

Centers for Medicare & Medicaid Services DENTAL MANAGED CARE Network Adequacy Certification

Prepared by the California Department of Health Care Services

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Executive Summary

The Department of Health Care Services (DHCS) conducted a comprehensive review of the provider networks for each of the six contracted Dental Managed Care (DMC) plans and has concluded that all DMC plan provider networks are compliant with the annual network certification requirements set forth in Title 42, Code of Federal Regulations, Section 438.207. Federal and state laws and regulations establish state-specified network adequacy standards, which DMC plans are required to comply with as specified in the DMC contracts. DMC plans are known as Geographic Managed Care (GMC) in Sacramento County, and Prepaid Health Plans (PHP) in Los Angeles County. DHCS' network evaluation consisted of a review of the DMC plans' ability to maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in both Sacramento and Los Angeles counties.

Description of Sacramento County

Sacramento County is located in Northern California Central Valley at the base of the Sierra Nevada. Sacramento County has a total area of 994 square miles and borders Sutter County to the north, El Dorado County to the northeast, Amador County to the southeast, San Joaquin County to the south, Contra Costa County to the southwest, Solano County to the west and Yolo County to the northwest. As of July 1, 2018, the United States Census Bureau estimates that Sacramento County had a population of 1,540,975.

Description of Los Angeles County

Los Angeles County is the most populous county in the United States (U.S.), with more than 10 million residents as of July 1, 2018. Its population is larger than that of 41 individual U.S. states. It has 88 incorporated cities and many unincorporated areas and at 4,083 square miles, it is larger than the combined areas of the U.S. states of Delaware and Rhode Island. The county is home to more than one-quarter of California residents and is one of the most ethnically diverse counties in the U.S.

Projected Enrollment

The network evaluation took into account each DMC plan's ability to meet the needs of the anticipated number by members in Sacramento and Los Angeles counties. To evaluate whether DMC plans have a sufficient number of providers to meet the

anticipated enrollment, DHCS reviewed enrollment trends from the previous three fiscal years and assumed that trends within DMC plans would remain consistent.

Provider Network Evaluation

Members enrolled in DMC are assigned a Primary Care Dentist (PCD) when joining a DMC plan, either by choice or automatic assignment. Members are able to change their PCD at any time. For the purposes of this certification, General Dentists are considered PCDs. DHCS reviewed each DMC plan's network within both Sacramento and Los Angeles counties to verify compliance with the DMC contract as well as federal and state laws and regulations. DHCS evaluated the DMC plans' provider networks to assess members' access to PCDs, specialty care dentists, and other providers of dental covered services (e.g. safety net clinics, etc.). In order for DMC plans to meet network access requirements, they must demonstrate compliance with following provider to member ratios, time and distance standards, and timely access standards:

Network Capacity – Provider to Member Ratios

DMC plans must demonstrate compliance with provider to member ratios pursuant to the DMC contract, Exhibit A, Attachment 8.B (Provider to Member Ratios). All DMC plans must demonstrate there is one full-time equivalent PCD to every 2,000 members, and one full-time equivalent network dentist (PCDs and specialists combined) to every 1,200 members within each service area. DMC plans must either meet or exceed the network capacity requirements and proportionately adjust the number of network providers to support any anticipated changes in enrollment. To validate that the providers listed on the DMC plans' reported networks provide services to enrolled plan members, DHCS conducted phone calls to a random sample of primary and specialty dental providers. While DHCS identified inaccuracies on the plans' reported networks (e.g., providers were listed at locations they were not practicing at), these discrepancies were not found to impact the plans' ability to meet the required provider to member ratios.¹ However, to ensure the accuracy of all future submissions of provider network reports, DHCS imposed a corrective action plan (CAP) on all DMC plans on May 8, 2019, requiring plans to reconcile the discrepancies. DHCS is closely monitoring the CAP to ensure compliance. DHCS confirmed that the DMC plans' reported networks far exceeded the required provider to member ratios and would still have the capacity to serve members even with a substantial increase in projected enrollment or decrease in provider participation. (See Figure 1.)

