# National Survey of Health Insurance Plan Emergency Preparedness

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By
America's Health Insurance Plans


ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

## Acknowledgements

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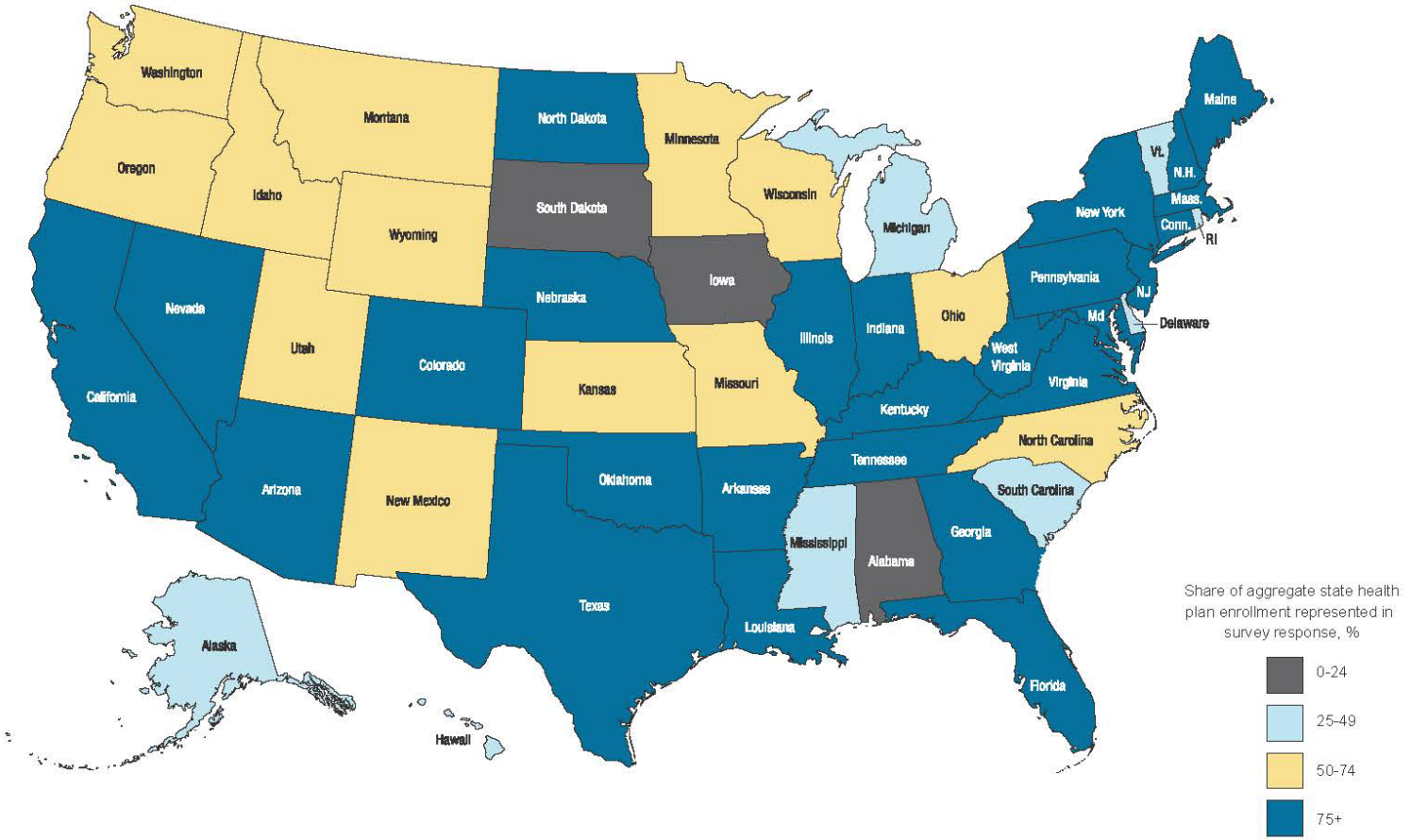
# I. EXECUTIVE SUMMARY

Health insurance plans have long demonstrated a commitment to emergency preparedness with the goal of being able to facilitate the provision of care during crises and are committed to collaborating with local, regional, and national officials to coordinate roles and maximize public health and safety.[1] In recent years, health insurance plan emergency preparedness has focused on an "all hazards" approach, and health plans have had the opportunity to refine their processes and practices in response to such diverse events as tornados, hurricanes in the coastal states, H1N1 influenza pandemic, forest fires largely in the western U.S., and flooding in the Midwest, Northeast, and Southeast. In the past decade, the event that brought industry-wide focus to this area of health plans' operations was Hurricane Katrina in 2005. An industry-wide process of reevaluating emergency preparedness practices was undertaken and lessons learned were incorporated into industry emergency planning and training operations.

America's Health Insurance Plans (AHIP) conducted a survey of its members to assess current emergency preparedness activities of health plans and to facilitate the exchange of best practices among its member health plans. AHIP invited its member plans offering risk-based, primary care health insurance products based on a regional provider network to participate in the web-based survey comprised of 37 questions. The data collection phase lasted from February 28 to May 1, 2013. Detailed data on the geographic distribution of the survey participants can be found in Exhibit 1.

[1] Raymond, A. G. Resilience in Disaster's Wake. *AHIP Coverage.* Vol. 49 No.1 Jan-Feb 2008, p.18.

# Exhibit 1. Geographic Distribution and Share of State Health Plan Enrollment of Survey Participants




1. For multistate plans a health plan was counted in a particular state if it had ≥50,000 enrollees in that state
2. Excludes enrollment in state-run Medicaid



***Note: The data ranges referenced in this exhibit are also available in table format in the Appendix under Exhibit 1 Data Table.***

Out of the 137 AHIP member plans receiving invitations to participate in the survey, 86 plans responded, which resulted in a 63% response rate. The total enrollment in the respondent plans is 190.6 million members and accounts for 92% of the total AHIP member plans' enrollment and 81% of the total private health plan enrollment across the nation (excluding the enrollment in state-run Medicaid plans). Thus, the survey data describe the policies of the majority of all health plan members in the United States of America (USA).

The survey demonstrates that health plans are continually preparing to meet the challenges of various emergencies and disasters through a focus on business continuity planning, communications with multiple stakeholders, and collaboration with local, state, and national governments and public health officials. This survey also captures the many strategies health plans have in place to meet the needs of their members and mobilize around emergency preparedness and disaster recovery to maximize public health and safety.

Business continuity planning is conducted by almost all health plans, and most health plans use metrics and other benchmarks to evaluate business continuity plans: 59% of the participating health plans are using established metrics to evaluate their emergency response, recovery, or business continuity planning and operations. For health plans that are using established metrics, those most commonly used are response time (38%), state of readiness (36%), and percent of operations restored (28%).

Health plans typically review and update their risk assessments annually (47%) or biannually (21%). In addition, most of the health plans participating in the survey conduct a periodic audit of business continuity planning (72%).

All survey participants reported that processes to address potential business interruptions have been developed, with most of the respondents planning for a range of interruptions, such as the loss of infrastructure and the loss of communication networks. The survey found that almost all enrollees of AHIP member health plans are enrolled in health plans that conducted a risk assessment (98% of enrollees) or a Business Impact Analysis (97% of enrollees).

Most of the surveyed health plans are prepared to immediately communicate to their members or other stakeholders any changes in their operations in the event of an emergency. The majority of

the health plans have an established plan of communication within 24 hours of an event to their members (81%), providers (79%), customers/employer groups (78%), regulators (74%), news media (69%), vendors/suppliers (68%), and hospitals (65%).

A majority of the survey participants reported routinely conducting internal emergency preparedness drills and exercises (82% of plans, which account for 97% of the responding plans enrollees), and 30% of the responding plans reported that they routinely participate in external (national, state or local) emergency preparedness drills and exercises. Less than a third of the survey respondents routinely participated in multi-stakeholder emergency preparedness drills and exercises. The main reasons for non-participation included: a lack of opportunities to participate (57%), limited resources (53%), or lack of notification or awareness of potential federal, state, or local opportunities, as mentioned in several health plans' written comments.

Almost all AHIP member health plans use the federal and/or state emergency declarations as a trigger for a review of temporary changes in benefits (97% for federal declarations and 95% for state declarations). Many national (63%) and large plans (53%) indicated that they have developed a specific corporate policy for such review that does not rely solely on the federal or state emergency declarations and instead includes additional internally developed standards.

In the event of an emergency/disaster, most of the health plans would consider a range of specific temporary changes to their regular policies with the most common being the extension of time periods for filing claims (85%), the revision or relaxation of out-of-network restrictions (82%), and temporary suspension of business rules for pharmacy refill limitations (77%).

Most of the AHIP member health plans' enrollees with specific health needs that may be more adversely affected by an emergency or disaster-associated disruption are enrolled in health plans with policies and capabilities that better enable them to access necessary assistance. Specifically, this applies to 73% of members taking prescription drugs (e.g. insulin, methadone, etc.), 68% of members dependent on durable medical equipment, and 68% of members that receive home health care.

During an emergency or disaster, all healthcare players (e.g. providers, health plans, local, state, and federal agencies) need to be able to monitor possible problems. These may relate to access

and utilization of medical services as well as the provision of medications and durable medical equipment to better anticipate potential needs and effectively coordinate their response efforts. Based on the survey results, it appears that the majority of health plans are well-positioned to anticipate and monitor these problems using their claims data and nurse call lines.

About half of the responding health plans have contingencies in place to expand the nurse call lines (49% of the plans comprising 75% of all enrollees) and case management services (48% of the plans comprising 81% of all enrollees) to accommodate a potential surge in calls during an emergency or disaster. The survey also demonstrated that there is substantial interest on the part of health plans for broader collaboration with local, state, and/or federal public health agencies on informational resources (e.g. webinars, checklists), training, exercises, and information sharing prior to, during, and in the aftermath of an emergency/disaster.

For the majority of the health plans, it is clear whom to call or notify within regulatory agencies in the event of a disaster or a public health emergency (82% for the state agencies, 66% for the local government, and 61% for the federal agencies). However, the survey also found that more than a third of responding health plans, particularly smaller plans, do not have federal and local government emergency contacts readily available. Currently, only 26% of responding plans (comprising 62% of enrollees) are registered on the U.S. Department of Homeland Security Homeland Security Information Network (HSIN) Healthcare and Public Health Sector Portal, which facilitates voluntary two-way secure emergency preparedness and response information sharing between healthcare and public health, private sector partners and the federal government. The Federal Government, in response to this finding, might consider promoting HSIN registration and participation more broadly amongst health insurance plans.

Most of the survey participants indicated interest in additional activities aimed at exchanging health plan emergency preparedness information beyond their participation in this survey and reviewing its results. Additionally, respondents broadly supported the idea of participating in a forum where the health plans could share best practices and lessons learned.

## II. BACKGROUND

Disaster events (e.g. hurricanes, tornados, earthquakes, pandemics, biological, chemical or radiological/nuclear events) can severely complicate routine processes for health care delivery. Health insurance plans aim to minimize the disruptions to their operations during a disaster and plan ahead as much as possible to ensure continuity of access and healthcare services for their enrollees.

While many health insurance plans have prepared for service interruptions and the possibility of medical surge for years, the event that brought industry-wide attention to the continuity of health plans' operations was Hurricane Katrina in 2005. Similar to other businesses in regions that are prone to severe weather, health insurance plans in the South had developed emergency preparedness plans to maintain operations and minimize potential disruptions to the provision of healthcare services. However, the sheer magnitude and scope of Hurricane Katrina severely tested the capabilities of health plans and their supporting infrastructure.[2]

In response to these challenges, an industry-wide process was initiated to re-evaluate emergency preparedness practices and to begin to incorporate lessons learned into health plan emergency planning, training, and operations. For example, immediately following Hurricane Katrina, the Board of Directors of AHIP formed the AHIP Readiness Task Force to discuss how the health insurance industry could better prepare for future disaster events. The Task Force analyzed the lessons from the Gulf Coast hurricanes, the September 11 terrorist attacks, and the anthrax attack and put forth a set of health plan recommendations regarding emergency preparedness that focused on emergency planning, communication, and coordination.[3] In 2008, AHIP hosted a two-day pandemic simulation exercise that brought together 65 public and private sector representatives to explore how government officials, the private sector, and the public would respond to a pandemic influenza scenario that resulted in the illness and death of thousands of people worldwide. The exercise served as a catalyst for a multi-stakeholder approach to continued communication and planning.

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[2] Raymond, A. G. Resilience in Disaster's Wake. *AHIP Coverage.* Vol. 49 No.1 Jan-Feb 2008.
[3] America's Health Insurance Plans. (2007). *Preparing the Way – Disaster Readiness Planning For Health Insurance Plans.* Retrieved from http://www.ahip.org/Issues/Health-Care-Quality.aspx.

Hurricane Katrina also resulted in the reorganization of the federal and state agencies involved in disaster preparedness. Many state and local governments rapidly sought to expand their capabilities and capacity to respond and more broadly supported emergency preparedness activities that included, but were not limited to, training for and conducting multi-stakeholder disaster preparedness drills. The federal government also initiated a comprehensive effort to enhance preparedness, response, and recovery capabilities that support State and local responses, particularly within the public health and health care sector. For example, in 2009, the Office of the Assistant Secretary for Preparedness and Response (ASPR), within the U.S. Department of Health and Human Services (HHS), initiated a national effort to develop and publish the inaugural National Health Security Strategy (NHSS) and more recently published *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness (2012)*[4] to support state, local, healthcare coalitions and healthcare partners in developing plans and capabilities to better prepare for, respond to, and recover from emergencies.

