

**California Advancing and Innovating Medi-Cal (CalAIM)
All Plan Letter (APL) Attachment 1
Mandatory Managed Care Enrollment (MMCE) Requirements**

Attachment 1 provides additional policy and procedure guidance for MMCE described in the CalAIM proposal and in *APL 21-015, or any superseding APL*. This Attachment consists of sections that address MMCE impacted populations and beneficiary outreach and access.

I. Impacted Populations

1. The following populations *were transitioned* from Fee-For-Service (FFS) to Medi-Cal managed care *on or after* January 1, 2022:

- Trafficking and Crime Victims Assistance Program, except Share of Cost (SOC) (non-dual and dual)
- Individuals participating in accelerated enrollment (non-dual and dual)
- Breast and Cervical Cancer Treatment Program (BCCTP) (non-dual)
- Beneficiaries with Other Health Coverage (OHC) (non-dual)
- Beneficiaries living in rural ZIP codes¹ (non-dual)

Beneficiaries who *were* in counties operating under the County Organized Health System (COHS) plan model *were* enrolled in a COHS Medi-Cal managed care health plan (MCP) *on or after* January 1, 2022.

Beneficiaries in counties operating under other plan models (non-COHS) *were* enrolled in an MCP between January 1, 2022, and February 1, 2022.

2. The following populations *were transitioned* from Medi-Cal managed care to FFS on January 1, 2022:

- Omnibus Budget Reconciliations Act (non-dual and dual). This population was previously mandatorily enrolled in managed care in Napa, Solano, and Yolo counties.
- SOC (non-dual and dual). Beneficiaries in COHS and Coordinated Care Initiative (CCI) counties, excluding institutional long-term care (LTC) SOC beneficiaries.

¹ Rural zip codes: 93558, 90704, 92225, 92226, 92239, 92242, 92267, 92280, 92323, 92332, 92363, 92364, 92366, 93562, 9359293555, 93556, 93560, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92304, 92305, 92309, 92310, 92311, 92312, 92314, 92315, 92317, 92321, 92322, 92325, 92327, 92333, 92338, 92339, 92341, 92342, 92347, 92352, 92356, 92358, 92365, 92368, 92372, 92378, 92382, 92385, 92386, 92391, 92397, 92398

The beneficiaries' effective date for FFS was January 1, 2022.

3. The following aid code groups remain in FFS Medi-Cal as of January 1, 2022:

- Restricted scope
- Presumptive eligibility
- State medical parole, county compassionate release, incarcerated individuals
- Non-citizen pregnancy-related enrolled in Medi-Cal (not including Medi-Cal Access Infant Program enrollees)

4. *For MMCE Phase I, beneficiaries who received pregnancy-related Medi-Cal services prior to January 1, 2022, remained in their current delivery system through the end of the individual's postpartum period, or until new aid code reassignment.² Newly eligible beneficiaries on and after January 1, 2022, were mandatorily enrolled into managed care.*

For MMCE Phase II, beneficiaries who receive pregnancy-related Medi-Cal services prior to January 1, 2023, will remain in their current delivery system through the end of the individual's postpartum period, until new aid code reassignment, or unless they request to be enrolled into a MCP.³ Newly eligible beneficiaries on and after January 1, 2023, will be mandatorily enrolled into managed care.

5. For beneficiaries with OHC, Medi-Cal remains the payer of last resort.⁴ As a result, DHCS will not assign a Primary Care Provider to beneficiaries with comprehensive OHC since their OHC holds primary risk for their health care services coverage.

6. Dually eligible beneficiaries *in non-COHS, CCI and non-CCI counties will transition to Medi-Cal managed care no sooner than January 1, 2023, except those with SOC in the following aid code groups that currently receive benefits through the FFS delivery system:*

- *Adult Expansion*
- Aged
- Breast and Cervical Cancer Treatment Program (BCCTP)
- Disabled
- Non-Disabled Adults (19+ years of age)
- Non-Disabled Children (<19 years of age)

² *Individuals who are transitioning from FFS to managed care and have yet to receive their pregnancy related services, may still eligible to apply for a Medical Exemption Request (MER).*

³ *Individuals who are transitioning from FFS to managed care and have yet to receive their pregnancy related services, may still eligible to apply for a MER.*

⁴ Welfare & Institutions Code (WIC) section 14124.90. WIC is searchable at: <https://leginfo.legislature.ca.gov/>

- *Beneficiaries with OHC*
- *Beneficiaries living in rural ZIP codes⁵*
- *All beneficiaries enrolled in Home and Community Based Services Waivers*

Additionally, *DHCS identified additional individuals who were subject to transition as part of Phase I, but did not transition for various reasons. These individuals will transition as part of Phase II no sooner than January 1, 2023. This population includes Dual and Non-Dual beneficiaries.*

7. Non-Dual and Dual beneficiaries in LTC – *Skilled Nursing Facilities*, including LTC SOC, who currently receive benefits through the FFS delivery system in non-COHS and non-CCI counties will transition to Medi-Cal managed care no sooner than January 1, 2023.

