

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage requirements **during** the federal Public Health Emergency

Coverage Type	Testing	Vaccinations	Therapeutics
DMHC-licensed health plans; CDI-licensed insurers	<ul style="list-style-type: none"> • “Diagnostic”¹ and “screening”² testing covered in and out-of-network <ul style="list-style-type: none"> • Up to 8 at-home tests per month (plus more if deemed medically necessary by a provider after an individualized clinical assessment). • No cost-sharing • No prior authorization required 	<ul style="list-style-type: none"> • Covered in- and out-of-network • No cost-sharing • No prior authorization required 	<ul style="list-style-type: none"> • Covered in and out-of-network • No cost-sharing • No prior authorization required

¹ California and federal law define diagnostic testing for COVID-19 as and of the following:

- a. Testing intended to identify current or past infection and performed when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2.
- b. Testing a person with symptoms consistent with COVID-19.
- c. Testing a person because of contact tracing efforts.
- d. Testing a person who indicates that they were exposed to someone with a confirmed or suspected case of COVID-19.
- e. Testing a person after an individualized clinical assessment by a licensed health care provider.

² California law defines screening testing “as tests that are intended to identify people with COVID-19 who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening testing helps to identify unknown cases so that measures can be taken to prevent further transmission.” Such testing include testing in workplace and school settings and testing in preparation for traveling. Federal law generally does not require payers, such as health plans, to cover COVID-19 screening testing; however, California law requires such coverage.

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
Self-insured ERISA plan	<ul style="list-style-type: none"> • Diagnostic testing covered in and out-of-network; plan does not have to cover “screening” testing <ul style="list-style-type: none"> • Up to 8 at-home tests per month (plus more if deemed medically necessary by a provider after an individualized clinical assessment). • Does not include testing for employment or school purposes • No cost-sharing • No prior authorization required 	<ul style="list-style-type: none"> • Covered in- and out-of-network • No cost-sharing • No prior authorization required 	
Medicare	<ul style="list-style-type: none"> • Diagnostic testing covered in and out-of-network; screening testing not covered <ul style="list-style-type: none"> • Up to 8 at-home tests per month (plus more if deemed medically necessary by a provider after an individualized clinical assessment). • Does not include testing for employment or school purposes • No cost-sharing • No prior authorization required 	<ul style="list-style-type: none"> • Covered in- and out-of-network • No cost-sharing • No prior authorization required 	<p>Medicare Part D coverage does not typically include drugs that are not FDA-approved such as EUA medications. However, CMS issued guidance strongly encouraging Part D sponsors to cover oral antiviral coverage to their enrollees.</p>

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
<p>Medi-Cal Managed Care Plans</p>	<p>Effective Feb. 1, 2021, through a date that is 60 days after the end of the public health emergency, COVID-19 testing is exclusively through the FFS delivery system when testing occurs in schools. (Source: CA Vaccine Administration Carve-out Approval Letter.)</p> <p>MCPs must cover COVID-19 diagnostic, screening, and post exposure or response testing and health care services approved or granted EUA by the FDA for COVID-19, regardless of whether the services are provided by an in-network or out-of-network provider. Cost sharing is waived. MCPs must cover all at-home COVID-19 tests that are billed under a medical claim. At-home COVID-19 antigen tests ordered through the pharmacy are covered through Medi-Cal Rx and in accordance with current CDC recommendations. Coverage is restricted to the specific COVID-19 antigen tests listed in the List of Covered EUA COVID-19 Antigen Tests. (Sources: APL-22-009; APL 20-004 (revised).)</p>	<p>Medi-Cal has carved out coverage for COVID-19 vaccines (and their administration) from the managed care delivery system. For both full-scope and limited-scope beneficiaries: the vaccine and administration is covered and reimbursed on a fee-for-service basis. (Source: APL 20-022 (ca.gov) CA Vaccine Administration Carve-out Approval Letter.)</p>	<p>Treatments for COVID-19, including specialized equipment and therapies (including preventive therapies) must be covered. Additionally, plans must cover the treatment of any condition that may seriously complicate the treatment of COVID-19, if otherwise covered under the state plan (or waiver of such plan, including a section 1115 or 1915(b) demonstration) for individuals who are diagnosed with or presumed to have COVID-19 during the period. (Source: APL 22-009 (adoc.us).)</p>