Health plan emergency preparedness practices have continued to evolve in response to a number of more recent and diverse incidents that have included: tornados, hurricanes, H1N1 influenza pandemic, meningitis, and flooding in the Midwest and Southeast. These events have necessitated the entire health care community, particularly health plans, to ensure their emergency plans support the provision, access, and utilization of necessary health care services during catastrophic events.[5,6] In response to these advancements, AHIP conducted a survey to assess current landscape of their health plan member's emergency preparedness activities and to facilitate the exchange of best practices and lessons learned.

[4] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness (2012). http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf.
[5] Institute of Medicine, *Medical Surge Capacity: Workshop Summary*, Washington, DC: The National Academies Press, 2010.
[6] Institute of Medicine, *Post-Incident Recovery Considerations of the Health Care Service Delivery Infrastructure* Washington, DC: The National Academies Press, 2010.

## III. PROJECT OBJECTIVES

In 2013, America's Health Insurance Plans (AHIP) conducted the emergency preparedness survey of its member health insurance plans. The purpose of this survey was to: (1) assess member health insurance plans' practices in emergency response, recovery, business continuity, planning, and operations; (2) understand member health insurance plans' relationships with other health care stakeholders and public health entities – federal, state and local; and (3) assess AHIP health insurance plan members' interest in sharing their emergency preparedness best practices and lessons learned.

## IV. METHODOLOGY

### A. Sample Population

The survey target population was inclusive of all AHIP member health plans at the time the survey was fielded.[7] The sample included AHIP membership of 137 health plans with a total enrollment of more than 200 million lives that together accounted for 87% of the enrollment in health plans across the nation (Table 1). The sampling frame was developed by using the listings in *AIS's Directory of Health Plans: 2012* and the AHIP database of its member organizations. To qualify for inclusion, the health plan had to be present in both lists. AHIP does not collect data on the type of insurance products offered by its members or enrollment numbers. Instead, AHIP uses external sources such as the data from *AIS's Directory of Health Plans*, which has been a primary AHIP resource for the last several years.

In our selection, we used the *AIS's Directory of Health Plans: 2012* definition of a health plan. Specifically a health plan is a health insurance company operating in the U.S. that offers some type of risk-based, primary care health insurance product based on a regional provider network.

[7] AHIP membership does not include any state departments of health or other state agencies.

All local/regional subsidiaries of large national companies were collapsed into their respective corporate entities, which were asked to respond on behalf of all of their subsidiaries. In our selection, we excluded AHIP member plans that are listed as separate entities in *AIS's Directory of Health Plans: 2012* even though they have been recently acquired by another plan. Their enrollment numbers were assigned to the company that purchased them. In calculating the enrollment numbers, the enrollment in Medicare Supplement products was not included in the total health plan enrollment, while self-funded enrollment was included in the appropriate categories.

Based on the health plan definition above and the lists used for the selection, the sampling exclusion criteria could be summarized as follows:

- Health insurance companies operating outside of America's 50 states, the District of Columbia, and Puerto Rico (Guam and the American Virgin Island territories were not included as they are not listed in AIS's Directory of Health Plans: 2012)
- AHIP members that are not listed in AIS's Directory of Health Plans: 2012
- Leased preferred provider organization (PPO) networks (organizations that do not provide health insurance products directly to individuals or employers, but instead build the provider networks and lease them to other health plans)
- Health insurance companies that offer only Medicare supplement insurance
- Health insurance companies that offer only specialty care (e.g. behavioral care)
- Health insurance companies that function only as third party administrators (TPA) by processing insurance claims for another company without underwriting risk
- Subsidiaries of health plans (the parent company was asked to respond on behalf of all of its subsidiaries and AHIP staff contacted the subsidiary independently only if advised to do so by the parent company)

- Health plans that are listed as independent, currently operating companies in *AIS's Directory of Health Plans*: *2012* but that since then have been purchased by other companies or ceased their operations

AHIP invited all member plans that met the aforementioned selection criteria, as described above, to participate in the National Survey of Health Insurance Plan Emergency Preparedness. The main characteristics of the survey sample can be found in Tables 1 and 2. The enrollment in the responding and non-responding health plans was calculated by using the data from *AIS's Directory of Health Plans: 2013*, which became available in February of 2013 and contained the more recent enrollment data (as of December 31, 2012). To clarify, the *AIS's Directory of Health Plans: 2012* was used only for building the survey sample.

**Table 1. Main sample characteristics (based on *AIS's Directory of Health Plans: 2013* data)**

| Characteristic | AHIP member plans (included in sample) | Non-AHIP members (not included in sample) |
|---|---|---|
| Number of health insurance plans | 137 | 311* |
| Total enrollment, million | 206.2 | 46.8 |
| Share of total USA health plans enrollment | 81.5 % | 18.5 % |

* That includes 90 health plans with the enrollment of less than 1,000 for the total enrollment of 23,914: most of them are Program of All-inclusive Care for the Elderly (PACE) contracts.

**Table 2. Distribution of health plans by size (based on *AIS's Directory of Health Plans: 2013* data)**

| Group | AHIP member plans (invited to participate in survey) | | Non-AHIP members (not invited to participate in survey) | |
|---|---|---|---|---|
| | N | Total enrollment, million | N | Total enrollment, million |
| 5,000,000+ enrollees | 8 | 130.4 | 0 | 0 |
| 1,000,000 - 4,999,999 enrollees | 22 | 50.4 | 7 | 17.9 |
| 250,000 - 999,999 enrollees | 37 | 19.4 | 39 | 18.7 |
| Less than 250,000 enrollees | 70 | 5.9 | 265 | 10.2 |
| Total | 137 | 206.2 | 311 | 46.8 |

## B. Data Collection

A web-based survey was developed to meet the objectives of this project. AHIP used QuestionPro which is a web-based survey software package.

The web-based survey instrument consisted of 37 questions but not all survey participants were asked 37 questions. The survey extensively used skip-patterns, so respondents were routed to different questions based on their responses to previous ones.

In developing the questionnaire, the AHIP staff conducted targeted outreach to garner technical expertise from numerous emergency preparedness and national health security experts that spanned the entire spectrum from health insurance plans to government agencies. The instrument was pilot-tested with a group of health plan representatives to validate the questions and their corresponding response choices, to determine the correct order of questions, and to estimate the time needed to complete the survey.

Prior to sending out the survey, AHIP utilized multiple internal and external contact lists readily available to AHIP to identify the appropriate health insurance plan representative to complete it. These lists are regularly updated by AHIP staff and provide access to key personnel, including

contacts who participated in prior member surveys. Selection of the target responder at each company relied on the following criteria in order of importance: 1) an individual who is responsible for business continuity or emergency preparedness, 2) the Chief Medical Officer, 3) the Chief Information Officer, 4) the Chief Operating Officer, or 5) an individual who has responded to past AHIP surveys. The Chief Executive Officer of each plan was notified about the upcoming survey and, if needed, contacted at a later date to facilitate the submission of the plan's response. Among the eventual survey submitters, 31% were responsible for business continuity or emergency preparedness, 21% were working in plan operations, 16% were information services staff, and 32% were respondents that held other positions.

In mid-February, all health plans included in the sample received an email with an invitation to participate in the survey, and the email recipient was asked to confirm that he or she was the correct contact. The survey was fielded with a link to the web-based survey delivered electronically via email to each respondent from February 28, 2013 to May 1, 2013. During this time, AHIP staff initiated a focused outreach campaign to facilitate participation that included sending multiple reminders to non-responding plans and making multiple phone calls to the identified health plan representatives.

All submitted responses were reviewed to ascertain the completeness of submissions, and all necessary efforts were made to collect responses to missed or incomplete questions. Unfortunately, several plans responded only to a subset of survey questions. As a result, AHIP staff made a decision to include their submissions in the final data set provided that they responded to more than half of the substantive survey questions and the questions on contact information. Those in the "lessons learned" section were excluded from this calculation, but their data was included in the analysis for the questions that were answered.

### C. Response Rate

Out of 137 AHIP member plans receiving the invitations to participate in the survey, 86 plans responded, which resulted in a 63% response rate. The total enrollment in responding plans is 190.6 million members and accounts for 92% of the total AHIP member plans' enrollment (Figure 1). Because the enrollment in AHIP member plans includes most of the enrollment in

private health plans offering commercial Medicaid and Medicare Advantage products in the USA, the responses of the plans that participated in our survey reflect the experiences of 81% of the total national private health plan enrollment. Therefore, the survey data is a representative sample of the policies of the plans that include the great majority of all health plan members in the USA.

Detailed response rate statistics can be found in Tables 3 and 4. As is common for the surveys of health insurance plans, the response rate was proportionate to the size of the plans, where 100% of the national plans (enrollment ≥ 5,000,000) responded. For the small plans (enrollment ≤ 250,000), the response rate was only 46%. Such disparity in numbers calls for a certain amount of caution regarding the description of emergency preparedness policies of small plans. Due to the possibility of self-selection, the overall level of emergency preparedness activities could be significantly lower in the non-responding plans. Finally, as AHIP membership does not include state agency administered Medicaid health insurance plans, information regarding their emergency preparedness activities were not captured in the survey results.

**Figure 1. Enrollment in health plans that participated in the survey as a share of total enrollment in AHIP member plans**

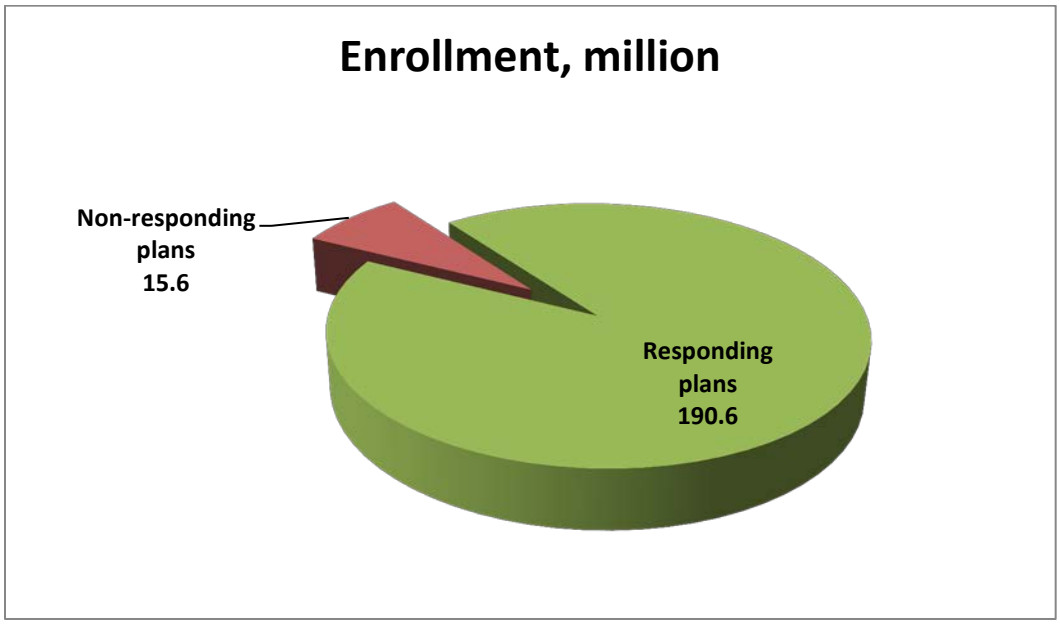


**Table 3. Survey response rate by size of health plan**

| Group by size | Plans in sample | Responded | Response rate |
|---|---|---|---|
| 5,000,000+ enrollees | 8 | 8 | 100% |
| 1,000,000 - 4,999,999 enrollees | 22 | 19 | 86% |
| 250,000 - 999,999 enrollees | 37 | 27 | 73% |
| Less than 250,000 enrollees | 70 | 32 | 46% |
| ***Total*** | *137* | *86* | *63%* |

**Table 4. Survey response rate by type of health plan[8]**

| Products offered | Plans in sample | Responded | Response rate |
|---|---|---|---|
| Commercial | 100 | 71 | 71% |
| Medicaid and SCHIP[9] | 89 | 61 | 69% |
| Medicare Advantage | 93 | 57 | 61% |
| ***Total*** | *137* | *86* | *63%* |

## D. Analysis

As AHIP has learned from its previous health plan surveys, the policies and daily operations of health plans typically differ by the area of operation (single state vs. multiple states in different regions) and the size of enrollment. We decided to separate AHIP member health plans into the following 4 groups:

- "national plans" (plans with ≥ 5,000,000 enrollees: that operate in multiple states and regions)

[8] Many health plans offered multiple health insurance products; consequently, the sum of commercial Medicaid and Medicare Advantage plans exceeds the total for the survey.

[9] This includes only the Medicaid and SCHIP products offered by private health plans via contracts with the states, not the health plans that are operated directly by state health departments. The emergency preparedness policies of such plans are not covered by our survey.

