

MEDI-CAL MANAGED CARE HEALTH PLAN LETTERS

ISSUED SINCE THE SEPTEMBER 2017 MANAGED CARE ADVISORY GROUP (MCAG) MEETING

| ALL PLAN LETTERS (APLS) | | |
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| Letter Number | Title and Description of Letter | Date of Issue |
| APL 17-014 (Supersedes APL 16-018) | Quality and Performance Improvement Requirements Updated the Quality and Performance Improvement Program and requirements criteria. Added emphasis that Medi-Cal managed care health plans (MCPs) must communicate to all delegated entities and subcontractors that their delegates must comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance ... Updates made to Attachment 1 including, but not limited to, Measure 14 regarding Depression Screening requirements. | 09/11/2017 |
| APL 17-015 | Palliative Care and Medi-Cal Managed Care The purpose of this All Plan Letter (APL) is to inform MCPs of their obligation to provide palliative care to their beneficiaries pursuant to Senate Bill (SB) 1004 (Hernandez, Chapter 574, Statutes of 2014). ¹ The requirements discussed in this APL specifically apply to Medi-Cal managed care beneficiaries who are not Medicare/Medi-Cal, dually-eligible beneficiaries. | 10/19/2017 |
| APL 17-016 (Supersedes APL 14-004) | Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care The Screening, Brief Intervention, and Referral to Treatment for Misuse of Alcohol APL (14-004) has been updated and renamed. This APL explains the obligations of MCPs to provide Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care, also known as Alcohol Misuse Screening and Counseling (AMSC), services for MCP members ages 18 and older who misuse alcohol. This APL also provides guidance to MCPs to ensure compliance with the Medicaid Managed Care for Mental Health Parity requirements included in the Final Rule (CMS-2333-F) issued by the Centers for Medicare and Medicaid Services (CMS) on March 30, 2016. | 10/27/2017 |

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| APL 17-017 (Supersedes APL 03-003) | Long Term Care Coordination and Disenrollment Updated to clarify the requirement that all MCPs coordinate the care and placement of beneficiaries requiring long term care (LTC). Additional clarification is included regarding coordination activities and disenrollment requirements as appropriate. | 10/27/2017 |
| APL 17-018 (Supersedes APL 13-021) | Medi-Cal Managed Care Health Plan Responsibilities for Outpatient Mental Health Services This APL updates the responsibilities of MCPs for the provision of medically necessary outpatient mental health services and the regulatory requirements included in the Final Rule (CMS-2333-F) issued by the Centers for Medicare and Medicaid Services (CMS) on March 30, 2016. Updates have also been made in Attachments 1 and 2. | 10/27/2017 |
| APL 17-019 (Supersedes APL 16-012) | Provider Credentialing / Recredentialing and Screening / Enrollment Updated to inform MCPs of their responsibilities related to screening and enrollment of all network providers pursuant to CMS Medicaid and Children’s Health Insurance Program Managed Care Final Rule (CMS 2390 F). All MCP network providers must enroll in the Medi-Cal Program. MCPs have the option to develop and implement a managed care provider screening and enrollment process that meets the requirements of this APL, or they may direct their network providers to enroll through DHCS. MCPs electing to establish their own enrollment process are expected to have their infrastructure in place by January 1, 2018. In addition, the APL clarifies the MCPs’ contractual obligations related to credentialing and recredentialing. | 11/14/2017 |
| DUALS PLAN LETTERS (DPLs) | | |
| None | None | |