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DATE: October 6, 2022

ALL PLAN LETTER 20-022 (REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: COVID-19 VACCINE ADMINISTRATION

PURPOSE: The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with information and guidance regarding COVID-19 vaccine coverage and administration in the Medi-Cal program. Revised text is found in *italics*.

BACKGROUND:

On March 11, 2021, President Joe Biden signed into law H.R. 1319, the American Rescue Plan (ARP) Act of 2021.¹ Section 9811 of the ARP established a new mandatory Medicaid benefit and amended various other sections of the Act. Under these changes to the statute, nearly all Medicaid populations must receive coverage of COVID-19 vaccines and their administration, without cost-sharing. The Department of Health Care Services (DHCS) has been seeking federal approval to help support delivery of the vaccines to all Medi-Cal beneficiaries. The vaccines will be provided at no cost to all beneficiaries.

DHCS is following California's COVID-19 vaccination plan, and California's COVID-19 Vaccine Action Plan, which was approved by the California Department of Public Health (CDPH).^{2,3} California is leveraging its existing immunization framework and emergency response infrastructure to coordinate efforts between state, local, and territorial authorities to administer the vaccines. Throughout this effort, DHCS will be sharing appropriate information with providers, MCP partners, other key stakeholders, and Medi-Cal beneficiaries.

Consistent with the approach being taken by Medicare through Medicare Advantage Plans, DHCS will carve out the COVID-19 vaccines and associated administration fees

¹ H.R. 1319 – ARP Act of 2021 can be accessed at the following link:

<https://www.congress.gov/bill/117th-congress/house-bill/1319/text>

² For further information on the state's vaccination planning efforts, please visit:

<https://covid19.ca.gov/vaccines/>

³ The COVID-19 Vaccine Action Plan can be accessed at the following link:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Vaccine-Action-Plan.pdf>.

from the Medi-Cal managed care delivery system and will reimburse providers under Medi-Cal fee-for-service (FFS) for medical, pharmacy, and outpatient claims. This approach will ease program administration, eliminate challenges with out-of-network provider reimbursements, and keep vaccine administration fee rates consistent for providers regardless of delivery system.

As the federal government will pay for the vaccines, there will be no Medi-Cal provider reimbursement for the COVID-19 vaccines themselves. However, providers will be able to bill Medi-Cal FFS for the COVID-19 vaccine administration fees, on medical, outpatient, and pharmacy claims, based on current policy.

DHCS received federal approval to reimburse the associated COVID-19 vaccine administration fee at the allowable Medicare rate for all Medi-Cal claims (medical, outpatient, and pharmacy), based on the number of required doses for all Medi-Cal beneficiaries.⁴ DHCS is also seeking federal approvals to pay Federally Qualified Health Centers and Rural Health Centers for the vaccine administration fees outside of their current Prospective Payment System or All Inclusive Rate; Tribal 638 clinics have received federal approval for this payment.⁵

DHCS continues to closely monitor and respond to COVID-19, and is providing information on the COVID-19 Medi-Cal response webpage to all providers as a reminder of recommended safety procedures and protocols from the Centers for Disease Control and Prevention (CDC) and CDPH to help prevent spread of COVID-19. DHCS issued initial policy guidance on the COVID-19 vaccine administration and reimbursement policy, and is providing updates on an ongoing basis, as necessary. MCPs and providers are encouraged to continually check this COVID-19 Medi-Cal response webpage for information and regular updates to the Medi-Cal response to COVID-19.^{6,7}

DHCS will also be providing call center scripts for DHCS operated call centers, the Medi-Nurse Advice Line and MCP and county partners so all are providing consistent messaging regarding COVID-19 vaccine coverage in Medi-Cal.

⁴ See State Plan Amendment (SPA) 20-0040 at the following link:

<https://www.dhcs.ca.gov/Documents/COVID-19/CA-20-0040-Approval-Package.pdf>

⁵ See SPA 20-0040.

⁶ The COVID-19 Medi-Cal Response webpage can be accessed at the following link:

https://files.medi-cal.ca.gov/pubsdoco/COVID19_response.aspx

⁷ For more information, please see the DHCS COVID-19 Vaccine Administration FAQs for Providers, which is available on the COVID-19 Medi-Cal Response webpage.

Additional Information

Pharmacies, retail clinics, providers, and any other sites of care must sign an agreement with the U.S. government to receive free supplies of the COVID-19 vaccines.