- "large plans" (plans with 1,000,000 - 4,999,999 enrollees (that typically function in one market, which is usually a single state or a single metropolitan area spanning several states)
- "medium plans" (plans with 250,000 - 999,999 enrollees that tend to exist in one state)
- "small plans" (plans with ≤ 250,000 enrollees that commonly operate in one state)

Such grouping of plans has been routinely done in prior AHIP member plan surveys.

We examined unweighted (based on the plans' response rates) and weighted (based on the plans' enrollment) percentages for all survey respondents and unweighted percentages for the 4 subgroups based on the responding health plan total enrollment.

The unweighted percentages were calculated by dividing the number of health plans selecting a particular response option by the total number of health plans that answered the particular question and multiplying the quotient by one hundred. They could be used to describe the policies and activities of health plans as separate corporate entities and are referred to as "share of plans, %" in the data tables. The weighted percentages are responses of the health plans weighted by each plan's total enrollment while excluding Medicare Supplement Health insurance since this type of coverage is not related to the provision of healthcare by the insurer. Weighted percentages reflect the experiences of health insurance plan enrollees and the potential impact of the specific health plan policies on the individual enrollee level. They are referred to as "share of enrollees, %" in the data tables.

As some plans did not respond to all survey questions, the denominator for calculating percentages varied from 83 to 86 depending on the question. The number of the valid responses for each question is given in Appendix A. In this report, only responses for binary questions were included.

The data analysis was done using SAS 9.2, a software statistical package.

## V. RESULTS

### A. Key Findings

- All survey participants reported that they have developed action plans addressing potential business interruptions, including the loss of technical infrastructure (100%), the loss or severe impact to critical infrastructure (98%), and the loss of communication networks (94%).
- Almost all health plan members are enrolled in plans that conducted a risk assessment (98% of enrollees, 88% of plans) or a Business Impact Analysis (97% of enrollees, 81% of plans).
- Similarly, almost all health plan members are enrolled in plans that routinely conduct internal emergency preparedness drills and exercises (97% of enrollees, 82% of plans).
- 30% of the responding plans reported that they routinely participate in external (i.e. national, state, or local) emergency preparedness drills and exercises. Lack of opportunities to participate was the most cited reason for not participating.
- The federal and state emergency declarations trigger a review of possible temporary changes in benefits for almost all plans (97% and 95%, respectively). Many plans (33% of them), most of which are national or large also developed an internal corporate policy that addresses possible changes due to adverse events in addition to providing temporary changes.
- The most common set of temporary health plan policy changes, in the event of a disaster were similar among all health plans regardless of size. Modifications included extending time periods for filing claims, revising or relaxing out-of-network restrictions, temporarily suspending business rules for pharmacy refill limitations, establishing a toll-free help line, and temporarily suspending business rules for prior medical authorization. Each of these options was reported by more than 70% of plans.

- Most of the health plan members (68%) are enrolled in plans that possess the capability of identifying and providing necessary assistance for members who rely on durable medical equipment. The availability of these capabilities varies by plan size, specifically 75% of national plans, 32% of large plans, 28% of medium plans, and 31% of small plans.

- In an emergency, most of the health plans, regardless of their size, have the capability to use claims data and information from nurse call lines to monitor the problems with durable medical equipment. 77% of plans can use the claims data and 61% use information from nurse call lines.

- For the majority of the health plans it is clear whom to call or notify within regulatory agencies in the event of a disaster or a public health emergency (82% for the state agencies, 66% for the local government, and 61% for the federal agencies). However, there are opportunities for health plans, particularly smaller plans, to have better communication channels readily available with the government during an emergency.

- A quarter of the survey participants are registered on the U.S. Department of Homeland Security Homeland Security Information Network (HSIN) Healthcare and Public Health Sector Portal (HSIN-HPH). The registered plans tend to fall into these broad groups: national plans and health plans operating in the coastal states (Louisiana, Florida, Massachusetts, New York, etc.). The share of the registered plans was lower among the health plans with enrollment of less than a million. There is an opportunity for broader outreach to health insurance plans to increase awareness about HSIN-HPH participation.

- Most of the survey participants (60%) expressed an interest in participating in a forum to share best practices and lessons learned in the area of emergency preparedness. This demonstrates the importance of disaster preparedness activities for health plans and highlights the need for additional information in this area.

More details can be found in the tables provided in Section VIII. Tables contain responses to each survey question stratified by plan size and expressed as a percentage of responding plans with the share of enrollees in the plans that selected the specific response option.

## B. Health Plan Emergency Response, Recovery, Business Continuity, Planning, and Operations

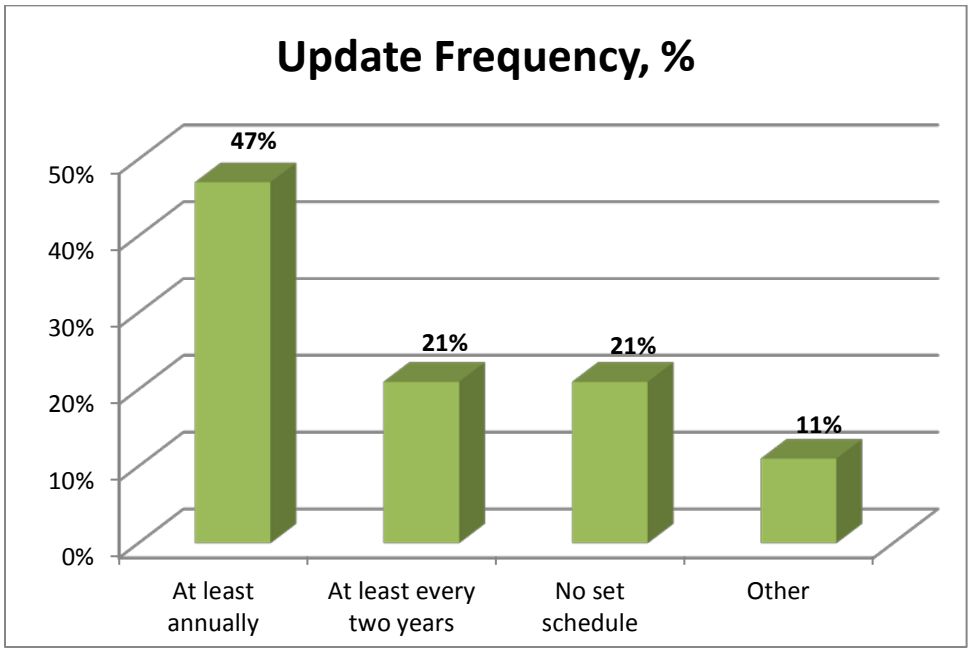
All survey participants reported that they have developed action plans addressing potential business interruptions, including the loss of technical infrastructure (100%), the loss or severe impact to critical infrastructure (98%), and the loss of communication networks (94%). Somewhat less prevalent, especially among medium and small plans, is planning for the possibility of human resources loss, such as the loss of health plan staff or leadership (85%).

All reporting plans established some type of an incident command structure for emergency response and recovery operations. 37% of them have established a formal incident command system that aligns with the U.S. Federal Emergency Management Agency (FEMA) National Incident Management System (NIMS) guidelines. Most common emergency response and recovery operations arrangements include Disaster/Emergency Response Team(s) with defined responsibilities (85%), a Business Continuity Team (83%), a Disaster/Recovery Team with defined responsibilities (81%), a Disaster/Emergency Manager with defined responsibilities (72%), and an Executive Leader that serves as the incident commander or leader (71%). Most of the national and large plans established emergency call centers, while fewer medium and small plans have such arrangements in place.

Almost all members of the responding plans are enrolled in the plans that have conducted a risk assessment (98% of enrollees, 88% of plans) or a business impact analysis (BIA) consisting of 97% of enrollees and 81% of plans. Risk assessment is used to identify and assess factors that may negatively impact these critical functions and processes. Small health plans were found to be less likely to perform these activities since 69% of small health plans perform a business impact analysis (BIA) and 78% conduct a risk assessment. On the other hand, all national plans conduct both of these activities and more than 90% of large and medium plans carry out a risk assessment or a BIA.

As is evident in Figure 2, those health plans that do perform risk assessment typically update their risk assessments regularly (either annually or biannually).

**Figure 2. The frequency of updating health plan's risk assessment, %**




In addition to regularly updating their risk assessment, most of the plans participating in the survey conduct a periodic audit of business continuity planning. This is the case for 72% of the plans, which accounts for 85% of the total enrollment in the plans that responded to the survey. The periodic audit is most commonly done by national and large plans (Table 5).

**Table 5. Does your organization conduct a periodic audit of business continuity planning? (n=86)**

| Response options | National plans, % | Large plans, % | Medium plans, % | Small plans, % |
|---|---|---|---|---|
| Yes | 87.5 | 84.2 | 74.1 | 59.4 |
| No | 12.5 | 5.3 | 11.1 | 34.4 |
| Other | 0 | 10.5 | 14.8 | 6.3 |

Business continuity planning is implemented by almost all plans. 92% conducted a BIA, and many have established metrics and other benchmarks. 59% of the plans are using established metrics to evaluate their emergency response, recovery, or business continuity planning and operations with the most commonly used metric being response time (it is used by 38% of the health plans). Other utilized metrics are state of readiness (36%), percent of operations restored (28%), and a host of rarely used measures, such as team member participation in meetings/ training or percent of critical systems tested. National and large health plans use metrics in evaluation considerably more often than the rest of the plans.

Most of the surveyed health plans are prepared to immediately (within 24 hours) communicate to their members or stakeholders, including providers, regulators, customers/employer groups, news media, vendors/suppliers,[10] and hospitals about any changes in their operations due to a possible disaster event (Table 6). Especially well-prepared in this respect are national plans, as 100% reported having such communication plans for members; employers; providers and hospitals; regulators; vendors and suppliers; and media. Only four health plans (all of them in a small category) reported that they lack any specific formal communication plans for a disaster. Several plans also mentioned employees as one of the groups for which they have established an emergency communication plan.

**Table 6. Do you have an established plan for communicating about changes in operations within 24 hours of an emergency with the following stakeholders during/after a disaster? (n=85)**

| Stakeholders | Share of health plans having established plans, % |
|---|---|
| Members | 81.2 |
| Customers/employer groups | 77.6 |
| Providers | 78.8 |
| Hospitals | 64.7 |

[10] Examples are the third-party provider of disease management services or nurse call line services.

| | |
|---|---|
| Vendors/suppliers | 68.2 |
| Regulators | 74.1 |
| Public health officials | 50.6 |
| Local and state hospital associations | 28.2 |
| Local and state medical societies | 17.6 |
| News media | 69.4 |
| Leadership (e.g., CEO, Board of Directors, etc.) | 90.6 |
| Currently, we do not have an established plan for such communicating | 4.7 |
| Other | 10.6 |

The approaches of health plans towards planning for specific support services for their employees during a disaster vary. All of the national plans offer evacuation plans as well as mental/behavioral resources, and the majority of them offer health resources and educational materials. Small health plans typically offer an evacuation plan, and 81% of small health plans reported having established policies or plans for providing specific support services. The large and medium plans have a typical approach, falling somewhere in between those two groups.

Most of the responding AHIP member plans conduct internal emergency preparedness drills and exercises (82% overall, 90% or more of national, large and medium plans). Among the specific emergency preparedness activities, the most common ones are evacuation drills (76%) and technical infrastructure and data testing (73%). Less frequent activities are assessments of emergency preparedness of various units within the organization, namely department "walk through" of their completed plans (50%), department/division-level table top exercises (45%), and enterprise-level multifunctional table top exercises[11] (43%). Finally, the least commonly utilized type of emergency preparedness activities are simulations. The department/division-level simulation was reported by 22% of the survey participants and the enterprise level multi-functional simulation was reported by 23% of them. All of the previously listed activities are much more likely to be carried out by national or large plans. The most frequently reported activities among small health plans include evacuation drills along with technical infrastructure and data testing.

[11] Exercises that include assessing all health plan operations.

Health plans that reported not conducting any internal emergency preparedness drills and exercises (almost all were small plans) indicated competing priorities and limited resources as factors in not conducting these drills.

A quarter of the survey participants are registered on the U.S. Department of Homeland Security Homeland Security Information Network Healthcare and Public Health Sector Portal (HSIN-HPH). The survey data seem to indicate that many health plans are not aware of the portal's existence and the possibilities it offers to the participants. The share of the registered plans was low among the health plans with the enrollment of only 9% (less than 250,000). At the same time, a sizable number of respondents indicated that they do not know if anyone from their organization has registered with the HSIN-HPH portal. When made aware of the portal's existence through the AHIP survey, several respondents communicated that they applied for access.

### C. Emergency Provision and Modification of Benefits and Services to Members

Almost all AHIP member health plans, regardless of their size, use the federal and state emergency declarations as a trigger for a review of possible temporary changes in benefits (97% for the federal declarations and 95% for the state declarations). In addition, many national and large plans indicated that they have developed a specific corporate policy for such review that does not rely on the federal or state declarations of emergency, but utilizes additional internally developed standards.

Most of the health plans would consider a large number of specific temporary changes to their regular policies in the event of a disaster, with the most shared ones being the extension of time periods for filing claims and the revision or relaxation of out-of-network restrictions (Table 7).

