Volume 2 of 2
Medi-Cal Dental Managed Care External Quality Review Technical Report

Contract Year 2023–24

2024 Validation of Network Adequacy

Quality and Population Health Management
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HSAG HEALTH SERVICES ADVISORY GROUP

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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Medi-Cal Dental Managed Care Plan Name Abbreviations

HSAG uses the following abbreviated Medi-Cal Dental Managed Care plan names in this report.

- **Access Dental**—Access Dental Plan, Inc.
- **Health Net**—Health Net of California, Inc.
- **LIBERTY Dental**—LIBERTY Dental Plan of California, Inc.

Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- **AAS**—alternative access standards
- **ABS**—Automated Business System
- **APL**—All Plan Letter
- **AVP**—assistant vice president
- **AWS**—Amazon Web Services
- **CAP**—corrective action plan
- **CAQH**—Council for Affordable Quality Healthcare
- **CFR**—Code of Federal Regulations
- **CHCA**— Certified Healthcare Effectiveness Data and Information Set (HEDIS®)[1] Compliance Auditor
- **CHIP**—Children's Health Insurance Program
- **CIN**—Client Identification Number
- **CMS**—Centers for Medicare & Medicaid Services
- **CRTS**—Compliance Reporting Tracking System
- **CVO**—Credentials Verification Organization
- **DDG**—Data De-Identification Guidelines
- **DHCS**—California Department of Health Care Services
- **DIV**—directory information verification
- **DSAA**—Data Science & Advanced Analytics
- **DSS**—Decision Support System
- **EDI**—electronic data interchange
- **EQR**—external quality review
- **EQRO**—external quality review organization
- **ETL**—extract, transform, and load
- **FTE**—full-time equivalency
- **HSAG**—Health Services Advisory Group, Inc.
- **HSP**—Health Solutions Plus

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- **ISCA**—Information Systems Capabilities Assessment
- **ISCAT**—Information Systems Capabilities Assessment Tool
- **IT**—information technology
- **ITSM**—Information Technology Service Management
- **LEIE**—List of Excluded Individuals and Entities
- **MCNA**—Managed Care Network Adequacy
- **MCO**—managed care organization
- **MEDS**—Medi-Cal Eligibility Data System
- **MES**—Medicaid Enterprise System
- **MIS**—Management Information System
- **NAV**—network adequacy validation
- **NCQA**—National Committee for Quality Assurance
- **OON**—out-of-network
- **PAHP**—prepaid ambulatory health plan
- **PCP**—primary care provider
- **PDRD**—Program Data Reporting Division
- **PIHP**—prepaid inpatient health plan
- **PNR**—Provider Network Report
- **PR**—provider relations
- **PSV**—primary source verification
- **QI**—quality improvement
- **SFTP**—secure file transfer protocol
- **SSN**—Social Security number
- **SVP**—senior vice president
- **UMQI**—Utilization Management/Quality Improvement

Validation of Network Adequacy

Validation Overview

The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG), as its external quality review organization (EQRO), to conduct network adequacy validation (NAV) for the Medi-Cal Dental Managed Care (Dental MC) plans. Title 42 of the Code of Federal Regulations (42 CFR) §438.350(a) requires states that contract with managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), and prepaid ambulatory health plans (PAHPs) to have a qualified EQRO perform an annual external quality review (EQR) that includes validation of network adequacy to ensure provider networks are sufficient to provide timely and accessible care to Medicaid and Children's Health Insurance Program (CHIP) beneficiaries across the continuum of services. HSAG conducted NAV, validating the systems and processes, data sources, methods, and results, according to the Centers for Medicare & Medicaid Services (CMS) EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity,* February 2023 (CMS EQR Protocol 4).[2]

HSAG worked with DHCS to identify applicable quantitative network adequacy standards by provider and plan type to be validated. Information such as description of network adequacy data and documentation, information flow from Dental MC plans to DHCS, prior year NAV reports, and additional supporting information relevant to network adequacy monitoring and validation were obtained from DHCS and incorporated into all phases of validation activities.

The purpose of NAV is to assess the accuracy of the state-defined network adequacy indicators reported by the Dental MC plans and to evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, systems and processes used, and determine the overall validation rating, which refers to the overall confidence that acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as established by the state. If states elect to calculate network adequacy results for each Dental MC plan, the EQRO will validate the indicator-level results produced by the state as if they were calculated by the Dental MC plan and validate the Dental MC plan systems and processes, as well as source data provided to the state, to inform network adequacy analysis activities.

As the EQRO for DHCS, HSAG was responsible for conducting the contract year 2023–24 validation of network adequacy indicators, confirming DHCS' and each Dental MC plan's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess

[2] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Mar 12, 2025.

the adequacy of its managed care networks, and produce accurate results to support DHCS' and the Dental MC plans' network adequacy monitoring efforts.

HSAG completed the following CMS EQR Protocol 4 activities to conduct the NAV:

- **Defined the scope of the validation of quantitative network adequacy standards:** HSAG obtained information from DHCS (i.e., network adequacy standards, descriptions, and samples of documentation the Dental MC plans submit to DHCS, a description of the network adequacy information flow, and any prior NAV reports), then worked with DHCS to identify and define network adequacy indicators and provider types, and to establish the NAV activities and timeline.
- **Identified data sources for validation:** HSAG worked with DHCS and the Dental MC plans to identify NAV-related data sources and to answer clarifying questions regarding the data sources.
- **Reviewed information systems underlying network adequacy monitoring:** HSAG reviewed any previously completed Dental MC plan Information Systems Capabilities Assessments (ISCAs), then assessed processes for collecting network adequacy data that were not addressed in the ISCA, completed a comprehensive NAV ISCA by collecting an updated Information Systems Capabilities Assessment Tool (ISCAT) from DHCS and each Dental MC plan, and interviewed DHCS and Dental MC plan staff members or other personnel involved in production of network adequacy results.
- **Validated network adequacy assessment data, methods, and results:** HSAG used the CMS EQR Protocol 4 Worksheet 4.6 to document DHCS and each Dental MC plan's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its networks, and produce accurate results that support DHCS' and the Dental MC plans' network adequacy monitoring efforts. When evaluating DHCS and the Dental MC plans for this validation step, HSAG assessed data reliability, accuracy, timeliness, and completeness; DHCS' and the Dental MC plans' methods to assess network adequacy; and the validity of the network adequacy results DHCS and the Dental MC plan submitted. HSAG summarized its NAV findings, which are documented in the individual plan-specific sections of this report.
- **Communicated preliminary findings to each Dental MC plan:** HSAG communicated preliminary NAV findings to DHCS and each Dental MC plan that included findings, preliminary validation ratings, areas of potential concern, and recommendations for improvement. DHCS and each Dental MC plan were provided the opportunity to correct any preliminary report omissions and/or errors.
- **Submitted the NAV findings to DHCS in the form of the NAV aggregate report:** HSAG used the state-approved NAV aggregate report template to document the NAV findings and submitted the draft and final NAV aggregate report according to the state-approved timeline.

