

DATE: May 8, 2024

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: ALL PLAN LETTER APL 24-002: DENTAL COVERAGE DISCLOSURES

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 requirements for providing dental coverage disclosures pursuant to Assembly Bill 952 (Dental coverage disclosures, Chapter 125, Statutes of 2023) ¹.

BACKGROUND:

Assembly Bill 952 assists providers in determining if an enrollee's or insured's dental coverage is state or federally regulated by adding Section 1374.18² to the Health and Safety Code (HSC) and adding Section 10120.42³ to the Insurance Code (IC).

Health plans or health insurers that issue, sell, renew, or offer a contract covering dental services, or specialized health plans or specialized health insurers covering dental services are required to disclose whether the enrollee's or insured's dental coverage is "State Regulated" through a provider portal, if available, or upon request, on or after January 1, 2025.

Health plans or health insurers that issue, sell, renew, or offer a contract covering dental services, or specialized health plans or specialized health insurers covering dental services are required to include the statement "State Regulated", if the enrollee's or insured's dental coverage is subject to regulation by the Department of Managed Health Care (DMHC) or the Department of Insurance (DOI), on an electronic or physical identification card, or both if available, on or after January 1, 2025.

¹ [Assembly Bill 952](#)

² [HSC Section 1374.18](#)

³ [IC 10120.42](#)

POLICY:

DMC Plans are licensed and regulated by the DMHC and must comply with Assembly Bill 952 and HSC 1374.18. Effective January 1, 2025, DMC Plans **must:**

1. Disclose that the enrollee's dental coverage is "State Regulated" through a provider portal, if available, or otherwise upon request.
2. Include the statement "State Regulated" on the enrollee's electronic or physical identification card, or both if available.

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 policies and procedures (P&Ps), the DMC 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 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.

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

Sincerely,

Original signed by:

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