Geographic Network Distribution – Time and Distance Standards

DMC plans must demonstrate compliance with the time and distance standards pursuant to the DMC contract, Exhibit A, Attachment 8.E (Time and Distance Standard) on an annual basis or any time there has been a significant change in its operations that would affect the adequacy of capacity and services. DMC plans must maintain a network of PCDs that are located within 10 miles or 30 minutes from a member's residence unless the DMC plan has an approved alternative time and distance

¹ Provider to member ratios are calculated by identifying the number of "unique" dentists within the plan's reported network. While DHCS identified inaccuracies with providers who were listed as providing services at *multiple* locations, these discrepancies were not found to impact network capacity since each unique provider is only factored in *once* in the ratio (regardless of whether he/she is reported as providing services at multiple locations).

standard. DHCS utilized Geographic Information Systems (GIS) software to validate and evaluate the geographic distribution of PCD provider networks separately for both children and adults for DMC plans in Sacramento and Los Angeles counties. With the exception of two zip codes in Sacramento County for which alternate access standards (AAS) have been approved by DHCS for all three GMC plans, all other zip codes within these networks met the contractual requirements for time and distance standards for eligible members, thereby demonstrating an adequate network. (See Figure 2.)

Appointment Availability – Timely Access Standards

DMC plans must demonstrate compliance with timely access standards pursuant to the DMC contract, Exhibit A, Attachment 11.B (Access Requirements). All Plan Letter (APL) 18-003E² further requires all DMC plans to submit a quarterly Timely Access and Specialty Referrals Report to DHCS to demonstrate compliance with the following appointment types:

- Initial Appointment – 4 weeks
- Routine Appointment (non-emergency) – 4 weeks
- Preventive Dental Care Appointment – 4 weeks
- Specialist Appointment (adult) – 30 **business** days
- Specialist Appointment (children) – 30 **calendar** days
- Emergency Appointment – 24 hours

State law and federal regulations establish DMC plans' timely access responsibility. DMC plans must ensure continual compliance by monitoring network providers regularly and requiring corrective action when compliance is not being met. To assess compliance with these timely access standards, DHCS reviewed the DMC plans' self-reported compliance data as well as conducted phone calls on a random sample of primary and specialty dental providers within the DMC plans' reported networks. DHCS confirmed that all six DMC plans demonstrated compliance with the timely access standards for all appointment types. (See Figure 3.)

Specialist Network and Out-of-Network Access

To evaluate whether DMC plans meet the required ratio of one full-time equivalent network dentist to every 1,200 members, DHCS incorporated the following provider types into its calculations: endodontists, oral surgeons, orthodontists, pedodontists, periodontists, and prosthodontists. While there are no established ratios for dental specialties delineated in either federal or state laws, DHCS evaluated the specialist network for each DMC plan. Based on the network evaluation, DHCS concluded that DMC plans have an adequate specialist network in place to ensure access to specialty services. DHCS further reviewed DMC plans' policies and procedures to confirm that DMC plans have the ability, when required, to provide members with out-of-network access when services are not available within the network. (See Figure 4.)

² Dental Managed Care All Plan Letters. <http://www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx>

Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Service (IHS) Facilities

DMC plans must conduct outreach to subcontract with FQHCs, RHCs, and IHS facilities and include them as part of their provider network pursuant to the DMC contract, Exhibit A, Attachment 8.L (Subcontracts with FQHC/RHC). DMC plans are contracted with FQHCs, RHCs, and IHS facilities in Sacramento and Los Angeles counties. DHCS monitors all DMC plans to ensure contracts are in place with existing facilities. (See Figure 5.)

APPENDIX

Attachment A: Access Dental Plan

Attachment B: Health Net of California, Inc.

Attachment C: Liberty Dental Plan of California, Inc.

Figure 1: Provider to Member Ratios

Sacramento County

Provider Type	Dentists	Enrollees	Provider to Member Ratio	Required Standard	Standard Met
Primary Care Dentists	373	129,048	1:346	1:2,000	Yes
Total Dentists	430	129,048	1:300	1:1,200	Yes

Source: Plan Provider Network Report (Feb 2019); DHCS Data Warehouse (Feb 2019).

Los Angeles County

Provider Type	Dentists	Enrollees	Provider to Member Ratio	Required Standard	Standard Met
Primary Care Dentists	1,265	153,580	1:121	1:2,000	Yes
Total Dentists	1,700	153,580	1:90	1:1,200	Yes

Source: Plan Provider Network Report (Feb 2019); DHCS Data Warehouse (Feb 2019).