Table 1 displays the Dental MC plan names and the State entity (i.e., DHCS) within the scope of review, review date, primary contact, and HSAG lead auditor.

Table 1—List of Dental MC Plans and State Entity in Scope of Review

Dental MC Plan Name/State Entity	Date	Primary Contact Name and Title	HSAG Lead Auditor
Access Dental	July 22, 2024	Sheila Schaefer, Compliance Director Audit Management and Corrections, Compliance	Arpi Dharia
Health Net	July 15, 2024	Maria G. Rodriguez, Senior Compliance Analyst	Arpi Dharia
LIBERTY Dental	July 23, 2024	Doug Stewart, Manager, Corporate Compliance	Kerry Wycuff
DHCS Quality and Population Health Management Division	September 10, 2024, and September 11, 2024	Allison Tans, Unit Manager	Rachael French

Network Adequacy Standards and Indicators Validated

States that contract with Dental MC plans to provide Medicaid or CHIP services are required to develop quantitative network adequacy standards across a subset of provider types to set expectations for each contracted Dental MC plan's provider networks. States may elect to use a variety of quantitative standards including, but not limited to, minimum provider-to-member ratios, time or distance, percentage of providers accepting new patients, and/or combinations of these quantitative measures. Based on the state-defined network adequacy standards, DHCS and the EQRO defined the network adequacy indicators, which the EQRO then validated. The indicators are metrics used to assess adherence to the quantitative network adequacy standards required and set forth by DHCS. DHCS identified network adequacy indicators to be validated for the reporting period of calendar year 2023. Table 2 and Table 3 list the network adequacy standards and the indicators HSAG validated.

Table 2—Provider Ratios

Provider Type	Provider Ratio
Primary Care Dentists	1:2,000
Total Network Dentists (Primary Care and Specialty)	1:1,200

Table 3—Time or Distance Standards

Provider Type	Time or Distance Standard
Primary Care Dentists	10 miles or 30 minutes from the member's residence
Total Dentists (Primary Care and Specialty)	10 miles or 30 minutes from the member's residence

Description of Validation Activities

Pre-Validation Strategy

Validation of network adequacy consists of activities that fall into three phases of activities: (1) planning, (2) analysis, and (3) reporting, as outlined in the CMS EQR Protocol 4. To complete validation activities for DHCS and the Dental MC plans, HSAG obtained all state-defined network adequacy standards and indicators.

HSAG prepared a document request packet that was submitted to DHCS and each Dental MC plan outlining the activities conducted during the validation process. The document request packet included a request for documentation to support HSAG's ability to assess DHCS and the Dental MC plans' information systems and processes, network adequacy indicator methodology, and accuracy in network adequacy reporting at the indicator level. Documents requested included an ISCAT, a timetable for completion, and instructions for submission. HSAG worked with DHCS and the Dental MC plans to identify all data sources informing calculation and reporting at the network adequacy indicator level. Data and documentation from DHCS and the Dental MC plans were obtained through a single documentation request packet provided to DHCS and each Dental MC plan.

HSAG hosted webinars to provide technical assistance to DHCS and the Dental MC plans to develop a greater understanding of all activities associated with NAV, standards/indicators in the scope of validation, helpful tips on how to complete the ISCAT, and a detailed review of expected deliverables with associated timelines.

Validation activities were conducted via interactive virtual review and are referred to as a "virtual review," as the activities are the same in a virtual format as in an on-site format.

Validation Team

The HSAG validation team was composed of the lead auditor(s) and validation team members. HSAG assembled the team based on the skills required for NAV and requirements established by DHCS. Team members, including the lead auditor(s), participated in the virtual review meetings; other validation team members participated in the desk review of submitted documentation only. A full list of validation team members, their roles, and their skills and expertise are provided in Appendix A.

Technical Methods of Data Collection and Analysis

The CMS EQR Protocol 4 identifies key activities and data sources needed for NAV. The following list describes the types of data collected and how HSAG conducted an analysis of these data:

- **Information systems underlying network adequacy monitoring:** HSAG conducted an ISCA using DHCS' and each Dental MC plan's completed ISCAT and relevant supplemental documentation to understand the processes for maintaining and updating provider data, including how DHCS and the Dental MC plan tracks providers over time, across multiple office locations, and through changes in participation in the Dental MC plan's network. The ISCAT was used to assess the ability of DHCS' and the Dental MC plan's information systems to collect and report accurate data related to each network adequacy indicator. To do so, HSAG sought to understand DHCS' and the Dental MC plan's information technology (IT) system architecture, file structure, information flow, data processing procedures, and completeness and accuracy of data related to current provider networks. HSAG thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification.
- **Validate network adequacy logic for calculation of network adequacy indicators:** HSAG required DHCS and each Dental MC plan that calculated the state-defined network adequacy indicators to submit documented code, logic, or manual workflows for each indicator in the scope of the validation. HSAG completed a line-by-line review of the logic provided to ensure compliance with the state-defined indicator specifications. HSAG identified whether the required variables were in alignment with the state-defined indicators used to produce DHCS' and the Dental MC plan's indicator calculations. HSAG required DHCS and each Dental MC plan that did not use computer programming language to calculate the performance indicators to submit documentation describing the steps DHCS and the Dental MC plan took for indicator calculation.
- **Validate network adequacy data and methods:** HSAG assessed data and documentation from DHCS and the Dental MC plans that included, but was not limited to, network data files or directories, provider specialty mapping, data systems and processes

workflows, and/or provider and member handbooks. HSAG assessed all data files used for network adequacy calculation at the indicator level for validity and completeness.

- **Validate network adequacy results:** HSAG assessed DHCS' and the Dental MC plan's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support DHCS' and the Dental MC plan's network adequacy monitoring results. HSAG validated network adequacy reporting against state-defined indicators and against the most recent network adequacy reports to assess trending patterns and reasonability of reported indicator-level results, if available. HSAG assessed whether the results were valid, accurate, and reliable, and if the Dental MC plan's interpretation of the data was accurate.
- **Supporting documentation:** HSAG requested documentation that would provide auditors with additional information to complete the validation process, including policies and procedures, file layouts, data dictionaries, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.

Virtual Review Validation Activities

HSAG conducted a virtual review with DHCS and the Dental MC plans. HSAG collected information using several methods, including interviews, system demonstrations, review of source data output files, primary source verification (PSV), observation of data processing, and review of final network adequacy indicator-level reports. The virtual review activities performed for each Dental MC plan are described below:

- Opening meeting
- Review of ISCAT and supporting documentation
- Evaluation of underlying systems and processes
- Overview of data collection, integration, methods, and control procedures
- Network adequacy source data PSV and results
- Closing conference

HSAG conducted interviews with key DHCS and Dental MC plan staff members who were involved with the calculation and reporting of network adequacy indicators. Appendix A lists the DHCS and Dental MC plan interviewees.

