

# COVID-19 Medical Coverage Changes

## Following End of Federal Public Health Emergency (Fed PHE)

	COVID-19 Vaccines	COVID-19 Therapeutics	COVID-19 Testing
<b>Medi-Cal Fee-for-Service (FFS)</b>	<b>Continues:</b> Coverage with no cost-sharing for ACIP vaccines for adults and children. <sup>1</sup>	<b>Expires Sept 30, 2024:</b> Requirement for coverage with no cost-sharing. <sup>2,3</sup>	<b>Continues:</b> Testing as a mandatory lab service (i.e., if tests are ordered by a physician) will continue to be covered with no cost-sharing. The coverage of OTC test kits will be taken into consideration pending any future federal guidance. Currently, there is a Medi-Cal Rx pharmacy-billed benefit, subject to a covered list and quantity and frequency restrictions.
<b>Medi-Cal Managed Care</b>	<b>Continues:</b> Coverage with no cost-sharing for ACIP vaccines for adults and children. <sup>1</sup>	<b>Continues:</b> Coverage with no cost-sharing for in-network and out-of-network care. <sup>2,3</sup>	<b>Continues:</b> Coverage with no cost-sharing for in-network and out-of-network care. <sup>4</sup>
<b>Medicare</b>	<b>Continues:</b> Coverage with no cost-sharing for COVID-19 vaccines under Part B or Part D from in-network providers. <sup>5</sup>	<b>Expires with Fed PHE:</b> Coverage with no cost-sharing. Part D plans may cover EUA COVID treatments; cost-sharing will differ by plan. <sup>6</sup> COVID pill treatments will continue to be free until product commercialization, estimated to occur this fall.	<b>Expires with Fed PHE:</b> Coverage with no cost-sharing for OTC tests. Traditional Medicare beneficiaries will face full cost of OTC tests and cost-sharing for testing-related services, but no cost-sharing for clinical diagnostic testing under Part B. Medicare Advantage beneficiaries may have OTC test coverage and cost-sharing for clinical diagnostic testing depending on their plan. <sup>7</sup>
<b>Commercial Plans Regulated by CA<sup>8</sup></b>	<b>Continues:</b> Coverage with no cost-sharing for in-network providers for vaccines, testing, and treatment (includes 8 OTC tests covered per month via SB 510). <sup>4</sup> <b>Expires Nov 11, 2023:</b> Requirement for coverage with no cost-sharing for out-of-network providers for vaccines, testing, and treatment. (Coverage for out-of-network providers is still required, but cost-sharing may be implemented). <sup>4</sup>		
<b>Uninsured</b>	<b>Continues for Now:</b> Free COVID-19 vaccines and pill medications at most pharmacies, public health clinics, and federally-supported clinics. Low-cost or free COVID-19 doctor visits may be obtained through Federally Qualified Health Centers (FQHCs) and free clinics. <sup>9</sup> <b>Expires May 31, 2023:</b> Free COVID-19 testing and treatment-related doctor visits through the Department of Health Care Services (DHCS) COVID-19 Uninsured Program. Patients may be able to enroll in regular Medi-Cal. <sup>10</sup>		

ACIP = Advisory Committee on Immunization Practices; OTC = Over-the-counter



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- 1 For both in-network and out-of-network coverage. Already true for children. For adults, this starts Oct 1, 2023, under Inflation Reduction Act (IRA) ([learn more](#)). State law (SB1473) requires that Medi-Cal Managed Care covers out-of-network with no cost-sharing until Nov 11, 2023 (six months after the end of the Fed PHE). However, the IRA kicks in on Oct 1, 2023, so there will not be any gaps in vaccine out-of-network coverage for this group. Medi-Cal is [carving out vaccine coverage](#) from managed care and covering it all as a Fee-For-Service (FFS) benefit.
- 2 [American Rescue Plan Act requires Medicaid and Children's Health Insurance Program \(CHIP\)](#) to cover all drugs and biological products for treatment and prevention of COVID-19 with no cost-sharing for full-benefit enrollees through the end of the last day of the first quarter that begins one year after the Fed PHE ends.
- 3 Coverage will be taken into consideration pending any future federal guidance.
- 4 See SB 1473 [DMHC APL](#) and [bill text](#), and [SB 510 DMHC APL](#). The requirement for out-of-network coverage with no cost-sharing ends six months after the federal PHE expires, at which point out-of-network coverage will still be required but cost-sharing can be implemented. Medi-Cal Managed Care: SB1473 requires California Department of Insurance (CDI) and Department of Managed Health Care (DMHC)-regulated health plans to offer out-of-network coverage for COVID treatments, and Medi-Cal has a policy of no cost-sharing. Medi-Cal plans regulated by CDI and DMHC will have to offer out-of-network coverage with no cost-sharing.
- 5 Inflation Reduction Act ([learn more](#)).
- 6 Consolidated Appropriations Act 2023 [authorizes Part D plans to cover products under EUA](#) if they choose to.
- 7 See Kaiser Family Foundation [commercialization explainer](#) and [CMS FAQ document](#).
- 8 Applies to DMHC- and CDI-regulated plans. Does not apply to Medicare Advantage plans.
- 9 See [Bridge Access Program](#).
- 10 See [DHCS COVID Uninsured Program FAQ](#).

Please note this table does not address commercial health plans regulated in other states or other health insurance types not listed here. The information in this table is subject to change if other legislation or policies are enacted in coming months. **Information is accurate as of 5/11/2023.**