Figure 2: Time and Distance Standards

Sacramento County

Population	Required Standard	Standard Met
Adults	10 miles/30 minutes	Yes ³
Children	10 miles/30 minutes	Yes ⁴

Source: DHCS Geo Maps (Jan 2019); Plan Time & Distance Deliverable (Dec 2018).

Los Angeles County

Population	Required Standard	Standard Met
Adults	10 miles/30 minutes	Yes
Children	10 miles/30 minutes	Yes

Source: DHCS Geo Maps (Jan 2019); Plan Time & Distance Deliverable (Dec 2018).

On May 22, 2019, Access submitted an AAS request for one zip code in Sacramento County (95641). Upon evaluation and consideration of the number of members affected, approval of AAS requests for the same zip code from the previous year, the location of the nearest network provider, and the lack of dental offices and/or fee-for-service providers in the area, DHCS approved the following AAS request on May 22, 2019:

AAS Approvals

Zip Code	County	City	PCD Type	AAS
95641	Sacramento	Isleton	Adult; Pediatric	30 miles/40 minutes

³ Standard met with AAS approval.

⁴ Standard met with AAS approval.

Figure 3: Timely Access Standards

Appointment Type	Required Standard	Standard Met (Sacramento County)	Standard Met (Los Angeles County)
Initial	4 weeks	Yes	Yes
Routine	4 weeks	Yes	Yes
Preventive	4 weeks	Yes	Yes
Specialist (adults)	30 business days	Yes	Yes
Specialist (children)	30 calendar days	Yes	Yes
Emergency	24 hours	Yes	Yes

⁴Source: Plan Timely Access Deliverable (Q4 2018).

Figure 4: Contracted Specialists

Provider Type	Sacramento County	Los Angeles County
Specialists ⁵	95	596

⁵Source: Plan Provider Network Report (February 2019).

Figure 5: Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Service (IHS) Facilities

Type	Sacramento County	Los Angeles County
FQHCs/RHCs	10	53
IHS Facilities	1	1

⁵Source: Plan Provider Network Report (February 2019).

⁵ Specialist network is comprised of: endodontists, oral surgeons, orthodontists, pedodontists, periodontists, and prosthodontists.

Figure 1: Provider to Member Ratios

Sacramento County

Provider Type	Dentists	Enrollees	Provider to Member Ratio	Required Standard	Standard Met
Primary Care Dentists	160	126,887	1:793	1:2,000	Yes
Total Dentists	232	126,887	1:547	1:1,200	Yes

Source: Plan Provider Network Report (Feb 2019); DHCS Data Warehouse (Feb 2019).

Los Angeles County

Provider Type	Dentists	Enrollees	Provider to Member Ratio	Required Standard	Standard Met
Primary Care Dentists	924	176,567	1:191	1:2,000	Yes
Total Dentists	1,183	176,567	1:149	1:1,200	Yes

Source: Plan Provider Network Report (Feb 2019); DHCS Data Warehouse (Feb 2019).

Figure 2: Time and Distance Standards

Sacramento County

Population	Required Standard	Standard Met
Adults	10 miles/30 minutes	Yes ⁶
Children	10 miles/30 minutes	Yes ⁷

Source: DHCS Geo Maps (Jan 2019); Plan Time & Distance Deliverable (Q4 2018).

Los Angeles County

Population	Required Standard	Standard Met
Adults	10 miles/30 minutes	Yes
Children	10 miles/30 minutes	Yes

Source: DHCS Geo Maps (Jan 2019); Plan Time & Distance Deliverable (Q4 2018).

On May 17, 2019, Health Net submitted an AAS request for two zip codes in Sacramento County (95641; 95690). Upon evaluation and consideration of the number of members affected, approval of AAS requests for the same zip codes from the previous year, the location of the nearest network provider, and the lack of dental offices and/or fee-for-service providers in the area, DHCS approved the following AAS requests on May 21, 2019:

AAS Approvals

Zip Code	County	City	PCD Type	AAS
95641	Sacramento	Isleton	Adult; Pediatric	25 miles/35 minutes
95690	Sacramento	Walnut Grove	Adult; Pediatric	25 miles/35 minutes

⁶ Standard met with AAS approval.

⁷ Standard met with AAS approval.