Under the agreement, all providers must vaccinate individuals regardless of existing health coverage or the type of coverage. Providers are prohibited from balance billing or otherwise charging vaccine recipients.

Blue Shield of California has transitioned from its role as third-party administrator to an advisory role in the California COVID-19 Vaccination Program, as needed. CDPH will resume leading day-to-day operations and oversight of the California COVID-19 Vaccination Program, in partnership with Local Health Departments (LHD). All current and prospective COVID-19 vaccine providers must hold the appropriate credentials and licensing in the jurisdiction where vaccination will take place, meet federal and state requirements, and have the capacity to properly maintain and administer the COVID-19 vaccine. CDPH is working with LHDs and the California Medical Association to ensure that all eligible providers can receive and administer the vaccines.⁸

Vaccine recipients must be provided with emergency use authorization fact sheets about the vaccines (for vaccines administered under emergency use) and vaccination cards identifying the brand of vaccine administered.

Providers must administer the vaccines in accordance with the CDC and Advisory Committee on Immunization Practices (ACIP) requirements, and they must meet storage and recordkeeping requirements, including recording the administration of the vaccines to patients in their own systems within 24 hours and to public health data systems within 72 hours.

Providers will be expected to bill Medi-Cal FFS for COVID-19 vaccine administration using the claim forms and electronic media used today, unless otherwise noted. Billing specifics for the different provider communities and program areas will be released on an ongoing basis, as necessary. MCPs and providers are encouraged to continually check the COVID-19 Medi-Cal response webpage for information and regular updates to the Medi-Cal response to COVID-19.

⁸ For more provider information about the California COVID-19 Vaccine Program, including enrollment requirements, please see California COVID-19 Vaccination Program Provider Frequently Asked Questions at the following link:
<https://eziz.org/assets/docs/COVID19/Vax58ProviderFAQs.pdf>

POLICY:

Although the COVID-19 vaccines, including booster doses, and associated administration fees will be carved out of the Medi-Cal managed care delivery system to Medi-Cal FFS, including in-home vaccinations, MCPs are reminded that they remain contractually responsible for providing case management and care coordination for their members regardless of whether or not they are financially responsible for the payment of services.

MCPs are encouraged to identify opportunities to use their existing communication pathways to support dissemination of CDPH COVID-19 public health education materials and provider education resources. MCPs should utilize their existing data sources to help identify members who qualify to receive the COVID-19 vaccine in accordance with CDPH guidelines, and attempt outreach to qualifying members and their providers to encourage receipt of the COVID-19 vaccines. MCPs are responsible for coordinating medically necessary care. Care coordination may involve, but is not limited to, assisting members with accessing COVID-19 vaccine administration locations, including non-emergency medical transportation and non-medical transportation as needed, and helping members receive the required number of doses for the COVID-19 vaccines in a timely fashion.

As mentioned above, DHCS will be issuing guidance on COVID-19 vaccine administration and reimbursement policies and will be providing call center scripts for MCP use, on a rolling basis. MCPs must ensure they convey relevant and current information on the COVID-19 vaccines to members, including the use of any customer call center scripts or other communications authorized for use by DHCS. MCPs should encourage providers to communicate with members about vaccination availability as such information is made available.

MCPs must also ensure that their Subcontractors and Network Providers are following guidance issued by DHCS related to the administration of the COVID-19 vaccines.⁹ MCPs are encouraged to disseminate information about the administration of the COVID-19 vaccines to their Subcontractors and Network Providers and provide any available resources and information as it becomes available from the CDC, DHCS, CDPH, and other state departments. MCPs are encouraged to continually check the COVID-19 Medi-Cal response webpage for information and regular updates to the Medi-Cal response to COVID-19.

COVID-19 Vaccine Administration

⁹ For more information on Subcontractors and Network Providers, including the definition and requirements applicable, please see APL 19-001, and any subsequent APLs on this topic. APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

Currently, vaccines should be given to every Californian ages *six (6) months* and older, in accordance with CDC and ACIP guidelines.¹⁰ The “MyTurn” website provides Californians with information on the COVID vaccine, including boosters, and how to schedule appointments *or find walk-in clinics*.¹¹

