



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMOND G. BROWN, JR.  
GOVERNOR

**DATE:** December 1, 2017

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

**SUBJECT: APL 17-010: INCLUDE SPECIALTY TYPE IN PLAN PROVIDER NETWORK REPORT, AND CHANGES TO PLAN PROVIDER NETWORK REPORT (42 C.F.R. § 438.10)**

**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 changes to the deliverable templates for the “Provider Network Report,” and “Changes to Plan Provider Network Report,” which are submitted monthly to DHCS, in accordance with the DMC plan contracts pursuant to Exhibit A, Attachments 8 and 19.

**BACKGROUND:**

DMC plans are obligated to submit to DHCS, on a monthly basis, a Plan Provider Network Report and Changes to Plan Provider Network Report, in accordance with Exhibit A, Attachment 8. The report is provided using the deliverable templates specified in Exhibit A, Attachment 19. The current templates include the names and addresses of all providers, but do not include a field describing the provider specialty type.

**REQUIREMENTS:**

Beginning in calendar year 2018, DMC plans must include an additional field describing each provider’s specialty type in the Plan Provider Network Report and the Changes to Provider Network Report.

Please note that Provider Network Reports are due to DHCS via electronic submissions to the DMC Deliverables inbox: [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov).

If a DMC plan repeatedly fails to submit complete, accurate and timely deliverables, DHCS may apply sanctions in accordance with the DMC contract, and state and federal law. As a reminder, DMC plans are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs. These requirements must be communicated by each DMC plan to all delegated entities and subcontractors.

If you have any questions regarding this APL, please email [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov).

Sincerely,

*Original signed by:*

Alani Jackson, Division Chief  
Medi-Cal Dental Services Division  
Department of Health Care Services