



Community Health Plan of Imperial Valley
512 W Aten Rd
Imperial, CA 92251

December 2, 2025

Important changes to TRI guidelines may affect claims payments.

Dear Administrator:

The California Department of Health Care Services (DHCS) has issued updated guidance on the provider **Targeted Rate Increase (TRI)**. These changes may impact how the Plan and delegated participating physician groups (PPGs) pay certain claims.¹

Key updates you should know

Out-of-network payments

The Plan and delegated PPGs must reimburse eligible out-of-network providers for specified services – such as family planning, STD services, HIV testing and counseling, and minor consent services – at **no less than the Medi-Cal Fee-for-Service (FFS) rate**.² For dates of service on or after January 1, 2024, the Plan and delegated PPGs must reimburse these specified out-of-network services at the greater of the Legacy Fee Schedule rate or, if applicable, the TRI Fee Schedule rate.

Senate Bill 94: Higher rates for family planning

Delegated PPGs are responsible for making payments under **California Senate Bill (SB) 94**. SB 94 increases reimbursement rates for certain family planning services when billed with designated diagnosis codes. The updated rates are published in the **SB 94 Comprehensive Family Planning Services Fee Schedule** on the DHCS TRI website at <https://bit.ly/DHCS-TRI>.

Official DHCS guidance available

For comprehensive information, including policy language, service codes and payment requirements, please refer to DHCS **All Plan Letter 25-012** at <https://bit.ly/APL25-012>.

Sincerely,

Paul Pakuckas
Health Plan Development & Contracting Officer

¹Information in this letter was taken or derived from APL 25-012, Targeted Provider Rate Increases at <https://bit.ly/APL25-012>.

²This requirement is outlined in Exhibit A, Attachment III, Subsection 3.3 of the Managed Care Plan (MCP) contract.