MCP members can call their MCP for assistance in booking a vaccine appointment and arranging transportation to that appointment. MCPs must assist in coordination of vaccine services and transportation, as needed. The MyTurn website has a check box that asks if an individual needs transportation to a vaccine appointment. If the individual checks this box, they *are informed* that they will receive a call to schedule their vaccine appointment. A customer service representative from the California COVID-19 Vaccination Services Information Line call center will contact the individual. If the individual needs transportation and has Medi-Cal, and is enrolled in an MCP, the call center representative will schedule their vaccine appointment and connect them to their MCP for transportation coordination. If *an individual is medically fragile or has mobility issues, they may be eligible for an in-home vaccination. Individuals who are homebound should contact their medical provider, LHD, or 211 regarding an in-home vaccination.*

MCPs should take steps to identify members who may be homebound and contact those members to determine if they have already been vaccinated against COVID-19 and, if not, whether they want to be vaccinated. For those members who have not been vaccinated and want to be, the MCP should ascertain whether the member wants an in-home vaccination. After the MCP identifies those homebound members who want an in-home vaccination, the MCP is to refer the member to *their medical provider, LHD, or 211 to check on eligibility for an in-home vaccination*. Assistance for members is also available through the California COVID-19 Hotline at 1-833-422-4255. For those members who do not want an in-home vaccination, MCPs are to assist in coordination of vaccine services and transportation, as needed.

DHCS acknowledges that arranging appointments for vaccines for homebound members via *referrals to their medical provider, LHD, or 211* is one *approach* that can be used by MCPs. MCPs can continue to coordinate vaccines for homebound members in a way that best meets the population’s needs and based on existing local partnerships.

MCPs must work with Subcontractors and Network Providers to vaccinate members who are ages *six (6) months* and older. If the provider is not a vaccinator, MCPs should

¹⁰ The CDC and ACIP guidelines can be accessed at the following link:

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>.

¹¹ The MyTurn appointment request system can be accessed at the following link:

<https://myturn.ca.gov/>

coordinate with Subcontractors and Network Providers to identify, prioritize, and reach out to qualified members about their vaccination eligibility to help save lives from COVID-19.

MCPs continue to be responsible for coordinating medically necessary care, including needed transportation, as well as all other requirements as mentioned above. Additionally, MCPs are encouraged to communicate to vaccine providers who are also the member's medical care provider to use the vaccination appointment as an opportunity to check in with members and take care of medical and/or preventive care issues.

MCPs are to report counts of COVID-19 vaccine-related transportation grievances through the Managed Care Operations Division's (MCO) daily COVID-19 reporting process.

Third Primary Series Dose of mRNA COVID-19 Vaccine for Persons Considered Moderately or Severely Immunosuppressed

The Food and Drug Administration (FDA) has authorized, and the CDC recommends, that persons with certain medical conditions that suppress the immune system who received both primary series doses of one of the mRNA COVID-19 vaccines (Pfizer-BioNTech or Moderna), depending on age, get a third primary dose of the same initially administered vaccine at least 28 days after the second dose.¹² This third dose can help protect individuals with weakened immune systems who may not have had a strong enough response to the first two doses of one of the mRNA vaccines.

Booster Recommendations

A booster is an additional dose of vaccine given after the protection provided by the original shot(s) has begun to decrease over time, designed to help individuals maintain their immunity for longer. The CDC recommends COVID-19 vaccine booster shots for all eligible individuals. COVID-19 vaccine booster recommendations are rapidly evolving as more information becomes available. The latest recommendations can be found on the CDC and CDPH websites.^{13,14} Details on the timing and brand of vaccine for the

¹² The CDC guidelines on COVID-19 vaccines for people with moderately to severely immunocompromised immune systems can be accessed at the following link:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

¹³ The CDC statement on booster recommendations can be accessed at the following link:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

¹⁴ The CDPH COVID-19 vaccine boosters recommendations can be accessed at the following link: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Vaccine-Boosters.aspx>

booster, which depend on an individual's age and brand of vaccine initially administered, can also be found on the CDC and CDPH websites.

