

All Plan Letter 20-004 (Revised)

Overview

Date March 9, 2021

To All Medi-Cal Managed Care Health Plans

Objective This All Plan Letter (APL)

- is an emergency guidance for Medi-Cal managed care health plans in response to COVID-19, and
- provides information to Medi-Cal managed care health plans (MCPs) on temporary changes to federal requirements as a result of the ongoing global COVID-19 pandemic.

Scope As the Department of Health Care Services (DHCS) continues to respond to the concerns and changing circumstances resulting from the pandemic, DHCS provides the updated guidance to MCPs.

Revised text *Revised text is found in italics.*

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Background

Overview

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Request to Waive/ Modify Federal Requirements

January 7, 2021: The following declarations were renewed on *January 7, 2021*:
PHE Declaration

- Federal Health, and Human Services Secretary’s January 31, 2020
 - Public Health Emergency (*PHE*) declaration
 - The President’s March 13, 2020, national emergency declaration.
-

**Waiver/
modification
requirements**

The following is the list of waiver/ modification requirements:

- DHCS began exploring options to temporarily waive and/ or modify certain requirements of the following:
 - Medicaid
 - Children’s Health Insurance Program
- DHCS submitted requests to waive or modify several federal requirements under Section 1135 of the Social Security Act (Title 42 United States Code section 1320b-5) to the Centers for Medicare and Medicaid Services (CMS) on
 - March 16, 2020
 - March 19, 2020
 - April 10, 2020, and
 - *December 24, 2020.*
- DHCS’ Section 1135 Waiver submissions requested various flexibilities related to COVID-19.
- CMS issued approval letters to DHCS authorizing specific Section 1135 flexibilities on
 - On March 23, 2020,
 - May 8, 2020,
 - *August 19, 2020, and*
 - *December 31, 2020.*

Note: The Section 1135 Waiver requests and CMS approval letters can be found on the DHCS COVID-19 Response webpage under Waiver Requests & Approvals – *1135 Waiver Requests & Approvals* at the following link:
<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>.

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Request to Waive/ Modify Federal Requirements, Continued

Section 1135 Waiver request: blanket waiver

To streamline the Section 1135 Waiver request and approval process, CMS issued a number of blanket waivers for many Medicare provisions that do not require individualized approval. While not all of these waivers apply to Medicaid, CMS has provided guidance for specified health care providers regarding blanket waivers on a variety of topics, including, but not limited to, the following:

- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)
- Long Term Care (LTC) Facilities
- Skilled Nursing Facilities and/or Nursing Facilities
- Durable Medical Equipment
- Prosthetics
- Orthotics and Supplies
- Provider Enrollment (**Note:** CMS' COVID-19 Emergency Declaration Blanket Waivers & Flexibilities for Health Care Providers document can be found at: [https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers.](https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers))

Updates to this guidance

DHCS provides updates to this guidance to reflect any additional Section 1135 Waiver approvals not reflected in the *above-mentioned approval letters*, as appropriate.

March 6, 2020 and March 16, 2020 memo

On March 6, 2020, DHCS issued a Memorandum (Memo) to MCPs to

- remind them of existing contractual and legal requirements, and
- ensure access to medically necessary services in a timely manner, in particular as related to COVID-19.

On March 16, 2020, DHCS subsequently updated the Memo to include additional guidance.

Note: This APL incorporates the guidance provided in that Memo.

Approval to DHCS proposed amendments

On May 13, 2020, and August 20, 2020, CMS issued letters approving DHCS' proposed amendments to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to California's Medicaid State Plan.

Note: SPA requests and approvals can be found on the DHCS COVID-19 Response webpage under Waiver Requests & Approvals – *State Plan Amendments Requests & Approvals*.

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Request to Waive/ Modify Federal Requirements, Continued

**State Plan
Amendments
(SPA) 20-0024
and 20-0025**

State Plan Amendments (SPA) 20-0024 *and* 20-0025 implement temporary policies, different from those otherwise applied under California’s Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak.

