



August 11, 2022

### APL 21-015

### **BENEFIT STANDARDIZATION AND MANDATORY MANAGED CARE ENROLLMENT PROVISIONS OF THE CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL INITIATIVE**

Dear Provider:

The Department of Health Care Services (DHCS) issued All Plan Letter (APL) 21-015 which provides guidance on the Benefit Standardization and Mandatory Managed Care Enrollment which is a component of the CalAIM initiative. In an effort to increase standardization, enhance coordination of care, and reduce complexity, the DHCS is standardizing managed care and fee for service enrollment statewide. By standardizing enrollment, members moving between counties will be afforded the same benefits and enrollment requirements.

#### Timeline

January 1, 2023:

- **Dually eligible Medicare and Medi-Cal beneficiaries and institutional long-term care populations will transition to managed care enrollment, except for individuals eligible for disenrollment or exemption from mandatory enrollment.**

For additional information, please visit:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-015.pdf>

As a reminder, please check eligibility before every visit.

KHS posts all bulletins on the KHS website, [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com), choose Provider, then Bulletins.

For any questions, please contact your Provider Relations Representative at 1-800-391-2000.

Thank you,

Melissa McGuire  
Deputy Director of Provider Network  
Kern Health Systems