COVID-19 Testing Requirements for Health and Congregate Care Workers

On July 26, 2021, CDPH issued COVID-19 diagnostic testing requirements for employees in health care, long-term care, congregate living, and similar types of facilities who are not fully vaccinated against COVID-19. *These diagnostic testing requirements have been rescinded for workers in certain congregate and other specified settings, effective September 17, 2022, per CDPH Public Health Order issued September 13, 2022.*¹⁵

On December 22, 2021, CDPH issued Public Health Orders that expand these COVID-19 diagnostic testing requirements to include COVID-19 vaccine booster-eligible workers in health care facilities *and in-home direct care settings* specified in the Orders who have not yet received their booster, effective December 27, 2021. CDPH strongly recommends that all workers in Skilled Nursing Facilities (SNF) (including those that are fully vaccinated and boosted) undergo at least twice weekly screening testing. *These diagnostic testing requirements have been rescinded (except as specifically noted to comply with federal requirements) for workers exempt due to medical reasons or religious beliefs, effective September 17, 2022, per CDPH Public Health Order issued September 13, 2022.*^{16,17}

Face Covering Guidance in Response to COVID-19 Variants and Population Vaccination Rates

On *September 20, 2022*, CDPH issued updated guidance on the use of masks. The purpose of this guidance is to provide information about settings where masks are required or recommended to prevent transmission to persons with higher-risk of infection (e.g., unvaccinated or immunocompromised persons), to persons with

¹⁵ The CDPH State Public Health Officer Order of *September 13, 2022 (Health Care Worker Protections in High-Risk Settings)* can be accessed at the following link:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx>

¹⁶ The CDPH State Public Health Officer Order of *September 13, 2022 (Health Care Worker Vaccine Requirement)* can be accessed at the following link:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>

¹⁷ The CDPH State Public Health Officer Order of *September 13, 2022 (Adult Care Facilities and Direct Care Worker Vaccine Requirement)* can be accessed at the following link:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Adult-Care-Facilities-and-Direct-Care-Worker-Vaccine-Requirement.aspx>

prolonged, cumulative exposures (e.g., workers), or to persons whose vaccination status is unknown.¹⁸

Requirements for Visitors in Acute Health Care and Long-Term Care Settings

On *December 31, 2021*, and as amended on *February 7, 2022*, CDPH issued a Public Health Order pertaining to indoor visitation at general acute care hospitals, SNFs, intermediate care facilities, and adult and senior care residential facilities licensed by the California Department of Social Services. Requirements on limitation of indoor visitation at these facilities is being issued in order to prevent the further spread of COVID-19.¹⁹

Health Care Worker Vaccine Requirement

On August 5, 2021 and September 9, 2021, CDPH issued a Public Health Order *and guidance* related to workers who provide services or work at specified health care facilities. By September 30, 2021, all workers, as defined, must have their first dose of a one-dose regimen or their second dose of a two-dose regimen. Please note, these requirements remain in effect; however, the aforementioned CDPH Public Health Order *and guidance* has been superseded.^{20,21}

On September 28, 2021, CDPH issued a Public Health Order expanding the definition of a worker in adult and senior care facilities and in-home direct care settings. By November 30, 2021, all workers, as defined, must have their first dose of a one-dose regimen or their second dose of a two-dose regimen. Please note, these requirements remain in effect; however, the aforementioned CDPH Public Health Order has been superseded.²²

On December 22, 2021, CDPH issued a Public Health Order that requires workers in specified health care facilities who are eligible for a booster dose of a COVID-19

¹⁸ The CDPH Guidance for the Use of Face *Masks* can be accessed at the following link: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

¹⁹ The CDPH State Public Health Officer Order of *February 7, 2022*, Amending the Order of *December 31, 2021* can be accessed at the following link: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx>.

²⁰ See the CDPH State Public Health Officer Order of *September 13, 2022* (Health Care Worker Vaccine Requirement).

²¹ The CDPH All Facilities Letter 21-34.3 can be accessed at the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx>.

²² See the CDPH State Public Health Officer Order of *September 13, 2022* (Adult Care Facilities and Direct Care Worker Vaccine Requirement).

vaccine to be "fully vaccinated and boosted" for COVID-19, receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A included in the Public Health Order. Workers who are eligible must receive their booster dose by no later than *March 1, 2022*. Workers who are not yet eligible for a vaccine booster dose by that time must be in compliance no later than 15 days after timeframe indicated in Table A of the Public Health Order for receiving a vaccine booster dose. *Please note, these requirements remain in effect; however, the aforementioned CDPH Public Health Order has been superseded, with amendments regarding the timing of required booster doses.*^{23,24}

MCPs 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. These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

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

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

²³ See the CDPH State Public Health Officer Order of *September 13, 2022* (Adult Care Facilities and Direct Care Worker Vaccine Requirement).

²⁴ See the CDPH State Public Health Officer Order of *September 13, 2022* (Health Care Worker Vaccine Requirement).