DHCS guidance hyperlink

DHCS guidance on various temporary policies included in SPA 20-0024 *and* 20-0025 are posted on the DHCS COVID-19 Response webpage *under Waiver Requests & Approvals - State Plan Requests & Approvals*. It also addresses the relevant changes affecting the Medi-Cal managed care delivery system are also addressed in this APL.

Part 1: Section 1135 Waiver Approvals

Overview

CMS' responses CMS' responses to DHCS' flexibility requests are applicable, in part, to the Medi-Cal managed care delivery system, including the following:

- State Fair Hearings (SFH)
 - Provider Enrollment /Screening
 - Prior Authorization
 - COVID-19 Testing
 - Provision of Care in Alternative Settings, Hospital Capacity, and Blanket Section 1135 Waiver Flexibilities for Medicare and Medicaid Enrolled Providers Relative to COVID-19
 - Pharmacy
-

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State Fair Hearings

CMS' approval DHCS has received CMS approval to extend the timeframe for MCP members to request a SFH.

Reference: For details, refer to the

- *March 23rd CMS approval letter, and*
- *Supplement to APL 17-006, titled "Emergency State Fair Hearing Timeframe Change – Managed Care."*

Note: APLs, along with any Supplements, can be found at:

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx> Waiver Requests & Approvals – State Plan Amendments Requests & Approvals.

December 31, 2020: approval from CMS *On December 31, 2020, DHCS received approval from CMS to modify the timeframe under 42 Code of Federal Regulations (CFR) section 438.420(a)(i) related to the continuation of benefits (i.e., Aid Paid Pending (APP)).*

This APL modifies the guidance in APL 17-006 for the duration of the PHE.

APP Use the table below for APP.

When the ...	Then the MCP ...
<i>MCP provided APP for the member pending the outcome of an appeal</i>	<i>provides APP pending the outcome of an SFH.</i>
<i>member requests an SFH</i> <ul style="list-style-type: none"> • <i>within the current 10 calendar timeframe, or</i> • <i>between 11 and 30 days of the NOA Resolution to reinstate APP, and if there is no final decision on the SFH</i> 	<ul style="list-style-type: none"> • <i>must provide APP regardless of whether the member makes a separate request for APP, when the member timely files an appeal and SFH regarding an MCP's decision to terminate, suspend or reduce services, and</i> • <i>is prohibited from seeking reimbursement or payment for the additional days of services furnished during this period.</i>

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State Fair Hearings, Continued

Duration of the PHE: during an appeal

Through the duration of the PHE, when a member's appeal involves the termination, suspension, or reduction of previously authorized services, then the MCPs follows the table below:

When the member files an appeal ...	Then the MCP ...
<i>within the current timeframes:</i> <ul style="list-style-type: none">• <i>within 10 calendar days of the Notice of Action (NOA), or</i>• <i>prior to the MCP's intended date of the proposed action)</i>	<i>provides APP.</i>
<i>between 11 and 30 days of the NOA, before the MCP makes a final decision on the appeal</i>	<i>reinstates APP.</i>

Provider Enrollment/ Screening

Temporary flexibilities

In the March 23, 2020 response, CMS approves certain temporary flexibilities for provider screening and enrollment. DHCS issues guidance regarding these flexibilities for the provider enrollment that applies to both

- Medi-Cal Fee-For-Service (FFS), and
- managed care provider screening and enrollment.

Note: MCPs that conduct provider enrollment through their own process must implement a similar process to that contained in this guidance.

Guidance listing hyperlink

This guidance is listed as “Guidance for Emergency Medi-Cal Provider Enrollment” on the DHCS COVID-19 Response webpage under Providers & Partners – *Guidance for Multiple Provider Types*. It allows for an emergency provider enrollment process.

Potential new providers

The table below describes the stages of the DHCS’ Provider Enrollment Division (PED) directing potential new providers for MCPs.

