DHCS All Plan Letter Summary

To: Medi-Cal network participants November 2025

Subject: All Plan Letter 25-012: Targeted Provider Rate Increases

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The Department of Health Care Services (DHCS) recently issued All Plan Letter (APL) 25-012, "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 25-012 revises guidelines established in APL 24-007 for instituting the Targeted Rate Increases (TRI) fee schedule effective for dates of service on or after January 1, 2024. 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 25-012 differs from APL 24-007 in the following ways:

- Provisions of this APL regarding augmented reimbursement rates for comprehensive family planning services enacted through Senate Bill 94 supersede APLs 10-003 and 10-014 with retroactive effect for dates of service not included in TRI.
- APL 25-012 advises MCPs to reimburse eligible out-of-network (OON) providers for services including but not limited to family planning services, sexually transmitted disease services, human immunodeficiency virus testing and counseling, and minor consent services at the greater of the legacy fee schedule rate or the new TRI rate, for services rendered on or after January 1, 2024. For prior dates of service, MCPs are advised to reimburse these OON services at the Medi-Cal fee-for-service rate effective for the date of service.
- While federally qualified health centers (FQHCs) and rural health centers (RHCs) do not qualify for payment under the TRI fee schedule in the fee-for-service delivery system, according to the FQHC/RHC Payment Parity Requirement, they should not be paid less than what the MCP would pay another provider for those same services. Following this standard, Blue Shield Promise will pay them the same rates as fee-for-service providers.
- In instances where MCP historical payment levels to providers exceeded the TRI fee schedule, DHCS funded MCPs assuming that they would continue to pay the greater rate, inclusive of Proposition 56 supplemental funding.
- MCPs are not subject to compliance with technical revisions and corrections to the TRI fee schedule until directed by DHCS.
- The APL advises MCPs, their subcontractors, and downstream subcontractors to not pay excluded providers for any services or items other than emergency services.

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 25-012 may be found at this URL: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-012.pdf

blueshieldca.com/promise

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

SB 94 Family Planning Service Fee Schedule:
https://www.dhcs.ca.gov/Documents/SB94-Family-Planning-Services-Fee-Schedule.xlsx

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

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

If you have questions about the topics covered in this APL, please contact our Provider Customer Service team via Live Chat after logging in at blueshieldca.com/provider or call **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.