Non-Dual and Dual beneficiaries in LTC – Intermediate Care Facilities (ICF), Intermediate Care Facilities Developmentally Disabled (ICF-DD), and subacute care services (pediatric and adult) including LTC SOC, who currently receive benefits through the FFS delivery system in most counties will transition to Medi-Cal managed care no sooner than July 1, 2023.

8. The Department of Health Care Services (DHCS) will not change enrollment requirements for foster care children and youth at this time. American Indian/Alaska Native beneficiaries will have the option to opt in or opt out of managed care enrollment in non-COHS counties using the non-medical exemption form (HCO 7102).

Beneficiaries who reside in a California Veteran Home will be exempt from MMCE. Beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly (PACE) or *Senior Care Action Network (SCAN) Health Plan* will be excluded from MMCE.

II. Beneficiary Outreach and Access

1. DHCS *sent* notices to all beneficiaries who *transitioned* on January 1, 2022, per the following timelines:
 - *Beneficiaries who transitioned from Medi-Cal managed care to FFS Medi-Cal received a 90-day notice for beneficiaries who were enrolled in Cal MediConnect Plans by October 4, 2021, a 60-day notice no later than mid-October 2021, and a 30-day notice no later than mid-November 2021.*

⁵ *Rural zip codes: 93558, 90704, 92225, 92226, 92239, 92242, 92267, 92280, 92323, 92332, 92363, 92364, 92366, 93562, 9359293555, 93556, 93560, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92304, 92305, 92309, 92310, 92311, 92312, 92314, 92315, 92317, 92321, 92322, 92325, 92327, 92333, 92338, 92339, 92341, 92342, 92347, 92352, 92356, 92358, 92365, 92368, 92372, 92378, 92382, 92385, 92386, 92391, 92397, 92398*

- *Beneficiaries who transitioned from FFS Medi-Cal to Medi-Cal managed care received a 60-day notice no later than mid-October 2021, and a 30-day notice no later than mid-November 2021.*

DHCS mailed “Choice Packets” which explained MCP options in the beneficiaries’ county and explained MCP selection processes, by November 30, 2021, to beneficiaries who were to transition to Medi-Cal managed care.

DHCS will send notices to all beneficiaries who will be transitioning on January 1, 2023, per the following timeline:

- *Beneficiaries transitioning from FFS Medi-Cal to Medi-Cal managed care will receive a 60 day notice no later than November 1, 2022, and a 30 day notice no later December 1, 2022.*

DHCS will mail “Choice Packets” which explain MCP options in the beneficiaries’ county and explain MCP selection processes, by November 30, 2022, to beneficiaries not part of the Medi-Cal matching plan policy, who are transitioning to Medi-Cal managed care. Choice Packets will not be mailed to beneficiaries that are part of the Medi-Cal matching plan policy. DHCS has a Medi-Cal matching plan policy in certain counties. This means that if a member joins a Medicare Advantage plan and there is a Medi-Cal plan that matches that plan, members must choose that Medi-Cal plan.

2. Beneficiaries already voluntarily enrolled in an MCP in a non-COHS county for more than 90 days will not qualify to file a MER due to mandatory enrollment because they are not transitioning into Medi-Cal managed care. A MER is an available option to beneficiaries when transitioning from FFS Medi-Cal to Medi-Cal managed care, and may be filed within 90 days of enrollment in an MCP.
3. Network readiness should reflect MCP’s enrollment changes and populations shifts resulting from MMCE implementation and will vary for MCPs. MCPs that will expand membership in rural areas as a result of MMCE will be required to submit Accessibility Analyses to demonstrate compliance with time and distance standards, and applicable Alternative Access Standard requests if the MCP is unable to meet time and distance standards, which are outlined in APL 21-006, Network Certification Requirements, or any superseding APL. MCPs will also be required to meet provider-to-member ratios to demonstrate an adequate network to serve the new populations transitioning into Medi-Cal managed care. APLs can be found on the DHCS website here:
<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>
4. Consistent with APL 18-008, Continuity of Care (COC) for Medi-Cal beneficiaries who transition into Medi-Cal managed care, and *Duals Plan Letter (DPL) 16-002*

COC, or any superseding APL or DPL, MCPs are required to follow the current process to approve COC for beneficiaries who request it.