Stage	Description
1	DHCS’ Provider Enrollment Division (PED) directs the potential new providers to the process outlined in the DHCS guidance.
2	The potential new providers complement the emergency enrollment application process through PED.
3	<p>The providers receive an approval</p> <ul style="list-style-type: none"> • email message, and • letter in DHCS’ Provider Application and Validation for Enrollment portal. <p>Note: The information states that they have been granted enrollment for 60 days, with the possibility of extension in 60-day increments.</p>
5	The providers submit a copy of their approval letter as proof of the approved temporary enrollment to the MCP prior to providing services to MCP members.

Prior Authorization

**Medi-Cal FFS:
prior
authorization**

The Section 1135 Waiver approvals relating to prior authorization focus on Medi-Cal FFS. The list below provides guidance for Medi-Cal FFS prior authorization.

- CMS, in its COVID-19 Frequently Asked Questions for State Medicaid and Children’s Health Insurance Program (CHIP) Agencies, indicates that states may modify prior authorization requirements for Medicaid managed care.
- For Medi-Cal managed care, DHCS is exercising this authority to require MCPs to waive prior authorization requirements for COVID-19 related testing and treatment services.
- In addition, MCPs are strongly encouraged to implement expedited authorization procedures for other services during the COVID-19 *PHE*.

Reference: For details, refer to the “FFS Prior Authorization – Section 1135 Waiver Flexibilities” guidance, including any subsequently released updates to this guidance, which is available on the DHCS COVID-19 Response webpage under Providers & Partners – *Guidance for Multiple Provider Types*.

COVID-19 Testing

Testing requirements

MCPs adheres to the COVID-19 testing requirements outlined in the COVID-19 Virus and Antibody Testing guidance document.

Reference: The document is found on the DHCS COVID-19 Response webpage under Providers & Partners – *Guidance for Multiple Provider Types*.

Reimbursement

The list below provides the guidance for reimbursement.

- DHCS reimburses the Medi-Cal FFS providers for COVID-19 testing based on the Medicare fee schedule.
 - Unless there is an agreement between the MCP and the provider, DHCS encourages MCPs to reimburse providers for COVID-19 testing at the Medicare fee schedule rates.
 - MCPs refers to the Medi-Cal provider manual for additional information about COVID-19 billing codes. (**Note:** The Pathology: Microbiology Provider Manual can be found at the following link: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part2/pathmicro.pdf>.)
-

Provision of Care

Locations

There is provision of care in the following locations:

- Alternative settings
 - Hospital capacity
 - Blanket Section 1135 waiver flexibilities for Medicare and Medicaid enrolled providers relative to COVID-19.
-

CMS guidance

The list below provides CMS guidance for provision of care in the locations listed above.

- Based on the guidance issued by CMS, DHCS issued the “Provision of Care in Alternative Setting, Hospital Capacity, and Blanket Section 1135 Waiver Flexibilities for Medicare and Medicaid Enrolled Providers Relative to COVID-19” guidance document, which will remain in effect through the end of the COVID-19 PHE.
- This guidance is applicable to MCPs, including any subsequently released updates to this guidance.

Reference: The link Providing Care in Alternate Settings, Hospital Capacity, Transportation, Blanket 1135 Flexibilities is found on the DHCS COVID-19 Response webpage under Providers & Partners – *Guidance for Multiple Provider Types*.

Pharmacy

April 3, 2020: DHCS guidance

On April 3, 2020, DHCS issued the “Off-label and/ or Investigational Drugs Used to Treat COVID-19 and/ or Related Conditions” guidance document.

Temporary flexibilities

The DHCS guidance issued on April 3, 2020 provides information regarding

- temporary flexibilities in dispensing/ administration policies governing off-label, and
 - investigational use of medications used to treat COVID-19 under the Medi-Cal FFS pharmacy benefit.
-

Use of Subcutaneous Depot Medroxyproges- terone Acetate

DHCS issued the guidance document “Information Regarding the Use of Subcutaneous Depot Medroxyprogesterone Acetate During the 2019 Novel Coronavirus Public Health Emergency”.

This guidance temporarily allows the pharmacy dispensing of Subcutaneous Depot Medroxyprogesterone Acetate directly to beneficiaries for self-administration at home.

