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ALL PLAN LETTER

DATE: April 13, 2020
TO: All Health Care Service Plans
FROM: Sarah Ream, Acting General Counsel

SUBJECT: APL 20-015 – COVID-19 Temporary Extension of Plan Deadlines

Health and Safety Code section 1344(a) allows the Department of Managed Health Care (DMHC) Director to "waive any requirement of any rule in situations where in the director's discretion that requirement is not necessary in the public interest or for the protection of the public, subscribers, enrollees, or persons or plans subject to" the Knox-Keene Act. In light of the COVID-19 State of Emergency, the Director has determined that select deadlines and requirements may be temporarily extended to give health plans additional time to comply.

A. Term of APL Extensions

The extensions enumerated in this All Plan Letter (APL) shall be in effect until the California Governor declares the COVID-19 State of Emergency no longer exists or the DMHC notifies health care service plans that the extensions permitted in this APL are no longer in effect, whichever is sooner (the "APL Termination Date").

B. Deadlines and Requirements that are Extended

The list below provides specific DMHC deadlines and requirements that are temporarily extended. Regarding requests for extensions or waivers of deadlines or requirements not included in the list below, the DMHC will consider such requests on a case-by-case basis. For such requests, health plans should reach out to their assigned DMHC reviewer or the appropriate DMHC division.

1. Quarterly Grievance Reports

Pursuant to 28 CCR section 1368, subd. (f), quarterly grievance reports must be submitted to the DMHC no later than 30 days after the end of each quarter. This deadline is extended by 60 days; that is, quarterly grievance reports must be submitted no later than 90 days after the end of each quarter.

2. Filings related to COVID-19 Response

Health plan filings related to health plan response to COVID-19, such as provider contract changes, administrative services agreement/vendor contract changes, and marketing and advertising materials, will be considered “file and use” filings. That is, health plans will not need to wait for DMHC approval before implementing changes. However, health plans should consult their assigned reviewers via email regarding a telehealth proposal to be used during the COVID-19 state of emergency. In addition, for any health plan filings required by an Undertaking, if the plan wishes to seek an extension for the filing the plan should consult with the plan’s assigned reviewer in the Office of Plan Licensing.

3. Methods of Delivery of Plan Communications, Including Provider Directory Filings

Unless specifically required by law to be provided by mail, to the extent health plans have valid email addresses provided by enrollees, subscribers, employers, and providers, plans may send notifications to these persons and entities via electronic mail rather than via mail/hard copy. However, any electronic communication that is undeliverable must be sent via mail or facsimile. Health plans must track to whom a hard copy communication is sent and to whom an email communication is sent, and shall retain all records pursuant to Health and Safety Code section 1381. All health plan communications must meet the content requirements specified in the laws applicable to the notice requirement.

4. Arbitration Decisions

Pursuant to 28 CCR section 1300.71.21, health plans are required to submit unredacted and redacted arbitration decisions to the DMHC. Unredacted decisions must be submitted within 30 days of date of the decision and redacted arbitration decisions must be submitted quarterly. The deadline to submit arbitration decisions is extended by 60 days. Thus, unredacted decisions must be submitted within 90 days of the date of the decision and redacted arbitration decisions must be submitted within 60 days after the close of the quarter in which they should have been submitted.

5. Quarterly Claims Settlement Practices Report

Pursuant to 28 CCR section 1300.71, quarterly reports regarding claims settlement practices are due 60 days after the close of the quarter. Reports for quarter that ended March 31, 2020 are typically due May 30, 2020. The deadline is extended to June 30, 2020.

6. Standard Formulary Template Implementation

Pursuant to Health and Safety Code section 1367.205, subd. (a)(3), health plans must display its formulary or formularies consistent with the standard formulary template by April 1, 2020. The deadline is extended to July 1, 2020.

7. Timely Access Compliance and Annual Network Reports

Pursuant to 28 CCR section 1300.67.2.2, subd. (g)(2), annual Timely Access Compliance and Annual Network Reports (including out-of-network provider data required under AB 72) are ordinarily due each year no later than March 31. For submission of Measurement Year 2019 Timely Access Compliance and Annual Network Reports (including AB 72 reporting) data, this deadline is extended to May 1, 2020.

C. Conclusion

If you have questions regarding this APL, please contact your assigned reviewer in the DMHC's Office of Plan Licensing.