# All Plan Letters

All Plan Letters provide specific guidance and information to Medi-Cal managed care health plans and commercial health plans regulated by the Department of Managed Health Care.  These All Plan Letters contain helpful information for family physicians on benefits health plans are required to cover as well as the requirements physicians must meet in order to bill for these services.  Below is a list CAFP compiled of APLs of interest to family physicians and patients that were issued in 2022 .

## DEPARTMENT OF HEALTH CARE SERVICES

**Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older**
This All Plan Letter (APL 22-025) provides guidance to Medi-Cal managed care health plans (MCPs) about their requirement to cover an annual cognitive health assessment for their members who are 65 years of age or older and who do not have Medicare coverage.  Any licensed health care professional who is enrolled as a Medi-Cal Provider, is acting within their scope of practice, and is eligible to bill Evaluation and Management (E&M) codes is eligible to conduct and bill for cognitive health assessments for members of an MCP with whom they are contracted after completing the required training.  The APL outlines the provider billing requirements.

**Population Health Management Program Guide**
This All Plan Letter (APL 22-024) provides guidance to all Medi-Cal managed care health plans (MCPs) regarding the implementation of the Population Health Management (PHM) Program and the role of the PHM Program Guide.

**Street Medicine Provider: Definitions and Participation in Managed Care**
This All Plan Letter (APL 22-023) provides guidance to Medi-Cal managed care health plans (MCPs) on opportunities to utilize street medicine providers to address clinical and non-clinical needs of their Medi-Cal Members experiencing unsheltered homelessness.  MCPs may cover the provision of medical services for their members experiencing unsheltered homelessness through street medicine providers in the role of the member's assigned Primary Care Provider (PCP), through a direct contract with the MCP, as an Enhanced Care Management Provider, as a Community Supports Provider, or as a referring or treating contracted Provider.  The APL outlines the requirements for street medicine providers.

**Abortion Services**
This All Plan Letter (APL 22-022) provides Medi-Cal Managed Care Health Plans (MCP) with information regarding their responsibility to provide members with timely access to abortion services.

**Proposition 56 Behavioral Health Integration Incentive Program**
This All Plan Letter (APL 22-021) provides Medi-Cal managed care health plans (MCPs) with guidance on the Behavioral Health Integration (BHI) Incentive Program, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for achievement of specified milestones and measures tied to BHI.

**Proposition 56 Value-Based Payment Program Directed Payments**
This All Plan Letter (APL 22-019) provides Medi-Cal managed care health plans (MCPs) with guidance on value-based directed payments, funded by the California Healthcare, Research and Prevention Tobacco

Tax Act of 2016 (Proposition 56), to Network Providers for qualifying services tied to performance on designated health care quality measures in the domains of prenatal and postpartum care, early childhood prevention, chronic disease management, and behavioral health care.

**Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review**
This All Plan Letter (APL 22-017) informs Medi-Cal managed care health plans (MCPs) of updates to the Department of Health Care Services' (DHCS) Primary Care Provider (PCP) site review process, which includes Facility Site Review (FSR) and Medical Record Review (MRR) policies.

**Community Health Worker Services Benefit**
Community health workers are now a covered benefit in Medi-Cal, accordingly, this All Plan Letter (APL 22-016) provides Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for becoming a Community Health Worker (CHW), the definitions of eligible populations for CHW services, and descriptions of applicable conditions for the CHW benefit.

**Proposition 56 Directed Payments for Family Planning Services**
This All Plan Letter (APL 22-011) provides Medi-Cal managed health care plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services with dates of service on or after July 1, 2019.

**COVID-19 Guidance for Medi-Cal Managed Care Health Plans**
This All Plan Letter (APL 22-009) is to provide information to Medi-Cal managed care health plans (MCPs) on changes to federal and state requirements for COVID-19 testing, treatment, and prevention.

**Visit the DHCS website to see all of the Department's All Plan Letters.**

## DEPARTMENT OF MANAGED HEALTH CARE

**Timely Access to Emergent and Urgent Services When an Enrollee is Outside of California**
This All Plan Letter (APL 22-027) reminds California health plans about their responsibility to provide timely access to medically necessary basic health care services for the plans' enrollees, even when those enrollees happen to be outside of California when they need the services.

**Health Plan Coverage of Monkeypox Testing, Vaccinations, and Therapeutics**
This All Plan Letter (APL 22-019) reminds health plans of their obligation to cover testing, vaccinations, and therapeutics for Monkeypox.

**Coverage of COVID-19 Therapeutics**
This All Plan Letter (APL 22-017) includes information on commercial health plan coverage of COVID-19 therapeutics, steps plans can take to encourage providers to use therapeutics, when appropriate, and directs plans to submit a description of how the plan is ensuring enrollees who need and are eligible for therapeutics have ready access to such treatment.

**Visit the DMHC website to see all of the Department's All Plan Letters.**