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
<p>Medi-Cal Fee-For-Service (FFS)/General Coverage</p>	<p>Medically necessary COVID-19 testing, testing-related services, and treatment are free with Medi-Cal.</p> <p>DHCS received federal authority through a number of federal pathways, including State Plan Amendments (SPAs), waivers, and federal legislation such as the Families First Coronavirus Response Act (FFCRA) and the American Rescue Plan Act of 2021 (ARP), to offer all Californians (both those with Medi-Cal or who have no insurance) to qualify for COVID-19 testing, vaccines, and treatment, at no cost to the individual. (Sources: DHCS COVID-19 Information for Beneficiaries & Members (incl. links to SPA 20-0024, regarding no-cost testing, vaccines, and treatment).)</p> <p>Pharmacy testing/At-home testing kits: DHCS is seeking approval from CMS (through SPA 22-0004) for authorization for reimbursement of</p>	<p>Upon receipt of necessary federal approvals, DHCS provided the COVID-19 vaccine, at no cost, to all Californians. <i>Source:</i> DHCS COVID-19 Vaccine Administration Beneficiary FAQs</p> <p>All Medi-Cal beneficiaries and limited benefit groups, including the Tuberculosis (TB), Family Planning, Access, Care and Treatment (FPACT), and the COVID-19 Uninsured Group, are covered. (Source: <i>DHCS COVID-19 Vaccine Administration Beneficiary FAQs</i>)</p>	<p>Medically necessary COVID-19 treatment is free with Medi-Cal.</p>

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

	<p>COVID-19 testing as a pharmacy service for pharmacies that possess a Clinical Laboratory Improvement Amendment (CLIA) Waiver. SPA 22-0004 also requests coverage for home COVID-19 test kits without cost sharing for all Medicaid/CHIP coverage groups effective retroactively to March 11, 2021, acknowledging that these currently can be billed and reimbursed as a pharmacy medical supply benefit through Medi-Cal Rx since February 1, 2022. (<i>Source: SPA 22-0004 (Public Notice); Medi-Cal-COVID-19-PHE-Unwinding-Plan, pgs. 5-6.</i>)</p> <p>Laboratory/X-ray testing services: As approved in SPA 20-0025, DHCS applied flexibilities to the limitations on the provider types that can order and provide laboratory and X-ray services. This SPA also temporarily allows lab and X-ray services to be covered in non-office settings such as mobile testing sites, parking lots, or other temporary outdoor locations, when necessary to maximize physical distancing and</p>		
--	---	--	--

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

	<p>limit the transmission of COVID-19.</p> <p>COVID-19 Uninsured Group Coverage: The FFCRA, Section 6004, authorized state Medicaid programs to provide access to coverage for medically necessary coronavirus (COVID-19) diagnostic testing, testing-related services, and treatment at no cost to all individuals without access to such services, effective March 18, 2020. The new COVID-19 Uninsured Group program was implemented by DHCS on August 28, 2020, and covers COVID-19 diagnostic testing, testing-related services, and treatment services, including vaccination, hospitalization and all medically necessary care, at no cost to the individual. (Source: COVID-19 Uninsured Group Program (ca.gov).)</p>		
--	--	--	--

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
Integrated Systems of Care Division (ISCD) – Program for All-Inclusive Care for the Elderly (PACE)	PACE Organizations are responsible for providing all required Medicare and Medicaid covered services, including any diagnostic laboratory tests to identify COVID-19, and any other service that the interdisciplinary team determines is necessary to improve and maintain a participant’s overall health status. (Source: CMS Memo: Information for PACE Organizations Regarding Infection Control and Prevention of COVID-19.)	COVID-19 vaccines and associated administration fees are carved out of the Medi-Cal PACE delivery system to Medi-Cal FFS, POs remain contractually responsible for providing case management and care coordination for their members. This carve-out aligned with the identical Medi-Cal managed care plan carve out. (Source: DHCS Policy Letter 21-01: COVID-19 Vaccine Administration.)	POs are responsible for providing all required Medicare and Medicaid covered services, including any diagnostic laboratory tests to identify COVID-19, and any other service necessary to improve and maintain a participant’s overall health status. (Source: CMS Memo: Information for PACE Organizations Regarding Infection Control and Prevention of COVID-19.)
Integrated Systems of Care Division (ISCD) – Genetically Handicapped Persons Program (GHPP)	Currently, the GHPP policy for coverage and payment for COVID Testing, Vaccines, and Therapeutics aligns with the Medi-Cal fee-for-service policy for coverage and payment for COVID Testing, Vaccines, and Therapeutics. This is true for GHPP participants who are Medi-Cal eligible and for those who are state-only.	Currently, the GHPP policy for coverage and payment for COVID Testing, Vaccines, and Therapeutics aligns with the Medi-Cal fee-for-service policy for coverage and payment for COVID Testing, Vaccines, and Therapeutics. This is true for GHPP participants who are Medi-Cal eligible and for those who are state-only.	Currently, the GHPP policy for coverage and payment for COVID Testing, Vaccines, and Therapeutics aligns with the Medi-Cal fee-for-service policy for coverage and payment for COVID Testing, Vaccines, and Therapeutics. This is true for GHPP participants who are Medi-Cal eligible and for those who are state-only.

