CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: September 30, 2025

ALL PLAN LETTER 25-008
SUPPLEMENTAL TO ALL PLAN LETTER 24-001
AND SUPERSEDES WHEREIN CONFLICTS EXIST

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: GRIEVANCE AND APPEAL REPORTING TEMPLATE UPDATE TO ALIGN WITH CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) CATEGORIES

PURPOSE:
The purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to notify Medi-Cal Dental Managed Care (DMC) plans of the implementation of an updated Grievance and Appeal reporting template to align with Centers for Medicare and Medicaid Services (CMS) reporting categories. This APL is supplemental to APL 24-001[1] and supersedes wherein conflicts exist.

BACKGROUND:
On July 20, 2022, DHCS issued APL 22-006[2] to provide DMC plans with clarification and guidance regarding the application of federal and state requirements for processing grievances and appeals. APL 22-006 superseded APL 20-003[3]. On October 20, 2023, DHCS issued APL 23-004[4] to advise plans of the modification to the submission timeline. On February 26, 2024, DHCS issued APL 24-001, supplemental to APL 22-006, to inform DMC plans of the implementation of an updated Grievance and Appeals template and clarify the grievance and appeals tracking system requirements.

POLICY:

I. DHCS Grievance and Appeals Reporting Template

The DHCS Grievance and Appeals reporting template enclosed shall be submitted to DHCS for review on a quarterly basis pursuant to the applicable deliverable schedule APL.

A. Grievance Reporting Categories

[1] APL 24-001 Modifications to the Grievance and Appeals deliverable template for the Medi-Cal Dental Managed Care program Grievance and Appeals can be found here: https://www.dhcs.ca.gov/services/Documents/APL-24-001-Grievance-and-Appeals.pdf
[2] APL 22-006 CMS Grievance and Appeals Requirements Notice and "Your Rights" Templates can be found here: https://www.dhcs.ca.gov/services/Documents/APL-22-006.pdf
[3] APL 20-003 CMS Final Rule Revisions Affecting Grievance and Appeal Requirements can be found here: https://www.dhcs.ca.gov/services/Documents/MDSD/2020%20DAPLs/DAPL-20-003.pdf
[4] Modifications to the Grievance and Appeals Submission Timeline for the Medi-Cal Dental Managed Care Program can be found here: https://www.dhcs.ca.gov/services/Documents/APL-23-004-Modifications-to-the-Grievance-and-Appeals-Submission-Timeline.pdf

The Grievance reporting categories are noted below, with additions noted in *Italics:*

1. Continuity of Care
2. Geographic Access
3. Language Access
4. Out-of-Network
5. Physical Access
6. Injury
7. Discrimination
8. Fraud/Waste/Abuse
9. PHI/Confidentiality/HIPAA
10. Referral
11. Case Management/Care Coordination
12. Member Informing Materials
13. Technology/Telephone
14. Quality of Care
15. Expedited Appeal Request Denied
16. Plan's Reduction/Suspension/Termination of Previously Authorized Service
17. Plan's Failure to Meet Timeframes for Resolution
18. Denial of Payment Request
19. *Timely Access*
20. *Provider Availability*
21. *Scheduling*
22. *Driver Punctuality*
23. *Authorization*
24. *Enrollment*
25. *Eligibility*
26. *Vehicle*
27. *Disability Discrimination*
28. *Assault/Harassment*
29. *Inappropriate Care*
30. *Provider/Staff Attitude*
31. *Abuse/Neglect/Exploitation*
32. *Timely Response to Authorization/Appeal Request*
33. *Rural Member Denied Out of Network Request*
34. *Plan Customer Service*
35. *Denial of Request to Dispute Financial Liability*
36. *Provider Balance Billing*
37. *Provider Direct Member Billing*

B. Appeal Reporting Categories

The Appeal categories are noted below, with additions noted in *Italics*.

1, Scope of Benefits

2. Medical Necessity
3. Payment
4. *Out of Network Appeals*
5. Other

REQUIREMENTS:
If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in a DMC plan's contractually required Policy and Procedures (P&P), the plan must submit its updated P&Ps with and without Track Changes to DHCS at dmcdeliverables@dhcs.ca.gov within 90 days of the release of this APL.

If a DMC plan determines that no P&P changes are necessary, the plan must submit an email confirmation to dmcdeliverables@dhcs.ca.gov within 10 days of the release of this APL, stating that the plan's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

DMC plans are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each plan to all subcontractors and network providers. DHCS may impose corrective action plans (CAPs), as well as administrative and/or monetary sanctions for non-compliance. DMC plans should review their Network Provider, Subcontractor, and/or Downstream Subcontractor Agreements, including Division of Financial Responsibility provisions as appropriate, to ensure compliance with this APL. For additional information regarding administrative and monetary sanctions, see APL 22-009[5] and any subsequent iterations of this APL.

If you have any questions regarding this APL, please contact the Medi-Cal Dental Services Division, at dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

Dana Durham
Chief, Medi-Cal Dental Services Division
Department of Health Care Services

Enclosure: DHCS Grievance and Appeals Reporting Template

[5] APL 22-009 Enforcement Actions: Administrative and Monetary Sanctions can be found here: https://www.dhcs.ca.gov/services/Documents/APL-22-009.pdf