

From: DMHC Licensing eFiling

Subject: APL-20-034 - All Plan Letter Superseding and Replacing APL 20-006

Date: Wednesday September 23, 2020 2:58 PM

Attachments: APL-20-034 - All Plan Letter Superseding and Replacing APL 20-006 (9.23.20).pdf
APL 20-006 – COVID-19 Screening and Testing (3.5.20).pdf

Dear Health Plan Representative:

Please find attached APL 20-034, which supersedes and replaces APL 20-006. On March 5, 2020, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) 20-006. A copy of APL 20-006 is attached for reference.

Thank you.



Gavin Newsom, Governor
State of California
Health and Human Services Agency
DEPARTMENT OF MANAGED HEALTH CARE
980 9th Street, Suite 500
Sacramento, CA 95814
Phone: 916-324-8176 | Fax: 916-255-5241
www.HealthHelp.ca.gov

ALL PLAN LETTER

DATE: September 23, 2020
TO: All Full-Service Commercial and Medi-Cal Health Care Service Plans
FROM: Sarah Ream, Acting General Counsel
SUBJECT: APL-20-034—All Plan Letter Superseding and Replacing APL 20-006

On March 5, 2020, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) 20-006. A copy of APL 20-006 is attached for reference. This APL (APL 20-034) supersedes and replaces APL 20-006.

APL 20-006 addressed three topics:

- (1) waiver of cost-sharing amounts for COVID-19 testing;
- (2) ensuring enrollees continue to have timely access to care during the COVID-19 crisis; and,
- (3) proactive steps the DMHC encourages plans to take to ensure enrollees have access to medically necessary screening and testing for COVID-19.

The DMHC subsequently adopted an emergency regulation concerning health plan coverage of COVID-19 testing. The emergency regulation took effect July 17, 2020 and is codified as section 1300.67.01 of title 28 of the California Code of Regulations. The text of the emergency regulation is available at the [Department's public website](#).

Effective July 17, 2020, the emergency regulation supersedes that section of APL 20-006 concerning waiver of cost-sharing amounts for COVID-19 testing.

The emergency regulation did not impact the remaining sections of APL 20-006. This APL restates those sections as follows:

Ensuring Enrollees Have Timely Access to Care

The DMHC reminds plans of existing California laws that require plans to ensure their enrollees are able to access medically necessary care in a timely fashion. These laws include:

- Covering all medically necessary emergency care without prior authorization, whether that care is provided by an in-network or out-of-network provider. (Health and Safety Code section 1371.4.)
- Complying with the utilization review timeframes for approving requests for urgent and non-urgent services, as required by Health and Safety Code section 1367.01. The DMHC strongly encourages plans to waive prior authorization requests for services related to COVID-19; at a minimum, plans are encouraged to respond to such requests more quickly than the timeframes required by law.
- Ensuring the plan's provider networks are adequate to handle an increase in the need for health care services, including offering access to out-of-network services where appropriate and required, as more COVID-19 cases emerge in California.
- Ensuring enrollees are not liable for unlawful balance bills from providers, including balance bills related to testing for COVID-19.
- Ensuring plans have 24-hour access to a person with the authority to authorize services and ensuring the DMHC has contact information for that person, as required by Health and Safety Code section 1371.4 and California Code of Regulations, sections 1300.67.2.2 and 1300.68.01.

Proactive Steps

Finally, the DMHC encourages plans to act proactively to ensure enrollees can access all medically necessary screening and testing for COVID-19. To this end:

- Plans should work with their contracted providers to use telehealth services to deliver care when medically appropriate, as a means to limit enrollees' exposure to others who may be infected with COVID-19, and to increase the capacity of the plans' contracted providers.
- In the event of a shortage of any particular prescription drug, plans should waive prior authorization and/or step therapy requirements if the enrollee's prescribing provider recommends the enrollee take a different drug to treat the enrollee's condition.

If you have questions regarding this APL, please contact your plan's assigned licensing counsel.



Gavin Newsom, Governor
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ALL PLAN LETTER

DATE: March 5, 2020
TO: All Full-Service Commercial and Medi-Cal Health Care Service Plans
FROM: Sarah Ream
Acting General Counsel
SUBJECT: APL-20-006 COVID-19 Screening and Testing

As the State of California responds to COVID-19, the Department of Managed Health Care (DMHC) is taking action to ensure that cost does not inhibit enrollees' access to medically necessary screening and testing for COVID-19.

Waiver of Cost-Sharing Amounts

The DMHC directs all full-service commercial plans and full-service Medi-Cal plans to do the following:

1. Immediately reduce cost-sharing (including, but not limited to, co-pays, deductibles, or coinsurance) to zero for all medically necessary screening and testing for COVID-19, including hospital (including emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19.
2. Notify, as expeditiously as possible, the plan's contracted providers that the plan is waiving cost-sharing as described above.
3. Ensure the plan's advice line/customer service representatives are adequately informed that the plan is waiving cost-sharing as described above and clearly communicate this to enrollees who contact the plan seeking medically necessary screening and testing for COVID-19.
4. Prominently display on the plan's public website a statement that the plan is waiving cost-sharing for medically necessary screening and testing for COVID-19.

Protecting the Health Care Rights of More Than 26 Million Californians
Contact the DMHC Help Center at 1-888-466-2219 or www.HealthHelp.ca.gov

Ensuring Enrollees Have Timely Access to Care

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- Complying with the utilization review timeframes for approving requests for urgent and non-urgent services, as required by Health and Safety Code section 1367.01. The DMHC strongly encourages plans to waive prior authorization requests for services related to COVID-19; at a minimum, plans are encouraged to respond to such requests more quickly than the timeframes required by law.
- Ensuring the plan's provider networks are adequate to handle an increase in the need for health care services, including offering access to out-of-network services where appropriate and required, as more COVID-19 cases emerge in California.
- Ensuring enrollees are not liable for unlawful balance bills from providers, including balance bills related to testing for COVID-19.
- Ensuring plans have 24-hour access to a person with the authority to authorize services and ensuring the DMHC has contact information for that person, as required by Health and Safety Code section 1371.4 and California Code of Regulations, sections 1300.67.2.2 and 1300.68.01.

Proactive Steps

Finally, the DMHC encourages plans to act proactively to ensure enrollees can access all medically necessary screening and testing for COVID-19. To this end:

- Plans should work with their contracted providers to use telehealth services to deliver care when medically appropriate, as a means to limit enrollees' exposure to others who may be infected with COVID-19, and to increase the capacity of the plans' contracted providers.
- In the event of a shortage of any particular prescription drug, plans should waive prior authorization and/or step therapy requirements if the enrollee's prescribing provider recommends the enrollee take a different drug to treat the enrollee's condition.

The DMHC continues to closely monitor this situation and will issue further guidance as appropriate. In the meantime, if you have questions or concerns, contact your plan's assigned licensing counsel.