Note: MCPs follows the requirements contained in these pharmacy guidance documents, including any subsequently released updates to this guidance.

Fee-For-Service Pharmacy: link

The link to the guidance can be found on the DHCS COVID-19 Response webpage under Providers & Partners – *Hospitals, Clinics, Pharmacies, and Other Facilities for*

- *the Fee-For-Service Pharmacy: Flexibilities for Off-Label/ Investigational Drugs in COVID-19 Related Treatment, and*
 - the Direct-to-Patient Dispensing of Subcutaneous Depot Medroxyprogesterone Acetate – COVID-19 Emergency guidance.
-

Part 2: Additional Guidance to MCPs

Overview

DHCS Response As the State of California responds to the COVID-19 situation, DHCS is regularly updating and distributing guidance to the

- MCPs
- Counties, and
- providers.

Reference: Refer to the DHCS COVID-19 Response webpage for the most up-to-date information available.

Contact person MCPs can send questions, concerns and reports of member access issues to their DHCS Managed Care Operations Division (MCO) Contract Manager.

DHCS reminder to MCPs: guidelines DHCS reminds MCPs to

- adhere to existing
 - contractual requirements, and
 - state and federal laws requiring MCPs to ensure their members are able to access medically necessary services in a timely manner⁶ (**Note:** ⁶ Similar provisions are outlined in the Department of Managed Health Care (DMHC) APL 20-006, which applies to MCPs licensed by DMHC.)
- cover all medically necessary emergency care without prior authorization, whether that care is provided by an in-network or out-of-network provider
- comply with utilization review timeframes for approving requests for urgent and non-urgent covered services
- waive prior authorization requests for services, including screening and testing, related to COVID-19
- ensure their 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
- ensure members are not liable for balance bills from providers, including balance billing related to COVID-19 testing
- provide members with 24-hour access to an MCP representative with the authority to
 - authorize services, and
 - ensure that DHCS has contact information for that person. (**Note:** This contact information must be provided to the MCP's MCO Contract Manager upon request by DHCS.), and
- proactively ensure members can access all medically necessary screening and testing of COVID-19.

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Mental Health Practices and Telehealth Services

Overview

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Suicide Prevention Practices for Providers

**Mental Health:
secondary
impacts**

As the COVID-19 *PHE* continues, many Californians are experiencing secondary impacts on their mental health.

The directors of DHCS and the California Department of Public Health collaborated with the California Surgeon General to write a to all California medical and behavioral health providers encouraging them to ask their patients the four “[Ask Suicide Screening Questions](#)” developed by the National Institute of Mental Health.

Note: The July 10, 2020 Suicide Prevention Practices for Providers letter is available on the COVID-19 Response webpage under Providers & Partners – *Behavioural Health*.

Sharing patient information

DHCS encourages MCPs to share this information with their network providers and subcontractors, as appropriate.

Telehealth

Telehealth services

MCPs must 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
- increase provider capacity.

Reference: For clarification on the Medi-Cal telehealth policy for the duration of the *PHE*, refer to the

- DHCS All Plan Letter 19-009 (REVISED), and
 - Supplement to APL 19-009 (REVISED) that was issued on March 18, 2020.
-

Reimbursement

The list below provides the DHCS guidelines for reimbursement of telehealth services:

- In addition to existing Medi-Cal telehealth policies, the DHCS allows reimbursement for virtual communication, which includes a brief communication with another practitioner or with a patient for COVID-19 related services, who cannot or should not be physically present (face-to-face).
 - For encounter reporting purposes, providers must use HCPCS codes G2010 and G2012 for brief virtual communications.
-

Noncompliance with the regulatory requirements

DHCS notes that the United States Department of Health and Human Services Office of Civil Rights (HHS-OCR) has clarified that it will exercise its enforcement discretion for noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA).

The HHS-OCR will not impose penalties against providers who use telehealth in good faith.

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Telehealth, Continued

Remote communication

The list below provides guidance for remote communication.

