



Department of Health Care Services  
**MEMORANDUM**

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**DATE:** March 16, 2020 Update to March 6, 2020 DHCS Memo

**TO:** Medi-Cal Managed Care Health Plans

**FROM:** Department of Health Care Services

**SUBJECT:** UPDATED COVID-19 Screening and Testing  
(New Language in Bold Underline)

In light of both the federal Health and Human Services (HHS) Secretary's January 31, 2020 public health emergency declaration, as well as the President's March 13, 2020 national emergency declaration, DHCS is actively exploring options to temporarily waive ad/or modify certain Medicaid and Children's Health Insurance Program (CHIP) requirements under Section 1135 of the Social Security Act (called an "1135 Waiver"). DHCS will issue additional guidance, as needed, upon approval of its 1135 Wavier request.

As the State of California responds to the COVID-19 situation, the Department of Health Care Services (DHCS) reminds Medi-Cal managed care health plans (MCPs) of existing contractual requirements and state and federal laws that require MCPs to ensure their members are able to access medically necessary services in a timely manner.<sup>1</sup> These provisions include:

- Covering all medically necessary emergency care without prior authorization, whether that care is provided by an in-network or out-of-network provider.
- Complying with utilization review timeframes for approving requests for urgent and non-urgent covered services. MCPs are required to waive prior authorization requests for services, including screening and testing, related to COVID-19.
- Ensuring the MCP's provider networks are adequate to handle an increase in the need for services, including offering access to out-of-network services where appropriate and required, as more COVID-19 cases emerge in California.
- Ensuring members are not liable for balance bills from providers, including balance bills related to testing of COVID-19.
- Ensuring MCPs **provide members with** 24-hour access to an MCP representative with the authority to authorize services, and ensuring that DHCS has contact information for that person. This contact information must be provided to the MCP's DHCS Contract Manager (CM) upon request of DHCS.

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<sup>1</sup> Similar provisions are outlined in the Department of Managed Health Care (DMHC) All Plan Letter 20-006, which applies to MCPs licensed by DMHC.

- Offering members and providers the option to utilize telehealth services to deliver care when medically appropriate, as a means to limit members' exposure to others who may be infected with COVID-19. Please refer to DHCS [All Plan Letter 19-009 \(REVISED\)](#) for clarification on the Medi-Cal telehealth policy.
  - In addition to existing Medi-Cal telehealth policies, DHCS also allows reimbursement for virtual communication, which includes a brief communication with another practitioner or with a patient, and in the case of COVID-19, who cannot or should not be physically present (face-to-face). For encounter reporting purposes, Medi-Cal providers should use Healthcare Common Procedure Coding System (HCPCS) codes G2010 and G2012 for brief virtual communications.
  - DHCS is continuing to work with our federal partners on other options and flexibilities relative to telehealth and virtual communication policies, procedure codes, and reimbursement rates, particularly related to the use of telephonic/virtual procedure codes in clinics, and to address the evolving COVID-19 outbreak. DHCS will issue additional guidance as those options and flexibilities are finalized, as needed.
- Approving transportation requests in a timely manner if a member, who may be infected with COVID-19, needs to be seen in person and requests transportation. Plans are responsible for determining the appropriate mode of transportation required to meet the members' medical needs, paying special attention to those with urgent needs such as dialysis or chemotherapy treatments. Please refer to DHCS' [COVID-19 Guidance for NEMT and NMT Providers](#) for recommendations on safety procedures and protocols to help prevent the spread of COVID-19.
- Ensuring members are at a facility appropriate to the level of care they require. Please refer to [CMS' Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes](#) for guidance on safety procedures and protocols to help prevent the spread of COVID-19.

## Proactive Steps

MCPs **must** act proactively to ensure members can access all medically necessary screening and testing of COVID-19. To this end:

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

provider recommends the member take a different drug to treat the member's condition.

**MCPs must act proactively to ensure member access to needed prescription medications. Proactive steps MCPs should take include:**

- **Covering maintenance medications (both generic and brands) at a minimum 90 day supply. Medi-Cal allows up to a 100-day supply per dispensing of a covered drug. Note that Medi-Cal quantity per dispensing utilization control limitations on certain opioid containing medications still apply.**
- **Covering or waiving any prescription delivery costs so that beneficiaries may receive free prescription delivery.**
- **Approving Out-of-Network (OON) overrides for beneficiaries who may be temporarily outside the plan service area due to COVID-19 concerns.**
- **Setting refill-too-soon (RTS) edits for maintenance medications to 75 percent or less to authorize early refills when 75 percent of prior prescription has been used. This policy change does not apply to certain medications with quantity/frequency limitations as required by federal and/or state law.**
- **Expanding pharmacy benefit coverage for all disinfectant solutions and wipes that are able to be processed through the pharmacy benefit systems.**
- **Ensuring 24/7/365 call center support is available for pharmacies, providers, and members who need support.**

**Medi-Cal managed care health plans are reminded to submit complete and timely encounter data utilizing all applicable ICD-10 and HCPCS coding in a manner consistent with Federal guidance, including codes for COVID-19. MCPs should direct specific questions regarding encounter data reporting requirements to [MMCDEncounterData@dhcs.ca.gov](mailto:MMCDEncounterData@dhcs.ca.gov).**

**Based on the Centers for Medicare & Medicaid Services (CMS) guidance, DHCS is allowing flexibility for Health Homes Program (HHP) services to be conducted in a manner that prioritizes the safety of both the providers and the members. Therefore, in order to minimize the risk of serious illness due to COVID-19, DHCS encourages MCPs and their contracted Community-Based Care Management Entities (CB-CME)s to implement telephonic and video call assessments to substitute for face-to-face assessments, in compliance with Medi-Cal's telehealth policy, as described above. DHCS will be suspending its current in-person visit requirements until further notice.**

DHCS continues to closely monitor this situation and will issue further reminders and guidance as appropriate. MCPs should send any questions to their DHCS Managed Care Operations Division Contract Manager.