Figure 3: Timely Access Standards

Appointment Type	Required Standard	Standard Met (Sacramento County)	Standard Met (Los Angeles County)
Initial	4 weeks	Yes	Yes
Routine	4 weeks	Yes	Yes
Preventive	4 weeks	Yes	Yes
Specialist (adults)	30 business days	Yes	Yes
Specialist (children)	30 calendar days	Yes	Yes
Emergency	24 hours	Yes	Yes

⁷Source: Plan Timely Access Deliverable (Q4 2018).

Figure 4: Contracted Specialists

Provider Type	Sacramento County	Los Angeles County
Specialists ⁸	72	259

⁸Source: Plan Provider Network Report (February 2019).

Figure 5: Federally Qualified Health Centers (FQHC), Rural Health Clinic (RHC), and Indian Health Service (IHS) Facilities

Type	Sacramento County	Los Angeles County
FQHCs/RHCs	11	54
IHS Facilities	1	0 ⁹

⁹Source: Plan Provider Network Report (February 2019).

⁸ Specialist network is comprised of: endodontists, oral surgeons, orthodontists, pedodontists, periodontists, and prosthodontists.

⁹ The plan must permit Indian enrollees to obtain covered services from OON IHCPs and pay for those services.

Figure 1: Provider to Member Ratios

Sacramento County

Provider Type	Dentists	Enrollees	Provider to Member Ratio	Required Standard	Standard Met
Primary Care Dentists	208	163,269	1:785	1:2,000	Yes
Total Dentists	280	163,269	1:583	1:1,200	Yes

Source: Plan Provider Network Report (Feb 2019); DHCS Data Warehouse (Feb 2019).

Los Angeles County

Provider Type	Dentists	Enrollees	Provider to Member Ratio	Required Standard	Standard Met
Primary Care Dentists	1,032	62,429	1:60	1:2,000	Yes
Total Dentists	1,297	62,429	1:48	1:1,200	Yes

Source: Plan Provider Network Report (Feb 2019); DHCS Data Warehouse (Feb 2019).

Figure 2: Time and Distance Standards

Sacramento County

Population	Required Standard	Standard Met
Adults	10 miles/30 minutes	Yes ¹⁰
Children	10 miles/30 minutes	Yes ¹¹

Source: DHCS Geo Maps (Jan 2019); Plan Time & Distance Deliverable (Q4 2018).

Los Angeles County

Population	Required Standard	Standard Met
Adults	10 miles/30 minutes	Yes
Children	10 miles/30 minutes	Yes

Source: DHCS Geo Maps (Jan 2019); Plan Time & Distance Deliverable (Q4 2018).

On May 17, 2019, Liberty submitted an AAS request for two zip codes in Sacramento County (95641; 95690). Upon evaluation and consideration of the number of members affected, approval of AAS requests for the same zip codes from the previous year, the location of the nearest network provider, and the lack of dental offices and/or fee-for-service providers in the area, DHCS approved the following AAS requests on May 21, 2019:

AAS Approvals

Zip Code	County	City	PCD Type	AAS
95641	Sacramento	Isleton	Adult; Pediatric	25 miles/35 minutes
95690	Sacramento	Walnut Grove	Adult; Pediatric	25 miles/35 minutes

¹⁰ Standard met with AAS approval.

¹¹ Standard met with AAS approval.

Figure 3: Timely Access Standards

Appointment Type	Required Standard	Standard Met (Sacramento County)	Standard Met (Los Angeles County)
Initial	4 weeks	Yes	Yes
Routine	4 weeks	Yes	Yes
Preventive	4 weeks	Yes	Yes
Specialist (adults)	30 business days	Yes	Yes
Specialist (children)	30 calendar days	Yes	Yes
Emergency	24 hours	Yes	Yes

Source: Plan Timely Access Deliverable (Q4 2018).

Figure 4: Contracted Specialists

Provider Type	Sacramento County	Los Angeles County
Specialists ¹²	72	265

Source: Plan Provider Network Report (February 2019).

Figure 5: Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Service (IHS) Facilities

Type	Sacramento County	Los Angeles County
FQHCs/RHCs	11	56
IHS Facilities	1	0 ¹³

Source: Plan Provider Network Report (February 2019).

¹² Specialist network is comprised of: endodontists, oral surgeons, orthodontists, pedodontists, periodontists, and prosthodontists.

¹³ The plan must permit Indian enrollees to obtain covered services from OON IHCPs and pay for those services.