CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: November 23, 2026

ALL PLAN LETTER 26-010

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: DENTAL MANAGED CARE REQUIREMENTS FOR TRIBAL HEALTH PROGRAMS - REIMBURSEMENT AND TRIBAL LIAISON REQUIREMENTS

PURPOSE:

The purpose of this All-Plan Letter (APL) is for the Department of Health Care Services (DHCS) to provide updated guidance to the Dental Managed Care Plans (Dental MCPs) regarding dental services for American Indian and Alaska Native (AI/AN) Members effective for dates of service on or after January 1, 2026.

BACKGROUND:

Effective July 1, 2025, DHCS expanded on relationships with Dental MCPs to redefine how care is delivered across the state through new Dental Managed Care contracts[1], strengthening existing protections for AI/AN Members enrolled in Dental Managed Care (Dental MC). DHCS' top priority is ensuring managed care Members have access to Dental MCPs that provide timely and high-quality care, and that Dental MCPs are focused on delivering on the state's health system transformation goals.

POLICY:

I. Reimbursement Requirements

Under both Federal and State Medi-Cal policy, Dental MCPs shall allow AI/AN Members enrolled in Dental MC to receive services from an Indian Health Care Provider (IHCP) of their choice, regardless of whether the IHCP is a Network or Out-of-Network (OON) provider. Dental MCPs are required to make payments to Network and OON IHCPs for covered services provided to eligible AI/AN Members as follows:

- For IHCPs that are enrolled in Medi-Cal as a Tribal Health Program (THP), which includes Indian Health Services-Memorandum of Agreement (IHS-MOA) and Tribal Federally Qualified Health Center (Tribal FQHC) providers,

[1] The Dental MC Boilerplate Contract can be found here: https://www.dhcs.ca.gov/services/Documents/MDSD/DMC-Boilerplate-Contract-2025.pdf

Dental MCPs are directed to reimburse these providers at the applicable All-Inclusive Rate (AIR) set by the Office of Management and Budget (OMB). The AIR is published annually in the Federal Register with a retroactive effective date, and Dental MCPs are required to pay the most current applicable rate. Dental MCPs shall ensure interim payments are reconciled to the applicable updated AIR for that calendar year.

- There is no change to the billing arrangement for Urban Indian Organizations (UIOs) participating in Medi-Cal as Federally Qualified Health Centers (FQHCs), as these provisions do not apply. For existing FQHC billing guidance, providers may refer to the RHC/FQHC Provider Manual[2] and RHC/FQHC Billing Codes Manual[3].

AI/AN Members are not subject to enrollment fees, premiums, deductibles, copayments, cost sharing, or other similar charges.[4] All of these protections remain in effect for AI/AN Members in Dental MC, regardless of whether they were required to transition to a new Dental MCP on July 1, 2025. AI/AN Members of Dental MCPs who are accessing care from non-IHCPs are subject to the same Continuity of Care protections as all Dental MCP Members. Similarly, Members of Dental MCPs who are not AI/AN and who are accessing care from IHCPs are also subject to the same Continuity of Care protections as all Dental MCP Members.

In Sacramento County, Members were mandatorily enrolled into Dental MC effective July 1, 2025. AI/AN Members have the right to be seen at a THP regardless of whether that THP is contracted with Dental MCPs, and Dental MCPs are required to reimburse THPs at the applicable AIR for covered services. For THP services provided to non-AI/AN Members, the Provider must be contracted with the Dental MCP and assigned to the THP to receive reimbursement at the AIR.

In Los Angeles County, Members may voluntarily enroll in a Dental MCP effective July 1, 2025; otherwise, they remain in Dental Fee-For-Service (FFS). AI/AN Members

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[2] The RHC/FQHC Provider Manual can be found here: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/C983B7D9-42B3-4543-BF93-D272AB764BDD/rural.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

[3] The RHC/FQHC Billing Codes Manual can be found here: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/2D80A3B6-A32B-4131-BE63-12EE7243A849/ruralcd.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

[4] 42 United States Code (USC) section 1396o(j); 42 Code of Federal Regulations (CR) section 447.56 and section 457.535

voluntarily enrolled in a Dental MCP have the right to be seen at a THP regardless of whether that THP is contracted with Dental MCPs, and Dental MCPs are required to reimburse THPs at the applicable AIR for covered services.

II. Reimbursement Limits

A. IHS-MOA providers

IHS-MOA providers receive reimbursement at the AIR. IHS-MOA providers may be reimbursed for up to three (3) visits per Member per day; one (1) in each of the following service categories: medical, mental health, ambulatory/dental. Ambulatory and dental services are considered the same service category. Reimbursement for multiple services in the same category per Member per day is not allowed.

B. Tribal FQHCs

Tribal FQHCs may be reimbursed for up to three (3) visits per Member per day, in any combination of three (3) different visits in the following categories: medical, mental health, ambulatory, and dental. Ambulatory and dental services are considered separate service categories. Multiple services in the same category per Member per day are allowed but each visit must be for distinct and different reasons.

The AIR is effective for one calendar year and may have a retroactive effective date. Therefore, Dental MCPs are required to pay the most current applicable AIR as described in this APL during the calendar year for which the rate applies and as an interim rate in a subsequent calendar year if an updated AIR has not been published. The rates can be found on the Indian Health Services website.[5] Dental MCPs must ensure that interim payments are reconciled to the applicable updated AIR for that calendar year in accordance with contractual prompt payment requirements. Dental MCPs will receive reimbursement for services paid to IHS-MOA and Tribal FQHC providers through the submission of the DHCS IHCP reimbursement Process. Dental MCPs must follow payment claims submission guidance as directed by DHCS.