**Table 7. In the event of a disaster what temporary changes to your regular policies would you consider (as appropriate to the situation)? (n=85)**

| Temporary changes to plan's regular policies | Share of health plans that would consider it, % | Share of enrollees that are in health plans that would consider it, % |
|---|---|---|
| Revision or relaxation of out-of-network restrictions | 82.4 | 83.7 |
| Temporarily suspending of business rules for prior medical authorization | 70.6 | 84.5 |
| Temporarily suspending of business rules for pre-certification | 61.2 | 82.1 |
| Temporarily suspending of provider precertification requirements (e.g. credentialing, etc.) | 62.4 | 48.5 |
| Extending time periods for filing claims | 84.7 | 86.0 |
| Process to accept incomplete claims due to record or data loss | 50.6 | 41.4 |
| Ensuring the availability of electronic medical records to facilitate the continuity of care | 40.0 | 41.1 |
| Temporarily suspending durable medical equipment replacement limitations (e.g. electric wheelchairs, O2 concentrators, etc.) | 67.1 | 79.9 |
| Temporarily suspending of business rules for pharmacy re-fill limitations | 76.5 | 84.9 |
| Establishing a toll-free help line | 71.8 | 69.1 |
| Establishing emergency assistance on your web site | 68.2 | 85.7 |
| Other | 14.1 | 32.7 |
| None of these options | 1.2 | N/A |

According to the survey, 73% of health plan enrollees are in plans that have policies and capabilities allowing for the provision of necessary assistance for members who are taking prescription drugs (e.g. insulin, methadone, etc.), while 68% are similarly established for

members dependent on durable medical equipment and those who rely on home health care. National health plans are much more likely to have these policies and capabilities in place. About half of the small and medium plans have added policies or capabilities to provide necessary support to any of these populations during an emergency with the rate being lower for members who are treated using durable medical equipment (28% of medium-sized and 31% of small plans could provide necessary help during an emergency).

Seventy percent of the responding health plans would consider covering the dispensing fee charged by pharmacies in the event that the U.S. government provides a non-formulary drug, such as an antiviral. However, it appears that many health plans consider and determine their course of action during such an event based on the circumstances. A case in point is that 24% of the plans chose the "Other" response option with answers like "unknown at this time" or "no discussion has occurred on this topic."

During a natural disaster or other emergency, a situation normally evolves quickly. To ensure the delivery of the needed care, it becomes imperative for health plans to be able to monitor possible problems with access; utilization of medical services; provision of medications and durable medical equipment; etc. Based on data from this survey, it appears that the majority of health plans are well-positioned to anticipate and monitor these problems using their claims data and nurse call lines (Tables 8a and 8b). As was true for many other emergency preparedness activities, small health plans have less developed competencies. Even for this group, the majority are able to use claims and nurse call line data in all major areas of concern, except for using claims to monitor problems with patient safety in the event of an emergency.

**Table 8a. In the event of emergency do you have the capabilities to use claims or nurse call lines data to monitor possible problems with the following: (n=84)**

| Response options | Capable of using claims data | | Capable of using data from nurse call lines | |
|---|---|---|---|---|
| | Share of plans, % | Share of enrollees, % | Share of plans, % | Share of enrollees, % |
| Access (e.g. healthcare providers, facilities) | 78.6 | 94.4 | 72.6 | 90.0 |
| Utilization (e.g. providers, services) | 88.1 | 96.9 | 71.4 | 88.6 |
| Pharmacy medications | 90.5 | 97.0 | 69.1 | 84.7 |
| Durable medical equipment | 77.4 | 93.5 | 60.7 | 81.3 |
| Patient safety | 48.8 | 60.5 | 57.1 | 57.2 |
| Quality of care | 61.9 | 70.2 | 63.1 | 64.2 |

**Table 8b. In the event of emergency do you have the capabilities to use claims data to anticipate and monitor the following potential needs regarding the continuity of care: (n=84)**

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=31 |
|---|---|---|---|---|
| Access (e.g. healthcare providers, facilities) | 100 | 84.2 | 76.9 | 71.0 |
| Utilization (e.g. providers, services) | 100 | 94.7 | 84.6 | 83.9 |
| Pharmacy medications | 100 | 94.7 | 84.6 | 90.3 |
| Durable medical equipment | 100 | 84.2 | 73.1 | 71.0 |
| Patient safety | 75.0 | 52.6 | 46.2 | 41.9 |
| Quality of care | 87.5 | 57.9 | 46.2 | 71.0 |

**Table 8c. In the event of emergency do you have the capabilities to use data from nurse call lines to monitor possible problems with the following: (n=84)**

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=31 |
|---|---|---|---|---|
| Access (e.g. healthcare providers, facilities) | 100 | 73.7 | 61.5 | 74.2 |
| Utilization (e.g. providers, services) | 100 | 73.7 | 57.7 | 74.2 |
| Pharmacy medications | 87.5 | 73.7 | 57.7 | 71.0 |
| Durable medical equipment | 87.5 | 63.2 | 53.9 | 58.1 |
| Patient safety | 62.5 | 57.9 | 53.9 | 58.1 |
| Quality of care | 75.0 | 57.9 | 53.9 | 70.1 |

Emergencies and disasters often generate a surge in the requests for medical and coverage information, and we asked several questions covering the potential of health plans to meet such an increased demand.

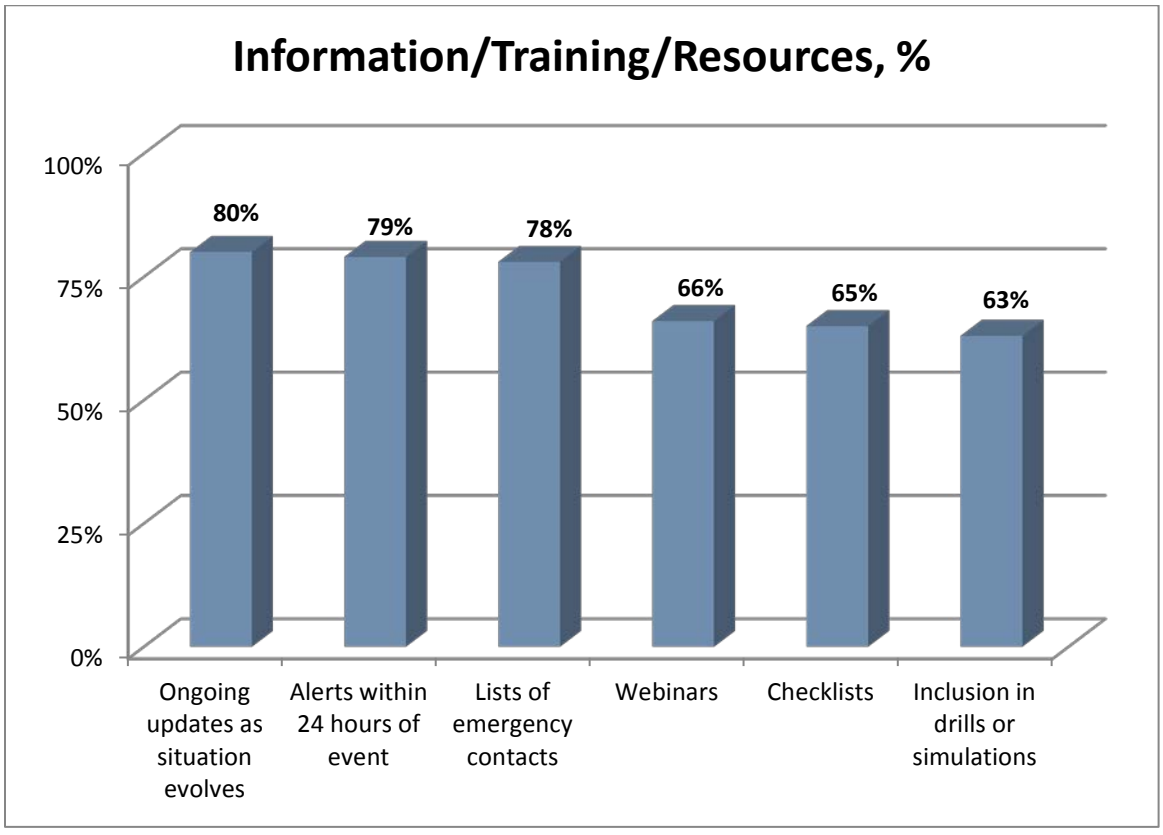
About half of the responding health plans have in place contingencies to expand nurse call lines (49%) and case management services (48%) in order to accommodate a surge in calls in the event of a disaster. As larger plans more often have these abilities, more than three quarters of all AHIP member plans' enrollees belong to plans with these contingencies in place (144 million enrollees are in plans that reported having in place contingencies to expand nurse call lines and 154 million are able to develop case management services). At the same time, 39% of the surveyed health plans have a process in place for provisional or emergency credentialing of providers.

Overall, most of the plans have not experienced legal or regulatory barriers that hinder making changes in their business practices and policies during or after a disaster. Only 43% and 38% mentioned the presence of such barriers at the state and federal level, respectively. Local legal or regulatory barriers were reported by 14% of the respondents, which is relatively infrequent. Our

survey did not include any questions on the specifics of the encountered legal and regulatory barriers.

The survey responses revealed that there is substantial demand from health plans for information, training, and resources from local, state, or federal public health officials that would facilitate their disaster planning efforts and recovery operations. Every type of assistance for internal health operations offered to the respondents as a possible response choice was selected by at least 60% (Figure 3).

**Figure 3. Information/training/resources from local, state, or federal public health officials that could make health plan disaster planning efforts and recovery operations more successful (for health plan internal operations)**



Member-related activities that respondents identified as useful most often were alerts within 24 hours of an event and ongoing updates as situation evolves (71% each). Checklists, lists of emergency contacts, and webinars were mentioned by more than 50% of respondents.

## D. Relationship with Other Health Care Stakeholders and Public Health Entities – Federal, State, and Local

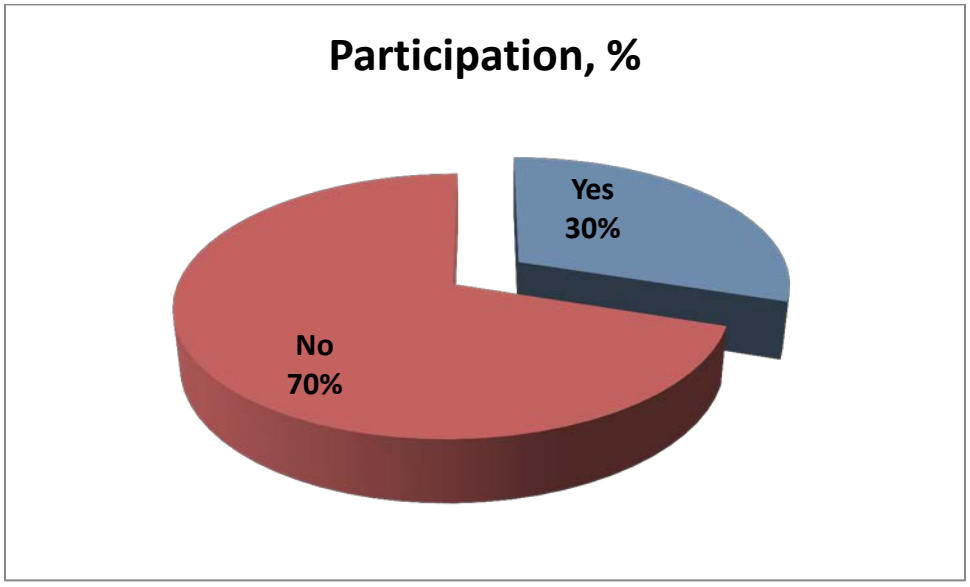
The process of ensuring the delivery of health care in a disaster requires close cooperation and collaboration with federal, state, and local government agencies. Our survey included several questions regarding coordination of health plans' emergency preparedness with government agencies.

For the majority of the plans, it is clear whom to call or notify within regulatory agencies in the event of a disaster or a public health emergency (82% for the state agencies, 66% for the local government, and 61% for the federal agencies). However, there are opportunities for health plans, particularly smaller plans, to have better communication channels with the government that are readily available in times of crisis.

Furthermore, about half of surveyed health plans update their list of emergency contacts with federal, state, local agencies, and government at least annually (48%), while 35% of them have no set schedule for updates and 12% do not maintain a formal list of emergency contacts.

In the wake of such disasters as September 11 and Hurricane Katrina, government agencies of all levels have increased the frequency of multi-stakeholder emergency preparedness drills and exercises. According to the data from our survey, less than a third of AHIP member plans routinely participate in such exercises. However, several health plans indicated their interest in participating in multi-stakeholder emergency preparedness drills when they are made aware of such opportunities. Among the routine participants in such drills, 12% participated at least annually in national drills, 40% in state drills, and 20% in local drills.

