

The California State Department of Managed Health Care Directs Health Plans to Help Wildfire Impacted Members Access Health Care Services, Prescriptions

(Sacramento) - The California Department of Managed Health Care (DMHC) today issued an [All Plan Letter \(APL\)](#) directing health plans to make sure plan members impacted by the wildfires in Southern California can continue to access all medically necessary health care services, including prescription drugs.

“Health plans licensed by the DMHC must help their members impacted by the wildfires and experiencing problems with getting appropriate health care services,” said **DMHC Director Mary Watanabe**. “This could include speeding up approvals for care, replacing lost prescriptions and ID cards, refilling prescriptions sooner, or quickly arranging health care at other facilities if a hospital or doctor’s office is not available due to the fires.”

HEALTH PLAN REQUIREMENTS: Today, the DMHC issued an [All Plan Letter](#) directing all health plans licensed by the Department with members and/or providers in Los Angeles and/or Ventura counties to do the following:

1. Provide a toll-free telephone number for impacted plan members and providers to call for answers to questions, including questions about the loss of health plan identification cards, access to prescription refills, and how to access health care services.
2. Prominently display on the health plan’s website information describing how impacted members can continue to access care, and how members and providers can contact the plan for more information.
3. **Suspend prescription refill limitations and permit impacted members to refill their prescriptions at out-of-network pharmacies at ordinary in-network cost-sharing. The plan shall also allow impacted members to obtain new prescriptions at out-of-network pharmacies.**
4. Allow members to replace medical equipment or supplies.
5. Allow members to access care from appropriate out-of-network providers if in-network providers are unavailable due to the State of Emergency, or if the member is outside the area due to displacement. The plan shall ensure members in such instances are not subject to more than their ordinary in-network cost-sharing for such services.
6. Reduce or remove unnecessary barriers to the efficient admission, transfer and discharge of plan members at hospitals (including non-contracted hospitals) that have been or may be impacted by the State of Emergency.

The DMHC also encourages health plans to shorten timeframes for prior approval, pre-certification, or referrals for care, and to extend the time such approvals, pre-certification, or referrals remain valid to ensure impacted members can continue to access care.

WHAT HEALTH PLAN MEMBERS NEED TO KNOW: Health plan members should first contact their health plan for assistance, and can find the plan’s member services contact information on the [DMHC website](#), or on their health plan member card. If a member has problems obtaining services or assistance from their health plan, they can contact the DMHC Help Center at www.DMHC.ca.gov or 1-888-466-2219 (TDD: 1-877-688-9891) for further assistance. The DMHC Help Center provides help in all languages, and all services are free.

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About DMHC:

The DMHC protects the health care rights of more than 29.8 million Californians and ensures a stable health care delivery system. The DMHC Help Center has assisted approximately 2.9 million Californians to resolve complaints and issues with their health plan. The DMHC Help Center provides assistance in all languages and all services are free. For more information visit www.DMHC.ca.gov or call 1-888-466-2219.

