

**Mercy Care RBHA
Facility, Provider, or Vendor
Business Continuity and Incident Management Plan Checklist**



FACILITY, PROVIDER, OR VENDOR NAME:	DATE RECEIVED:
FACILITY, PROVIDER, OR VENDOR SITE:	CONTRACT START DATE:
PRIMARY CONTACT:	PHONE NUMBER:
ALTERNATE CONTACT:	PHONE NUMBER:
MMIC REVIEWER:	MCAR REVIEWED DATE:

The Facility, Provider, or Vendor shall complete a separate Business Continuity and Incident Management Plan Summary and Checklist for each site. The Facility, Provider, or Vendor shall complete column “B” and may complete column “C” if applicable. MMIC completes columns “D” or “E”.

FACILITY, PROVIDER OR VENDOR			MCAR	
(A) BUSINESS CONTINUITY AND RECOVERY PLAN RECOMMENDATIONS	(B) FOUND ON PAGE:	(C) COMMENTS	(D) YES	(E) NO
The Plan Summary is no longer than five pages.				
The Plan Summary indicates the Plan is reviewed and updated at least annually.				
The Plan Summary contains staff training requirements including how often training is conducted.				
The Plan Summary is specific to the Facility, Provider or Vendor’s operations in Arizona and references local resources.				
The Plan Summary contains planning and training for the following scenarios:				

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(A) BUSINESS CONTINUITY AND RECOVERY PLAN RECOMMENDATIONS	(B) FOUND ON PAGE:	(C) COMMENTS	(D) YES	(E) NO
<ul style="list-style-type: none"> Complete loss of use of the main site. (e.g. major fire or flood) 				
<ul style="list-style-type: none"> Complete loss of systems and applications. (e.g. data center disaster) 				
<ul style="list-style-type: none"> Loss of a critical Third Party Supplier. (e.g. internet and telephones) 				
<ul style="list-style-type: none"> Wide-spread Severe staffing Shortage. (e.g. pandemic) 				
<ul style="list-style-type: none"> How the Facility, Provider or Vendor will communicate with MCAR during a business disruption. <i>(The name and phone number of a specific contact at `)</i> 				
<ul style="list-style-type: none"> How MCAR will contact the Facility, Provider or Vendor in the event of a business disruption outside of normal business hours. <i>(The name and phone numbers for two contacts)</i> 				
<ul style="list-style-type: none"> Provisions for periodic testing, at least annually. Results of the tests are documented. 				
<p>The Plan Summary should identify the Facility, Provider or Vendor’s greatest priorities and provide recovery guidelines and procedures to respond to an event impacting the critical functions at a basic level until normal functions have been restored:</p>				
<ul style="list-style-type: none"> Priority #1: 				

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• Priority #2:				
• Priority #3:				
The Plan Summary should address how, during a business disruption, the Facility, Provider or Vendor will provision for facilities, hospitals or other locations in the event members are being displaced.				
The plan summary provides the procedures to follow during a disruption when transporting members and other critical resources to alternate operating locations.				
The Plan Summary includes realistic timelines for the resumption of basic services for the Facility, Provider or Vendor's greatest priorities.				
The Plan Summary includes primary and alternate Business Continuity Planning Coordinators and includes primary and alternate methods of contact for each.				
The Plan Summary includes actions performed by the Facility, Provider or Vendor that benefit the general public before a disruption occurs. (e.g. Educational outreach, protecting vulnerable populations, having appropriate interventions).				

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The Plan Summary includes plans and procedures can be performed by the Facility, Provider or Vendor to benefit the general public during a disruption. (e.g. Limiting adverse public health effects, coordinating efforts with government departments and agencies, reducing public health risks, and other activities designed to mitigate health adverse effects and/or deaths.)				
The Plan Summary includes procedures for providing counselling to their employees and volunteers during and after the most severe disruptions.				