



KEY MEDICAL GROUP, INC.

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TO: ALL KEY MEDICAL GROUP PROVIDERS
FROM: Dr. Foxe, Medical Director, Key Medical Group
DATE: March 31, 2020
REGARDING: COVID-19 Changes and **Updates**

Pursuant to the Department of Managed Care All Plan Letter dated March 5 and March 18, 2020, and The State of Emergency declaration for all of California; Key Medical Group has taken the following actions to ensure that enrollees have, related to COVID-19, access to medically necessary care and that cost does not inhibit enrollee's access to care or drugs.

- 1. WAIVING COST SHARING:** All co-pays, coinsurance, and/or deductibles do not apply for all medically necessary screenings, testing, hospital (including emergency room visits), urgent care or provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19. Providers are not allowed to balance bill the enrollee for costs associated with COVID-19.
- 2. WAIVING PRIOR AUTHORIZATION REQUIREMENTS:** All prior authorization requirements are waived for COVID-19 screening and/or testing. All medically necessary emergency care is covered without prior authorization, whether that care is provided by an in-network or out-of-network provider. Access to out-of-network services, where appropriate, and required (in-network care is unavailable) will be allowed. In the event of a shortage of any particular prescription drug, insurers should waive prior authorization and/or step therapy requirements if an insured's prescribing provider recommends the insured take a different drug to treat the insured's condition.
- 3. NON-DISCRIMINATION IN MEDICAL CARE: Updated** March 30th joint bulletin from the Departments of Managed Health Care (DMHC), Health

Care Services (DHCS), and Public Health (CDPH) was issued to remind all health care providers and payer that rationing care based on a person's disability status is unlawful under both federal and state law.