Opening meeting: The opening meeting included an introduction of the validation team and key DHCS and Dental MC plan staff members involved in the NAV activities, the review purpose, the required documentation, basic meeting logistics, and organization overview.

Review of the ISCAT and supporting documentation: This session was designed to be interactive with key DHCS and Dental MC plan staff members so that the validation team could obtain a complete picture of all steps taken to generate responses to the ISCAT, and understand systems and processes for maintaining and updating provider data and assessing

DHCS' and the Dental MC plan's information systems required for NAV. HSAG conducted interviews to confirm findings from the documentation review, expanded or clarified outstanding issues, and verified source data and processes used to inform data reliability and validity of network adequacy reporting.

Evaluation of underlying systems and processes: HSAG evaluated DHCS' and the Dental MC plan's information systems, focusing on DHCS' and the Dental MC plan's processes for maintaining and updating provider data; integrity of the systems used to collect, store, and process data; DHCS' and the Dental MC plan's oversight of external information systems, processes, and data; and knowledge of the staff members involved in collecting, storing, and analyzing data. Throughout the evaluation, HSAG conducted interviews with key DHCS and Dental MC plan staff members familiar with the processing, monitoring, reporting, and calculation of network adequacy indicators. Key staff members included executive leadership, enrollment specialists, provider relations, business analysts, data analytics staff, claims processors, and other front-line staff members familiar with network adequacy monitoring and reporting activities.

Overview of data collection, integration, methods, and control procedures: The overview included discussion and observation of methods and logic used to calculate each network adequacy indicator. HSAG evaluated the integration and validation process across all source data and how the analytics files were produced to inform network adequacy monitoring and calculation at the indicator level. HSAG also addressed control and security procedures during this session.

Network adequacy source data PSV and results: HSAG performed additional validation using PSV to further validate the accuracy and integrity of the source data files used to inform network adequacy monitoring and reporting at the indicator level. PSV is a review technique used to confirm that the information from the primary source information systems matches the analytic output files used for reporting. Using this technique, HSAG assessed the methods, logic, and processes used to confirm accuracy of the data and detect errors. HSAG selected key data elements within each source data output file to confirm that the primary source system maintained by DHCS and the Dental MC plan or obtained through external entities matched. For example, the PSV review may detect programming logic errors resulting in further root cause analysis and corrections. HSAG reviewed indicator-level results and assessed alignment with state-defined requirements.

Closing conference: The closing conference included a summation of preliminary findings based on the review of the underlying systems and processes, data collection, integration, and methods used. In addition, findings from the virtual review and documentation requirements for any post-virtual review activities were shared with DHCS and the Dental MC plans.

Network Adequacy Indicator Validation Rating Determinations

HSAG evaluated DHCS' and the Dental MC plans' ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support DHCS' and the Dental MC plans' network adequacy monitoring efforts.

HSAG used the CMS EQR Protocol 4 indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that DHCS and the Dental MC plans used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators. HSAG calculated each network adequacy indicator's validation score by identifying the number of *Met* and *Not Met* elements recorded in HSAG's CMS EQR Protocol 4 Worksheet 4.6, noted in Table 4.

Table 4—Validation Score Calculation

Worksheet 4.6 Summary
A. Total number of *Met* elements
B. Total number of *Not Met* elements
Validation Score = A / (A + B) x 100%
Number of *Not Met* elements determined to have significant bias on the results

Based on the results of the ISCA combined with the detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if DHCS' and the Dental MC plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. The overall validation rating refers to HSAG's overall confidence that acceptable methodology was used for all phases of data collection, analysis, and interpretation of the network adequacy indicators. The CMS EQR Protocol 4 defines validation rating designations at the indicator level, which are defined in Table 5, and assigned by HSAG once HSAG has calculated the validation score for each indicator.

Table 5—Indicator-Level Validation Rating Categories

Validation Score	Validation Rating
90.0% or greater	*High Confidence*
50.0% to 89.9%	*Moderate Confidence*
10.0% to 49.9%	*Low Confidence*
Less than 10% and/or any *Not Met* element has significant bias on the results	*No Confidence*

Table 6 and Table 7 present example validation rating determinations. Table 6 presents an example of a validation rating determination that is based solely on the validation score, as there were no *Not Met* elements that were determined to have significant bias on the results, whereas Table 7, presents an example of a validation rating determination that includes a *Not Met* element that had significant bias on the results.

Table 6—Example Validation Rating Determination

Worksheet 4.6 Summary	Worksheet 4.6 Result	Validation Rating Determination
A. Total number of *Met* elements	16	*Moderate Confidence*
B. Total number of *Not Met* elements	3	
Validation Score = A / (A + B) x 100%	84.2%	
Number of *Not Met* elements determined to have significant bias on the results	0	

Table 7—Example Validation Rating Determination

Worksheet 4.6 Summary	Worksheet 4.6 Result	Validation Rating Determination
A. Total number of *Met* elements	15	*No Confidence*
B. Total number of *Not Met* elements	4	
Validation Score = A / (A + B) x 100%	78.9%	
Number of *Not Met* elements determined to have significant bias on the results	1	

Significant bias was determined based on the magnitude of errors detected and not solely based on the number of elements *Met* or *Not Met*. HSAG determined that a *Not Met* element had significant bias on the results by:

- Requesting that DHCS and the Dental MC plan provide a root cause analysis of the finding.
- Working with DHCS and the Dental MC plan to quantify the estimated impact of an error, omission, or other finding on the indicator calculation.
- Reviewing the root cause, proposed corrective action, timeline for corrections, and estimated impact, within HSAG's NAV Oversight Review Committee, to determine the degree of bias.
- Finalizing a bias determination within HSAG's NAV Oversight Review Committee based on the following threshold:
  - The impact biased the reported network adequacy indicator result by more than 5 percentage points, the impact resulted in a change in network adequacy compliance (i.e., the indicator result changed from compliant to noncompliant or changed from noncompliant to compliant), or the impact was unable to be quantified and therefore was determined to have the potential for significant bias.

Validation Results

Access Dental Plan, Inc.

ISCA Findings and Data Validity

HSAG completed an ISCA for Access Dental and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that Access Dental had in place to support network adequacy indicator reporting, which included the following findings:

- During the review period, Guardian managed provider data accuracy for Access Dental. Access Dental underwent a system migration from Guardian to a new system, Cadence, as of January 2024.

HSAG evaluated the personnel that Access Dental had in place to support network adequacy indicator reporting, which included the following findings:

- Information Technology Service Management (ITSM) was utilized to request data extracts to be processed through Quest Analytics (Quest) for Network Analysis.
- Access Dental's business intelligence team included four full-time equivalent (FTE) resources trained and capable of processing network analysis reports. Staff had an average of more than three years of experience in geospatial analytics.

