



Department of Health Care Services
Managed Care Advisory Group Meeting
March 8, 2018



MEDI-CAL MANAGED CARE HEALTH PLAN LETTERS
ISSUED SINCE THE DECEMBER 2017 MANAGED CARE ADVISORY GROUP (MCAG) MEETING

ALL PLAN LETTERS (APLs)¹

Letter Number	Title and Description of Letter	Date of Issue
APL 17-020	American Indian Health Programs Provides information for Medi-Cal managed care health plans (MCPs) regarding reimbursement of American Indian Health Programs for services provided to Medi-Cal managed care beneficiaries. Pursuant to a change in DHCS policy.	12/15/2017 Revised 1/19/2018
APL 17-021 (Supersedes APL 04-004)	Workers' Compensation – Notice of Change to Workers' Compensation Recovery Program; Reporting and other Requirements Notifies MCPs of changes to the administration of the DHCS Workers' Compensation Recovery Program. Explains updated MCP requirements pertaining to reporting, subpoenas and requests for records, and duplicate payments when a Medi-Cal managed care member receives services provided by an MCP for a work-related injury or illness.	12/26/2017
APL 18-001 (Supersedes APL 14-005)	Voluntary Inpatient Detoxification Provides clarification for MCPs regarding voluntary inpatient detoxification (VID) services, which are an existing Medi-Cal covered benefit available to MCP members through the Medi-Cal fee-for-service (FFS) program. Updates to the prior	1/11/2018

¹ There are no Duals Plan Letters to report for this quarter.

ALL PLAN LETTERS (APLs) - continued

	<p>APL include the clarifications that VID services are carved out of the managed care contracts (non-capitated) and that inpatient detoxification must be the primary reason for the member's voluntary inpatient admission, as well as instructions to MCPs regarding members who do not meet the medical necessity criteria presenting in a general acute care hospital for VID services.</p>	
<p>APL 18-002</p>	<p>2018-2019 Medi-Cal Managed Care Health Plan MEDS/834 Cutoff and Processing Schedule</p> <p>Provides MCPs with the 2018-2019 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule. Cutoff dates and timelines are established by the DHCS Enterprise Innovation and Technology Services Division and ensure timely processing of eligibility files and data.</p>	<p>1/11/2018</p>
<p>APL 18-003 <i>(Supersedes APL 15-014)</i></p>	<p>Administrative and Financial Sanctions</p> <p>Provides clarification of existing law regarding the imposition of administrative and financial sanctions on MCPs that violate applicable state and federal laws and regulations and/or their contractual obligations. Emphasizes MCP responsibility to ensure that they and their subcontractors comply with all laws, regulations, and contractual obligations and to communicate requirements to all delegated entities and subcontractors. Updates the prior APL are primarily pursuant to new and/or updated federal regulations and amendments to state law.</p>	<p>1/25/2018</p>
<p>APL 18-004 <i>(Supersedes PL 96-013 and APL 07-015)</i></p>	<p>Immunization Requirements</p> <p>Updates and clarifies requirements related to the provision of immunization services. MCPs must ensure timely provision of immunizations and require their network providers to document each member's need for recommended immunizations as part of all regular health visits.</p>	<p>1/31/2018</p>

ALL PLAN LETTERS (APLs) - continued

APL 18-005	<p>Network Certification Requirements</p> <p>Provides guidance and clarification for MCPs regarding new and existing requirements surrounding network certification and network adequacy standards. Describes requirements and processes established primarily pursuant new federal regulations issued in May 2016 by the Centers for Medicare & Medicaid Services (CMS) in rulemaking CMS-2390-F (the Final Rule).</p>	2/16/2018
<p>APL 18-006 <i>(Supersedes APL 15-025)</i></p>	<p>Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21</p> <p>Provides guidance to MCPs about the provision of Behavioral Health Treatment (BHT) services to eligible Medi-Cal members under 21 years of age, as required by the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate. Expands BHT services, when medically necessary, to include all members under the age of 21.</p>	3/2/2018
<p>APL 18-007 <i>(Supersedes APL 14-017)</i></p>	<p>Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21</p> <p>Updates the previous EPSDT APL to address the expansion of medically necessary BHT services to include all members under the age of 21 (see APL 18-006).</p>	3/2/2018

ALL PLAN LETTERS (APLs) - continued

<p>APL 18-008 <i>(Supersedes APL 15-019)</i></p>	<p>Continuity of Care for Medi-Cal Members who Transition into Medi-Cal Managed Care</p> <p>Updates the previous Continuity of Care APL to address the expansion of medically necessary BHT services to include all members under the age of 21 (see APL 18-006). Provides direction regarding continuity of care for members for whom the responsibility for the provision of BHT services is transitioning from Department of Developmental Services (DDS) Regional Centers (RCs) to MCPs.</p>	<p>3/2/2018</p>
<p>APL 18-009 <i>(Supersedes APL 15-022)</i></p>	<p>Memorandum of Understanding Requirements for Medi-Cal Managed Care Health Plans</p> <p>Clarifies responsibilities of MCPs when entering into a Memorandum of Understanding (MOU) with a DDS RC to cover all members receiving BHT services (see APL 18-006).</p>	<p>3/2/2018</p>