**Figure 4. "Does your organization routinely participate in external (national, state or local) emergency preparedness drills and exercises?"**



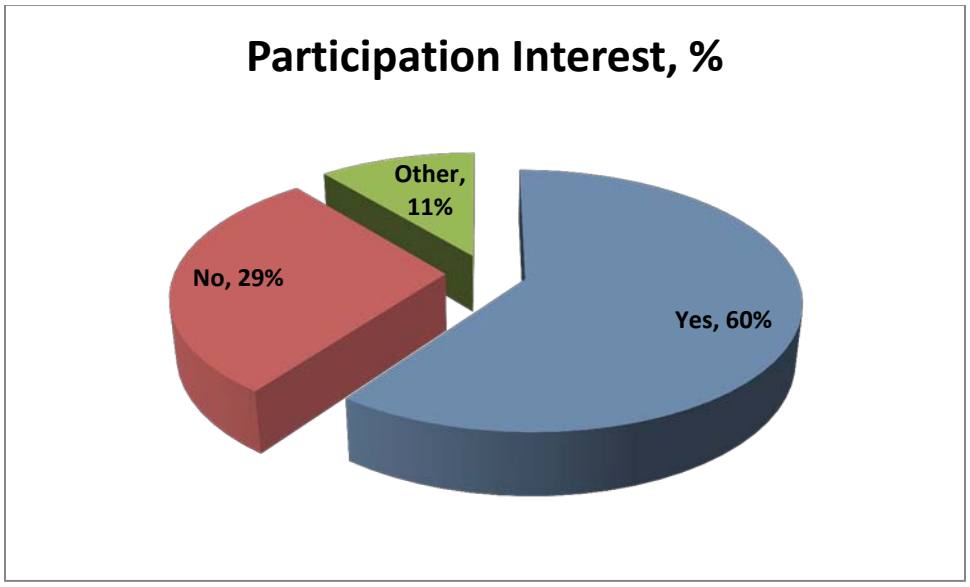

Those plans that do not routinely participate in external emergency preparedness drills attributed their non-participation to lack of opportunities to participate (57%) and limited resources (53%). The common theme among the responses was the lack of awareness about such drills and exercises. As replies indicated, "we are rarely notified of any such exercises," "did not know we could," and are "unaware of opportunities." In light of these sentiments, it is anticipated that more health plans would participate if drill and exercise organizers broaden their outreach to health plans and ensure a minimal cost for participation.

**E. Lessons Learned and Best Practices**

All of the survey participants will receive from AHIP the aggregate survey data shortly after the completion of the survey. Many of them communicated to AHIP that receiving such industry-wide data on emergency preparedness activities was one of the main reasons they decided to participate in the survey, which demonstrates the pronounced interest or need for detailed information on how other health plans are approaching disaster preparedness and how they might incorporate these findings into their business practices.

Moreover, most of the survey participants indicated that they are interested in further activities aimed at exchanging information on emergency preparedness. The majority of them expressed an interest and willingness to participate in a forum to share best practices and lessons learned (see Figure 4). This interest was high and consistent among all health plans, regardless of plan size. Among the respondents that chose the "other" option for this question, several explained that they would consider participating in such a forum.

**Figure 5. "Is your organization interested in participating in a forum to share best practices and lessons learned?**




A sizable number of health plans (21%) are ready to share lessons from their past experiences in emergency preparedness activities. Most of them are national or large plans, and several of them specifically mentioned sharing their experiences responding to the recent Hurricane Sandy disaster. These plans could be potentially used as a core of presenters for any conference, forum, or workshop on emergency preparedness, if one were held.

There were considerably fewer plans reporting that they would like to share disaster preparedness and response best practices. Only four plans said so, and another five gave the same answer with reservations by marking the "Other" category. It appears that the willingness of the health plans to share their best practices could be increased if they had a better

understanding of the proposed process for sharing and what level of resources it would entail.

Overall, the responses to the survey questions in this section indicate that there is a considerable interest on the part of the health plans in sharing the information on emergency preparedness activities and in building relationships with other plans working in this area.

## VI. CONCLUSION

Health insurance plans have long demonstrated a commitment to emergency preparedness with the goal of being able to facilitate the provision of care during crises and the entities are committed to collaborating with local, regional, and national officials to coordinate roles and maximize public health and safety. The survey demonstrates that health plans are continually preparing to meet the challenges of various emergencies and disasters through a focus on business continuity planning; communications with multiple stakeholders; and collaboration with local, state, and national governments as well as public health officials. To add to that, this survey captures the many strategies health plans have in place to meet the needs of their members and to mobilize around emergency preparedness and disaster recovery to maximize public health and safety.

Almost all of the surveyed health plans developed action plans addressing most likely business interruptions and conducted a risk assessment in addition to performing internal emergency preparedness drills and exercises. Potential action steps to build on current emergency preparedness activities could include the identification of best practices, more frequent updating of action plans, and a more rigorous use of formal evaluation of health plan business continuity planning and operations.

Most of the surveyed health plans have developed a set of policies regarding the various aspects of communication, monitoring, and making temporary changes to health plans' regular policies in the event of a disaster. Small and sometimes medium health plans reported less comprehensive emergency preparedness planning and capabilities than larger health insurance

organizations. Limited staffing and financial resources of smaller plans may lead them to rely more on the guidance and assistance of state and federal agencies in an emergency.

Health plans reported that they do not regularly participate in external emergency preparedness exercises and drills. A quarter of health plans are registered on the U.S. Department of Homeland Security Homeland Security Information Network (HSIN) Healthcare and Public Health Sector Portal, possibly because they were unaware of the portal's existence. Most health plans indicated a readiness and willingness to engage with the federal, state, and local government on emergency preparedness activities that could include developing a list of emergency contacts, webinars, checklists, and participation in drills or simulations, etc. Establishing the process of annual updating of key federal, state, and local emergency preparedness personnel contact lists could ensure that in the event of an emergency, health plans have the information necessary to take immediate action.

Most of the survey participants indicated that they are interested in further activities aimed at exchanging information on health plans' emergency preparedness beyond their participation in this survey and reviewing its results. There is broad support behind the possible participation in a forum where health plans could share best practices and lessons learned.

More specifically, potential next steps or action items for consideration could include convening a workshop of health plans and other stakeholders to share best practices, challenges, and opportunities in the area of emergency and disaster preparedness. Other potential avenues for the information exchange could include simulation/training exercises or conferences for health plan emergency preparedness personnel, government agencies, and other stakeholders or the development of webinars, and health plan emergency preparedness tool kits, etc.

# VII. DATA TABLES

**Final Survey Results in Table Format**[12]

The tables in this section present the responses of the plans to the specific survey questions. For each question we present the number of health plans that responded to the question. Again, not all survey participants responded to all of the questions due to the built-in skip patterns and general non-response to a specific question. The tables include the data stratified as outlined below.

- number of plans that selected a particular response option (N)
- share of plans that chose that option relative to all plans that responded to this survey question (Share of plans, %)
- share of enrollment in plans that chose an option relative to the total enrollment in all plans that responded to the survey question (Share of enrollees, %)
- share of plans that chose an option relative to all plans of the similar size that responded to the survey question (Responses of plans by size, %)
- summary of open-ended responses and comments for each question

Note: to protect the confidentiality of the health plans' responses in cases where less than 3 plans chose a specific response choice, we did not provide the exact enrollment in those plans. Instead the "NA" answer was produced.

Questions 1 through 4 collected the contact information of respondents, specifically health plan name, submitter's name, submitter's position, submitter's email address. The data from these questions are not presented in the report in order to protect the confidentiality of health plans' responses.

[12] The description of the plan groups (national, large, medium, and small) can be found on pages 12-15.

**5. Does your organization develop plans based on business interruptions that result from (n=86):**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Loss or severe impact to critical infrastructure (facilities, emergency power generators etc.) | 84 | 97.7 | 100 (99.99) | 190.6 |
| Loss of technical infrastructure (e.g., IT software, hardware, platforms, redundant technology, etc.) | 86 | 100.0 | 100 | 190.6 |
| Loss of human resources (e.g. staff, leadership) | 73 | 84.9 | 96.9 | 184.7 |
| Loss of communication networks | 81 | 94.2 | 92.5 | 176.3 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Loss or severe impact to critical infrastructure (facilities, emergency power generators etc.) | 100 | 100 | 100 | 93.8 |
| Loss of technical infrastructure (e.g., IT software, hardware, platforms, redundant technology, etc.) | 100 | 100 | 100 | 100 |
| Loss of human resources (e.g. staff, leadership) | 100 | 89.5 | 85.2 | 78.1 |
| Loss of communication networks | 87.5 | 100 | 92.6 | 93.8 |

**6. Please indicate if your organization has an incident command structure for an emergency response and recovery operation. (*Select all that apply)* (n=86)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Formal Incident Command Structure that aligns with the FEMA National Incident Management Structure (NIMS) Guidelines | 32 | 37.2 | 37.9 | 72.2 |
| Executive Leader that serves in an incident commander or leader role | 61 | 70.9 | 81.1 | 154.6 |
| Disaster/Emergency Response Team(s) with defined responsibilities (e.g. leadership, communications, logistics, operations, etc.) | 73 | 84.9 | 93.3 | 177.8 |
| Disaster/Emergency Manager with defined responsibilities | 62 | 72.1 | 93.0 | 177.3 |
| Disaster/Recovery Team with defined responsibilities | 70 | 81.3 | 94.5 | 180.1 |
| Business Continuity Team | 71 | 82.6 | 94.3 | 179.7 |
| Emergency Operations Center (EOC)/Central Command Center | 51 | 59.3 | 89.0 | 169.6 |
| Emergency Call Center | 34 | 39.5 | 51.0 | 97.2 |
| Other | 6 | 7.0 | 1.4 | 2.7 |
| No, we do not have an incident command structure | 0 | 0 | 0 | 0.0 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Formal Incident Command Structure that aligns with the FEMA National Incident Management Structure (NIMS) Guidelines | 37.5 | 47.4 | 37.0 | 31.3 |
| Executive Leader that serves in an incident commander or leader role | 75.0 | 78.9 | 74.1 | 62.5 |
| Disaster/Emergency Response Team(s) with defined responsibilities (e.g. leadership, communications, logistics, operations, etc.) | 87.5 | 94.7 | 88.9 | 75.0 |
| Disaster/Emergency Manager with defined responsibilities | 87.5 | 100 | 74.1 | 50.0 |
| Disaster/Recovery Team with defined responsibilities | 87.5 | 100 | 96.3 | 56.3 |
| Business Continuity Team | 87.5 | 100 | 88.9 | 65.6 |
| Emergency Operations Center (EOC)/Central Command Center | 87.5 | 84.2 | 63.0 | 34.4 |
| Emergency Call Center | 50.0 | 57.9 | 29.6 | 34.4 |
| Other | 12.5 | 10.5 | 3.7 | 6.3 |
| No, we do not have an incident command structure | 0 | 5.3 | 0 | 3.1 |

**7. Have you performed a risk assessment to identify possible threats and their potential impact on the work of your organization? (n=86)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 76 | 88.4 | 97.8 | 186.4 |
| No | 10 | 11.6 | 2.2 | 4.2 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Yes | 100 | 94.7 | 92.6 | 78.1 |
| No | 0 | 5.3 | 7.4 | 21.9 |

**8. How often is your risk assessment to identify possible threats to the work of your organization updated? (n=76)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| At least annually | 36 | 47.3 | 60.0 | 114.4 |
| At least every two years | 16 | 21.1 | 13.3 | 25.3 |
| No set schedule | 16 | 21.1 | 23.4 | 44.6 |
| Other | 8 | 10.5 | 3.3 | 6.3 |

**Responses of plans by size, %**

| Response Options | National, n=8 | Large, n=18 | Medium, n=25 | Small, n=25 |
|---|---|---|---|---|
| At least annually | 50.0 | 55.6 | 48.0 | 40.0 |
| At least every two years | 25.0 | 16.7 | 16.0 | 28.0 |
| No set schedule | 25.0 | 16.7 | 28.0 | 16.0 |
| Other | 0 | 11.1 | 8.0 | 16.0 |

**9. Has your organization conducted a Business Impact Analysis (BIA)? *Note: the purpose of the BIA is to determine critical operations functions and processes and Recovery Time Objectives (RTOs) for each process.* (n=86)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 70 | 81.3 | 97.4 | 185.6 |
| No | 11 | 12.8 | 0.7 | 1.3 |
| Other | 5 | 5.8 | 1.9 | 3.6 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Yes | 100 | 94.7 | 81.5 | 68.8 |
| No | 0 | 0 | 7.4 | 28.1 |
| Other | 0 | 5.3 | 11.1 | 3.1 |

**10. Does your organization conduct a periodic audit of business continuity planning? (n=86)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 62 | 72.1 | 85.5 | 163.0 |
| No | 16 | 18.6 | 11.9 | 22.7 |
| Other | 8 | 9.3 | 2.7 | 5.1 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Yes | 87.5 | 84.2 | 74.1 | 59.4 |
| No | 12.5 | 5.3 | 11.1 | 34.4 |
| Other | 0 | 10.5 | 14.8 | 6.3 |

**11. Has your organization established metrics (e.g., benchmarks) to evaluate your emergency response/recovery/business continuity planning and operations?** ***(Check all that apply)*** **(n=86)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes, state of readiness | 31 | 36.0 | 46.5 | 88.6 |
| Yes, response time | 33 | 38.4 | 52.9 | 100.8 |
| Yes, percent of operations restored | 24 | 27.9 | 34.8 | 66.3 |
| We have not established such metrics | 35 | 40.7 | 23.3 | 44.4 |
| Yes, other metrics (please specify) | 10 | 11.6 | 22.9 | 43.6 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Yes, state of readiness | 50.0 | 47.4 | 37.0 | 25.0 |
| Yes, response time | 62.5 | 42.1 | 44.4 | 25.0 |
| Yes, percent of operations restored | 37.5 | 31.6 | 29.6 | 21.9 |
| We have not established such metrics | 25.0 | 26.3 | 37.0 | 56.3 |
| Yes, other metrics (please specify) | 12.5 | 26.3 | 7.4 | 6.3 |