HSAG identified no concerns with Access Dental's information systems data processing procedures and personnel.

Enrollment System

HSAG evaluated the information systems and processes used by Access Dental to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of the Access Dental's enrollment system included the following findings:

- Enrollment and eligibility data for Medi-Cal were maintained in Guardian.
- Access Dental received daily incremental and monthly full enrollment files in an 834 file format from DHCS.
- Access Dental performed monthly reconciliation between Guardian and 834 file data to ensure completeness and accuracy of enrollment data.
- Access Dental's reconciliation and oversight of enrollment data included the following:

- Access Dental utilized the 834 eligibility files to obtain and retain member demographics. The Medicaid Client Identification Number (CIN) was used as the member ID.
- A fallout report was generated for any discrepancies or issues in member data on the 834 files. The report was then sent to DHCS for review and update. The 834 file was the source of truth for validation. Access Dental did not perform any manual edits to member data that were received.

HSAG identified no concerns with Access Dental's enrollment data capture, data processing, data integration, data storage, or data reporting.

Provider Data Systems

HSAG evaluated the information systems and processes used by Access Dental to capture provider data and identified the following findings:

- Ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- Screened the data for completeness, logic, and consistency.
- Collected data from providers to support the contracting and credentialing process in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of Access Dental's provider data system(s) included the following findings:

- Provider credentialing and provider network status data were maintained in Guardian.
- Access Dental captured all state-required provider types and specialties in Guardian.
  - Access Dental's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- Access Dental's procedures for updating and maintaining provider data included the following:
  - Access Dental had ongoing provider data verification processes in place to ensure the ability to track provider demographic data changes over time and across changes in participation. Provider applications were received via the Council for Affordable Quality Healthcare (CAQH) online data repository of credentialing data, paper application, or online application via Access Dental's electronic application system.
- Provider relations staff sent annual surveys for provider demographics and conducted on-site office visits. Any changes were documented and provided to Access Dental's data entry team for updating.
  - A provider attestation and roster notification process was in place to ensure Access Dental captured ongoing provider data updates. To receive provider updates, Access Dental contacted providers quarterly via fax blast and semiannually by mailing paper forms to be returned with any updates. Access Dental also made electronic forms available for providers to complete via the online provider directory. Access Dental updated provider information within 15 days of receipt of attestation.

- Access Dental required its provider network to update provider data quarterly. Providers were made aware of this expectation via fax blast.

HSAG identified no concern with Access Dental's provider data capture, data processing, data integration, data storage, or data reporting.

Delegated Entity Data and Oversight

HSAG's assessment of Access Dental's delegated entity data and oversight included the following findings:

- Access Dental did not subcontract any network adequacy-related services to delegated entities.

Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of Access Dental's network adequacy indicator reporting processes included the following findings:

Data preparation and submission to DHCS:

- Access Dental integrated provider and member data from Guardian for network adequacy indicator reporting.
- Access Dental maintained data control procedures to ensure accuracy and completeness of data merges from member and provider data sources using internal quality assurance processes and user acceptance testing. Second-level review processes for internal quality assurance were in place. In 2023 Access Dental utilized a source data ticket process wherein preliminary data validation was performed prior to report generation. Invalid data were sent for review and resolution. Once resolved, data were revalidated against the source system and a report was recreated based on updated data.
- Access Dental processed network access reports and shared them annually with DHCS. Network adequacy reports were processed individually. Report requirements were processed through Access Dental's IT ticket system. Multiple rounds of quality assurance and user testing were completed as part of report development.
- The provider relations team performed regular data validation thoroughly and consistently with the network providers, starting from the approved credentialing date. The validation process began with welcome calls that occurred within days of receiving the approved credentialing file. Provider Relations representatives conducted regular in-person office visits as well as ad hoc phone or virtual meetings and reviewed provider data during those interactions to ensure accuracy and submit any necessary updates.
- Access Dental maintained network adequacy indicator reports by archiving and labeling, as well as saving and maintaining the reports over time, to ensure version control.
- To ensure continuity of network adequacy indicator production, Access Dental had internal succession planning and rotational backup resources installed as an active process.

Ongoing monitoring activities:

- Access Dental used Quest to calculate and report network adequacy indicators.
- Access Dental integrated provider and member data from Guardian for network adequacy indicator reporting.
- Ad hoc GeoAccess reports were created by the Access Dental network business intelligence department to verify that all members had access to a provider within a geographic area. Once reports were run, the network recruitment team reviewed the GeoAccess report and, if needed, recruited in additional areas that did not achieve DHCS' identified time or distance performance thresholds, including general dentists, pediatric dentists, and all additional specialties. These efforts were ongoing to verify that each member had access to care.

HSAG identified no concerns with Access Dental's network adequacy indicator reporting processes.

Assessment of Data Validity

HSAG evaluated and assessed the data methods that Access Dental used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Access Dental used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Access Dental's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Access Dental's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Access Dental's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the Dental MC plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each Dental MC plan according to Table 8.

Table 8—Indicator-Level Validation Rating Categories

Validation Score	Validation Rating
90.0% or greater	*High Confidence*
50.0% to 89.9%	*Moderate Confidence*
10.0% to 49.9%	*Low Confidence*
Less than 10% and/or any *Not Met* element has significant bias on the results	*No Confidence*

No identified indicators in scope of review obtained a *No Confidence* or *Low Confidence* rating determination.

Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that at the county level, Access Dental obtained a pass designation, which indicates all standards and requirements for provider ratios were met. Table 9 demonstrates results designations by county.

Table 9—Access Dental Results—Provider Ratios

County	Provider Type	Dentists	Enrollees	Provider-to-Member Ratio	Required Standard	Standard Met
Sacramento	Primary Care Dentists	751	156,270	1:208	1:2,000	Met
Sacramento	Total Dentists	1,069	156,270	1:146	1:1,200	Met
Los Angeles	Primary Care Dentists	1,542	124,905	1:81	1:2,000	Met

County	Provider Type	Dentists	Enrollees	Provider-to-Member Ratio	Required Standard	Standard Met
Los Angeles	Total Dentists	2,541	124,905	1:49	1:1,200	Met

HSAG assessed DHCS' submitted results for the Time or Distance Standard at the ZIP Code level. When a Dental MC plan achieved a *Not Met* compliance status, DHCS allowed the plan to submit an alternative access standards (AAS) request demonstrating that the plan had exhausted all reasonable attempts to comply with the Time or Distance Standard of 100 percent access, and it was otherwise not within the plan's ability to remediate.

In Los Angeles County, for the Adult and Child General Practice category, Access Dental was observed to have 97.71 percent compliance under the 100 percent access standard, and 1.96 percent of ZIP Codes (N=306) were granted compliance based on the AAS. For the Adult and Child Specialty Practice category, 95.42 percent of ZIP Codes achieved compliance under the 100 percent access standard, and 2.29 percent of ZIP Codes (N=306) were granted compliance based on the AAS.

