

Department of Health Care Services
Medi-Cal Dental Program
Provider Participation Measurement

I. Background

The Department of Health Care Services (DHCS) consulted with the stakeholder community throughout the month of April 2015 regarding DHCS' proposal to establish criteria for assessing provider participation in the Medi-Cal Dental fee-for-service delivery system as recommended by the California State Auditor's (CSA) Office. In response to the stakeholder feedback that was received, DHCS finalized the following provider participation measurements, and DHCS will consider phasing in additional data to support the objective assessment of provider network adequacy.

II. Provider Participation Measurement

A. County-Specific Licensed Dentist-to-General Population Ratio Standard as Benchmark

Counties with provider participation ratios that do not meet the dentist-to-general population ratio standard will be identified as counties that may not have sufficient active dental providers. Based on Census data and 2014 dental provider information from the California Dental Board, the statewide ratio is 1:1,741. County-level ratios vary significantly due to the number of licensed dentists in specific counties. This information will be used to develop targeted mitigation strategies and geostrategic outreach to licensed providers that may not be enrolled or participating in the Medi-Cal Dental Program.

B. Measurement Methodology

Numerator: Number of rendering providers and number of safety net clinics who serviced 25, 50, 75, and 100 or more unduplicated beneficiaries in a 12-month period

Denominator: Total Medi-Cal eligibles (for whom dental is a covered benefit) in the county

C. Age Stratification

Consistent with the feedback received, DHCS will also examine information about number of children and adults being seen by Medi-Cal dental providers compared to the number of children and adults in the general population to the number of licensed dentists.

III. Additional Information to Consider Regarding Provider Participation Measurements

Referral list data and provider network capacity information will be phased in as secondary and tertiary layers for assessing provider participation in the Medi-Cal Dental fee-for-service network.

A. Referral List Information – Secondary

DHCS collects referral list information, which is voluntarily provided by the dental provider office. The following data elements will be reported concurrently with the core provider participation measurements:

- Number of service office locations accepting new Denti-Cal patients
- Number of service office locations enrolled but not accepting new Denti-Cal patients (please note that providers could still be participating but not open to new Denti-Cal patients)
- County
- Dental provider specialist information
- Languages offered

Although DHCS captures the following information for each service office location to the extent the service office provides the information, the data is not captured in a format that can be queried and aggregated and would require manual effort to extract. While these will not be immediately implemented, DHCS is taking steps to research how best to acquire and report out on the following data elements:

- General anesthesia/sedation availability
- Type of special needs accommodated
- Age groupings seen, if limited

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- Any limitation on availability to Medi-Cal patients based on referral form (i.e. hours and days of operation, age limitations, etc.)

B. Provider Network Capacity Information – Tertiary

DHCS will conduct bi-annual surveys to determine the capacity of providers and safety net clinics to see Medi-Cal beneficiaries. Provider surveys will request the following information:

- Proportion of the provider's practice that serves Medi-Cal beneficiaries, stratified by children and adults
- Number of new Medi-Cal beneficiaries that can be accommodated each week, stratified by children and adults
- Provider office hours and days of operation
- Provider office wait time averages for appointments consistent with the generally accepted timely access to care standards (e.g. urgent appointments must be scheduled within 72 hours)
- Whether any limitations apply for Medi-Cal patients in obtaining an appointment
- Feedback on what the program can do to increase its provider participation

C. DHCS Considerations for the Future

The items below represent the considerations brought to the DHCS' attention that DHCS recognizes as valuable information. Per these recommendations, DHCS needs additional time to further research the feasibility of reporting contingent upon resource or data availability and a greater experience in reporting the specific measures established through this collaborative process.

- Spatial analysis for time and distance traveled
- Increase frequency of reporting from annual to quarterly
- Increase frequency of provider network capacity survey from bi-annual to quarterly
- Potentially include additional metrics for monitoring provider participation