functions and teams will activate operational continuity plans:

Case Management:

- CHPIV case managers will continue high-risk outreach using remote tools and backup platforms.

Claims:

- Health Net and CHG will continue claims processing using redundant systems. CHPIV will escalate claims issues affecting critical care access.

Authorizations & Referrals:

- Health Net and CHG will prioritize urgent care authorizations and hospital discharge needs. CHPIV will monitor resolution and support member placement as needed.

IT and Systems:

- CHPIV and partners will activate secure remote access, alternate phone routing, and data recovery solutions.

Call Center & Member Services:

- Delegated entities (Health Net, CHG) will provide continuity through alternate call centers. CHPIV will maintain oversight and call audit reviews.

Pharmacy & DME:

- Health Net and CHG will issue early refill overrides and coordinate with vendors. CHPIV will facilitate emergency referrals or prescriptions if vendor access is impacted.

Marketing and Member Communication:

- CHPIV will coordinate emergency alerts through its website and emails in collaboration with Health Net and CHG public information teams.

Facilities:

- CHPIV Facilities leads will coordinate safe access, ventilation, and sheltering protocols if on-site continuity is needed.

HR and Workforce:

- CHPIV HR will ensure staff access to virtual platforms, timekeeping, and EAP services under emergency scheduling.

9. Action Plan and Workflow

1. CHPIV Emergency Response Team receives alert or monitors credible risk.
2. Leadership confirms scope, severity, and potential impact.
3. CHPIV activates its internal and delegated ERTs.
4. Communication protocols are deployed for staff, providers, and members.
5. Status reports and incident logs are maintained.

6. CHPIV aggregates Health Net and CHG updates into unified DHCS/CMS reports.

10. Communication Procedures

CHPIV and its partners maintain layered communication channels for use during declared emergencies:

- Internal Alerts: Email, text, and phone tree protocols for staff and leadership.
- Member Outreach: Website banners, call center scripting, robocalls, and member emails.
- Provider Notifications: Email blasts, faxes, and secure portal notices regarding service impacts or updated referrals.
- Delegated Partner Coordination: Daily calls and shared updates between CHPIV, Health Net, and CHG.
- Regulatory Communications: Formal email submissions and Form J-17 reports to DHCS and CMS.

11. Recovery and Mitigation

- Conduct an after-action review (AAR) and document lessons learned within 30 days of resolution.
- Restore facilities and systems to pre-event operations with IT and facilities coordination.
- Debrief internal teams, Health Net, and CHG on emergency performance gaps and continuity challenges.
- Update emergency protocols based on incident review.
- Report mitigation strategies to DHCS and CMS if required.

12. Regulatory Reporting and Compliance

CHPIV maintains compliance with all emergency reporting standards including SB 979 and DHCS APL 23-002. During an emergency, CHPIV will:

- Submit emergency notices to DHCS within 24 hours of the declared event.
- Ensure delegated partners (Health Net and CHG) submit required data to CHPIV in a timely manner.
- Compile a consolidated J-17 or SITREP for daily DHCS submission as needed.

- Maintain documentation of member and provider impacts, and DHCS/DMHC/CMS correspondence.
- Ensure compliance with CMS Emergency Preparedness Rule for D-SNP plans.

Appendix A: Emergency Contact Directory

- CHPIV Emergency Response Leadership Team (ERLT):
  - Lawrence Lewis, Chief Executive Officer
    Email: llewis@chpiv.org
    Phone: 760-332-6447
  - David Wilson, Chief Financial Officer
    Email: dwilson@chpiv.org
    Phone: 760-332-6447
  - Julia Hutchins, Chief Operating Officer
    Email: jhutchins@chpiv.org
    Phone: 760-332-6447
  - Elysee Tarabola, Chief Compliance Officer
    Email: etarabola@chpiv.org
    Phone: 760-332-6447
  - Dr. Gordon Arakawa, Chief Medical Officer
    Email: garakawa@chpiv.org
    Phone: 760-332-6447
  - Daniel Ocampo, Chief of Staff / Emergency Coordinator
    Email: docampo@chpiv.org
    Phone: 760-332-6447

- Health Net Emergency Contacts:
  - Janelle White, Emergency Operations Liaison
    Email: jruiz@chgsd.com
    Phone: 619-240-8803

- CHG Emergency Contacts:
  - [Insert Name], Jose Ruiz, Business Continuity Coordinator
    Email: jruiz@chgsd.com
    Phone: 619-240-8803

- Regulatory and Government Contacts:
  - DHCS Managed Care Emergency Contact
    Email: MCEmergency@dhcs.ca.gov
    Phone: 619-240-8803

- CMS Region IX Emergency Contact
  Email: CAHPS_Emergency@cms.hhs.gov
  Phone: 415-744-3607
  - Cal OES – Healthcare Coordination
    Email: healthcareemergencies@caloes.ca.gov
    Phone: 916-845-8510
  - Imperial County OES
    Email: oes@co.imperial.ca.us
    Phone: 442-265-7000

Appendix C: Daily SITREP / J-17 Reporting Template

- Use the following fields for daily reporting to DHCS during declared emergencies:

1. Reporting Plan Name (CHPIV)
2. Date of Report
3. Type of Emergency Declared (e.g., wildfire, flood, IT outage)
4. Impacted Counties/ZIP Codes
5. Member Displacement (number and type of services impacted)
6. Provider Network Impacts (closures, alternate access sites)
7. Pharmacy Access / Overrides Activated
8. Telehealth / Urgent Care Service Status
9. Call Center Status (delegated and internal)
10. DHCS Communication Log / Submissions Sent
11. Anticipated Recovery Timeline
12. Notes / Escalations / Requests for Waivers

13. MA Disaster Response (D-SNP / Community Advantage Plus)

In accordance with 42 CFR § 422.100(m), CHPIV ensures additional protections for Community Advantage Plus members during federally or state-declared disasters or emergencies. When such declarations are in effect and access to care is disrupted, CHPIV and its delegated entity, Community Health Group (CHG), will implement the following temporary measures:

- Cover Medicare Parts A and B services and supplemental Part C plan benefits furnished at non-contracted facilities, provided those facilities meet basic Medicare provider eligibility standards (§ 422.204(b)(3)).
- Waive, in full, requirements for gatekeeper referrals where applicable.
- Provide the same cost-sharing for the enrollee as if the service or benefit had been furnished at a plan-contracted facility.
- Make any changes that benefit the enrollee effective immediately without the 30-day notification requirement (§ 422.111(d)(3)).

These protections remain in effect until the end date of the disaster period as defined in § 422.100(m)(3). CHPIV will also ensure this information is available on its website and updated regularly.