In Sacramento County, for the Adult and Child General Practice category, Access Dental was observed to have 92.73 percent compliance under the 100 percent access standard, and 5.45 percent of ZIP Codes (N=55) were granted compliance based on the AAS. For the Adult and Child Specialty Practice category, 92.73 percent of ZIP Codes achieved compliance under the 100 percent access standard, and 7.27 percent of ZIP Codes (N=55) were granted compliance based on the AAS.

Table 10 and Table 11 demonstrate results designations by ZIP Code for Los Angeles and Sacramento counties, respectively, where the 100 percent access standard was not achieved and DHCS determined compliance based on the AAS.

Table 10—Access Dental Results—Time or Distance Los Angeles County

* While the Dental MC plan did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *Met*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *Not Met* is reflected in the Standard Met column of this table along with the result of DHCS' AAS determination.

S = The numerator or denominator is between one and 10; therefore, HSAG suppresses displaying the numerator, denominator, and rate in this table to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

— Indicates the Dental MC plan did not meet AAS requirements.

Age	ZIP Code	Total Members	Passing Members	Percent Pass	Standard Met	AAS Met
Adult and Child General Practice						
Adult	90704	S	S	S	Not Met	Met*
Adult	93243	S	S	S	Not Met	—
Adult & Child	93544	16	11	68.75%	Not Met	Met*
Adult	90265	30	29	96.67%	Not Met	Met*
Adult & Child	93536	872	860	98.62%	Not Met	Met*
Adult & Child	93535	2,765	2,761	99.86%	Not Met	Met*
Child	93591	80	76	95.00%	Not Met	Met*
Adult and Child Specialty Practice						
Adult	90704	S	S	S	Not Met	Met*
Adult	93243	S	S	S	Not Met	—
Adult & Child	93544	16	12	75.00%	Not Met	Met*
Adult & Child	90265	30	29	96.67%	Not Met	Met*
Adult & Child	93536	872	860	98.62%	Not Met	Met*
Adult & Child	93535	2,765	2,762	99.89%	Not Met	Met*
Child	93532	S	S	S	Not Met	—
Child	93553	S	S	S	Not Met	—
Child	93563	S	S	S	Not Met	—
Child	93591	S	S	S	Not Met	Met*
Child	93510	S	S	S	Not Met	—
Child	90272	S	S	S	Not Met	—
Child	91390	49	33	67.35%	Not Met	—
Child	91384	65	64	98.46%	Not Met	Met*

Table 11—Access Dental Results—Time or Distance Sacramento County

* While the Dental MC plan did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *Met.* HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *Not Met* is reflected in the Standard Met column of this table along with the result of DHCS' AAS determination.

S = The numerator or denominator is between one and 10; therefore, HSAG suppresses displaying the numerator, denominator, and rate in this table to satisfy the DHCS DDG V2.2 de-identification standard.

— Indicates the Dental MC plan did not meet AAS requirements.

Age	ZIP Code	Total Members	Passing Members	Percent Pass	Standard Met	AAS Met
Adult and Child General Practice						
Adult & Child	95641	124	85	68.55%	Not Met	Met*
Adult & Child	95690	130	125	96.15%	Not Met	Met*
Adult & Child	95683	89	87	97.75%	Not Met	—
Child	95693	114	113	99.12%	Not Met	Met*
Adult and Child Specialty Practice						
Adult & Child	95641	S	S	S	Not Met	Met*
Adult & Child	95615	41	37	90.24%	Not Met	Met*
Adult & Child	95690	130	119	91.54%	Not Met	Met*
Child	95693	114	113	99.12%	Not Met	Met*

Strengths, Opportunities for Improvement, and Recommendations

By assessing Access Dental's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

Strengths

- **Strength #1:** Access Dental performed thorough testing on the member/provider data migration to the new platform. Access Dental had multiple layers of testing to ensure no data were lost during the migration.

Opportunities for Improvement and Recommendations

HSAG identified no specific opportunities for improvement related to the Dental MC plan's data collection and management processes used to inform network adequacy standard and indicator calculations.

Progress Made from Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the Dental MC plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each Dental MC plan's network adequacy standards progress made from the prior year.

Health Net of California, Inc.

ISCA Findings and Data Validity

HSAG completed an ISCA for Health Net and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that Health Net had in place to support network adequacy indicator reporting, which included the following findings:

- Enrollment was processed in Health Net's Automated Business System (ABS) using the DHCS 834 files. When these files were picked up from the source location, a job also transferred a copy of the same 834 file to the LIBERTY Dental path. Health Net did not verify or modify the data before sending them to LIBERTY Dental, which received an exact copy of the files.

HSAG evaluated the personnel that the Health Net had in place to support network adequacy indicator reporting, which included the following findings:

- Health Net utilized Quest, SQL, and Microsoft Excel to create data extracts or analytic reports for network adequacy. Health Net's two programmers had an average of 10 years of relevant experience.

HSAG identified no concerns with Health Net's information systems data processing procedures and personnel.

Enrollment System

HSAG evaluated the information systems and processes used by Health Net to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of the Health Net's enrollment system included the following findings:

- Health Net managed the data intake of DHCS' 834 eligibility file. The file was ingested into ABS via a secure file transfer protocol (SFTP) site and picked up by LIBERTY Dental. LIBERTY Dental managed the data internally via Health Solutions Plus (HSP), its core management information system (MIS).
- Health Net utilized LIBERTY Dental to track membership eligibility based on 834 daily files received from DHCS.
- Health Net utilized LIBERTY Dental to perform monthly reconciliation between HSP and the 834 files to ensure completeness and accuracy of enrollment data.

- Health Net utilized LIBERTY Dental's reconciliation and oversight of enrollment data, which included the following steps to quality check and reconcile data discrepancies:
  - If files failed to load properly due to any missing or incorrect data, Eligibility and Enrollment staff would notify their Health Net contact. Daily and monthly files were processed as they were received.
  - A fallout report was generated for any records with discrepancies, and errors were identified as hard or soft errors. Hard errors (critical, such as duplicate member) were worked with Health Net staff, while soft errors (demographic errors) were worked internally by Eligibility and Enrollment staff.
  - HSP had an audit trail for tracking any changes.
  - For monthly reconciliation, a complete file-to-system reconciliation was performed to ensure the accuracy of all member records in HSP. Health Net was alerted to any identified discrepancies in a timely manner.
- The HSP system captured and maintained both the state-issued Medicaid ID and an HSP system-generated ID. If the Medicaid ID changed for any reason, LIBERTY Dental used the HSP system-generated ID to link enrollment history.

HSAG identified no concerns with Health Net's enrollment data capture, data processing, data integration, data storage, or data reporting.

