

From: DMHC Licensing eFiling

Subject: APL 22-019 - Health Plan Coverage of Monkeypox Testing, Vaccinations, and Therapeutics

Date: Thursday, October 6, 2022 4:38 PM

Attachments: APL 22-019 - Health Plan Coverage of Monkeypox Testing, Vaccinations, and Therapeutics (10.6.22).pdf

Dear Health Plan Representative,

The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) 22-019 to remind health plans of their obligation to cover testing, vaccinations, and therapeutics for Monkeypox.

ALL PLAN LETTER

DATE: October 6, 2022

TO: All Full-Service Health Care Service Plans¹

FROM: Sarah Ream
Chief Counsel

SUBJECT: APL 22-019 – Health Plan Coverage of Monkeypox Testing, Vaccinations, and Therapeutics

This All Plan Letter (APL) reminds health plans of their obligation to cover testing, vaccinations, and therapeutics for Monkeypox.

I. Background

Monkeypox is a disease caused by the Monkeypox virus, which is one of several orthopoxvirus that cause disease in humans. Monkeypox is transmitted by infected individuals through close contact with lesions, bodily fluids, or respiratory secretions, or by close contact with objects contaminated with the Monkeypox virus.

On August 1, 2022, Governor Gavin Newsom declared a State of Emergency regarding Monkeypox. On August 4, 2022, the federal government declared a Public Health Emergency related to Monkeypox.

II. Health Plan Coverage of Testing and Vaccine Administration for Monkeypox

As required by Health and Safety Code section 1342.3, for the duration of the California State of Emergency regarding Monkeypox, full-service health plans must cover the following services with no cost sharing and without prior authorization or other utilization management:

1. Evidence-based items, services, or immunizations intended to prevent or mitigate Monkeypox as recommended by the U.S. Preventive Services Task Force that have a rating of “A” or “B” or the Advisory Committee on Immunization Practices of the federal CDC.

¹ This APL does not apply to Medicare Advantage or specialized health care service plan products. This APL *does* apply to commercial health plans with restricted or limited licenses to the extent the plan has accepted risk or responsibility for coverage of Monkeypox tests, vaccines, or therapeutics.

2. Health care services and products related to diagnostic and screening testing for Monkeypox that are approved or granted emergency use authorization by the federal Food and Drug Administration or are recommended by the California Department of Public Health or the federal CDC.
3. Therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration.

Per Health and Safety Code section 1374.192(c), a health plan retains the financial risk for Monkeypox testing and vaccinations and cannot pass that risk to a delegated provider unless the plan and the provider have “agreed upon a new contract provision pursuant to Section 1375.7.”

Health plans may require enrollees to obtain Monkeypox immunizations and testing from in-network providers per the terms of the enrollees’ health plan products. If the health plan cannot provide these services to its enrollees within the timely access standards, the plan must assist its enrollees in accessing such services from out-of-network providers.

III. Reimbursement of providers’ business expenses to prevent the spread of Monkeypox

Senate Bill 242 (2021), as codified in Health and Safety Code section 1374.192, requires full-service commercial plans to reimburse providers for “business expenses” incurred by the plans’ contracted providers to prevent the spread of respiratory-transmitted infectious diseases for which a public health emergency has been declared. Business expenses in this context include “personal protective equipment [PPE], additional supplies, materials, and clinical staff time over and above those expenses usually included in an office visit or other non-facility service or services.”

A provider may seek reimbursement for business expenses for each individual patient encounter the provider has with an enrollee, limited to one encounter per day per enrollee for the duration of the public health emergency.

Please note, section 1374.192 does not apply to Medi-Cal products.

If you have questions regarding this APL, please contact your health plan’s assigned reviewer in the DMHC’s Office of Plan Licensing.