

EMERGENCY MANAGEMENT PLAN

1. Education and Communication

a) Member

- (1) *How will you educate members regarding hurricane preparedness and evacuation planning*
 - (a) *Outreach campaigns*
- (2) *Call Center - Development and approval of scripts/talking points for call centers for members prior to, during and after an event*
- (3) *What will be the process for a member to access their medical records if their provider's office is closed or destroyed*
- (4) *What notifications will be provided to members notifying them when their current provider is not available and give alternate providers*
 - (a) *Someone relocates temporarily and advises Medicaid of their "new" address*
 - (b) *Someone has a P.O. Box. Mail service may be restored directly to the post office before power, etc*
- (5) *How and where you will communicate to members how they will obtain services? Must provide a contact list with at a minimum the phone and email address where health care services may be accessed/rendered)*
 - (a) *Nurse Advice Line*
- (6) *How will member complaints/inquiries be handled*

b) Providers

- (1) *How will you educate providers regarding hurricane preparedness and evacuation planning*
- (2) *What happens if the practice closes*
 - (a) (a) *Temporary closures*
 - (b) (b) *Permanent closures*
- (3) *How will members access their medical records*
- (4) *Call Center - Development and approval of script/taking points for call centers for providers prior to, during and after an event*

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- (5) *How and where you will communicate to providers where they can refer members to services? Must provide a contact list with at a minimum the phone and email address where health care services may be accessed/rendered)*
- (6) *How will provider complaints/inquiries be handled*

2. Addressing the Provision of Services

a) *Medical Management Teams*

- (1) *Identification of members with special healthcare needs*
- (2) *Care Plans*

b) *Replacement of Equipment*

- (1) *What mechanisms/processes are in place to replace damaged or destroyed equipment during disaster*

c) *How will you ensure member have access to EPSDT Services currently not on the fee schedule but medically necessary from out-of-network or out-of-state providers in a timely manner*

d) *Transportation during disaster*

e) *Resource list for back up medical supplies or access to pharmaceutical/supplies for members*

f) *Services Not Normally Covered Under State Plan*

- (1) *Portable oxygen*

g) *Relationships with Other Health Care Entities*

- (1) *Identification of members with special healthcare needs who require evacuation assistance and informing local officials of those identified*
- (2) *Dialysis and hospital services to evacuated members*

- (a) *Ensure coordination with dialysis and hospital providers if members must be evacuated to other areas of the state or other states*

3. Out-of-Network or Out-of-State Providers

a) *Prepaid Health Plans Only*

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(1) What processes have been put in place to provide for emergency contracting with out-of-state healthcare providers to provide healthcare services to evacuated members

b) Prior Authorization and Referrals

(1) What processes will be put in place during the event.

4. Out-of-Service Area for Members

a) Prior Authorization and Referrals

(1) What processes will be put in place during the event

(2) How will new linkages be handled

5. Operational Readiness

a) Business Continuity

(1) Emergency Management Response

(2) Systems

(a) Claim Processing and Payments

(b) Member Verifications

(3) Loss of Staff

b) What ongoing communication mechanisms have been developed to ensure continued communications with DHH if internet and phones are down

c) How are you going to meet all mandatory and ad hoc reporting requirements of DHH

d) Disaster Training

(1) Staff Training

(2) Mock Exercises

6. Other

a) Where will your registry of healthcare providers (MD, nurses, social workers, etc) who are willing to volunteer in state operated Special Needs shelters be available to DHH Emergency Management Team Members

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- b) How will you use EHR to provide healthcare providers access to member's health history and receive information of care provided during evacuation***

- c) How will you ensure coordination with other entities such as but not limited to:***
 - (1) DHH – Office of Emergency Preparedness - Define role and responsibility of point person***
 - (2) Department of Children and Family Services***
 - (3) FEMA***
 - (4) Red Cross***
 - (5) DHH/Office of Public Health***
 - (6) Board of Medical Examiner, etc.***
 - (7) Local Parish Government-Emergency Preparedness***