**12. Do you have an established plan for communicating about changes in operations within 24 hours of an emergency with the following stakeholders during/after a disaster? *(Check all that apply)* (n=85)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Members | 69 | 81.2 | 96.5 | 183.7 |
| Customers/employer groups | 66 | 77.6 | 97.1 | 184.8 |
| Providers | 67 | 78.8 | 94.7 | 180.3 |
| Hospitals | 55 | 64.7 | 88.7 | 168.9 |
| Vendors/suppliers | 58 | 68.2 | 94.4 | 179.7 |
| Regulators | 63 | 74.1 | 94.6 | 180.1 |
| Public health officials | 43 | 50.6 | 69.9 | 133.1 |
| Local and state hospital associations | 24 | 28.2 | 54.5 | 103.8 |
| Local and state medical societies | 15 | 17.6 | 47.6 | 90.6 |
| News media | 59 | 69.4 | 95.5 | 181.8 |
| Leadership (e.g., CEO, Board of Directors, etc.) | 77 | 90.6 | 95.0 | 180.9 |
| Currently, we do not have an established plan for such communicating | 4 | 4.7 | 0.1 | 0.2 |
| Other | 9 | 10.6 | 4.8 | 9.1 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=32 |
|---|---|---|---|---|
| Members | 100 | 94.7 | 80.8 | 68.8 |
| Customers/employer groups | 100 | 94.7 | 80.8 | 59.4 |
| Providers | 100 | 89.5 | 76.9 | 68.8 |
| Hospitals | 100 | 63.2 | 61.5 | 59.4 |
| Vendors/suppliers | 100 | 89.5 | 73.1 | 43.8 |
| Regulators | 100 | 84.2 | 73.1 | 62.5 |
| Public health officials | 75.0 | 57.9 | 53.8 | 37.5 |
| Local and state hospital associations | 50.0 | 26.3 | 30.8 | 21.9 |
| Local and state medical societies | 37.5 | 21.1 | 19.2 | 9.4 |
| News media | 100 | 89.5 | 76.9 | 43.8 |
| Leadership (e.g., CEO, Board of Directors, etc.) | 87.5 | 100 | 96.2 | 81.3 |
| Currently, we do not have an established plan for such communicating | 0 | 0 | 0 | 12.5 |
| Other | 0 | 15.8 | 11.5 | 9.4 |

**13. Do you have policies/plans in place for your organization's employees regarding any of the following support services during a disaster? (*Check all that apply*) (n=85)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Educational materials | 47 | 55.3 | 67.7 | 128.9 |
| Evacuation plan | 74 | 87.1 | 97.7 | 186.0 |
| Health resources | 36 | 42.4 | 72.1 | 137.3 |
| Mental and behavioral health resources | 42 | 49.4 | 88.1 | 167.7 |
| No policies or plans currently in place | 9 | 10.6 | 2.6 | 4.9 |
| Other | 3 | 3.5 | NA | NA |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=32 |
|---|---|---|---|---|
| Educational materials | 62.5 | 57.9 | 65.4 | 43.8 |
| Evacuation plan | 100.0 | 94.7 | 92.3 | 75.0 |
| Health resources | 75.0 | 47.4 | 46.2 | 28.1 |
| Mental and behavioral health resources | 100 | 68.4 | 46.2 | 28.1 |
| No policies or plans currently in place | 0 | 5.3 | 7.7 | 18.8 |
| Other | 0 | 10.5 | 3.8 | 0 |

**14. Does your organization routinely conduct internal emergency preparedness drills and exercises? (n=85)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 70 | 82.4 | 97.0 | 184.7 |
| No | 15 | 17.6 | 3.0 | 5.7 |

**Responses of plans by size, %**

| Response Options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=32 |
|---|---|---|---|---|
| Yes | 100 | 89.5 | 92.3 | 65.6 |
| No | 0 | 10.5 | 7.7 | 34.4 |

**15. Which of the following emergency preparedness activities does your organization routinely conduct? (*Check all that apply*) (n=86)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Evacuation drills | 65 | 75.6 | 94.9 | 180.9 |
| Department "walk through" of their completed plans | 43 | 50.0 | 90.4 | 172.3 |
| Department /Division level table top exercises | 39 | 45.3 | 88.1 | 167.9 |
| Enterprise level multifunctional table top exercises | 37 | 43.0 | 83.3 | 158.8 |
| Department/division simulation | 19 | 22.1 | 60.5 | 115.3 |
| Enterprise level multi-functional simulation | 20 | 23.3 | 50.5 | 96.3 |
| Technical infrastructure and data testing | 63 | 73.3 | 91.5 | 174.4 |
| Other | 7 | 8.1 | 22.4 | 42.7 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Evacuation drills | 100 | 78.9 | 85.2 | 59.4 |
| Department "walk through" of their completed plans | 100 | 73.7 | 55.6 | 18.8 |
| Department /Division level table top exercises | 100 | 63.2 | 44.4 | 21.9 |
| Enterprise level multifunctional table top exercises | 87.5 | 68.4 | 33.3 | 25.0 |
| Department/division simulation | 75.0 | 10.5 | 25.9 | 15.6 |
| Enterprise level multi-functional simulation | 75.0 | 15.8 | 18.5 | 18.8 |
| Technical infrastructure and data testing | 87.5 | 89.5 | 77.8 | 56.3 |
| Other | 12.5 | 21.1 | 7.4 | 0 |

**16. Please describe reasons for your plan not conducting internal emergency preparedness drills and exercises. *(Check all that apply)* (n=15)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Prioritization (other activities take higher priority) | 9 | 60.0 | 23.2 | 1.3 |
| Limited resources (e.g., limited staffing) | 8 | 53.3 | 34.7 | 2.0 |
| Other | 4 | 26.7 | 46.8 | 2.7 |

**Responses of plans by size, %**

| Response Options | National, n=0 | Large, n=2 | Medium, n=2 | Small, n=11` |
|---|---|---|---|---|
| Prioritization (other activities take higher priority) | NA | 0 | 100 | 63.6 |
| Limited resources (e.g., limited staffing) | NA | 50.0 | 0 | 63.6 |
| Other | NA | 50.0 | 0 | 27.3 |

**17. The U.S. Department of Homeland (DHS) Homeland Security Information Network Healthcare and Public Health Sector Portal (HSIN-HPH) facilitates secure voluntary two-way sharing of information with the Federal Government on emergency preparedness and response issues. Additional information and access can be requested by emailing** cip@hhs.gov. **Is anyone from your organization registered on the HSIN-HPH? (n=86)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 22 | 25.6 | 61.9 | 118.0 |
| No | 51 | 59.3 | 15.4 | 29.4 |
| Other | 13 | 15.1 | 22.7 | 43.3 |

**Responses of plans by size, %**

| Response Options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Yes | 87.5 | 36.8 | 18.5 | 9.4 |
| No | 0 | 42.1 | 70.4 | 75.0 |
| Other | 12.5 | 21.1 | 11.1 | 15.6 |

**18. What information/training/resources from local, state, or federal public health officials could make your disaster planning efforts and recovery operations more successful? (*Check all that apply*) (n=86)**

**Planning for internal health plans operations**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Alerts within 24 hours of an event | 68 | 79.1 | 69.7 | 132.8 |
| Checklists | 56 | 65.1 | 27.8 | 53.0 |
| Inclusion in drills or simulations | 54 | 62.8 | 63.0 | 120.1 |
| Lists of emergency contacts | 67 | 77.9 | 56.3 | 107.3 |
| Ongoing updates as situation evolves | 69 | 80.2 | 82.6 | 157.4 |
| Webinars | 57 | 66.3 | 57.5 | 109.6 |
| Other (please describe below) | 4 | 4.7 | 17.1 | 33.0 |
| No information needed | 3 | 3.5 | NA | NA |

## Responses of plans by size, %

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Alerts within 24 hours of an event | 75.0 | 84.2 | 70.4 | 84.4 |
| Checklists | 25.0 | 63.2 | 66.7 | 75.0 |
| Inclusion in drills or simulations | 62.5 | 94.7 | 55.6 | 50.0 |
| Lists of emergency contacts | 50.0 | 84.2 | 88.5 | 78.1 |
| Ongoing updates as situation evolves | 75.0 | 94.7 | 40.4 | 81.3 |
| Webinars | 62.5 | 68.4 | 63.0 | 68.8 |
| Other (please describe below) | 25.0 | 5.3 | 0 | 3.1 |
| No information needed | 0 | 0 | 11.1 | 0 |

## Planning for member-related activities

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Alerts within 24 hours of an event | 61 | 70.9 | 78.3 | 149.2 |
| Checklists | 49 | 57.0 | 39.3 | 74.9 |
| Inclusion in drills or simulations | 37 | 43.0 | 47.7 | 90.9 |
| Lists of emergency contacts | 45 | 52.3 | 47.8 | 91.1 |
| Ongoing updates as situation evolves | 61 | 70.9 | 74.0 | 141.0 |
| Webinars | 43 | 50.0 | 48.0 | 91.5 |
| Other (please describe below) | 6 | 7.0 | 35.8 | 68.2 |
| No information needed | 3 | 3.5 | NA | NA |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=27 | Small, n=32 |
|---|---|---|---|---|
| Alerts within 24 hours of an event | 87.5 | 84.2 | 66.7 | 62.5 |
| Checklists | 50.0 | 52.6 | 51.9 | 65.6 |
| Inclusion in drills or simulations | 50.0 | 63.2 | 48.1 | 25.0 |
| Lists of emergency contacts | 50.0 | 63.2 | 55.6 | 43.8 |
| Ongoing updates as situation evolves | 62.5 | 89.5 | 66.7 | 65.6 |
| Webinars | 50.0 | 52.6 | 48.1 | 50.0 |
| Other (please describe below) | 37.5 | 10.5 | 0 | 3.1 |
| No information needed | 0 | 0 | 11.1 | 0 |

**19. If you checked the option "Other" in the previous question, please describe.**

**20. What would trigger a review of possible temporary changes in benefits because of an adverse event? *(Check all that apply)* (n=85)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Federal declaration of emergency | 82 | 96.5 | 99.8 | 189.7 |
| State declaration of emergency | 81 | 95.2 | 88.8 | 168.8 |
| Other (e.g., corporate policy) | 28 | 32.9 | 67.5 | 128.3 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=32 |
|---|---|---|---|---|
| Federal declaration of emergency | 100.0 | 100 | 100 | 90.6 |
| State declaration of emergency | 87.5 | 94.7 | 100 | 93.8 |
| Other (e.g., corporate policy) | 62.5 | 52.6 | 23.1 | 21.9 |

**21. In the event of a disaster what temporary changes to your regular policies would you consider (as appropriate to the situation)? *(Check all that apply)* (n=85)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Revision or relaxation of out-of-network restrictions | 70 | 82.4 | 83.7 | 159.1 |
| Ensuring the availability of electronic medical records to facilitate the continuity of care | 34 | 40.0 | 41.1 | 78.1 |
| Establishing a toll-free help line | 61 | 71.8 | 69.1 | 131.3 |
| Establishing emergency assistance on your web site | 58 | 68.2 | 85.7 | 162.9 |
| Extending time periods for filing claims | 72 | 84.7 | 86.0 | 163.5 |
| Process to accept incomplete claims due to record or data loss | 43 | 50.6 | 41.4 | 78.7 |
| Temporarily suspending of provider precertification requirements (e.g. credentialing, etc.) | 53 | 62.4 | 48.5 | 92.2 |
| Temporarily suspending of business rules for pharmacy re-fill limitations | 65 | 76.5 | 84.9 | 161.4 |
| Temporarily suspending durable medical equipment replacement limitations (e.g. electric wheelchairs, O2 concentrators, etc.) | 57 | 67.1 | 79.9 | 151.9 |
| Temporarily suspending of business rules for pre-certification | 52 | 61.2 | 82.1 | 156.1 |
| Temporarily suspending of business rules for prior medical authorization | 60 | 70.6 | 84.5 | 160.6 |
| None of these options | 1 | 1.2 | NA | NA |
| Other | 12 | 14.1 | 32.7 | 62.2 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=32 |
|---|---|---|---|---|
| Revision or relaxation of out-of-network restrictions | 75.0 | 73.7 | 80.8 | 90.6 |
| Ensuring the availability of electronic medical records to facilitate the continuity of care | 62.5 | 42.1 | 26.9 | 43.8 |
| Establishing a toll-free help line | 75.0 | 68.4 | 80.8 | 65.6 |
| Establishing emergency assistance on your web site | 87.5 | 68.4 | 69.2 | 62.5 |
| Extending time periods for filing claims | 75.0 | 89.5 | 88.5 | 81.3 |
| Process to accept incomplete claims due to record or data loss | 50.0 | 63.2 | 46.2 | 46.9 |
| Temporarily suspending of provider precertification requirements (e.g. credentialing, etc.) | 50.0 | 84.2 | 61.5 | 53.1 |
| Temporarily suspending of business rules for pharmacy re-fill limitations | 75.0 | 89.5 | 73.1 | 71.9 |
| Temporarily suspending durable medical equipment replacement limitations (e.g. electric wheelchairs, O2 concentrators, etc.) | 75.0 | 73.7 | 61.5 | 65.6 |
| Temporarily suspending of business rules for pre-certification | 75.0 | 84.2 | 57.7 | 46.9 |
| Temporarily suspending of business rules for prior medical authorization | 75.0 | 89.5 | 69.2 | 59.4 |
| None of these options | 0 | 0 | 3.8 | 0 |
| Other | 37.5 | 15.8 | 11.5 | 9.4 |