Provider Data Systems

HSAG evaluated the information systems and processes used by Health Net to capture provider data and identified the following findings:

- Health Net delegated 100 percent of provider network data management to LIBERTY Dental. LIBERTY Dental conducted the following activities:
  - Ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data. LIBERTY Dental conducted timely verification of each provider's information using primary and/or National Committee for Quality Assurance (NCQA) and URAC accredited/certified verification sources to ensure that credentialing decisions were based on the most accurate, current, and complete information available. LIBERTY Dental delegated the verification process to an NCQA and URAC certified Credentials Verification Organization (CVO) that followed NCQA, URAC, DHCS, federal, and accrediting standards for oversight of delegated activities.
  - Through robust delegation oversight monitoring, Health Net obtained and reviewed the Provider Network Report (PNR) data submissions to ensure completeness, accuracy, and consistency of reported provider data.
- LIBERTY Dental collected data from providers on behalf of Health Net in standardized formats such as the credentialing application or CAQH application during initial and recredentialling processes, to the extent feasible and appropriate.

HSAG's evaluation of Health Net's provider data system(s) included the following findings:

- Health Net's provider credentialing and network status data were maintained in LIBERTY Dental's HSP system.
- Health Net ensured that LIBERTY Dental captured all state-required provider types and specialties in the HSP system.
  - LIBERTY Dental's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- LIBERTY Dental's procedures for updating and maintaining Health Net's provider data included:
  - LIBERTY Dental's HSP system-maintained history to track providers over time, across multiple office locations, and through changes in participation in LIBERTY Dental's network.
  - LIBERTY Dental's internal monthly audits to ensure accuracy of any manual edits performed by the provider data management team.
  - LIBERTY Dental's reliance on the credentialing and screening process and results conducted by its delegated certified CVO to identify providers or organizations excluded from the Medicaid and CHIP program each month (e.g., List of Excluded Individuals and Entities [LEIE]).
- LIBERTY Dental required Health Net's provider network to update provider data quarterly. Providers were made aware of this expectation via newsletters, provider alerts on the provider portal, service calls, and site visits.

HSAG identified no concerns with Health Net's provider data capture, data processing, data integration, data storage, or data reporting.

Delegated Entity Data and Oversight

HSAG's assessment of Health Net's delegated entity data and oversight included the following findings:

- LIBERTY Dental is delegated to perform all provider service-related activities, including but not limited to:
  - Provider network contracting, credentialing and recredentialing, time or distance standards GeoAccess maps, network capacity and composition, provider ratios, appointment wait time/timely access standards, and language capabilities.
- LIBERTY Dental integrated network adequacy reporting and provided Health Net with monthly and quarterly provider network adequacy reporting to ensure appropriate oversight.
- Monthly, LIBERTY Dental was responsible for delivering a monthly performance report. This report contained several levels of obligations that indicated reporting of deliverables and accuracy, completeness, and timeliness of data.

- Health Net had a quarterly Utilization Management/Quality Improvement (UMQI) meeting during which the dental directors reviewed and discussed a variety of reports wherein baseline data had been established and agreed upon. If Health Net identified deficiencies, they were noted in the UMQI meeting minutes with next steps for correction. Workgroup sessions were deployed to develop a workplan to address and correct any deficiencies. If LIBERTY Dental failed to correct the deficiency, a corrective action plan (CAP) and/or service level agreement fine would be issued.
- LIBERTY Dental was contractually obligated to meet all regulatory contractual obligations as directed by DHCS in the All Plan Letter (APL) 23-005 2024 deliverable schedule.

For the delegated entity, Health Net did not identify any network adequacy data-related items requiring corrective action for data reported in CY 2023.

Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of Health Net's network adequacy indicator reporting processes included the following findings:

Data preparation and submission to DHCS:

- LIBERTY Dental integrated member, provider, and geographic data sources for network adequacy indicator reporting.
- All member and provider data were stored in LIBERTY Dental's MIS relational database, HSP; therefore, no data were merged. Extracts of these data were pulled using SQL queries to create data sets used for network adequacy reporting.
- LIBERTY Dental conducted data reasonability checks by employing quality checks at each step in its process as well as ongoing management and leadership staff review.
- LIBERTY Dental conducted peer review of programming code in GeoAccess software. LIBERTY Dental compared reports from prior years to conduct trend analyses quarter over quarter, which were sent to management staff for review.
- To ensure continuity of network adequacy indicator production, LIBERTY Dental had policies and procedures in place and had internal backups to produce network adequacy indicator reports.

Ongoing monitoring activities:

- Health Net delegated 100 percent of the network adequacy indicator reporting to LIBERTY Dental.
- LIBERTY Dental used Quest software to conduct internal monitoring and compliance of network adequacy indicators.
- LIBERTY Dental used appropriate methodologies to assess adherence to DHCS' network adequacy standards by submitting quarterly reports to DHCS demonstrating LIBERTY Dental's compliance with meeting all network adequacy standards.

- For time or distance standards, member and provider data were extracted from LIBERTY Dental's MIS reporting environment and staged within a SQL server. Quest Analytics Suite was used to calculate time/distance referencing the staged data and produced time/distance reporting. Quest's proprietary algorithm utilized the rooftop-to-rooftop method for calculating time/distance. Data from Quest were populated onto DHCS' reporting templates and submitted to DHCS quarterly.
- For provider ratios, member and provider data were extracted from LIBERTY Dental's MIS and used to compare full-time providers at each office versus the number of assigned members to generate the provider-to-member ratio. The ratios were populated onto DHCS' reporting templates and submitted to DHCS quarterly. Appointment standards were continuously self-reported by participating offices through LIBERTY Dental's directory information verification (DIV) efforts and LIBERTY Dental Provider Relations service calls/visits.
- Further, LIBERTY Dental conducted secret shopper calls and other validation efforts to monitor compliance with appointment standards. Appointment access information was stored in LIBERTY Dental's MIS at the office level. On a regular basis, at least quarterly, appointment access information was analyzed to identify offices outside of the access standard and to identify the total percentage of offices within the standard. Outreach and counseling were performed for offices that did not meet appointment access standards. Appointment access was populated onto DHCS' reporting templates and submitted to DHCS quarterly.

HSAG identified no concerns with Health Net's network adequacy indicator reporting processes.

Assessment of Data Validity

HSAG evaluated and assessed the data methods that Health Net used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Health Net used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Health Net's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Health Net's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Health Net's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if Health Net's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for Health Net according to Table 12.

Table 12—Indicator-Level Validation Rating Categories

Validation Score	Validation Rating
90.0% or greater	*High Confidence*
50.0% to 89.9%	*Moderate Confidence*
10.0% to 49.9%	*Low Confidence*
Less than 10% and/or any *Not Met* element has significant bias on the results	*No Confidence*

No identified indicators in scope of review obtained a *No Confidence* or *Low Confidence* rating determination.

Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that at the county level, Health Net obtained a pass designation, which indicates all standards and requirements for provider ratios were met. Table 13 demonstrates results designations by county.

Table 13—Health Net Results—Provider Ratios

County	Provider Type	Dentists	Enrollees	Provider-to-Member Ratio	Required Standard	Standard Met
Sacramento	Primary Care Dentists	1,047	182,073	1:174	1:2,000	Met

County	Provider Type	Dentists	Enrollees	Provider-to-Member Ratio	Required Standard	Standard Met
Sacramento	Total Dentists	1,291	182,073	1:141	1:1,200	Met
Los Angeles	Primary Care Dentists	3,578	218,706	1:61	1:2,000	Met
Los Angeles	Total Dentists	4,624	218,706	1:47	1:1,200	Met

HSAG assessed DHCS' submitted results for the Time or Distance Standard at the ZIP Code level. When a Dental MC plan achieved a *Not Met* compliance status, DHCS allowed the plan to submit an AAS request demonstrating that the plan had exhausted all reasonable attempts to comply with the Time or Distance Standard of 100 percent access, and it was otherwise not within the plan's ability to remediate.

In Los Angeles County, for the Adult and Child General Practice category, Health Net was observed to have 99.06 percent compliance under the 100 percent access standard, and 0.94 percent of ZIP Codes (N=319) were granted compliance based on the AAS. For the Adult and Child Specialty Practice category, 97.18 percent of ZIP Codes achieved compliance under the 100 percent access standard, and 2.51 percent of ZIP Codes (N=319) were granted compliance based on the AAS.

In Sacramento County, for the Adult and Child General Practice category, Health Net was observed to have 96.36 percent compliance under the 100 percent access standard, and 3.64 percent of ZIP Codes (N=55) were granted compliance based on the AAS. For the Adult and Child Specialty Practice category, 83.64 percent of ZIP Codes achieved compliance under the 100 percent access standard, and 14.55 percent of ZIP Codes (N=55) were granted compliance based on the AAS.

Table 14 and Table 15 demonstrate results designations by ZIP Code for Los Angeles and Sacramento counties, respectively, where the 100 percent access standard was not achieved and DHCS determined compliance based on the AAS.

Table 14—Health Net Results—Time or Distance Los Angeles County

* While the Dental MC plan did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *Met*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *Not Met* is reflected in the Standard Met column of this table along with the result of DHCS' AAS determination.

S = The numerator or denominator is between one and 10; therefore, HSAG suppresses displaying the numerator, denominator, and rate in this table to satisfy the DHCS DDG V2.2 de-identification standard.

— Indicates the Dental MC plan did not meet AAS requirements.

Age	ZIP Code	Total Members	Passing Members	Percent Pass	Standard Met	AAS Met
Adult and Child General Practice						
Adult	90704	S	S	S	Not Met	Met*
Child	93532	13	12	92.31%	Not Met	Met*
Child	91384	194	192	98.97%	Not Met	Met*
Adult and Child Specialty Practice						
Adult	90704	S	S	S	Not Met	Met*
Adult	93243	S	S	S	Not Met	Met*
Adult & Child	93532	25	18	72.00%	Not Met	Met*
Adult	93553	24	23	95.83%	Not Met	Met*
Adult	93536	1,173	1,166	99.40%	Not Met	Met*
Adult	91390	243	242	99.59%	Not Met	—
Adult	91702	1,055	1,053	99.81%	Not Met	Met*
Adult	93535	2,760	2,759	99.96%	Not Met	Met*
Child	91384	194	192	98.97%	Not Met	Met*

Table 15—Health Net Results—Time or Distance Sacramento County

* While the Dental MC plan did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *Met*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *Not Met* is reflected in the Standard Met column of this table along with the result of DHCS' AAS determination.

S = The numerator or denominator is between one and 10; therefore, HSAG suppresses displaying the numerator, denominator, and rate in this table to satisfy the DHCS DDG V2.2 de-identification standard.

— Indicates the Dental MC plan did not meet AAS requirements.

Age	ZIP Code	Total Members	Passing Members	Percent Pass	Standard Met	AAS Met
Adult and Child General Practice						
Adult & Child	95641	S	S	S	Not Met	Met*
Adult & Child	95690	114	103	90.35%	Not Met	Met*
Adult and Child Specialty Practice						
Adult & Child	95641	S	S	S	Not Met	Met*
Adult & Child	95690	114	98	85.96%	Not Met	Met*
Adult	95638	99	98	98.99%	Not Met	Met*
Child	95615	41	40	97.56%	Not Met	—

Strengths, Opportunities for Improvement, and Recommendations

By assessing Health Net's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

Strengths

- **Strength #1:** Health Net had robust processes in place for conducting oversight and monitoring of delegates, including monthly and quarterly UMQI meetings to ensure accuracy and completeness of data received.

Opportunities for Improvement and Recommendations

HSAG identified no specific opportunities for improvement related to Health Net's data collection and management processes used to inform network adequacy standard and indicator calculations.

Progress Made from Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the Dental MC plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each Dental MC plan's network adequacy standards progress made from the prior year.

LIBERTY Dental Plan of California, Inc.

ISCA Findings and Data Validity

HSAG completed an ISCA for LIBERTY Dental and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that LIBERTY Dental had in place to support network adequacy indicator reporting, which included the following findings:

- LIBERTY Dental managed the data internally via its core MIS, HSP, which housed all required data (e.g., member demographics and eligibility, customer service, provider information, claims processing, financial, UM, and other functions).
- A module within the HSP platform, MediTrac, was used to maintain all member enrollment and eligibility data.
- Provider data were housed in LIBERTY Dental's core MIS, HSP, as well. Additional credentialing and contracting provider data were housed in LIBERTY Dental's Conduent system.

HSAG evaluated the personnel that LIBERTY Dental had in place to support network adequacy indicator reporting, which included the following findings:

- LIBERTY Dental had two programmers on staff who were trained and capable of modifying Quest, SQL, and Microsoft Excel systems.
- On average, LIBERTY Dental's programmers had over 10 years of relevant experience.

HSAG identified no concerns with LIBERTY Dental's information systems data processing procedures and personnel.

Enrollment System

HSAG evaluated the information systems and processes used by LIBERTY Dental to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of LIBERTY Dental's enrollment system included the following findings:

- Enrollment and eligibility data were maintained in HSP.
- LIBERTY Dental received daily and monthly enrollment files in an 834 file format from DHCS.
- LIBERTY Dental performed monthly reconciliation between HSP and DHCS data to ensure completeness and accuracy of enrollment data.

