

**DATE:** February 26, 2024

ALL PLAN LETTER 24-001  
SUPPLEMENT ALL PLAN LETTER 22-006

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

**SUBJECT:** MODIFICATIONS TO THE GRIEVANCE AND APPEALS  
DELIVERABLE TEMPLATE FOR THE MEDI-CAL DENTAL MANAGED  
CARE PROGRAM

**PURPOSE:**

The purpose of this Dental All Plan Letter (APL) is to inform the Medi-Cal Dental Managed Care (DMC) plans of the implementation of an updated Grievance and Appeals template. This updated template clarifies the grievance and appeals tracking system requirements located in APL 22-006 at Section XIII. F. 4. and allows for self-reporting by DMC plans.

**BACKGROUND:**

On July 20, 2022, DHCS issued APL 22-006<sup>1</sup> 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 APL 22-006 superseded APL 20-003<sup>2</sup>, previously released to provide plans with guidance regarding federal and state grievance and appeal requirements, including Final Rule<sup>3</sup> requirements.

**POLICY AND REQUIREMENTS:**

Grievances

DHCS is streamlining and broadening the template to account for different grievance reporting types. As such, there are now twenty-five categories for grievances which are as follows:

1. Continuity of Care
2. Geographic access
3. Language Access
4. Out-Of-Network
5. Physical Access
6. Provider Availability / Scheduling

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<sup>1</sup> [APL 22-006 - Final \(ca.gov\)](#)

<sup>2</sup> [APL 20-003 - Final \(ca.gov\)](#)

<sup>3</sup> [Medicaid and CHIP Managed Care Final Rules | Medicaid](#)

7. Injury
8. Discrimination
9. Fraud / Waste / Abuse
10. PHI / Confidentiality / HIPAA
11. Authorization of Services
12. Medi-Cal Eligibility and Enrollment
13. Referral
14. Case Management / Care Coordination
15. Member Informing Materials
16. Technology / Telephone
17. Quality of Care
18. Expedited Appeal Request Denied
19. Plan's Reduction / Suspension / Termination of Previously Authorized Service
20. Plan's Failure to Meet Timeframes for Resolution
21. Customer Service Grievance
22. Denial of Payment Request
23. Payment Grievance
24. Medical Necessity Grievance
25. Other

In accordance with APL 23-004<sup>4</sup>, and in alignment with federal reporting requirements, DMC plans must now report unresolved grievances and/or appeals that are resolved outside of the deliverable reporting period in subsequent grievances and appeals report.

#### Self-Reporting Tab

DMC plans must utilize the "Self-Reporting" tab to document any contractual deficiencies listed in the report, provide a plan of action, and define a timeline with a resolution date. Each deficiency must be listed as its own line item with the aforementioned requirements.

DMC plans are expected to utilize the updated template immediately. Additionally, DHCS is working towards grievance and appeals data submission via JSON file format and will communicate data submission requirements at a later date.

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

Sincerely,

*Original signed by:*

Adrianna Alcala-Beshara, JD, MBA  
Chief, Medi-Cal Dental Services Division  
Department of Health Care Service

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<sup>4</sup> [APL 23-004 - Final \(ca.gov\)](#)