**22. Do you have specific policies and capabilities that allow you in the event of emergency to identify and provide necessary assistance to the following populations? *(Check all that apply)* (n=84)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes, for durable medical equipment dependent members (e.g. electric wheelchairs, O2 concentrators) | 29 | 34.5 | 67.5 | 127.9 |
| Yes, for prescription drugs dependent members (e.g. insulin, methadone, etc.) | 39 | 45.4 | 73.3 | 138.9 |
| Yes, for at-risk populations who are dependent on home health care | 30 | 35.7 | 68.0 | 128.9 |
| No, we do not have policies and capabilities to identify and provide necessary assistance to these populations in the event of emergency | 34 | 40.5 | 14.5 | 27.5 |
| Other | 10 | 11.9 | 13.0 | 24.6 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=25 | Small, n=32 |
|---|---|---|---|---|
| Yes, for durable medical equipment dependent members (e.g. electric wheelchairs, O2 concentrators) | 75.0 | 31.6 | 28.0 | 31.3 |
| Yes, for prescription drugs dependent members (e.g. insulin, methadone, etc.) | 75.0 | 52.6 | 40.0 | 40.6 |
| Yes, for at-risk populations who are dependent on home health care | 75.0 | 31.6 | 32.0 | 31.3 |
| No, we do not have policies and capabilities to identify and provide necessary assistance to these populations in the event of emergency | 0 | 36.8 | 44.0 | 50.0 |
| Other | 25.0 | 15.8 | 16.0 | 3.1 |

**23. In the event the U.S. government provides a non-formulary drug (e.g. antivirals) would your health plan consider covering the pharmacy dispensing fee? (n=84)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 59 | 70.2 | 49.0 | 93.1 |
| No | 5 | 6.0 | 49.2 | 93.5 |
| Other | 20 | 23.8 | 1.8 | 3.4 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=31 |
|---|---|---|---|---|
| Yes | 37.5 | 68.4 | 73.1 | 77.4 |
| No | 0 | 5.3 | 7.7 | 6.5 |
| Other | 62.5 | 26.3 | 19.2 | 16.1 |

**24. In the event of emergency do you have the capabilities to use claims data to anticipate and monitor the following potential needs regarding the continuity of care: (n=84)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Access (e.g. healthcare providers, facilities) | 66 | 78.6 | 94.4 | 179.4 |
| Utilization (e.g. providers, services) | 74 | 88.1 | 96.9 | 184.1 |
| Pharmacy medications | 76 | 90.5 | 97.0 | 184.3 |
| Durable medical equipment | 65 | 77.4 | 93.5 | 177.7 |
| Patient safety | 41 | 48.8 | 60.5 | 115.0 |
| Quality of care | 52 | 61.9 | 70.2 | 133.4 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=31 |
|---|---|---|---|---|
| Access (e.g. healthcare providers, facilities) | 100 | 84.2 | 76.9 | 71.0 |
| Utilization (e.g. providers, services) | 100 | 94.7 | 84.6 | 83.9 |
| Pharmacy medications | 100 | 94.7 | 84.6 | 90.3 |
| Durable medical equipment | 100 | 84.2 | 73.1 | 71.0 |
| Patient safety | 75.0 | 52.6 | 46.2 | 41.9 |
| Quality of care | 87.5 | 57.9 | 46.2 | 71.0 |

**25. In the event of emergency do you have the capabilities to use data from nurse call lines to monitor possible problems with the following: (n=84)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Access (e.g. healthcare providers, facilities) | 61 | 72.6 | 90.0 | 171.0 |
| Utilization (e.g. providers, services) | 60 | 71.4 | 88.6 | 168.3 |
| Pharmacy medications | 58 | 69.1 | 84.7 | 160.9 |
| Durable medical equipment | 51 | 60.7 | 81.3 | 154.5 |
| Patient safety | 48 | 57.1 | 57.2 | 108.7 |
| Quality of care | 53 | 63.1 | 64.2 | 122.0 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=31 |
|---|---|---|---|---|
| Access (e.g. healthcare providers, facilities) | 100 | 73.7 | 61.5 | 74.2 |
| Utilization (e.g. providers, services) | 100 | 73.7 | 57.7 | 74.2 |
| Pharmacy medications | 87.5 | 73.7 | 57.7 | 71.0 |
| Durable medical equipment | 87.5 | 63.2 | 53.9 | 58.1 |
| Patient safety | 62.5 | 57.9 | 53.9 | 58.1 |
| Quality of care | 75.0 | 57.9 | 53.9 | 70.1 |

**26. Are there contingencies in place to expand the following services to accommodate a surge in calls in the event of a disaster? (n=84)**

**Distribution of "Yes" responses**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Nurse call lines | 41 | 48.8 | 75.9 | 144.2 |
| Case management services | 40 | 47.6 | 81.2 | 154.3 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=31 |
|---|---|---|---|---|
| Nurse call lines | 87.5 | 42.1 | 57.7 | 35.5 |
| Case management services | 87.5 | 72.2 | 46.2 | 25.8 |

**27. Do you have a process in place for provisional/emergency credentialing of providers? (n=84)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 33 | 39.3 | 26.0 | 49.4 |
| No | 36 | 42.9 | 14.6 | 27.7 |
| Other | 15 | 17.9 | 59.3 | 112.7 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=31 |
|---|---|---|---|---|
| Yes | 37.5 | 47.4 | 23.1 | 48.4 |
| No | 0 | 36.8 | 53.8 | 48.4 |
| Other | 62.5 | 15.8 | 23.1 | 3.2 |

**28. In your experience, are there legal or regulatory barriers in place that hinder making changes in your business practices and policies during or after a disaster? (n=84)**

**Distribution of "Yes" responses**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Federal legal or regulatory barriers | 32 | 38.1 | 59.0 | 112.1 |
| State legal or regulatory barriers | 36 | 42.9 | 58.6 | 111.3 |
| Local legal or regulatory barriers | 12 | 14.3 | 26.0 | 49.4 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=31 |
|---|---|---|---|---|
| Federal legal or regulatory barriers | 50.0 | 42.1 | 34.6 | 35.5 |
| State legal or regulatory barriers | 50.0 | 36.8 | 46.2 | 41.9 |
| Local legal or regulatory barriers | 25.0 | 10.5 | 15.4 | 9.7 |

***Relationship with Other Health Care Stakeholders and Public Health Entities – National, State and Local***

**29. Do you share with emergency officials (e.g. state or local public health officials) any information on your contingency plans? (n=83)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 42 | 50.6 | 42.4 | 80.5 |
| No | 36 | 43.4 | 32.9 | 62.4 |
| Other | 5 | 6.0 | 24.7 | 46.9 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=30 |
|---|---|---|---|---|
| Yes | 50.0 | 68.4 | 46.2 | 43.3 |
| No | 25.0 | 31.6 | 50.0 | 50.0 |
| Other | 25.0 | 0 | 3.8 | 6.7 |

**30. Is it clear to you whom to call or notify within regulatory agencies in the event of a disaster or a public health emergency? (n=83)**

**Distribution of "Yes" responses**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Federal agencies | 51 | 61.4 | 86.6 | 164.4 |
| State agencies | 68 | 81.9 | 90.6 | 172.0 |
| Local government | 55 | 66.3 | 75.1 | 142.5 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=30 |
|---|---|---|---|---|
| Federal agencies | 87.5 | 68.4 | 57.7 | 53.3 |
| State agencies | 87.5 | 84.2 | 76.9 | 83.3 |
| Local government | 87.5 | 68.4 | 69.2 | 56.7 |

**31. How often do you update the list of emergency contacts with federal, state, local agencies and government? (n=83)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Twice a year (or more often) | 11 | 13.3 | 16.9 | 32.1 |
| Annually | 29 | 34.9 | 28.7 | 54.5 |
| No set schedule | 29 | 34.9 | 35.0 | 66.4 |
| We do not maintain a formal list of emergency contacts | 10 | 12.0 | 7.4 | 14.0 |
| Other | 4 | 4.8 | 12.0 | 22.8 |

**Responses of plans by size, %**

| Response Options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=30 |
|---|---|---|---|---|
| Twice a year (or more often) | 12.5 | 26.3 | 7.7 | 10.0 |
| Annually | 12.5 | 36.8 | 38.5 | 36.7 |
| No set schedule | 37.5 | 21.1 | 38.5 | 40.0 |
| We do not maintain a formal list of emergency contacts | 12.5 | 10.5 | 11.5 | 13.3 |
| Other | 25.0 | 5.3 | 3.8 | 0 |

**32. Does your organization routinely participate in external (national, state or local) emergency preparedness drills and exercises? (n=83)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 25 | 30.1 | 39.4 | 74.8 |
| No | 58 | 69.9 | 60.6 | 115.0 |

**Responses of plans by size, %**

| Response Options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=30 |
|---|---|---|---|---|
| Yes | 50.0 | 31.6 | 19.2 | 33.3 |
| No | 50.0 | 68.4 | 80.8 | 66.7 |

**33. How often does your organization participate in external emergency preparedness drills and exercises? (n=25)**

**Responses for national drills**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Twice a year (or more often) | 0 | 0 | 0 | 0 |
| Annually | 3 | 12.0 | NA | NA |
| When available | 22 | 88.0 | 80.8 | 60.4 |

**Responses for state drills**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Twice a year (or more often) | 0 | 0 | 0 | 0 |
| Annually | 10 | 40.0 | 21.2 | 15.8 |
| When available | 15 | 60.0 | 78.8 | 58.9 |

**Responses for local drills**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Twice a year (or more often) | 3 | 12.0 | 16.4 | 12.3 |
| Annually | 2 | 8.0 | NA | NA |
| When available | 20 | 80.0 | 83.0 | 62.0 |

**Responses of plans by size, % for national drills**

| Response options | National, n=4 | Large, n=6 | Medium, n=5 | Small, n=10 |
|---|---|---|---|---|
| Twice a year (or more often) | 0 | 0 | 0 | 0 |
| Annually | 50.0 | 0 | 0 | 10.0 |
| When available | 50.0 | 100 | 100 | 90.0 |

**Responses of plans by size, % for state drills**

| Response options | National, n=4 | Large, n=6 | Medium, n=5 | Small, n=10 |
|---|---|---|---|---|
| Twice a year (or more often) | 0 | 0 | 0 | 0 |
| Annually | 25.0 | 50.0 | 40.0 | 40.0 |
| When available | 75.0 | 50.0 | 60.0 | 60.0 |

**Responses of plans by size, % for local drills**

| Response options | National, n=4 | Large, n=6 | Medium, n=5 | Small, n=10 |
|---|---|---|---|---|
| Twice a year (or more often) | 25.0 | 16.7 | 20.0 | 0 |
| Annually | 0 | 0 | 20.0 | 10.0 |
| When available | 75.0 | 83.3 | 60.0 | 90.0 |

**34. Please describe reasons for your plan's <u>not participating</u> in external emergency preparedness drills and exercises. *(Check all that apply)* (n=58)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| No opportunities to participate | 33 | 56.9 | 47.9 | 60.7 |
| Limited resources (e.g., limited staffing etc.) | 31 | 53.4 | 45.8 | 58.1 |
| Other | 9 | 15.5 | 43.0 | 54.5 |

**Responses of plans by size, %**

| Response options | National, n=4 | Large, n=13 | Medium, n=21 | Small, n=20 |
|---|---|---|---|---|
| No opportunities to participate | 50.0 | 46.2 | 61.9 | 60.0 |
| Limited resources (e.g., limited staffing etc.) | 75.0 | 23.1 | 57.1 | 65.0 |
| Other | 25.0 | 30.8 | 9.5 | 5.0 |

***Lessons Learned and Best Practices***

**35. Is your organization interested in participating in a forum to share best practices and lessons learned? (n=83)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 50 | 60.2 | 71.4 | 135.5 |
| No | 24 | 28.9 | 8.6 | 16.3 |
| Other | 9 | 10.8 | 19.9 | 37.8 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=30 |
|---|---|---|---|---|
| Yes | 87.5 | 73.7 | 42.3 | 60.0 |
| No | 0 | 21.1 | 46.2 | 26.7 |
| Other | 12.5 | 5.3 | 11.5 | 13.3 |

**36. Are there lessons learned from past experiences your organization would like to share? (n=83)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 17 | 20.5 | 23.4 | 44.4 |
| No | 56 | 67.5 | 41.7 | 79.1 |
| Other | 10 | 12.0 | 35.0 | 66.4 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=30 |
|---|---|---|---|---|
| Yes | 25.0 | 47.4 | 3.9 | 16.7 |
| No | 37.5 | 36.8 | 88.5 | 76.7 |
| Other | 37.5 | 15.8 | 7.7 | 6.7 |

**37. Are there disaster preparedness and response best practices that you would like to share? *(If you want to share any documents, describing your disaster preparedness and response activities, you can send them to gveselovskiy@ahip.org)* (n=83)**

| Response options | N | Share of plans, % | Share of enrollees, % | Number of enrollees, million |
|---|---|---|---|---|
| Yes | 4 | 4.8 | 2.6 | 4.9 |
| No | 67 | 80.7 | 70.8 | 134.4 |
| Other | 12 | 14.5 | 26.6 | 50.5 |

**Responses of plans by size, %**

| Response options | National, n=8 | Large, n=19 | Medium, n=26 | Small, n=30 |
|---|---|---|---|---|
| Yes | 0 | 10.5 | 3.9 | 3.3 |
| No | 62.5 | 63.2 | 84.6 | 93.3 |
| Other | 37.5 | 26.3 | 11.5 | 3.3 |

## VIII. APPENDIX

**Survey Instrument**

Thank you for your participation in the National Survey of Health Insurance Plan Emergency Preparedness, an initiative AHIP is doing in partnership with public health leaders to assess the level of readiness and ability of health insurance plans to restore operations in a timely manner during and after an adverse event. Adverse events may include a natural or man-made event, such as a public health emergency, pandemic, weather disaster, cyber threat, terrorism, or other local or national emergency that impacts operations. The goal of the assessment is to identify areas where government and public health entities can assist health plans, and capture and report

on best practices.

