

**DATE:** September 26, 2025

ALL PLAN LETTER 25-014

**TO:** ALL MEDI-CAL MANAGED CARE PLANS

**SUBJECT:** UPDATE TO PROVIDER DIRECTORY REQUIREMENTS

**PURPOSE:**

This All Plan Letter (APL) provides Medi-Cal managed care plans (MCPs) with guidance on updated Provider Directory requirements pursuant to the Consolidated Appropriations Act, 2023 (Pub.L. No. 117-328, section 5123 (Dec. 29, 2022) 136 Stat. 4459, 5944) (CAA, 2023);<sup>1</sup> State Health Official Letter (SHO) 24-003, pages 4-5; and 42 Code of Federal Regulations (CFR) section 438.10(h)(1).<sup>2</sup>

**BACKGROUND:**

In accordance with the Centers for Medicare and Medicaid Services (CMS), the Department of Health Care Services (DHCS) is implementing guidance on Provider Directory requirements for Medi-Cal Fee-for-Service (FFS) Providers and contracted MCPs pursuant to Division H, Title V, Section 5123 of the CAA, 2023, and SHO Letter 24-003, section Provider Directory Data Requirements, Page 5.

The CAA, 2023 introduced new requirements for Provider Directories under section 5123, titled "REQUIRING ACCURATE, UPDATED, AND SEARCHABLE PROVIDER DIRECTORIES." Effective July 1, 2025, these requirements, most of which are already regulatory requirements for MCPs, build on existing policy by mandating that MCP Provider Directories be searchable in electronic form and include whether the Provider offers Covered Services via Telehealth.

Existing Provider Directory requirements are found in the MCP Contract Exhibit A, Attachment III, 5.1.3.H<sup>3</sup> and 42 CFR section 438.10(h).

**POLICY:**

MCPs must continue to meet existing requirements specified in the MCP Contract Exhibit A, Attachment III, 5.1.3.H, 42 CFR Section 438.10(h), and California Health and

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<sup>1</sup> The CAA, 2023 is available at: <https://www.congress.gov/117/plaws/publ328/PLAW-117publ328.pdf>.

<sup>2</sup> SHO Letter 24-003 is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24003.pdf>. The CFR is searchable at: <https://www.ecfr.gov/>.

<sup>3</sup> The boilerplate MCP Contract is available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>.



Safety Code section 1367.27.<sup>4</sup> MCPs are required to comply with the requirements set forth in this section. The Provider Directory must include the required information for each of the following Provider types covered under the MCP Contract:

- Physicians, including Specialists;
- Hospitals;
- Pharmacies; (FFS pharmacies are not required to be included)
- Mental health and Substance Use Disorder Providers; and
- Long Term Supports and Services Providers, as appropriate.

Effective July 1, 2025, in addition to the existing Provider Directory requirements<sup>5</sup>, MCPs 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;<sup>6</sup>
- Whether the Provider is accepting new Children's Health Insurance Program (CHIP) patients;<sup>7;8</sup>
- 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; and
- Other relevant information, as required by the Secretary.

Note: In addition to what is identified above, DHCS will continue to review for mandated

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<sup>4</sup> State law is searchable at: <https://leginfo.legislature.ca.gov/>.

<sup>5</sup> See 42 CFR section 438.10(h) and the MCP Contract Exhibit A, Attachment III, 5.1.3.H.

<sup>6</sup> Provider group affiliation refers to the formal association or contractual relationship between an individual Provider (such as a physician, nurse practitioner, etc.) and a Provider group or medical group that contracts with an MCP.

<sup>7</sup> Optional Targeted Low Income Children, Medi-Cal Access Program, and County Children Health Initiative Program.

<sup>8</sup> The following statement may be added to MCPs' 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 Medi-Cal Managed Care Plan (MCP) 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."

