KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Medicare Disaster and Emergency Policy	**Policy #**	14.68-P
Policy Owner	Compliance	**Original Effective Date**	01/01/2026
Revision Effective Date		**Approval Date**	11/12/2025
Line of Business	☐ Medi-Cal ☒ Medicare ☐ Corporate		

I. PURPOSE

The purpose of the Medicare Disaster and Emergency Policy is to provide a high-level overview of actions taken related to the Kern Family Health Care Medicare (HMO D-SNP) Plan during a declared emergency or disaster, as required by the Centers for Medicare and Medicaid Services (CMS).

II. POLICY

Kern Health Systems (KHS) will comply with all contractual and regulatory requirements in anticipation of, during, and following a declared state of emergency or disaster.

III. DEFINITIONS

TERMS	DEFINITIONS
Disruption of Access to Health Care	A disruption of access to health care is an interruption or interference in the Kern Family Health Care (HMO D-SNP) service area, resulting in the failure to meet the normal prevailing patterns of health care delivery under § 422.112(a), such that: • Enrollees do not have the ability to access contracted providers, or • Contracted providers do not have the ability to provide needed services to enrollees

IV. PROCEDURES

A. When a disaster or emergency is declared and there is disruption of access to health care, Kern Health Systems (KHS) will ensure access to covered benefits in the following manner:

1. Cover Medicare Parts A and B services and supplemental Part C plan benefits furnished at non-contracted facilities

a. Basic benefits must be provided through, or payments must be made to, providers and suppliers that meet applicable requirements of title XVIII and part A of title XI of the Act. In the case of providers meeting the definition of "provider of services" in section 1861(u) of the Act, basic benefits may only be provided through these providers if they have a provider agreement with CMS permitting them to provide services under original Medicare.

2. Waive, in full, requirements for gatekeeper referrals where applicable.

3. Provide the same cost-sharing for the enrollee as if the service or benefit had been furnished at a plan-contracted facility.

4. Make changes that benefit the enrollee effective immediately, without the 30-day notification otherwise required.

5. For covered prescription drugs:

   a. Lift "refill-too-soon" edits, which may include edits readily resolvable at the point-of-sale through the use of a pharmacist override code.

   b. Allow an affected enrollee to obtain the maximum extended day supply, if requested and available at the time of refill.

   c. Ensure adequate access to covered Part D drugs dispensed at out-of-network pharmacies when those enrollees cannot reasonably be expected to obtain covered Part D drugs at a network pharmacy.

B. A declaration of a disaster or emergency will identify the geographic area affected by the event and may be made as one of the following:

1. Presidential declaration of a disaster or emergency under the either of the following:

   a. Stafford Act

   b. National Emergencies Act

2. Secretarial declaration of a public health emergency under section 319 of the Public Health Service Act.

3. Declaration by the Governor of a State or Protectorate.

C. KHS must continue furnishing access to benefits as specified above for thirty (30) days after one of the conditions below is met, whichever is earliest:

1. All sources that declared a disaster or emergency that include the service area declare an end, OR

2. No end date was identified and all applicable emergencies or disasters declared for the area have ended, including through expiration of the declaration or any renewal of such declaration, OR

3. There is no longer a disruption of access to health care.

D. KHS complies with other disaster and emergency provisions including but not limited to:

1. Developing, maintaining, and implementing a business continuity plan containing policies and procedures to ensure the restoration of business operations following disruptions to business operations which would include natural or man-made disasters, system failures, emergencies, and other similar circumstances and the threat of such occurrences.

2. Indicating the terms and conditions of payment during the disaster or emergency for non-contracted providers furnishing benefits to plan enrollees residing in the affected service area(s).

3. Notifying CMS if KHS is unable to resume normal operations by the end of the disaster or emergency.

4. Notifying enrollees of the information reflected within this policy annually.

5. Including relevant disaster and emergency policies on the KHS website.

V. ATTACHMENTS

N/A	N/A

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	42 CFR 422.100(m)
Regulatory	Medicare Managed Care Manual - Chapter 4
Regulatory	Medicare Prescription Drug Manual - Chapter 5
Regulatory	http://www.fema.gov/news/disasters.fema

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	01/01/2026	New policy created for Medicare line of business	Compliance (JM)

VIII. APPROVALS

*Approvals are kept on file for reference but will not be on the published copy