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
Integrated Systems of Care Division (ISCD) – Home and Community Based Services (HCBS) Programs	<p>No Coverage of COVID-19 Testing, Vaccines, and Therapeutics.</p> <p>Participants obtain their regular Medi-Cal services from either the managed care plan they are enrolled in, or from Medi-Cal fee-for-service providers.</p>	<p>No Coverage of COVID-19 Testing, Vaccines, and Therapeutics.</p> <p>Participants obtain their regular Medi-Cal services from either the managed care plan they are enrolled in, or from Medi-Cal fee-for-service providers.</p>	<p>No Coverage of COVID-19 Testing, Vaccines, and Therapeutics.</p> <p>Participants obtain their regular Medi-Cal services from either the managed care plan they are enrolled in, or from Medi-Cal fee-for-service providers.</p>
Integrated Systems of Care Division (ISCD) – California Children’s Services (CCS)	<p>No coverage</p> <p>CCS children enrolled in Medi-Cal receive COVID testing, vaccines, therapeutics through their Medi-Cal managed care plan or Medi-Cal fee-for-service.</p> <p>CCS state-only children are not eligible for vaccines, testing and therapeutics under CCS or Medi-Cal. They must obtain them through their non Medi-Cal related health care provider.</p>	<p>No coverage</p> <p>CCS children enrolled in Medi-Cal receive COVID testing, vaccines, therapeutics through their Medi-Cal managed care plan or Medi-Cal fee-for-service.</p> <p>CCS state-only children are not eligible for vaccines, testing and therapeutics under CCS or Medi-Cal. They must obtain them through their non Medi-Cal related health care provider.</p>	<p>No coverage</p> <p>CCS children enrolled in Medi-Cal receive COVID testing, vaccines, therapeutics through their Medi-Cal managed care plan or Medi-Cal fee-for-service.</p> <p>CCS state-only children are not eligible for vaccines, testing and therapeutics under CCS or Medi-Cal. They must obtain them through their non Medi-Cal related health care provider.</p>

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage requirements **after** the federal Public Health Emergency

Coverage Type	Testing	Vaccinations	Therapeutics
DMHC-licensed health plans; CDI-licensed insurers	Same coverage as during the PHE, <i>except</i> starting six (6) months after the PHE ends, if an enrollee receives the service from an out-of-network provider, the plan can impose cost-sharing requirements.	Same coverage as during the PHE, <i>except</i> starting six (6) months after the PHE ends, if an enrollee receives the service from an out-of-network provider, the plan can impose cost-sharing requirements.	Same coverage as during the PHE, <i>except</i> starting six (6) months after the PHE ends, if an enrollee receives the service from an out-of-network provider, the plan can impose cost-sharing requirements.
Self-insured ERISA plan	Self-insured plans generally must provide Essential Health Benefits (EHBs) under the ACA. EHBs include diagnostic testing. Without further action by the federal government, COVID-19 tests will be treated like other diagnostic tests. Coverage may be subject to utilization management, in-network requirements, and cost-sharing per the terms of the plan.	<ul style="list-style-type: none"> • Covered if the immunization has an A or B recommendation from the U.S. Preventive Services Task Force • No cost-sharing • In-network requirements may apply per the terms of the ERISA plan's contract. 	EHBs include prescription drug benefits. Accordingly, self-insured plans will generally be required to cover clinically appropriate therapeutics. The coverage may be subject to utilization management, in-network requirements, and cost-sharing per the terms of the plan.
Medicare	CMS has communicated to the DMHC that further guidance regarding Medicare coverage of COVID-19 testing, immunizations and therapeutics may be forthcoming in anticipation of the end of the federal PHE.	CMS has communicated to the DMHC that further guidance regarding Medicare coverage of COVID-19 testing, immunizations and therapeutics may be forthcoming in anticipation of the end of the federal PHE.	CMS has communicated to the DMHC that further guidance regarding Medicare coverage of COVID-19 testing, immunizations and therapeutics may be forthcoming in anticipation of the end of the federal PHE.

