



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: January 1, 2013

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 13-008: Clarification on Exhibit A, Attachment 10; Provision F – Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC); and Indian Health Service Facilities**

This All Plan Letter (APL) is effective January 1, 2013 for the Geographic Managed Care Contract and July 1, 2013 for the Prepaid Health Plan Contract. The purpose of this APL is to clarify to the contracted Medi-Cal Dental Managed Care (DMC) Plans the responsibilities regarding the Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Service Facilities. These contractual responsibilities are explained in Exhibit A, Attachment 10; Provision F, under “Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Service Facilities” of the contract.

DMC Plans shall submit to DHCS on a monthly basis, a report of FQHCs, RHCs, and Indian Health Service Facilities, in your Provider Network. Enclosed is a sample format of the information needed for this report. This report should include plan name, the name of provider, address, phone number, effective date of the provider, any new providers the plan has contracted with, and any pending providers. This report should be separate from the Provider Network report. This report is due thirty (30) calendar days after the beginning of each month.

If you have questions, comments, or issues concerning this letter please contact the DHCS staff listed for this section in the DHCS Contact Spreadsheet located in APL 13-011.

Sincerely,



Alisha Sipin, Chief
Dental Managed Care Contracts & Analysis Unit
Medi-Cal Dental Services Division

FQHC, RHC, and Indian Health Facilities (Specific Report Attached)	Month/Year	
	# Currently Enrolled:	
	# Pending Enrollment:	
	# Reached Out to:	
	# Newly Enrolled:	

Name of Plan	Name of FQHC, RHC, or Indian Health Facility	Address	Phone Number	Enrollment Status (Current, New or Pending)	Effective Date	Number of FT Providers