Provider Directory additions with the following effective dates:

- Doulas, effective January 1, 2023<sup>9</sup>.
  - MCPs may include Doulas under “Other Providers” or a specific Doula section. Doula providers typically deliver doula services in a Member’s home or via Telehealth, or both. In place of the “address(es) at which the Provider provides services”, the provider directory may state, as applicable: “No address—provider sees patients in their homes;” or, “No address—provider sees patients via Telehealth;” or, “No address—provider sees patients in their homes or via Telehealth.” Due to the mobile nature of the Doula Services benefit, many Doulas use their home address as their established place of business/service address. MCPs should not include Doulas’ home addresses in Member-facing materials, including Provider Directories, unless the Doula has agreed to share this information.
- Enhanced Care Management (ECM), effective October 1, 2024<sup>10</sup>
- Community Supports, effective October 1, 2024<sup>11</sup>
- Justice Involved (JI), effective October 1, 2024<sup>12</sup>; and
- Gender Affirming Care, effective March 1, 2025.<sup>13</sup>

The Provider Directory is the MCP’s public-facing material used to represent their Network of Providers available for Members.

DHCS makes available to all Members information pertaining to Medi-Cal covered services that are carved out of the Medi-Cal managed care Contract in compliance with SHO 24-003. MCPs should include the below links on their Provider directory website so that Members can locate Medi-Cal enrolled Providers, including Pharmacies and Behavioral Health providers.

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<sup>9</sup> See APL 23-024, Doula Services, or any superseding APL. APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

<sup>10</sup> See APL 23-032, Enhanced Care Management Requirements, or any superseding APL and the California Advancing and Innovating Medi-Cal (CalAIM) ECM Policy Guide at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>.

<sup>11</sup> See APL 21-017, Community Supports Requirements, or any superseding APL, the Community Supports Policy Guide Volume 1 at: <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>, and the Community Supports Policy Guide Volume 2 at: <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf>.

<sup>12</sup> See APL 23-030, Medi-Cal Justice-Involved Reentry Initiative-Related State Guidance, or any superseding APL and the Policy and Operational Guide for Planning and Implementing the CalAIM JI Initiative, at: <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf>.

<sup>13</sup> See APL 24-017, Transgender, Gender Diverse or Intersex Cultural Competency Training Program and Provider Directory Requirements, or any superseding APL.

- Medi-Cal Rx Provider Directory: <https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy/>.
- Denti-Cal Provider Directory: [https://dental.dhcs.ca.gov/Members/Medi\\_Cal\\_Dental/Find\\_A\\_Dentist/DentalProviderDirectorySearch?locale=en](https://dental.dhcs.ca.gov/Members/Medi_Cal_Dental/Find_A_Dentist/DentalProviderDirectorySearch?locale=en).
- FFS Provider Directory: <https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers>.
- Providers that need to complete information for the FFS directories may do so at: <https://www.dhcs.ca.gov/provgovpart/Pages/Provider-Directory-Reqs.aspx>.

Individual MCP Provider Directories are not used by DHCS to conduct most Network adequacy and access to care compliance assessment activities, including but not limited to the Timely Access Survey and the Annual Network Certification. Please refer to APL 23-001 for details on submission of the 274 Provider File and related instructions for meeting Provider Network reporting requirements.

Per the SHO, the new Provider Directory requirements are effective July 1, 2025, therefore, MCPs' July 2025 expected Provider Directory deliverable submitted via the Managed Care Operations Division (MCOD) Contract Oversight SharePoint Submission Portal must include the new requirements.<sup>14</sup> 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 submissions must include a printable Portable Document Format of the directory and a Uniform Resource Locator link to the online directory. MCP's must have Provider Directory policies and procedures (P&Ps) in place reflecting how the MCP is meeting and maintaining Provider Directory requirements that demonstrate compliance with how the MCP 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 MCP's Provider Directory P&Ps at any time as a method of oversight and compliance.

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.<sup>15</sup> These requirements must be communicated by each MCP to all Subcontractors, Downstream Subcontractors, and Network Providers. DHCS may impose enforcement actions, including Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Network Provider and/or 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 25-

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<sup>14</sup> The MCOD Oversight SharePoint Submission Portal can be found at: <https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Contract%20Oversight.aspx>.

<sup>15</sup> For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see the MCP Contract.

007: Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions and any subsequent iterations on this topic. Any failure to meet the requirements of this APL may result in enforcement actions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Bambi Cisneros

Acting Division Chief, Managed Care Quality and Monitoring Division

Assistant Deputy Director, Health Care Delivery Systems