- **Providers**
 - can use any non-public-facing remote communication (audio or video) product that is available to communicate with patients, and
 - may use popular applications that allow for video chats, such as Apple FaceTime or Skype, to provide telehealth. (**Reference:** Additional guidance regarding HHS-OCR’s HIPAA enforcement can be found on HHS-OCR’s webpage.) (**Note:** The Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency on the HHS-OCR website is available at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>)
 - CMS has also issued guidance on the use of telehealth for providers dually certified in Medicare/ Medicaid. (**Note:** Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 is available at: <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>)
-

Telehealth guidance: DHCS

DHCS issued telehealth guidance related to DHCS’ Section 1135 Waiver and SPA 20-0024 approvals. The list below provides DHCS guidance to use telehealth.

- **Scope:** DHCS instructs the following to implement the guidance related to telehealth and virtual/telephonic communication modalities immediately in light of COVID-19:
 - all Medi-Cal providers, including Federally Qualified Health Centers (FQHC)
 - Rural Health Clinics (RHC)
 - Indian Health Services (IHS) clinics
 - **Implementation:** Accordingly, DHCS instructs MCPs to
 - implement this guidance, including any subsequently released updates to this guidance, with their providers, and
 - allow FQHCs, RHCs and IHS clinics to provide and bill for virtual/ telephonic visits consistent with in person visits.
 - **Additional applicable rates:** Additionally, virtual/ telephonic visits provided pursuant to this guidance are eligible for
 - Prospective Payment System (PPS) rates, or
 - all-inclusive rates, as applicable. (**Note:** The Telehealth and Virtual Communications: Payment in FFS and Medi-Cal Managed Care guidance is available on the DHCS COVID-19 Response webpage under Providers & Partners – *Guidance for Multiple Provider Types.*)
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Healthcare Services

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Well-Child Visits

Children's growth and development monitoring

Well-child visits or regular checkups are an important way to

- monitor children's growth and development, and
 - ensure that children are up to date with their vaccinations.
-

Appointments

With California's stay at home guidance, and federal guidance on non-essential medical procedures, DHCS recognizes that members/ parent caregivers may be cautious about making medical appointments for well-child visits.

Medi-Cal coverage

As recommended by the American Academy of Pediatrics (AAP)/ Bright Futures, and in accordance with the AAP Periodicity Schedule under the Early and Periodic Screening, Diagnostic, and Treatment benefit, Medi-Cal covers

- recommended vaccines
 - preventive care, and
 - screening for infants and children.
-

AAP Guidance

In light of COVID-19, the AAP has developed guidance on *providing* pediatric well-care *during COVID-19, including guidance on the necessary use of telehealth during the COVID-19 pandemic.* (**Note:** The AAP guidance is available at the following link: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-providing-pediatric-well-care-during-covid-19/>)

In accordance with the AAP guidance, and to ensure continued adherence to the Bright Futures guidelines, DHCS encourages MCPs to

- follow the AAP guidance *mentioned* above, and
 - encourage their pediatric providers to discuss with members/ parent caregivers the benefit of attending a well-child visit in person to receive the
 - necessary immunizations and screenings, and
 - provision of services via telehealth.
-

Billing for visits

To the extent there are components of the comprehensive well-child visit provided in-person (due to those components not being appropriately provided via telehealth) that are a continuation of companion services provided via virtual/ telephonic communication, the provider should only bill for one encounter/ visit. (**Note:** The Telehealth and Virtual Communications: Payment in FFS and Medi-Cal Managed Care guidance is available on the DHCS COVID-19 Response webpage under Providers & Partners – *Guidance for Multiple Provider Types.*)

Transportation

Approval of transportation

MCPs must approve transportation requests in a timely manner if a member, who may be infected with COVID-19, needs to see a provider in person and requests transportation.