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
<p>Medi-Cal Managed Care Plans</p>	<p>Subject to federal approval, DHCS intends to continue to carve out coverage of COVID-19 testing in school settings from the Medi-Cal’s managed care delivery system, with reimbursement limited exclusively to Medi-Cal Fee-for-Service (FFS). (<i>Source: Medi-Cal-COVID-19-PHE-Unwinding-Plan.</i>)</p> <p>DHCS intends to seek federal approval to continue to cover home test kits without cost sharing. (<i>Source: SPA 22-0004 (Public Notice); Medi-Cal-COVID-19-PHE-Unwinding-Plan, pgs. 5-6; see, also, Subsection II.1 (below) for additional information on testing kit coverage, including retroactive coverage.</i>)</p>	<p>Subject to federal approval, DHCS intends to continue to carve out coverage of COVID-19 vaccine administration from Medi-Cal’s managed care delivery system for beneficiaries eligible for full-scope Medi-Cal benefits, with reimbursement limited exclusively to Medi-Cal Fee-for-Service (FFS). (<i>Source: Medi-Cal-COVID-19-PHE-Unwinding-Plan, page 5.</i>)</p> <p>DHCS intends to continue allowing pharmacies to be qualified providers of COVID-19 vaccinations, and permits pharmacy technicians and pharmacy interns to administer the vaccine when the COVID-19 vaccine becomes recommended by Advisory Committee on Immunization Practices (ACIP). (<i>Source: Medi-Cal-COVID-19-PHE-Unwinding-Plan.</i>)</p>	<p>For full-scope beneficiaries, treatments for COVID-19 will continue to be covered by Medi-Cal managed care plans.</p> <p>These federal coverage requirements generally end on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period. However, under section 1902(a)(10)(A)(ii)(XXIII) of the Act and the statutory language following section 1902(a)(10)(G) of the Act, states can provide Medicaid coverage to the optional COVID-19 group only through the last day of the COVID-19 public health emergency (PHE). For the remaining limited-scope Medi-Cal populations who are not coverable under the ARP coverage period, Medi-Cal will continue to cover these COVID-19 services with state funds. (<i>Source: APL 20-022 (ca.gov); Medi-Cal-COVID-19-PHE-Unwinding-Plan.</i>)</p>

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
<p>Medi-Cal Fee-For-Service (FFS)/General Coverage</p>	<p>The same federal authorities (SPAs, waivers, FFCRA, ARP) that paved the way for PHE protections also spell out the end-dates of some of these protections. Generally, the impact will be minimal to Medi-Cal beneficiaries post-PHE as many COVID-19 protections will continue with regard to testing, vaccines and treatment.</p> <p>Full-Scope Medi-Cal: Beneficiaries with full-scope Medi-Cal will continue to be required to seek vaccines and therapeutics from enrolled providers as these are all covered benefits in Medi-Cal. In terms of eligibility, the Medi-Cal Eligibility Division Information Letter: I22-34 regarding the Eligibility Division’s policies and practices for unwinding the PHE provisions related to individuals who aged out of the Young Adult Expansion during the PHE is instructive.</p> <p>Limited-Benefit Groups:</p>	<p>See above on unwinding activities that apply to full-scope beneficiaries, beneficiaries in limited benefit groups, and the COVID-19 Uninsured group.</p> <p><u>Counseling-only visits for vaccines:</u></p> <p>In addition to flexibilities listed above, DHCS is also requesting CMS approval to add COVID-19 and pediatric vaccine counseling-only visits for children under 21 years of age as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, and adults when covered within the scope of practice of the provider. (<i>Source: SPA 22-0004 (Public Notice).)</i></p>	<p>See above on unwinding activities that apply to full-scope beneficiaries, beneficiaries in limited benefit groups, and the COVID-19 Uninsured group.</p> <p>The ARP requires Medicaid coverage without cost sharing for COVID-19-related treatment, and treatment for conditions that may seriously complicate the treatment of COVID-19. This coverage period generally continues through end of the first calendar quarter that starts one year after the end of the PHE (with the exception being the COVID-19 Uninsured Group, see above). For the remaining Medi-Cal populations who are not coverable under the ARP coverage period, Medi-Cal will cover these COVID-19 services with state funds. (<i>Source: Medi-Cal-COVID-19-PHE-Unwinding-Plan, pg. 5.</i>)</p>

