



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



EDMUND G. BROWN JR.
GOVERNOR

DATE: September 15, 2015

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 15-014: APPROVAL PROCESS FOR ANNUAL RATES PACKAGES AND RATE ADJUSTMENTS**

This All Plan Letter (APL) is effective immediately for Sacramento County Geographic Managed Care (GMC) and Los Angeles County Prepaid Health Plan (PHP). The purpose of this APL is to provide further instruction to the Dental Managed Care (DMC) Plans regarding the approval process of annual rate packages as referenced in Exhibit B, Provision E, Determination of Rates and rate adjustment(s) as referenced in Exhibit B, Provision F, Redetermination of Rates – Obligation Changes of the DMC contract(s).

DHCS will send written notification with the annual rates packages or rate adjustments to the DMC Plans for their review. DMC Plans must respond in writing within twenty (20) business days from the date of the notification with questions and/or comments. If necessary, a rate meeting will be arranged to address plan concerns. If DHCS receives no response from a DMC Plan within the time frame specified above, DHCS shall accept the non-response as an approval of the rates package or adjustment(s).

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

Sincerely,



Kalanie Lipscomb, Chief
Contract Management & Policy Unit
Medi-Cal Dental Services Division