Mode of transportation

MCPs 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.
-

Safety procedures and protocols

Please refer to DHCS' "COVID-19 Guidance for Non-Emergency Medical Transportation (NEMT), and Non-Medical for recommendations on safety procedures and protocols to help prevent Transportation (NMT) Providers" for recommendations on safety procedures and protocols to help prevent the spread of COVID-19. (**Note:** The Guidance for NEMT and NMT Providers is available on the DHCS COVID-19 Response webpage under Providers & Partners – *Guidance for Multiple Provider Types.*)

Pharmacy Services

- Proactive steps** MCPs must act proactively to ensure member access to needed prescription medications. Proactive steps for MCPs include the following:
- 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:** Medi-Cal quantity per dispensing utilization control limitations on certain opioid containing medications still apply.)
 - Covering or waiving any prescription delivery costs so that members may receive free prescription delivery
 - Approving out-of-network overrides for members who may be temporarily outside the MCP's service area due to COVID-19 concerns
 - Setting refill-too-soon edits for maintenance medications to 75 percent or less to authorize early refills when 75 percent of prior prescription has been used (**Note:** 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 can be processed through the pharmacy benefit systems
 - Ensuring 24/7/365 call center support availability for pharmacies, providers, and members who need support
-

Drug shortage In the event of a shortage of any prescription drug, MCPs must 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.

Member Eligibility

Medi-Cal redetermination processing

DHCS has delayed Medi-Cal redetermination processing to ensure members continue to have access to services.

Members with upcoming redetermination dates will not need to start the redetermination process. Members' redetermination dates will remain the same, and existing managed care members will continue to be enrolled in their MCP.

Reference: For more information about these changes, please refer to the Medi-Cal Eligibility Division which can be found on the DHCS COVID-19 Response webpage Information Letters, under Providers & Partners - Eligibility.

MCP HOLD status

Medi-Cal beneficiaries who have active eligibility with an MCP HOLD status of 59 or 61 in the Medi-Cal Eligibility Data System are not without coverage. These individuals can access services through the Medi-Cal FFS providers.

Encounter Data

Data submission

DHCS reminds MCPs that they must

- submit complete and timely encounter data
 - utilizing all applicable medical coding in a manner consistent with federal guidance
 - including codes for COVID-19, and
 - direct specific questions regarding encounter data reporting requirements to MMCDEncounterData@dhcs.ca.gov.
-

Temporary suspension of Encounter Validation (EDV)

The list below provides the guidance for EDV.

- In March 2020, DHCS *informed MCPs that it would be temporarily suspending Encounter Validation (EDV) activities for the 2019-2020 State Fiscal Year (SFY) EDV study, including the medical record procurement requirements, in order to minimize non-critical burdens on MCP provider networks during the COVID-19 PHE.*
 - *In August 2020, DHCS notified MCPs of its intent to resume EDV activities sometime in early 2021, contingent on the state of the COVID-19 PHE.*
 - *However, because the PHE has continued to carry over into 2021, DHCS has decided that it will*
 - *no longer be resuming EDV activities, and*
 - *instead continue to suspend EDV activities for the 2020-2021 EDV study.*
 - *In lieu of the SFY 2020-2021 EDV study, DHCS and its contracted External Quality Review Organization are developing an administrative analysis to measure encounter data quality using the following data:*
 - *Encounter*
 - *Provider*
 - *Eligibility*
-

Health Homes: Guidance

**Safety:
providers and
members**

Based on CMS guidance, DHCS is allowing flexibility for Health Homes Program services to be conducted in a manner that prioritizes the safety of both the providers and the members.

**Telephonic and
video call
assessments**

In order to minimize the risk of serious illness due to COVID-19, DHCS encourages MCPs and their contracted Community-Based Care Management Entities 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.

**Suspension: in-
person visit
requirements**

DHCS is suspending its current in-person visit requirements until the COVID-19 emergency declaration is rescinded.

Initial Health Assessment (IHA)

Temporary suspension of IHA

For any member, newly enrolled in the MCP between December 1, 2019, and the end of the *PHE*, DHCS is temporarily suspending the requirement to complete an Initial Health Assessment (IHA), as described in the MCP contract with DHCS, within the timeframes outlined in the contract (120 days for most members).

Completion of IHA

MCPs are permitted to defer the completion of the IHA for these members until the COVID-19 emergency declaration is rescinded. However, DHCS will require the completion of the IHA for these members once the *PHE* is over.

