

From: DMHC Licensing eFiling

Subject: APL 23-003 – AB 1982 Telehealth: Dental Care

Date: Tuesday, January 24, 2023 2:38 PM

Attachments: APL 23-003 – AB 1982 Telehealth Dental Care (1.24.2023)

Dear Health Plan Representative,

The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-003 to set forth the Department's guidance regarding how health care service plans (plans) shall comply with AB 1982.

Thank you.



Gavin Newsom, Governor
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ALL PLAN LETTER

DATE: January 24, 2023

TO: All Full-Service Commercial and Specialized Health Care Service Plans Offering Dental Services¹

FROM: Jenny Phillips
Deputy Director
Office of Plan Licensing

SUBJECT: APL 23-003 – Assembly Bill 1982 Telehealth: Dental Care

Assembly Bill (AB) 1982 (Santiago, Ch. 525, Stats. 2022) adds Health and Safety Code section 1374.142 to the Knox-Keene Health Care Service Plan Act of 1975, effective January 1, 2023.² This All Plan Letter (APL) sets forth the Department of Managed Health Care's (DMHC or Department) guidance regarding how health care service plans (plans) shall comply with AB 1982.

I. Background

On September 25, 2022, Governor Gavin Newsom signed AB 1982, which adds Section 1374.142. Section 1374.142 requires a plan offering a product covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to report certain information to the Department for each product offering the service.³

¹This APL does not apply to Medicare Advantage products, Medi-Cal Managed Care products, or plans only offering behavioral health, vision, or acupuncture/chiropractic products.

²References to California Code of Regulations sections will be designated as "Rule," e.g., Rule 1300.67.1, and references to California Health and Safety Code sections will be designated as "Section," e.g., Section 1367.016. All references are to the California Health and Safety Code unless otherwise noted. The Knox-Keene Health Care Service Plan Act of 1975, California Health and Safety Code Section 1340 et seq. (the "Act").

³For the purposes of Section 1374.142, "third-party corporate telehealth provider" is defined as a corporation that provides dental services exclusively through a telehealth technology platform and has no physical location at which a patient can receive services, and is directly contracted with a health care service plan, including a

Additionally, Section 1374.142 requires a plan offering a service via telehealth through a third-party corporate telehealth provider to disclose information regarding the impact of these services to the enrollees benefit limitations.⁴ Section 1374.142 also specifies that the requirements of Section 1374.141 do not apply to specialized health care service plan's covering dental services.⁵

II. Compliance and Filing Requirements

All full service commercial and specialized plans that issue, sell, renew or offer a plan contract covering dental services must submit by March 7, 2023, a filing to demonstrate compliance with the AB 1982 requirements discussed in this APL. Submit the filing via eFiling as an Amendment titled "Compliance with AB 1982 (2022)" (Compliance Filing). In the Compliance Filing, include an Exhibit E-1 addressing how the plan will comply with AB 1982.

1. In the Compliance Filing Exhibit E-1, state whether the Plan offers any covered dental services through a third-party corporate telehealth provider as defined in Section 1374.142, subdivision (d).
 - a. If the plan does not offer covered dental services through a third-party corporate telehealth provider:
 - i. Affirm the plan will demonstrate how it will comply with Section 1374.142 in the manner outlined in this APL, prior to offering any covered dental services through a third-party corporate telehealth provider.
 - ii. The plan need not provide the additional information requested below at this time.
2. With respect to Section 1374.142, subdivision (a), if the plan offers dental services via telehealth through a third-party corporate telehealth provider, in the Compliance Filing Exhibit E-1:
 - a. Affirm the plan is collecting the following information:
 - i. The total number of services delivered via telehealth by a third-party corporate telehealth provider.
 - ii. For each third-party corporate telehealth provider with which it contracts, the percentage of the third-party telehealth provider's contracted providers available to the plan's enrollees that are also network providers.

specialized health care service plan, that issues, sells, renews, or offers a plan contract covering dental services. See Section 1374.142, subd. (d).

⁴Section 1374.142, subd. (b).

⁵Section 1374.142, subd. (c)

- iii. For each third-party corporate telehealth provider with which it contracts, the types of telehealth services utilized by enrollees, including information on the gender and age of the enrollee.
 - b. The Office of Plan Monitoring – Division of Provider Networks will issue further instructions for reporting this information.
3. With respect to Section 1374.142, subdivision (b), if the plan offers dental services via telehealth through a third-party corporate telehealth provider, in the Compliance Filing Exhibit E-1:
 - a. Affirm the plan discloses to the enrollee the impact of the third-party corporate telehealth visits on the enrollee's benefit limitations, including frequency limitations and the enrollee's annual out of pocket maximum.
 - b. Describe how the Plan will disclose this information to the enrollee.
4. Please submit the following documents in the Compliance Filing, to demonstrate compliance with AB 1982.
 - a. Revised EOCs, Subscriber Contracts, Disclosure Forms, Summaries of Benefits and Coverage, Schedules of Benefits, or other materials to reflect compliance with the requirement to disclose the impact of the third-party corporate telehealth visits on the enrollee's benefit limitations, including frequency limitations and the enrollee's annual out of pocket maximum pursuant to Section 1374.142, subdivision (b).
 - b. Submit policies and procedures, if revised, to ensure compliance with Section 1374.142. If revisions to policies or procedures are not required, affirm the plan's policies and procedures do not require revision to ensure compliance with Section 1374.142.
 - c. If the plan delegates responsibilities under Section 1374.142 to a contracted entity, submit updated contract(s) (as an Exhibit K-1, Exhibit N-1, and/or Exhibit P-5) and any oversight documents demonstrating the delegated entity is required to comply with Section 1374.142.

If you have questions regarding the applicable timelines for filing or other questions about the requirements of this APL, please contact your plan's assigned reviewer in the Office of Plan Licensing.