

From: DMHC Licensing eFiling

Subject: APL 25-001 - Southern California Fires and Enrollees' Continued Access to Health Care Services

Date: Thursday, January 9, 2025 3:17 PM

Attachments: APL 25-001 - Southern California Fires and Enrollees' Continued Access to Health Care Services (1.9.2025).pdf

Dear Health Plan Representative:

The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) 25-001, which provides information regarding Health and Safety Code section 1368.7.

Thank you.



Gavin Newsom, Governor
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ALL PLAN LETTER

DATE: January 9, 2025

TO: All Full-Service and Specialized Health Plans¹

FROM: Sarah Ream
Chief Counsel

SUBJECT: APL 25-001 - Southern California Fires and Enrollees' Continued Access to Health Care Services

On January 7, 2025, California Governor Gavin Newsom [proclaimed](#) a State of Emergency in Los Angeles and Ventura Counties due to the Palisades Fire and windstorm conditions.

I. Health plans must notify the DMHC regarding the actual or potential impact to plan operations and enrollees

Per Health and Safety Code section 1368.7, health plans must provide enrollees who have been displaced or whose health may otherwise be affected by a state of emergency with access to medically necessary health care services. Within 48 hours of a proclaimed state of emergency that displaces or affects (or could displace or affect) the plan's enrollees or providers, plans must file with the DMHC a notification describing:

- whether the plan has or expects to have disruption in its operations;
- how the plan is communicating with potentially impacted enrollees; and,
- the actions the plan has taken or will take to ensure its enrollees' health care needs are met.

If your plan has not yet submitted the above-described notification to the DMHC, the plan must do so immediately.

¹ This APL applies to all commercial and Medi-Cal plans, including specialized plans and restricted/limited plans. This APL does not apply to Medical Advantage plans that do not have any commercial or Medi-Cal lines of business.

II. Health plans must ensure enrollees have access to medically necessary care, including medically necessary prescription drugs.

When the Governor proclaims a state of emergency, Health and Safety Code section 1368.7 allows the DMHC to require plans to take actions to ensure enrollees have continued access to medically necessary care. Per this authority, the DMHC **directs** all health plans with enrollees and/or providers in Los Angeles and/or Ventura Counties to do the following:

1. Ensure the plan has a toll-free telephone number that impacted enrollees and providers may call for answers to questions, including questions about the loss of health plan identification cards, access to prescription refills, and how to access health care services.
2. Prominently display on the health plan's website information describing how impacted enrollees can continue to access care and how enrollees and providers can contact the plan for more information.
3. Suspend prescription refill limitations and allow impacted enrollees to refill their prescriptions without prior authorization at in-network or out-of-network pharmacies. The plan shall also allow impacted enrollees to obtain new prescriptions at out-of-network pharmacies. The plan shall ensure enrollees are subject to no more than their ordinary in-network cost-sharing.
4. Allow enrollees to replace medical equipment or supplies if the enrollee must do so because the enrollee has been displaced due to the state of emergency.
5. Allow enrollees to access care from appropriate out-of-network providers if in-network providers are unavailable within the timely and geographic access standards due to the State of Emergency or if the enrollee is outside the area due to displacement. The plan shall ensure enrollees in such instances are not subject to more than their ordinary in-network cost-sharing for such services.
6. With respect to hospitals (including non-contracted hospitals) that have been or may be impacted by the State of Emergency, reduce or remove unnecessary barriers to the efficient admission, transfer and discharge of plan enrollees.

III. Flexibility with timeframes

Additionally, Section 1368.7 authorizes the DMHC to require health plans to shorten time frames for prior approval, precertifications, or referrals and to extend the time such approvals, precertifications, or referrals remain valid. Section 1368.7 also allows the DMHC to require plans to extend claim filing deadlines. The DMHC encourages health plans to take those actions now and the DMHC may issue more guidance in this regard as needed.

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