Quality Monitoring, Programs & Initiatives

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Systematic Review

Quarterly monitoring process

The list below gives guidance to the Quarterly Monitoring Response Template (QMRT). DHCS

- allows flexibility on MCP responses to the QMRT, and
 - will continue to send MCP-specific results for all QMRT components through the quarterly monitoring process. .
-

QMRT Responses: B-1: Grievances and B-2: SFHs report

In order to allow MCPs to prioritize their resources on activities related to COVID-19, MCPs will only be required to submit their responses for B-1: Grievances and B-2: SFHs report, until the COVID-19 emergency declaration is rescinded.

QMRT: components needing no response

MCPs are not required to provide responses on the following components of the QMRT:

- A-1: Full-Time Equivalent Physician to Member Ratios
 - A-2: Timely Access Survey
 - A-3: Network Report
 - A-4: Mandatory Provider Types
 - A-5: Physician Supervisor to Non-Physician Medical Practitioner Ratios
 - B-3: Out-of-Network Requests
-

QMRT: handling areas of concern

If DHCS identifies any areas of concern for other quarterly monitoring components, it will work with the MCPs on an individual basis.

Contact information

MCPs should direct questions regarding quarterly monitoring to DHCS-PMU@dhcs.ca.gov

Timely access survey ceased

DHCS has ceased the timely access survey calls to alleviate burden on provider offices during this critical time.

MCPDIP: deadline extension

In order to ease administrative demands on MCPs during the COVID-19 response, DHCS is extending the compliance deadline for the Managed Care Program Data Improvement Project (MCPDIP) from July 1, 2020, to July 1, 2021.

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Systematic Review, Continued

MCPDIP: on track MCPs

MCPs may begin to submit production data for July 2020 as early as August 1, 2020, consistent with the original project schedule, if they

- can continue MCPDIP activities
 - complete the necessary testing protocols, and
 - receive approval from DHCS.
-

MCPDIP: continued technical assistance

DHCS will

- continue to support MCPDIP, and
 - make technical assistance available to each MCP consistent with the original project schedule.
-

File and Use

What is File and Use?

File and use means that once an MCP submits the documents or scripts to DHCS, the MCP can immediately begin using those documents or scripts with its members, subject to further DHCS directive.

DHCS has approved for MCPs to submit certain documents, including proposed telephone outreach scripts, related to COVID-19 as file and use. All information communicated to members must be information related to COVID-19 that directly came from DHCS, the California Department of Public Health, or the CDC.

HIPAA and confidential information

In addition, pursuant to HIPAA, the documents or scripts must not contain any Protected Health Information or Personal Information of a member.

If there are any edits or changes that need to be made to those documents or scripts after DHCS completes its review, the MCP must make those edits and changes within a specified number of days, as directed by DHCS.

Documents and scripts

The following documents and scripts have been approved for file and use:

- Robo-calls
 - Call campaigns
 - Printed mailer communications
 - E-mail communications (MCPs choosing to do e-mail communication must also utilize another method of communication because not all members will have an e-mail address on file)
 - Texting campaigns (MCPs can only do file and use if they have one or more texting campaigns that have been approved as of June 18, 2019, forward)
-

Part 3: SPA 20-0024 Policies

Overview

Contents

The table below lists the topic(s) in this part.

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Temporary Reinstatement of Acetaminophen and Cough/ Cold Medicines

Primary symptoms: COVID-19

Primary symptoms of COVID-19 involve

- pain
 - aches
 - fever, and
 - significant cough and congestion.
-

Treatment for primary symptoms

The preferred treatments for the symptoms are

- over-the counter fever reducers
 - analgesics, and
 - cough/ cold products.
-

Use of non-legend products

These treatments are often the safest, most effective, and least costly alternatives for the population most at risk of both contracting the virus and subsequently experiencing the most severe symptoms.

Therefore, pursuant to SPA 20-0024, DHCS issued guidance on May 13, 2020, regarding the temporary reinstatement of non-legend acetaminophen-containing, and non-legend cough and cold products for adults as covered benefits with the Medi-Cal FFS program.

