

Department of Health Care Services (DHCS) Medi-Cal Dental Program

Provider Participation Measurements Round 2: April 21st Meeting Dental Stakeholder Feedback

| I. Provider Participation Measurement Submitted Feedback | |
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| Stakeholder | Feedback |
| California Dental Association | <ul style="list-style-type: none"> • DHCS Revised Proposed Provider Participation Measurement: CDA greatly appreciates the department’s integration of the various stakeholder comments relative to Provider Participation Measurement. However, it would be more useful to gain an understanding of those rendering providers who treat 100+ beneficiaries per year and what percentage of all users of dental services were seen by those dentists who saw 100+ beneficiaries. Additionally, it would be helpful to gain a better sense of the number and proportion of all rendering providers seeing x number of beneficiaries per year by age and by county. • Referral List Information: While the department listed referral information (slide 9) as “Secondary”, CDA urges the department to consider this information “necessary” and discernable by the department. CDA remains concerned that the burden of providing the information related to specialty, languages offered, general anesthesia/sedation availability, special needs accommodation, age groupings seen, practice limitations on availability to Medi-Cal patients should not be placed on the Denti-Cal provider network. • Provider Network Capacity Information: Deemed “Tertiary” by the department, CDA urges the department to reconsider the prioritization of this information and the timeliness of reporting to ensure children and patients with special needs are able to access timely treatment in the appropriate setting for general anesthesia administration. Gaining an understanding of provider capacity is a key component to identifying true beneficiary access. • Other considerations: Items identified for consideration in the future, such as spatial analysis for time and distance study and increasing the frequency of reporting and provider surveys are critical items and should be implemented now. |
| Children Now | <p>Additionally, regarding the number of beneficiaries served, we do not agree to count safety net clinics as providers as proposed. Clinics typically employ more than one provider, so we would suggest revising to the number of providers that serve 25+ beneficiaries.</p> |
| First 5 Sacramento | <p>Quarterly Reporting of information – It is a good improvement to have quarterly reports of data rather than less frequent reporting. However, as much as a 6-month lag time in reporting is too long. The quarterly reports will be routine reports. Routine reports should be able to be posted in a more timely manner. The Department should give consideration to streamlining review and approval processing of these reports so that the information can be available more timely. Once prepared and approved (which would be helpful in 30 days or less), then adequate resources should be available on the Information Technology/Web Management side to have these reports posted immediately, not in an additional 90 days. Other State departments post materials within hours of</p> |

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| | <p>receiving it. Our County IT department handles our requests promptly and posts in several hours or the next day. In the spirit of transparency and cooperation, please direct adequate resources to the task of receiving, processing, and posting this and other data as quickly as possible. Data is a valuable resource to stakeholders and we need your help to receive it in a timely manner.</p> <p>Additional information about providers should be available to potential beneficiaries such as: Accepting new patients or not, and how many they will accept; Indicating the age of patients served; and, If the provider will see patients who with developmental disabilities or other special health care needs.</p> <p>When reporting information on providers, report the number of providers who are enrolled but not currently accepting new patients.</p> |
| Maternal and Child Health Access | <p>Reiterating our initial comment, please include pregnant* beneficiaries in the proposed measures where applicable (i.e. use of preventive services).</p> <p>* Given the limitations of the obtaining the pregnancy data, can a place holder be added for when pregnancy data becomes available?</p> |
| The Children's Partnership | <p>The Children's Partnership is in agreement with the modifications that were made to the proposed measures based on the first round of stakeholder feedback. However, we wish to continue to emphasize the importance of additional measures such as:</p> <ul style="list-style-type: none"> • the inclusion of an indication of whether a provider is accepting new Medi-Cal patients and how many. • measures indicating ages served, for example, how many providers serve children ages 0-3? • measures indicating if the provider sees individuals with developmental disabilities or other special health care needs. • measures indicating 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. |

| II. Provider Participation Measurement Questions from April 21 Discussion | |
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| Stakeholder | Questions |
| Children's Dental Health Clinic | How many people/providers do you anticipate surveying? Are you taking a sample from each county? |
| Children Now | Will the twice per year provider survey be mandatory? If not, how can you ensure accurate capacity, especially in rural areas? |
| The Children's Partnership | Is there a way to track how many patients are treated by "multiple" providers within a year...looking for patients being referred out for additional services or patients that can't be served at their "home office". |