Your individual responses to these questions will not be shared. Aggregate information from all health plan interviews and surveys will be presented in a final report. In any report, we may list the health plans that participated in the survey; however, we will not identify information from specific health plans in any reports or publications, unless agreed to in advance by your plan.

Please note that due to the complex skip pattern once you started to answer the survey you need to finish in one sitting: if you answer just part of the questions and then log off and return to the survey later you will have to answer all the questions starting with the first. We advise you to familiarize yourself with the questions first by using the attached PDF read-only document.

**Contact Information**

1. Health plan's name:

2. Your name:

3. Position:

4. Email address:

**Health Plan Emergency Response/Recovery/Business Continuity, Planning and Operations**

5. Does your organization develop plans based on business interruptions that result from:

| Responses options | Select One |
|---|---|
| Loss or severe impact to critical infrastructure (facilities, emergency power generators etc.) | Yes or No |
| Loss of technical infrastructure (e.g., IT software, hardware, platforms, redundant technology, etc.) | Yes or No |
| Loss of human resources (e.g. staff, leadership) | Yes or No |
| Loss of communication networks | Yes or No |

6. Please indicate if your organization has an incident command structure for an emergency response and recovery operation (select all that apply):

1. Formal Incident Command Structure that aligns with the Federal National Incident Command Structure (NIMS) Guidelines
2. Executive Leader that serves in an incident commander or leader role
3. Disaster/Emergency Response Team(s) with defined responsibilities (e.g. leadership, communications, logistics, operations, etc.)
4. Disaster/Emergency Manager with defined responsibilities
5. Disaster/Recovery Team with defined responsibilities
6. Business Continuity Team
7. Emergency Operations Center (EOC)/Central Command Center
8. Emergency Call Center
9. Other_____
10. No, we do not have an incident command structure

7. Have you performed a risk assessment to identify possible threats and their potential impact on the work of your organization?

1. Yes *(if selected, proceed to Q8)*
2. No *(if selected, skip to Q9)*

8. How often is your risk assessment to identify possible threats to the work of your organization updated?

1. At least annually
2. At least every two years
3. No set schedule
4. Other_____

9. Has your organization conducted a Business Impact Analysis (BIA)? *Note: the purpose of the BIA is to determine critical operations functions and processes and Recovery Time Objectives (RTOs) for each process.*

1. Yes
2. No
3. Other_____

10. Does your organization conduct a periodic audit of business continuity planning?

1. Yes
2. No
3. Other_____

11. Has your organization established metrics (e.g., benchmarks) to evaluate your emergency response/recovery/business continuity planning and operations? (Check all that apply)

1. Yes, state of readiness
2. Yes, response time
3. Yes, percent of operations restored
4. We have not established such metrics
5. Yes, other metrics (please specify)_____

12. Do you have an established plan for communicating about changes in operations within 24 hours of an emergency with the following stakeholders during/after a disaster? (Check all that apply)

1. Members
2. Customers/employer groups
3. Providers
4. Hospitals
5. Vendors/suppliers
6. Regulators
7. Public health officials
8. Local and state hospital associations
9. Local and state medical societies
10. News media
11. Leadership (e.g., CEO, Board of Directors, etc.)
12. Currently, we do not have an established plan for such communicating
13. Other _____

13. Do you have policies/plans in place for your organization's employees regarding any of the following support services during a disaster? (Check all that apply)

1. Educational materials
2. Evacuation plan
3. Health resources
4. Mental and behavioral health resources
5. No policies or plans currently in place
6. Other _____

14. Does your organization routinely conduct internal emergency preparedness drills and exercises?

1. Yes *(proceed to Q15)*
2. No *(if selected, skip to Q16)*

15. Which of the following emergency preparedness activities does your organization routinely conduct? (Check all that apply)

1. Evacuation drills
2. Department “walk through” of their completed plans
3. Department/division level table top exercises
4. Enterprise level multifunctional table top exercises
5. Department/division simulation
6. Enterprise level multi-functional simulation
7. Technical infrastructure and data testing
8. Other_____

(Skip to Q17)

16. Please describe reasons for your plan not conducting internal emergency preparedness drills and exercises. (Check all that apply)

1. Prioritization (other activities take higher priority)
2. Limited resources (e.g., limited staffing)
3. Other_____

17. The U.S. Department of Homeland Security Homeland Security Information Network Healthcare and Public Health Sector Portal (HSIN-HPH) facilitates secure voluntary two-way sharing of information with the Federal Government on emergency preparedness and response issues. Additional information and access can be requested by emailing cip@hhs.gov. Is anyone from your organization registered on the HSIN-HPH?

1. Yes
2. No
3. Other_____

18. What information/training/resources from local, state, or federal public health officials could make your disaster planning efforts and recovery operations more successful? (Check all that apply)

| Response Options | Planning for internal health plans operations | Planning for member-related activities |
|---|---|---|
| Alerts within 24 hours of an event | | |
| Checklists | | |
| Inclusion in drills or simulations | | |
| Lists of emergency contacts | | |
| Ongoing updates as situation evolves | | |
| Webinars | | |
| Other (please describe below) | | |
| No information needed | | |

19. If you checked the option “Other” in the previous question, please describe:

**Emergency Provision and Modification of Benefits and Service to Members**

20. What would trigger a review of possible temporary changes in benefits because of an adverse event? (Check all that apply)

1. Federal declaration of emergency
2. State declaration of emergency
3. Other (e.g., corporate policy) _____

21. In the event of a disaster what temporary changes to your regular policies would you consider (as appropriate to the situation)? (Check all that apply)

1. Revision or relaxation of out-of-network restrictions
2. Ensuring the availability of electronic medical records to facilitate the continuity of care
3. Establishing a toll-free help line
4. Establishing emergency assistance on your web site
5. Extending time periods for filing claims
6. Process to accept incomplete claims due to record or data loss
7. Temporarily suspending of provider precertification requirements (eg credentialing, etc.)
8. Temporarily suspending of business rules for pharmacy re-fill limitations
9. Temporarily suspending durable medical equipment replacement limitations (e.g. electric wheelchairs, O2 concentrators, etc.)
10. Temporarily suspending of business rules for pre-certification
11. Temporarily suspending of business rules for prior medical authorization
12. None of these options
13. Other _____

22. Do you have specific policies and capabilities that allow you in the event of emergency to identify and provide necessary assistance to the following populations? (Check all that apply)

1. Yes, for durable medical equipment dependent members (e.g. electric wheelchairs, O2 concentrators, etc.)
2. Yes, for prescription drugs dependent members (e.g. insulin, methadone, etc.)
3. Yes, for at-risk populations who are dependent on home health care
4. No, we do not have policies and capabilities to identify and provide necessary assistance to these populations in the event of emergency
5. Other _____

23. In the event the U.S. government provides a non-formulary drug (e.g. antivirals) would your health plan consider covering the pharmacy dispensing fee?

1. Yes
2. No
3. Other _____

24. In the event of emergency do you have the capabilities to use claims data to anticipate and monitor the following potential needs regarding the continuity of care:

| Response options | Select One |
|---|---|
| Access (e.g. healthcare providers, facilities) | Yes or No |
| Utilization (e.g. providers, services) | Yes or No |
| Pharmacy Medications | Yes or No |
| Durable Medical Equipment | Yes or No |
| Patient Safety | Yes or No |
| Quality of Care | Yes or No |

25. In the event of emergency do you have the capabilities to use data from nurse call lines to monitor possible problems with the following:

| Response options | Select One |
|---|---|
| Access (e.g. healthcare providers, facilities) | Yes or No |
| Utilization (e.g. providers, services) | Yes or No |
| Pharmacy Medications | Yes or No |
| Durable Medical Equipment | Yes or No |
| Patient Safety | Yes or No |
| Quality of Care | Yes or No |

26. Are there contingencies in place to expand the following services to accommodate a surge in calls in the event of a disaster?

| Response options | Select One |
|---|---|
| Nurse call lines | Yes or No |
| Case management services | Yes or No |

27. Do you have a process in place for provisional/emergency credentialing of providers?

1. Yes
2. No
3. Other_____

28. In your experience, are there legal or regulatory barriers in place that hinder making changes in your business practices and policies during or after a disaster?

| Response options | Select One |
|---|---|
| Federal legal or regulatory barriers | Yes or No |
| State legal or regulatory barriers | Yes or No |
| Local legal or regulatory barriers | Yes or No |

**Relationship with Other Health Care Stakeholders and Public Health Entities National, State and Local**

29. Do you share with emergency officials (e.g. state or local public health officials) any information on your contingency plans?

1. Yes
2. No
3. Other_____

30. Is it clear to you whom to call or notify within regulatory agencies in the event of a disaster or a public health emergency?

| Response options | Select One |
|---|---|
| Federal agencies | Yes or No |
| State agencies | Yes or No |
| Local government | Yes or No |

31. How often do you update the list of emergency contacts with federal, state, local agencies and government?

1. Twice a year (or more often)
2. Annually
3. No set schedule
4. We do not maintain a formal list of emergency contacts
5. Other _____

32. Does your organization routinely participate in external (national, state or local) emergency preparedness drills and exercises?

1. Yes *(if selected, proceed to Q33)*
2. No *(if selected, skip to Q34)*

33. How often does your organization participate in external emergency preparedness drills and exercises? Select one answer regarding frequency for each response option (national, state, and local) below.

| Response options | Twice a year or more often | Annually | When available |
|---|---|---|---|
| In national drills | Yes or No | Yes or No | Yes or No |
| In state drills | Yes or No | Yes or No | Yes or No |
| In local drills | Yes or No | Yes or No | Yes or No |

*(Skip to Q35)*

34. Please describe reasons for your plan's not participating in external emergency preparedness drills and exercises (Check all that apply)

1. No opportunities to participate
2. Limited resources (e.g., limited staffing etc.)
3. Other_____

## Lessons Learned and Best Practices

35. As a second phase of the project, AHIP will do brief follow up interviews with some health plans, to gather more qualitative information regarding internal plan emergency preparedness and external multi-stakeholder emergency preparedness. Your response to these three questions would assist us in planning for Phase 2.

Is your organization interested in participating in a forum to share best practices and lessons learned?

1. Yes
2. No
3. Other_____

36. Are there are lessons learned from past experiences your organization would like to share?

1. Yes
2. No
3. Other_____

37. Are there disaster preparedness and response best practices that you would like to share? (If you want to share any documents, describing your disaster preparedness and response activities, you can send them to (insert email address)

1. Yes
2. No
3. Other_____

## Exhibit 1 Data Table

| State | Share of state enrollment in responding plans (excluding state-run Medicaid) |
|---|---|
| AL | 14% |
| AK | 38% |
| AR | 97% |
| AZ | 84% |
| CA | 85% |
| CO | 84% |
| CT | 99% |
| DC | 88% |
| DE | 54% |
| FL | 87% |
| GA | 92% |
| HI | 38% |
| IA | 18% |
| ID | 43% |
| IL | 93% |
| IN | 83% |
| KS | 70% |
| KY | 91% |
| LA | 95% |
| MA | 99% |
| ME | 89% |
| MI | 35% |
| MD | 90% |
| MN | 72% |
| MS | 45% |
| MO | 67% |
| MT | 33% |
| NC | 61% |
| ND | 94% |
| NE | 82% |
| NH | 99% |
| NJ | 75% |
| NM | 64% |
| NV | 91% |

| | |
|---|---|
| NY | 83% |
| OH | 68% |
| OK | 83% |
| OR | 63% |
| PA | 88% |
| RI | 38% |
| SC | 46% |
| SD | 16% |
| TN | 98% |
| TX | 86% |
| UT | 47% |
| VA | 92% |
| VT | 42% |
| WA | 60% |
| WI | 72% |
| WV | 77% |
| WY | 69% |

***Note: for multistate plans a health plan was counted as operating in a particular state if it had ≥50,000 enrollees in that state.***