No prior authorization required

MCPs are required to follow this FFS-issued guidance, including the provision of these over-the-counter drugs without prior authorization.¹⁴ (**Note:** ¹⁴ See “Pharmacy- Coverage of Acetaminophen, and Cough and Cold medicines for Adults” on the DHCS COVID-19 Response webpage under Providers & Partners – *Hospitals, Pharmacies, Clinics and Other Facilities.*)

Temporary Addition of Provider Types at FQHCs and RHCs

Temporarily billable visits: ACSWs and AMFTs

Pursuant to SPA 20-0024, DHCS issued guidance on May 20, 2020, temporarily adding the services at FQHCs and RHCs as billable visits for¹⁵ (**Note:** ¹⁵ See “Rural Health Clinics/FQHCs – Associate Clinical Social Worker/Associate Marriage and Family Therapist Services” on the DHCS COVID-19 Response webpage under Providers & Partners – *Hospitals, Pharmacies, Clinics and Other Facilities*)

- Associate Clinical Social Workers (ACSWs), and
 - Associate Marriage and Family Therapists (AMFTs).
-

Supervision: licensed behavioral health practitioners

The California Board of Behavioral Sciences (BBS) does not consider ACSWs or AMFTs to be licensed practitioners.

Therefore, licensed behavioral health practitioners must supervise and assume the professional liability of services furnished by the unlicensed ACSW and AMFT practitioners.

The licensed practitioner complies with supervision requirements established by the BBS.

Reimbursement

FQHCs or RHCs can be reimbursed in accordance with the terms of the MCP’s contract with the State related to FQHCs and RHCs for a visit between an FQHC or RHC patient and an ACSW or AMFT.

Mode of visit

The visit may

- be conducted as a face-to-face encounter, or
 - meet the requirements of a visit provided via telehealth.
-

Long Term Care Reimbursement

Additional LTC per diem rates

Approval of SPA 20-0024 enables DHCS to temporarily provide an additional 10 percent reimbursement for LTC per diem rates, effective March 1, 2020.¹⁶

(**Note:** ¹⁶ *Additional information can be found on the following LTC webpages:*

- LTC Reimbursement: <https://www.dhcs.ca.gov/services/medical/Pages/LTCRU.aspx>, and
- LTC Reimbursement AB 1629: <https://www.dhcs.ca.gov/services/medical/Pages/AB1629/LTCAB1629.aspx>)

Unless otherwise agreed to between the MCP and the LTC provider, DHCS encourages MCPs to reimburse LTC providers at these LTC per diem rates.

Part 4: SPA 20-0025

Overview

Contents

The table below lists the topic(s) in this part.

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CMS-Approved SPA

**Coverage:
laboratory tests
and x-ray
services**

On August 20, 2020, the Centers for Medicare and Medicaid Services (CMS) approved State Plan Amendment 20-0025.

The SPA is in accordance with the CMS Interim Final Rule for 42 CFR section 440.30(d) to allow coverage of laboratory tests and x-ray services during the COVID-19 PHE and any future PHE, if the service is to diagnose or detect COVID or the communicable disease named in the PHE.

**MCP
responsibilities**

MCP

- are responsible for ensuring that their subcontractors and network providers comply with
 - all applicable state and federal laws and regulations,
 - contract requirements, and
 - other DHCS guidance, including
 - APLs, and
 - Policy Letters, and
 - must promptly communicate the substance of this APL to their subcontractors and network providers.
-

**COVID-19 Virus
and Antibody
Testing
guidance
document**

As stated above, MCPs must adhere to the COVID-19 testing requirements outlined in the COVID-19 Virus and Antibody Testing guidance document.

Reference: *For more information, please see the COVID-19 Virus and Antibody Testing guidance document on the DHCS COVID-19 Response webpage under Providers & Partners – Guidance for Multiple Provider Types.*

**Queries or
questions**

If you have any questions regarding this APL, please contact your MCO Contract Manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division