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

	<p>Under the ARP, Medi-Cal will continue to cover COVID-19 testing, and vaccines and their administration, without cost-sharing, for nearly all Medicaid beneficiaries, including most groups receiving limited-benefit packages under the state plan or a section 1115 demonstration. This coverage period generally continues through end of the first calendar quarter that starts one year after the end of the PHE (with the exception being the COVID-19 Uninsured Group). For the remaining Medi-Cal populations who are not coverable under the ARP coverage period, Medi-Cal will cover these COVID-19 services with state funds. (Source: Medi-Cal-COVID-19-PHE-Unwinding-Plan, pg. 5.)</p> <p>COVID-19 Uninsured Group Coverage: The COVID-19 Uninsured Group Program will end on the last day of the calendar month in which the federal COVID-19 public health emergency (PHE) ends (January 31, 2023). Individuals within this program</p>		
--	--	--	--

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

	<p>will receive notice of the end of coverage, as well as resources to apply for Medi-Cal or coverage through Covered California. (Sources: Medi-Cal-COVID-19-PHE-Unwinding-Plan (pg. 28); Appendix-B (ca.gov) (unwinding Activities).)</p> <p>Pharmacy testing/At-home testing kits: See “During PHE” section as it explains current process.</p> <p>Laboratory/X-ray testing services: DHCS intends to extend the laboratory/x-ray services flexibilities beyond the PHE termination date to cover Medi-Cal services in these non-office settings, to the extent they are allowable by the California Department of Public Health (CDPH).</p> <p>(Source: Medi-Cal-COVID-19-PHE-Unwinding-Plan, pg. 6.)</p>		
--	---	--	--

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
Integrated Systems of Care Division (ISCD) – Program for All-Inclusive Care for the Elderly (PACE)	<p>No indication that this regulatory requirement will change after the PHE ends.</p> <p>PACE plans must cover “any other service necessary to improve and maintain a participant’s overall health status.”</p>	Subject to federal approval, DHCS intends to keep this arrangement in place for PACE.	No indication that this regulatory requirement will change after the PHE ends.
Integrated Systems of Care Division (ISCD) – Genetically Handicapped Persons Program (GHPP)	No intended change.	No intended change.	No intended change.

Coverage of COVID-19 testing, immunizations, and therapeutics during and after the federal PHE

Coverage Type	Testing	Vaccinations	Therapeutics
Integrated Systems of Care Division (ISCD) – Home and Community Based Services (HCBS) Programs	1. No indication coverage will change after PHE ends. 2. <u>1915(c) waivers</u> are not permitted to cover State Plan services. 3. <u>CBAS</u> : testing, vaccines, and therapeutics are not covered in the 1115 Waiver CBAS STCs. DHCS could seek to amend 1115 Waiver STCs to include them at CBAS centers. 4. <u>IHSS</u> : testing, vaccines, and therapeutics not covered under IHSS law or State Plan. 5. <u>CCT</u> : testing, vaccines, and therapeutics not covered under federal CCT grant.	6. No indication coverage will change after PHE ends. 7. <u>1915(c) waivers</u> are not permitted to cover State Plan services. 8. <u>CBAS</u> : testing, vaccines, and therapeutics are not covered in the 1115 Waiver CBAS STCs. DHCS could seek to amend 1115 Waiver STCs to include them at CBAS centers. 9. <u>IHSS</u> : testing, vaccines, and therapeutics not covered under IHSS law or State Plan. <u>CCT</u> : testing, vaccines, and therapeutics not covered under federal CCT grant.	10. No indication coverage will change after PHE ends. 11. <u>1915(c) waivers</u> are not permitted to cover State Plan services. 12. <u>CBAS</u> : testing, vaccines, and therapeutics are not covered in the 1115 Waiver CBAS STCs. DHCS could seek to amend 1115 Waiver STCs to include them at CBAS centers. 13. <u>IHSS</u> : testing, vaccines, and therapeutics not covered under IHSS law or State Plan. <u>CCT</u> : testing, vaccines, and therapeutics not covered under federal CCT grant.
Integrated Systems of Care Division (ISCD) – California Children’s Services (CCS)	No indication of coverage post PHE.	No indication of coverage post PHE.	No indication of coverage post PHE.