



CALIFORNIA DEPARTMENT OF INSURANCE
Steve Poizner, Insurance Commissioner

October 6, 2009

Dear California Licensed Full Service Health Care Service Plan and Health Insurer:

The California Department of Public Health (CDPH), the Department of Managed Health Care (DMHC), and the California Department of Insurance (CDI) would like to commend California health plans for their cooperation over the past few weeks, as we worked together to minimize the financial impact on providers and patients of receiving and administering the H1N1 (2009) influenza vaccine.

Now that the H1N1 (2009) influenza vaccine has arrived in California, we are continuing efforts to work with the private sector to make sure everyone who needs it is fully armed. The effect of H1N1 (2009) influenza could go beyond individuals and significantly strain the health care system due to increased care-seeking in hospital emergency departments, staff illness, and potential school closures.

To minimize the negative public health, infrastructure, and financial impact of this potentially deadly disease, it is crucial that health plans and insurers continue to work together to ensure that all Californians have access to needed prevention, care, and treatment, by attaining the following goals:

Goal 1. Ensure that as many Californians as possible are vaccinated for H1N1 (2009). This will be achieved by continuing to ensure appropriate reimbursement of health care providers so that financial barriers do not prevent providers from participating in the vaccination program. In addition, the continued waiver of enrollee co-payments for vaccine doses, including supplemental doses, is important for encouraging increased use of preventive services and early treatment.

Goal 2. Ensure that as many Californians as possible are vaccinated for seasonal influenza. Because secondary bacterial pneumonia can cause illness and death among individuals with influenza, it is also important to continue to address coverage for purchase and administration of the 23-valent pneumococcal polysaccharide vaccine to persons with high-risk conditions. In addition, minimizing potential barriers, such as plan or health insurer processes for pre-authorization, time standards for provision of medications, and any requirements for an examination prior to vaccination, will promote early treatment of the influenza.

Goal 3. Review and augment drug coverage and formulary requirements, where applicable, related to access to the following antiviral medications that are indicated for influenza prophylaxis and/or treatment: oseltamivir, zanamivir, amantadine and rimantadine. Continuing coverage for these medications (consistent with health plan and health insurer obligations under the Knox-Keene Act or Insurance Code and CDC

guidelines) while preserving access to seasonal influenza medication, will assist in the effective treatment of those who are ill (shortening the length and minimizing the severity of the illness), help prevent disease and hospitalization in those defined as high risk (e.g., pregnant women, persons with asthma, diabetes, and other underlying chronic health conditions) and avoid any adverse impact of local or regional shortages of a specific antiviral medication.

Goal 4. Stay well informed and continue coordination with CDPH, DMHC, and CDI. Information about H1N1 (2009) is rapidly evolving, and CDPH, DMHC, and CDI will keep you up-to-date on important changes or developments. Likewise, it is important that you update your health plan on these efforts.

We look forward to continuing to work with you to ensure these agreed upon goals are met and ensure the healthiest possible outcome for Californians during the coming influenza season.

Sincerely,

Mark B. Horton, MD, MSPH
Director
California Department of Public Health

Lucinda A. Ehnes, Esq.
Director
Department of Managed Health Care

Steve Poizner
Commissioner
Department of Insurance