

§ 1374.192. Reimbursement for business expenses to prevent spread of diseases causing public health emergencies

(a) Notwithstanding any other law, a health care service plan, including a specialized health care service plan and a health care service plan that issues, sells, renews, or offers a contract covering dental services, shall reimburse its

contracting health care providers for business expenses to prevent the spread of diseases causing public health emergencies declared on or after January 1, 2022. For purposes of this subdivision, “business expenses” means personal protective equipment, additional supplies, materials, and clinical staff time over and above those expenses usually included in an office visit or other nonfacility service or services if performed during a public health emergency, as defined by law, due to respiratory-transmitted infectious disease and pursuant to subdivision (b).

(b) A health care service plan shall reimburse a contracting health care provider pursuant to subdivision (a) for each individual patient encounter, limited to one encounter per day per enrollee for the duration of the public health emergency.

(c) A change to a contract between a health care service plan and a health care provider that delegates financial risk for testing, including related items and services, related to a public health emergency declared pursuant to Section 8558 of the Government Code is a material change to the parties’ contract. A health care service plan shall not delegate the financial risk to a contracted health care provider for the cost of enrollee services provided under this section unless the parties have negotiated and agreed upon a new contract provision pursuant to Section 1375.7.

(d) The department shall ensure a health care service plan provides timely reimbursement to its contracting health care providers pursuant to subdivision (a). The department may adopt guidance to implement this section. The guidance shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(e) For purposes of this section, “contracting health care provider” means a physician and surgeon, dentist, or doctor of podiatric medicine who is licensed by the state to deliver or furnish health care services, who owns or operates a practice, and who is contracted with the enrollee’s health care service plan. The term “contracting health care provider” only applies to a dentist if the enrollee is covered by a health care service plan contract or specialized health care service plan contract that includes dental benefits.

(f) This section does not apply to the state of emergency declared by the Governor on March 4, 2020, relating to the coronavirus 2019 (COVID-19) pandemic.

(g) This section shall not apply to a Medi-Cal managed care plan that contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) of, Chapter 8 (commencing with Section 14200) of, or Chapter 8.75 (commencing with Section 14591) of, Part 3 of Division 9 of the Welfare and Institutions Code.

HISTORY:

Added Stats 2021 ch 538 § 1 (SB 242), effective January 1, 2022.