

CCFMG - 2020
Payor Summary of Coverage Expansion in Response to COVID-19 Pandemic

Update Date	Health Plan	Plan Type	Waivers	Telehealth	Additional Notes
DHCS Managed Care All Plan Letters					
DHCS Covid-19 Response					
LATEST DHCS ANNOUNCEMENT: 6/23/2020 Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19) Supersedes April 30, 2020 and March 24, 2020 Guidance					
LATEST DHCS ANNOUNCEMENTS: 4/15/2020 All Plan Letter 20-009, Reminder to all Medi-Cal managed care health plans (MCPs) to continue to serve and provide resources to members who are aged 60+ or have high-risk health conditions during the COVID-19 emergency response to "Stay Home. Save Lives. Check In". MCPs must continue to support telehealth, assess and provide allowable additional services, support continuity and coordinate integration of medical and behavioral health services. MCPs are encourage to continue check-in calls with older and other at-risk adults to check on basic needs, health care, mental health, safety from abuse and neglect.					
LATEST DHCS ANNOUNCEMENTS: 4/13/2020 All Plan Letter 20-007 (Revised), Policy guidance for Community-Based Adult Services in response to COVID-19 public health emergency (PHE).					
LATEST DHCS ANNOUNCEMENTS: 3/18/2020 All Plan Letter Supplement 19-009, DHCS Emergency Telehealth Guidance - Covid-19 Pandemic / MCP (Managed Care Plan) must reimburse covered services the same regardless of modality of delivery, in-person or telehealth. MCPs must reimburse the same for services rendered via telephone as if the services was rendered via video (modality must be medically appropriate for patient). MCP subcontractors are subject to these requirements.					
12/10/2020	MEDI-CAL	State Fee-for-Service Medi-Cal	Full scope Medi-Cal patients should not have any cost sharing	Telehealth: Medi-Cal (MCL) providers may use existing telehealth policies for delivering MCL covered services when medically appropriate, as a means to limit patients' exposure to others who may be infected with COVID-19, and to increase provider capacity. MCL's telehealth policy gives providers broad flexibility to determine if a particular MCL covered service is clinically appropriate based upon the needs of their patients on a case-by-case basis. Covered services are subject to all existing MCL coverage/payment policies, including any TAR/SAR requirements, and may be provided via telehealth, as outlined in the "Medicine: Telehealth" Section of Provider Manual	DHCS Medi-Cal COVID-19-Providers -and-Partners
			Medi-Cal Waivers	Virtual Communication 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). MCL providers may be reimbursed using codes G2010 and G2012 for brief virtual communications. G2012 can be billed when the virtual communication occurred via a telephone call.	DHCS COVID-19 Response
3/26/2020	MEDI-CAL	Family PACT Program	Utilization limits on quantity, frequency and duration of covered medication s dispensed may be waived by means of an approved Treatment Authorization Request (TAR)	Family PACT providers may utilize existing telehealth policies as an alternative modality for delivering Family PACT covered services. DHCS adding Virtual/Telephonic Communication HCPCS Codes G2010 and G2012 as benefits under the Family PACT Program.	
3/26/2020	LASALLE MEDICAL ASSOCIATES	Managed Medi-Cal and Medicare Plans	Standard authorization requirements is <u>not</u> waived. Existing authorizations are valid for telehealth services if medically appropriate. New authorization requests may be submitted with a POS 02 or a telehealth place of service can be used if a different POS was approved.	Only services that are deemed clinically appropriate via telehealth should be provided by telehealth technology. Telehealth services may utilize smart phone audio and/or video capabilities.	
3/20/2020	MEDPOINT MANAGEMENT	CalViva Membership	Managed Medi-Cal should not have patient cost-sharing	Telehealth: Providers may use existing Medi-Cal telehealth policies for delivering MCL covered services when medically appropriate. MCL's telehealth policy gives providers broad flexibility to determine if a particular MCL covered service is clinically appropriate based upon the needs of their patients on a case-by-case basis. Covered services are subject existing authorization requirements as indicated by IPA. Non-public facing audio+video communications such as FaceTime and Skype may be used for telehealth.	
			Patient home is allowed as originating site.		