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**DATE:** May 24, 2017

**TO:** ALL MEDI-CAL DENTAL MANAGED CARE (DMC) PLANS

**SUBJECT: APL 17-002: MEMBER HANDBOOK AND EVIDENCE OF COVERAGE**

**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 clarification and guidance regarding the application of new federal and existing state regulations for the Member Handbook and Evidence of Coverage (EOC) requirements.

**BACKGROUND:**

On May 6, 2016, the Centers for Medicare and Medicaid Services published the Medicaid and Children's Health Insurance Program Managed Care Final Rule<sup>1</sup>, which aimed to align Medicaid managed care regulations with requirements of other major sources of coverage. The final rule stipulated new requirements for the enrollee handbook that become effective July 1, 2017.<sup>2</sup> The enrollee handbook is herein known as the Member Handbook and Evidence of Coverage (EOC).

This APL provides guidance to DMC plans regarding the member handbook requirements. DMC plans are required to use the state developed member handbook and can add information specific to their plan.

**REQUIREMENTS:**

The existing DHCS contract requires DMC plans to ensure that all written member information is provided to members at a sixth (6th) grade reading level.<sup>3</sup> New federal requirements add that the DMC plans are to use the member handbook developed by the state<sup>4</sup>, which must be consistent with the following<sup>5</sup>:

- Uses easily understood language and format.
- Has a font size no smaller than 12 point.

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<sup>1</sup> Federal Register (FR), Volume 81, No. 88, 27497 (May 6, 2016)

<sup>2</sup> Title 42, Code of Federal Regulations (CFR), Part 438

<sup>3</sup> Exhibit A, Attachment 14(D)(3)

<sup>4</sup> 42 CFR, Section 438.10(c)(4)(ii)

<sup>5</sup> 42 CFR, Section 438.10(d)(6)(i-iv)

- Is available in alternative formats and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration the special needs of members or potential members with disabilities or limited English proficiency.
- Includes a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternative formats. Large print means printed in a font size no smaller than 18 point.

The contract requires the DMC plan to provide each member a member handbook, which serves as a summary of benefits and coverage, within a reasonable time after receiving notice of the member's enrollment.<sup>6</sup>

The content of the member handbook must include information that enables the member to understand how to effectively use the dental managed care program. The DMC plan is required to utilize the state model member handbook that includes the following information<sup>7</sup>:

- Benefits provided by the DMC plan. This includes information about the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and how to access component services if individuals under age 21 entitled to the EPSDT benefit are enrolled in the DMC plan.
- How and where to access any benefits provided by the state, including EPSDT benefits delivered outside the DMC plan, if any.

The DMC plan is required to utilize the state model member handbook that includes<sup>8</sup>:

- The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that members understand the benefits to which they are entitled.
- Procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for specialty care and for other benefits not furnished by the member's primary care dentist.

The DMC plan is required to utilize the state model member handbook that includes the extent to which, and how, after-hour care is provided.<sup>9</sup>

The DMC plan is required to utilize the state model member handbook that includes:

- How emergency care is provided.
- Information regarding what constitutes an emergency dental condition.
- Information regarding what constitutes an emergency service.

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<sup>6</sup> 42 CFR, Section 438.10(g)(1); 45 CFR, Section 147.200(a)

<sup>7</sup> 42 CFR, Section 438.10(g)(2)

<sup>8</sup> 42 CFR, Section 438.10(g)(2)(iii) - (iv)

<sup>9</sup> 42 CFR, Section 438.10(g)(2)(v)

- The fact that prior authorization is not required for emergency services.
- The fact that the member has a right to use any dentist for emergency care, including an out-of-network provider.<sup>10</sup>

The DMC plan is required to utilize the state model member handbook that includes<sup>11</sup>:

- Any restrictions on the member's freedom of choice among network providers.
- The extent to which, and how, members may obtain benefits from out-of-network providers.

The DMC plan is required to utilize the state model member handbook that includes cost sharing for services furnished by the DMC plan, if any is imposed under the state plan.<sup>12</sup>

The DMC plan is required to utilize the state model member handbook that includes member rights and responsibilities, including the member's right to<sup>13</sup>:

- Receive information on member and plan information.
- Be treated with respect and with due consideration for his or her dignity and privacy.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand.
- Participate in decisions regarding his or her dental care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Request and receive a copy of their dental records and request that they be amended or corrected.

