

Department of Health Care Services Medi-Cal Dental Services Division

Provider Participation Measurements Round 1: April 2nd Meeting Dental Stakeholder Feedback

1) County-Specific Dentist-to-General Population Ratio Standard

DHCS will identify counties with provider participation ratios that fall below the dentist-to-general population ratio standard as counties that lack active providers.

Stakeholder	Feedback
Alameda County Public Health Department	<p>Dentist to population ratio is a useful measure ONLY when applied within a small locality such as a county. In order to adjust outreach and recruitment efforts when the provider capacity is sub optimal reporting requirements must be assessed quarterly at minimum. Moreover, each dentist whether in private practice or clinic has varying capacity to accept and serve current or new patients. Therefore these measures are suggested.</p> <ul style="list-style-type: none"> • Providers capacity: measuring quarterly capacity : <ul style="list-style-type: none"> ○ # Medi-Cal enrolled patients that would be seen quarterly ○ # of patients' visits quarterly ○ # of new patients seen
California Dental Association	<ul style="list-style-type: none"> • Provider participation ratios should not be the measure used by DHCS to determine patient access. It simply has limited value in determining access to care. • To truly measure provider participation, the department needs to fully evaluate provider capacity to treat Denti-Cal enrollees. • To begin, the state must be able to accurately report on the number of active providers in its network. Ensuring an accurate listing is critical to measuring provider network capacity. Active provider status should be determined on a monthly basis and to be considered active for network measurement purposes the provider should have no fewer than 5 claims per month. • The department should be able to discern which providers are able to treat young patients and patients with special needs who require services under general anesthesia or in a hospital setting, and ensure sufficient capacity for these vulnerable populations. • In addition, the state must measure the number of patient appointments available each month by county or other appropriate geographic area and ensure there is sufficient capacity for the patient population.
Children Now	<p>We recommend defining provider participation by percentage of patient load each provider currently allocates for Medi-Cal enrollees. As we wait for the provider survey results, it is critical to understand the capacity of providers who are enrolled in Denti-Cal, but might not be actively accepting Medi-Cal beneficiaries.</p>
Dental Surgery Center Coalition	<p>These provider ratios are all referring to active Denti-Cal providers correct? Active meaning accepting new patients and/or treating existing patients on a monthly basis.</p>

First 5 LA	Recommend monitoring for providers that serve young children (under 3) to ensure sufficient provider ratios for young children’s access. First 5 LA’s experience working with local oral health stakeholders is that families have difficulty finding dental providers under Medi-Cal/Denti-Cal who are able to serve young children.
First 5 Sacramento	This data should be available on/for all counties, not just those who fall below a specific threshold.
Maternal and Child Health Access	The dentist-to-general population ratio must take into account or disallow those providers taking less than a set number of patients per month. A formula should be developed for when a dentist is counted or counted as less than Full Time Equivalent for this standard. Providers who provide only 1-2 services in a 12 month period should not be counted as an active provider.
The Children’s Partnership/California Coverage and Health Initiatives	<p>We recommend indicators that outline how many providers who see a certain number of patients with more options that just seeing 25 unduplicated patients. Perhaps, add categories for 50 patients, 100 patients, etc... This measure should include clinics. In addition it is important to identify and report out on the proportion of providers saw what proportion of beneficiaries, e.g., 10% of providers saw 50% of beneficiaries, 80% of providers saw fewer than x beneficiaries. Then targets could be established to increase both the number of providers and the number of beneficiaries seen per provider.</p> <ul style="list-style-type: none"> • Data should include both clinics and private offices. • Data should include waiting times? How long does a patient need to wait to get various types of services based on the timely access standards. • We propose the inclusion of an indication of whether a provider is accepting new Medi-Cal patients and how many. • The proposed measures should indicate ages served when measuring provider participation, for example, how many providers serve children ages 0-3? • The proposed measures should indicate if the provider sees individuals with developmental disabilities or other special health care needs. • There should also be a measure that indicates the number of providers who are in Denti-Cal but not accepting new patients. • Finally, these data should be cross-referenced with the distance/time a patient has to travel to get to a dental office.

2a) Option 1: 1+ Services	
Provider Participation Measure methodology: <ul style="list-style-type: none"> • <u>Numerator 1</u> – Number of rendering providers who provided 1 or more dental services in a 12-month period in the county • <u>Numerator 2</u> – Number of rendering providers AND Safety Net clinics who provided 1 or more dental services in a 12-month period in the county • <u>Denominator</u> – Total Medi-Cal Eligibles in the county 	
Stakeholder	Feedback
Children Now	One or more services is too low a threshold to define participation.
Dental Surgery Center Coalition	The “dental services” must be tx of a condition and not just an exam. The period should be one month not one year.

First 5 LA	Option 1 would be useful to identify provider participation for services that are used less frequently and beneficiaries have trouble accessing (e.g. sedation) and for providers who provided any services to 0-3 children as this is likely to be low for some provider.
First 5 Sacramento	This option#1 of 1 or more dental services is too low. Including providers that only provide 1 service will create an inflated number of providers if they are counted as available to treat up to 2,000 clients as per the current standard 1:2000 ratio. See note in Additional Comments.
Medi-Cal Dental Advisory Committee – Sacramento County	Option 2b is strongly preferred.
PDI Surgery Center	No, much to low, 1/year is not a “provider” And will DHCS make sure they get rid of all the 0/year providers (14,000 listed as Medical providers?)

