

Network Provider Update

To: Medi-Cal network participants July 2024

From: Melinda Kjer

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Subject: All Plan Letter 24-007: Targeted Provider Rate Increases

The Department of Health Care Services (DHCS) recently issued <u>All Plan Letter (APL) 24-007</u>, "Targeted Provider Rate Increases." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 24-007 establishes guidelines for instituting the new Targeted Rate Increases (TRI) fee schedule for procedure codes categorized as primary/general care, obstetric care, and non-specialty outpatient mental health services. Managed care plans (MCPs) such as Blue Shield of California Promise Health Plan are advised about requirements for reimbursing eligible Medi-Cal providers according to the TRI fee schedule rates.

APL summary

- The TRI fee schedule applies for dates of service on or after January 1, 2024.
- DHCS increased rates for targeted services to no less than 87.5% of the lowest Medicare rate for California.
- The new rates eliminate AB 97 provider payment reductions and incorporate applicable Proposition 56 supplemental payments into the schedule.
- Additional TRI adjustments include a 39.7% increase for specified physicians' services provided under the California Children's Services program and a 20% reduction for specified procedures performed in outpatient facilities.
- MCPs are advised that eligible network providers should receive no less than the applicable minimum fee schedule rates for qualifying services. When payment is on a per-service basis, the rate requirement applies at the procedure code level.
- The TRI fee schedule also applies to capitated payment agreements. MCPs will attest that they are in compliance with this requirement and may require their subcontractors to attest as well.
- The APL sets December 31, 2024 as the deadline for full compliance.
- MCPs may be subject to interest penalties, corrective action, or other remedies if they do not meet the compliance deadlines for this APL.
- MCPs are advised to make available to their network providers an itemization of reimbursement adjustments in an electronic format.

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Which types of provider services are eligible for rate increases?

Select procedure codes identified as primary/general care, obstetric, and non-specialty mental health services will be reimbursed at the increased rates. These include:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Podiatrists
- Certified Nurse Midwives
- Licensed Midwives

- Doula Providers
- Psychologists
- Licensed Professional Clinical Counselor
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists

Assistant Surgeons, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Indian Health Care Providers, and Cost-Based Reimbursement Clinics **are not eligible** for the TRI fee schedule.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 24-007 may be found at this URL: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-007.pdf

The Medi-Cal rate schedule may be found at this URL: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates

(Links to the websites above will take you off of the Blue Shield Promise website.)

For your convenience, we have created a <u>TRI Frequently Asked Questions</u> document that provides answers to anticipated queries.

If you have questions about the TRI fee schedule, please email TRIRateInquiries@blueshieldca.com. You may also contact Blue Shield Promise Provider Services via Live Chat after logging in at www.blueshieldca.com/provider or call (800) 468-9935 from 6 a.m. to 6:30 p.m., Monday through Friday.