The DMC plan is required to utilize the state model member handbook that includes member rights and responsibilities, including the member's right to obtain available and accessible dental services covered under the DMC plan contract.<sup>14</sup>

The DMC plan is required to utilize the state model member handbook that includes the process of selecting and changing the member's Primary Care Dentist (PCD).<sup>15</sup>

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<sup>10</sup> 42 CFR, Section 438.10(g)(2)(v)

<sup>11</sup> 42 CFR, Section 438.10(g)(2)(vi) - (vii)

<sup>12</sup> 42 CFR, Section 438.10(g)(2)(viii)

<sup>13</sup> 42 CFR, Section 438.10(g)(2)(ix); 42 CFR, Section 438.100(b)(2)(i) - (vi)

<sup>14</sup> 42 CFR, Section 438.10(g)(2)(ix); 42 CFR, Section 438.100(b)(3)

<sup>15</sup> 42 CFR, Section 438.10(g)(2)(x)

The DMC plan is required to utilize the state model member handbook that includes grievance, appeal, and fair hearing procedures and timeframes in a state-developed or state-approved description.<sup>16</sup>

The DMC plan is required to utilize the state model member handbook that:<sup>17</sup>

- Includes the member's right to file grievances and appeals.
- Includes the requirements and timeframes for filing a grievance or appeal.
- Includes information on the availability of assistance in the filing process for grievances.
- Includes information on the availability of assistance in the filing process for appeals.
- Includes the member's right to request a state fair hearing after the DMC plan has made a determination on a member's appeal which is adverse to the member.
- Specifies that, when requested by the member, benefits that the DMC plan seeks to reduce or terminate will continue if the member files an appeal or a request for state fair hearing within the timeframes specified for filing, and that the member may, consistent with state policy, be required to pay the cost of services furnished while the appeal or state fair hearing is pending if the final decision is adverse to the member.

The DMC plan is required to utilize the state model member handbook that includes:<sup>18</sup>

- How to access auxiliary aids and services, including additional information in alternative formats or languages.
- The toll-free telephone number for member services.
- The toll-free telephone number for dental management (care coordination).
- The toll-free telephone number for any other unit providing services directly to members.
- Information on how to report suspected fraud or abuse.
- Any other content required by the state.

The contract specifies that the member handbook information is considered to be provided to the member if the DMC plan:<sup>19</sup>

- Mails a printed copy of the information to the member's mailing address;
- Provides the information by email after obtaining the member's agreement to receive the information by email;
- Posts the information on its website and advises the member in paper or electronic form that the information is available on the Internet and includes the

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<sup>16</sup> 42 CFR, Section 438.10(g)(2)(xi)

<sup>17</sup> 42 CFR, Section 438.10(g)(2)(xi)(A) - (E)

<sup>18</sup> 42 CFR, Section 438.10(g)(2)(xiii) - (xvi)

<sup>19</sup> 42 CFR, Section 438.10(g)(3)(i) - (iv)

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applicable Internet address, provided that members with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost; OR

- Provides the information by any other method that can reasonably be expected to result in the member receiving that information.

Information posted to the DMC plan's website must be readily accessible.<sup>20</sup> Readily accessible means electronic information and services which comply with modern accessibility standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines 2.0 AA and successor versions.<sup>21</sup>

The contract requires the DMC plan to provide each member with notice of any significant change, as defined by the state, in the information specified in the member handbook at least 30 days before the intended effective date of the change. This is an existing standard, however the federal regulatory citation will change effective July 1, 2017.<sup>22</sup>

Beginning July 1, 2018, the DMC plan will be also be required to utilize the state model member handbook and notices that describe the transition of care policies for members and potential members.<sup>23</sup>

If you have any questions regarding this APL, please contact Mr. Ruben Romero, Chief, Provider and Beneficiary Services Section at (916) 445-8385, or by email at [ruben.romero@dhcs.ca.gov](mailto:ruben.romero@dhcs.ca.gov).

Sincerely,

ORIGINAL SIGNED BY:

Anastasia Dodson  
Acting Chief, Medi-Cal Dental Services Division  
Department of Health Care Services

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<sup>20</sup> 42 CFR, Section 438.10(c)(6)(i)

<sup>21</sup> 42 CFR, Section 438.10(a)

<sup>22</sup> 42 CFR, Section 438.10(g)(4)

<sup>23</sup> 42 CFR, Section 438.62(b)(3)