When an AI/AN Member has commercial primary coverage, the Dental MCP should deduct the primary payment amount from the All-Inclusive Rate. The combined reimbursement from the Other Health Coverage (OHC) and the Dental MCP should total the AIR. When an AI/AN Member has a Tribal Self-Insurance plan, Medi-Cal

[5] https://www.ihs.gov/businessoffice/reimbursement-rates/

Dental MCP is the primary payer. The Member may request removal of the Tribal Self-Insurance plan as OHC from Medi-Cal, the Dental MCP is reflected as the primary payer.

III. Tribal Liaison Requirements

Dental MCPs are required to have an identified Tribal Liaison dedicated to working with each in-network and out-of-network IHCP in its service area. The Tribal Liaison is responsible for coordinating referrals and payment for services provided to AI/AN Dental MCP Members who are qualified to receive services from an IHCP.

DHCS expects the Dental MCP Tribal Liaison to have experience with Tribal health care and American Indian tribes to undertake an active and engaged role in assisting IHCPs with the requirements and policies as outlined in this APL. Dental MCPs are expected to fulfill the Tribal Liaison role with adequate staffing to ensure effectiveness and their ability to serve IHCPs, AI/AN Dental MCP Members, and the geographical landscape of the Dental MCP's service area. The role and responsibilities of the Dental MCP Tribal Liaison include, but are not limited to:

- Providing information to IHCPs regarding enrollment and disenrollment of AI/AN Dental MCP Members;
- Coordinating care with in- and out-of-network IHCPs for AI/AN Dental MCP Members;
- Ensuring access to care with In-Network and OON IHCPs for AI/AN Dental MCP Members;
- Providing assistance to IHCPs and AI/AN Dental MCP Members with accessing appropriate transportation given logistical and geographical barriers unique to Tribal communities;
- Providing case management for AI/AN Dental MCP Members that involves In-Network and OON IHCPs;
- Assisting IHCPs with Provider relations services, claims and payment assistance and resolution, and Member services;
- Providing support in obtaining grievance, appeal, and State Hearing services to IHCPs in cases that impact AI/AN Dental MCP Members;
- Providing benefits and services navigation and coordination THPs in order to provide dental services to AI/AN Dental MCP Members;
- Providing assistance to IHCPs regarding Dental MCP contracting, credentialing, and other applicable provider requirements; and

- Attesting to the completion of the Cultural Humility training from the California Governor's Office of the Tribal Advisor[6], the Overview of Trauma-Informed Care and Historical Trauma training from the IHS[7], and other relevant trainings as they are developed and noted by DHCS.

Additionally, DHCS strongly encourages Dental MCP Tribal Liaisons to commit to the following activities to enhance relationships between Dental MCPs, IHCPs, and AI/AN Dental MCP Members:

- Providing assistance to the Dental MCP's Member Services department in situations involving AI/AN Dental MCP Members;
- Representing the Dental MCP and providing assistance to Subcontractors and Downstream Subcontractors to address inquiries and/or instances involving AI/AN Dental MCP Members;
- Participating in the Dental MCP Community Advisory Committee and other Dental MCP committees that potentially impact AI/AN Dental MCP Members;
- Attending and participating in Tribal consultations involving Tribes within the Dental MCP's service area;
- Attending and participating in DHCS' Tribal and Designees of Indian Health Programs Quarterly Meeting, and other relevant meetings;
- Developing Tribal specific outreach and educational materials;
- Hosting marketing events and developing marketing materials focused on Tribal health as permitted;
- Collaborating with other Dental MCP Tribal Liaisons to discuss best practices, lessons learned, and sharing of information and resources;
- Collaborating with local Tribal communities on the development of regional and culturally appropriate trainings for Dental MCP staff; and
- Having knowledge and consideration of Indigenous Determinants of Health when determining quality metrics and data reporting.

REQUIREMENTS:

[6] Governor's Office of Tribal Affairs-Office of the Tribal Advisor Cultural Humility training can be accessed at: https://tribalaffairs.ca.gov/wp-content/uploads/sites/10/2020/11/OTA_Cultural-Humility-1.pdf

[7] The Indian Health Service Overview of Trauma-Informed Care and Historical Trauma training can be accessed at: https://www.ihs.gov/mentalhealth/ticmandatorytraining/

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in a Dental MCP's contractually required Policy and Procedures (P&Ps), the plan must submit its updated P&Ps with and without track changes to DHCS' Medi-Cal Dental Services Division (MDSD) at dmcdeliverables@dhcs.ca.gov within 90 days of the release of this APL.

If a Dental MCP determines that no P&P changes are necessary, the Dental MCP must submit an email confirmation to dmcdeliverables@dhcs.ca.gov within 10 days of the release of this APL stating that the Dental MCP's P&Ps have been reviewed and that 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.

Dental MCPs are responsible for ensuring that their Subcontractors, Downstream 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 Dental MCP to all Subcontractors, Downstream Subcontractors, and Network Providers.

DHCS may impose enforcement actions, including corrective action plans (CAPs). Dental MCPs should review their Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements to ensure compliance with this APL. For information regarding administrative and monetary sanctions, refer to APL 22-009: Enforcement Actions: Administrative and Monetary Sanctions[8] and any subsequent APL on this topic. Any failure to meet the requirements of this APL may result in a 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

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