



Provider Bulletin

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Upcoming Dental Managed Care Transition

The Department of Health Care Services (DHCS) has awarded contracts to three Dental Managed Care (DMC) plans in Sacramento and Los Angeles counties. Effective July 1, 2025, the DMC plans available in each of the counties are:

- Liberty Dental Plan
- Health Net of California
- California Dental Network

Medi-Cal DMC provides high-quality and accessible oral health care through managed care delivery systems. Medi-Cal DMC contracts provide health care services through established networks of organized systems of care, which emphasize preventive and consistent dental care.

DMC is mandatory in Sacramento County, which means members must enroll in one of the available DMC plans. If a provider would like to provide dental services to members residing in Sacramento County, they must ensure they are contracted with a DMC plan. In Los Angeles County, enrollment in a DMC plan is voluntary. Members must actively choose to join a DMC plan; otherwise, they will remain in dental FFS. Providers can contact the [DMC plan](#) if they would like to participate in the plan's network.

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Learn the latest Medi-Cal Dental news and information by signing up for our Medi-Cal Dental Fee-For-Service Provider email distribution list [here](#).

TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).



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Approximately 350,000 members affected by the new contract will receive transition notices explaining to them what is changing, if they need to make a plan choice, their continuity of care protections, and other important information. Members will receive 90-day, 60-day, and 30-day notices. Members will also receive a Medi-Cal Managed Care enrollment packet.

If a member is currently enrolled in Access Dental Plan or dental FFS and wants to keep the provider they have, but their provider does not work with their new DMC plan, the member can ask their new Medi-Cal DMC plan for continuity of care. Continuity of care may let the member keep their current provider for up to 12 months. If a member wants continuity of care, they can speak with their provider. The provider can refer the member to contact their local county office to report changes. Once Medi-Cal informs the member of their new Medi-Cal DMC plan, the member can call their new DMC plan's member services line to request continuity of care. Members must call at least 30 days before the new Medi-Cal DMC plan starts.

It is important to remind members to ensure their local county office has their current contact information, so they do not miss essential information about their Medi-Cal coverage. Members can contact their local county office or visit [KeepMediCalCoverage.org](https://www.dental.dhcs.ca.gov/keepmedi-cal-coverage) to report any changes to their name, address, phone number, or e-mail address.

For questions and support, please contact the Medi-Cal Dental Telephone Service Center (TSC) at (800) 423-0507, from 8:00 a.m. to 5:00 p.m. Monday through Friday.