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From: Bob Isman [redacted]
Sent: Saturday, February 25, 2017 10:26 AM
To: DHCS MCQMD NAU [redacted]
Subject: Proposed Medi-Cal network adequacy standard

Thank you for the opportunity to comment on the proposed Medi-Cal network adequacy standard. These comments are limited to those proposed for pediatric dental services.

The Knox-Keene Act (KKA) contains the governing laws that regulate health maintenance organizations (HMOs) and managed care plans within California, including dental managed care plans. The current KKA time and distance standards for dental managed care plans are 10 miles or 30 minutes. The Timely Access for Non-Urgent Appointments standard for routine (non-emergency) appointments is within 4 weeks. For specialist appointments, it is within 30 business days from the request.

In response to the new federal requirements, DHCS has proposed the same single time and distance standard for pediatric dental services as the KKA standard--10 miles or 30 minutes from a beneficiary's residence. For the Timely Access for Non-Urgent Appointments, DHCS has also proposed the same time and distance standard as the KKA standard--within 4 weeks to the appointment from the date of the request for routine appointments, and within 30 business days to the appointment from the date of the request for specialist appointments.

The time/distance standard that DHCS has proposed for both adult and pediatric primary care, which would be equivalent to routine dental care, is the same as that proposed for pediatric dental care--10 miles or 30 minutes. But for Timely Access for Non-Urgent Appointments it is within 10 business days to the appointment from the date of request (compared to within 4 weeks for routine dental appointments and 30 days for dental specialists). Also, for adult and pediatric specialty (medical) care, the proposed time/distance standard varies by county size: for large counties, it is 15 miles or 30 minutes from the beneficiary's residence. With respect to pediatric dental specialty services, there is no allowance for different time/distance standards for different county sizes. For many other provider and service types (OB/GYN, hospitals, mental health professionals, substance use disorder services and pharmacy) there are different time/distance standards for different county sizes.

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It's possible that because dental managed care exists in only two counties—Sacramento and Los Angeles—DHCS considered these "large" counties and saw no need for different time/distance standards based on county size. However, DHCS defined Sacramento County as a "medium" size county. Also, there are rural areas in both these counties. Also, it is not clear whether DHCS considered the means of transportation in setting its time/distance standards.
This is supposed to be considered in Medi-Cal managed (health) care contracts, but dental managed care is not governed by those contracts. Many Medi-Cal beneficiaries must rely on public transportation, which can often take more than 30 minutes even to get to a relatively close provider. DHCS did not make clear how it plans to monitor compliance with either its time/distance or timely access standards.

Recently, the American Dental Association's Health Policy Institute demonstrated a new methodology for measuring access to dental providers (see http://www.ada.org/en/science-research/health-policy-institute/publications/webinars/measuring-what-matters-a-new-tool-to- help-assess-geo-access-to-medicaid-dentists-in-every-state). The ADA has geocoded every dentist in the US, including FQHC dentists and dental school clinics. This information, when combined with Medi-Cal beneficiary, dental provider and claims/encounter data, would allow DHCS to very accurately monitor access to dental providers, using any time/distance standard it chooses. The geomapping software also would allow such monitoring assuming beneficiaries had to rely on public transportation. It would behoove DHCS to investigate this methodology.

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