2b) Option 2: 25+ Beneficiaries	
Provider Participation Measure methodology:	
<ul style="list-style-type: none"> • <u>Numerator 1</u> – Number of rendering providers who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county • <u>Numerator 2</u> – Number of rendering providers AND Safety Net clinics who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county • <u>Denominator</u> – Total Medi-Cal Eligibles in the county 	
Stakeholder	Feedback
Children Now	25+ beneficiaries is preferable. Although 100+ beneficiaries would be better.
Dental Surgery Center Coalition	This is a better measure.
First 5 LA	Option 2 would help to capture providers who are serving a certain threshold of patients and therefore providing a reasonable level of access. Also, tracking by 0-5 children is recommended.
First 5 Sacramento	<ul style="list-style-type: none"> • While this option is better, it is still too low. • Including providers that only provide service to 25 beneficiaries a year will create an inflated number of providers if they are counted as available to treat up to 2,000 clients as per the current standard 1:2000 ratio. • Consider a number of 250 beneficiaries (500 would be better) or 2500 dental services (4000 would be better) as a minimum. Counting low count service providers as available to treat up to 2,000 clients as per the current standard 1:2000 ratio still creates an inflated count. See note in Additional Comments.

<p>Maternal and Child Health Access</p>	<ul style="list-style-type: none"> • Concur with TCP in the need for additional measures and configurations. In addition to their comments, MCHA would like to see whether a provider is being counted as FTE for multiple insurance lines, i.e. Medicare, private insurance/Exchange plans, in multiple Medi-Cal plans (in Sacramento/Los Angeles) OR that those patients are at least counted in some way in the ratio. • Language capability should be measured/counted. • Ratio of specialists, i.e. pedodontist should be measured/counted. • The age children accepted, i.e. age bands must capture when general dentists AND pedodontist will see children/infants. 0-3 might not be the best band, because dentists may only start at age 3 and we lose who will see infants before the 1st birthday. • Willingness to see pregnant women, and if any restrictions are placed i.e. trimester, should be measured/counted
<p>Medi-Cal Dental Advisory Committee – Sacramento County</p>	<p>Option 2b is strongly preferred.</p>
<p>PDI Surgery Center</p>	<p>Response 1:</p> <ul style="list-style-type: none"> • Increase it to make it 25/year 300/year instead (10/month). • Incentive payment should only be to providers who: see at least 10 DC patients per month. I can't believe that 25/year would even qualify as a "provider." • And, at least 5 new patients/ month. <p>Response 2:</p> <ul style="list-style-type: none"> • Still low if we are to meet the need (as someone said toward end of the call, even if there even was 14,000 active Medical providers active, they could only treat 350,000 patients (adults or children) annually – not enough to meet the need. • Almost no provider sees children age 5 or less, so make that measure

<p>3) Additional Comments for Provider Participation Measurements</p>	
<p>Stakeholder</p>	<p>Feedback</p>
<p>Children Now</p>	<p>We recommend defining provider participation by ages served and capacity to serve children with special needs. This could be achieved, for example, by looking at the unduplicated beneficiaries categorized by age. Given that the audit focused on children's access to care and our understanding that providers do not have much capacity to serve children (especially those under age 5), this criteria seems especially important. Additionally, it would be helpful to know cultural competency of participating providers by languages spoken.</p>
<p>First 5 Sacramento</p>	<p>Find way to ask the providers what their patient threshold is. Ask them to specify if they plan to see 25 or less; up to 50; up to 100; between 100 and 500; between 500 and 1000; between 1000 and 2000 clients. Be very clear, especially with new/potential providers, that their application or participation will not be impacted by their answer...that you are just trying to determine how many providers are really available to help Medi-Cal clients.</p> <ul style="list-style-type: none"> • Provider participation should reflect whether or not a provider is accepting children or adults into their practice, as a minimum. Requesting data from providers regarding whether or not they will see clients with disabilities (children and/or adults) would also be an important consideration.

	<p>Other comments regarding providers:</p> <ul style="list-style-type: none"> Simplify the provider application process so that doing the paperwork to become a provider is less daunting and less of a hassle. <p>Prioritize processing of provider applications and subsequent notification and training to providers so providers can join the system in a timely manner. Under Option 2b above providers that are serving less than 2000 patients should not be counted as full-time when assessing system capacity.</p>
Maternal and Child Health Access	Distance, travel time and wait times for providers should be measured for sub-groups – for periodontists, for dentists willing to see under 1 year olds, for dentists willing to take pregnant women, for dentists who will see disabled beneficiaries.
Medi-Cal Dental Advisory Committee – Sacramento County	Under Option 2b above providers that are serving less than 2000 patients should not be counted as full-time when assessing system capacity.
PDI Surgery Center	<p>There are almost NO dentists who will see children, nor DD patients, so DHCS must get more detail on WHICH patients the Provider treats.</p> <p>Add three (3)-subcategories:</p> <p>Option 3: 25+ Beneficiaries Ages 5 or under</p> <ul style="list-style-type: none"> <u>Numerator 1</u> – Number of rendering providers who serviced 25 or more unduplicated children beneficiaries aged 5 or under in a 12-month period in the county <u>Numerator 2</u> – Number of rendering providers AND Safety Net clinics who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county <p>Option 4: 25+ Beneficiaries Ages 18 or under with DD</p> <ul style="list-style-type: none"> <u>Numerator 1</u> – Number of rendering providers who serviced 25 or more unduplicated children beneficiaries aged 5 or under in a 12-month period in the county. <u>Numerator 2</u> – Number of rendering providers AND Safety Net clinics who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county <p>Option 5: 25+ Beneficiaries Ages 18 or over with DD</p>