CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: October 17, 2025

ALL PLAN LETTER 25-010

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: MEDI-CAL DENTAL MANAGED CARE PLAN PROVIDER DIRECTORY UPDATES

PURPOSE:
The purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to provide Medi-Cal Dental Managed Care (DMC) plans with guidance on updated Provider Directory requirements pursuant to the Consolidated Appropriations Act, 2023 (CAA, 2023) (Pub.L. No. 117-328, section 5123 (Dec. 29, 2022) 136 Stat. 4459, 5944)[1]; State Health Official Letter (SHO) 24-003[2]; and 42 Code of Federal Regulations (CFR) section 438.10(h)(1)[3].

BACKGROUND:
The Provider Directory is the DMC plan's Member-facing material used to represent their Network of Providers available for Members. Effective July 1, 2025, the CAA, 2023 introduced new requirements for Provider Directories. While most of the requirements are already regulatory requirements for DMC plans, CAA, 2023 builds on existing policy by mandating that DMC Provider Directories are searchable in electronic form and include whether the Provider offers Covered Services via Telehealth (Teledentistry).

Individual DMC plan Provider Directories are not used by DHCS to conduct most network adequacy and access to care compliance assessment activities, such as the Timely Access Survey and the Annual Network Certification. Please refer to the DMC Contract, APL 19-004[4] and subsequent iterations for details on submission of the 274 Provider File and related instructions for meeting Provider Network reporting requirements.

POLICY: DMC plans must continue to meet existing requirements as specified in the DMC plan contract[5] Exhibit A14, Section 4, Subsection 5.d, APL 23-001[6], APL 22- 013[7], 42 CFR section 438.10(h)[8], and HSC 1367.27[9].

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[1] The CAA, 2023 is available at: https://www.congress.gov/117/plaws/publ328/PLAW-117publ328.pdf
[2] SHO Letter is available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho24003.pdf
[3] 42 Code of Federal Regulations (CFR) section 438.10(h)(1) can be found here: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10
[4] APL 19-004: X12 274 Provider Network Data Reporting
[5] DMC Boilerplate Contract
[6] APL 23-001: Teledentistry Expansion Policy
[7] APL 22-013: Interoperability and Patient Access Final Rule
[8] eCFR :: 42 CFR 438.10 -- Information requirements.
[9] California Code, HSC 1367.27.

The Provider Directory must include the required information for each of the following Provider types covered under the DMC plan contract:

- Dentists, including Specialists
- Registered Dental Hygienists in Alternative Practice (RDHAPs)
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Indian Health Care Providers (IHCPs)

Effective July 1, 2025, in addition to the existing Provider Directory requirements, DMC plans must comply with the following new Provider Directory requirements:

Each public, online searchable, and printed Provider Directory must include, at a minimum:

- Provider group affiliation[10]
- Whether the Provider is accepting new Children's Health Insurance Program (CHIP) patients[11]
- Which accommodations the Provider's office or facility has provided for individuals with physical disabilities, including offices, exam rooms, and equipment
- Whether the Provider offers Covered Services via Telehealth (Teledentistry) and
- Other relevant information, as required by the Secretary.

Per the SHO Letter 24-003, the new Provider Directory requirements are effective July 1, 2025, however, monitoring of the new requirements and any enforcement actions by DHCS will not go into effect until 90 days after the final release of the APL. Provider Directory deliverable submissions must include a printable Portable Document Format (PDF) of the directory and a Uniform Resource Locator (URL) link to the online directory.

DMC plans must have Provider Directory policies and procedures (P&Ps) in place reflecting how the DMC plan is meeting and maintaining Provider Directory requirements that demonstrate compliance with how the DMC plan ensures, at a minimum, (1) compliance with all Provider Directory requirements, and (2) the accuracy of the Providers contained in the Provider Directory. DHCS may request DMC plans' Provider Directory P&Ps at any time as a method of oversight and compliance.

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[10] Provider group affiliation refers to the formal association or contractual relationship between an individual Provider (such as a dentist, dental specialist, etc.) and a Provider group or medical group that contracts with the DMC plan.

[11] The following statement may be added to DMC plans' Provider Directories in lieu of adding an indicator to each applicable Provider listed in the directory regarding Providers accepting new CHIP patients: "In California, the Children's Health Insurance Program (CHIP) is fully administered through the Medi-Cal program. All Providers who are contracted with a Dental Managed Care (DMC) plan to serve pediatric Members also serve CHIP-funded children. There is no separate Network or distinction in service delivery between Medi-Cal and CHIP enrollees; both are covered under the same benefits, funding structure, and Provider access standards."

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 P&Ps, 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 DMC plan must submit an email confirmation to dmcdeliverables@dhcs.ca.gov within 10 days of the release of this APL, stating that the DMC 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 DMC Plan to all Subcontractors and Network Providers.

For information regarding administrative and monetary sanctions, refer to APL 22-009: Enforcement Actions: Administrative and Monetary Sanctions[12] and any subsequent iterations on this topic. Any failure to meet the requirements of this APL may result in a Corrective Action Plan (CAP) and/or sanctions.

If you have any questions regarding this APL, please contact DHCS at dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by

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

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