- LIBERTY Dental's reconciliation and oversight of enrollment data included the following steps to quality check and reconcile data discrepancies:
  - If data were corrupt or files failed to load properly, Eligibility and Enrollment staff notified their DHCS contact to request new data. Otherwise, the inbound file was electronically compared to current membership in MediTrac. New member records that failed to load were exported to an error report, along with other data-specific errors, and submitted to staff for correction.
  - Eligibility and Enrollment staff corrected all errors and were responsible for reviewing processed data and validating the accuracy of the member load. If an unexplained variance in membership occurred, LIBERTY Dental would contact DHCS for verification that the electronic data were correct.
  - As a final quality assurance measure, a complete file-to-system reconciliation was performed to ensure that all member records submitted in the electronic file were accurately processed in HSP. Any records LIBERTY Dental was not able to enroll for any reason were considered discrepancies, and the plan administrator and DHCS were notified of these issues in a timely manner.
- HSP captured and maintained both the state-issued Medicaid ID and an HSP system-generated ID. If the Medicaid ID changed for any reason, LIBERTY Dental used the HSP system-generated ID to link enrollment history.
- LIBERTY Dental identified member demographic updates based on DHCS' 834 eligibility file.

HSAG identified no concerns with LIBERTY Dental's enrollment data capture, data processing, data integration, data storage, or data reporting.

Provider Data Systems

HSAG evaluated the information systems and processes used by LIBERTY Dental to capture provider data and identified the following findings:

- Ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data. LIBERTY Dental conducted timely verification of each provider's information using primary, NCQA, and URAC verification sources to ensure that credentialing decisions were based on the most accurate, current, and complete information available. LIBERTY Dental delegated the verification process to an NCQA and URAC certified CVO who followed NCQA, URAC, LIBERTY Dental, DHCS, federal, and accrediting standards for oversight of delegated activities.
- Screened the data for completeness, logic, and consistency.
- Collected data from providers in standardized formats (e.g., provider credentialing applications) during initial credentialing, then every three years at recredentialing when the CVO accessed and verified that all provider elements were accurate, current, and completed, to the extent feasible and appropriate.

HSAG's evaluation of LIBERTY Dental's provider data system(s) included the following findings:

- Provider credentialing data were maintained in Conduent. Once a provider's credentialing was fully approved, LIBERTY Dental's Provider Data Management team would manually enter the provider information into LIBERTY Dental's core HSP system.
- Provider network status data were maintained in Conduent.
- LIBERTY Dental captured all state-required provider types and specialties in Conduent.
  - LIBERTY Dental's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be in alignment with DHCS' expectations.
- LIBERTY Dental's procedures for updating and maintaining provider data included the following:
  - LIBERTY Dental used Conduent to track providers over time, across multiple office locations, and through changes in participation in LIBERTY Dental's network.
  - Providers were required to notify LIBERTY Dental of any demographic changes or updates as they occurred but at least every 90 days during the DIV process according to the contract agreement.
  - LIBERTY Dental relied on the results of the credentialing and screening process conducted by its delegated CVO to identify providers or organizations excluded from the Medicaid and CHIP program each month (e.g., LEIE).
  - LIBERTY Dental required its provider network to update provider data every 90 days. Providers were made aware of this expectation via their provider contract agreement. In addition, the Provider Relations Department would remind network providers quarterly to update their directories through newsletters, provider alerts, service calls, or service visits. An alert on the provider portal would also notify providers when they were due for the DIV updates.

HSAG identified no concerns with LIBERTY Dental's provider data capture, data processing, data integration, data storage, or data reporting.

Delegated Entity Data and Oversight

HSAG's assessment of LIBERTY Dental delegated entity data and oversight included the following findings:

- LIBERTY Dental did not subcontract any network adequacy-related services to delegated entities.

Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of LIBERTY Dental's network adequacy indicator reporting processes included the following findings:

Data preparation and submission to DHCS:

- LIBERTY Dental integrated the following three data sources for network adequacy indicator reporting.
  - Member data extracted from HSP, including the unique plan member ID numbers and address information to ensure only unique members were counted.
  - Provider data extracted from HSP, including provider ID, specialty, location, and contract status.
  - Geographic data including information such as ZIP Code boundaries, driving distances, and travel times. LIBERTY Dental utilized Quest's built-in geographic data long with external data sources.
- All member and provider data were stored in LIBERTY Dental's MIS relational database, HSP; therefore, no data were merged. Extracts of this data were pulled using SQL queries to create data sets used for network adequacy reporting.
- LIBERTY Dental conducted data reasonability checks by comparing current network adequacy results to previous results (quarter over quarter) to identify any significant variances in enrollment or network size as quality control measures. Additionally, LIBERTY Dental looked at trending over time to determine if any immediate changes were needed for the provider network and notified management staff.
- LIBERTY Dental maintained network adequacy indicator reports by tracking the reports in a Microsoft SharePoint-based system called the Compliance Reporting Tracking System (CRTS). CRTS was used to manage the compliance reporting life cycle, from report request entry, to creation, and through submission. The reporting metrics that CRTS was able to track included report name/type; client name; state; creation due date; client due date; report frequency; creator(s), approver(s), and transmitter(s) of a report; and transmission type.
- LIBERTY Dental conducted quarter-over-quarter comparisons to identify any variances in network adequacy results. Management staff also reviewed network adequacy results.
- To ensure continuity of network adequacy indicator production, LIBERTY Dental had policies and procedures in place and had internal backups to produce network adequacy indicator reports.

Ongoing monitoring activities:

- LIBERTY Dental used Quest software to conduct internal monitoring and compliance of network adequacy indicators.
- LIBERTY Dental used appropriate methodologies to assess adherence to DHCS' network adequacy standards by submitting quarterly reports to DHCS demonstrating LIBERTY Dental's compliance with meeting all network adequacy standards.

- For time or distance standards, member and provider data were extracted from LIBERTY Dental's MIS reporting environment and staged within a SQL server. Quest Analytics Suite was used to calculate time/distance referencing the staged data and produced time/distance reporting. Quest Analytics' proprietary algorithm utilized the rooftop-to-rooftop method for calculating time/distance. Data from Quest were populated onto DHCS' reporting templates and submitted to DHCS quarterly.
- For provider ratios, member and provider data were extracted from LIBERTY Dental's MIS and used to compare full-time providers at each office versus the number of assigned members to generate the provider-to-member ratio. The ratios were populated onto DHCS' reporting templates and submitted to DHCS quarterly.
- For appointment access standards, LIBERTY Dental relied on self-reported provider information provided by participating offices through LIBERTY Dental's DIV efforts. LIBERTY Dental's Provider Relations team also conducted provider calls and on-site visits to obtain current provider information. LIBERTY Dental conducted secret shopper calls and other validation efforts to monitor compliance with appointment standards. Appointment access information was stored in LIBERTY Dental's MIS at the office level. On a regular basis, and at least quarterly, appointment access information was analyzed to identify offices outside of the access standard and to identify the total percentage of offices within the standard. Outreach and counseling were performed for offices that did not meet appointment access standards. When LIBERTY Dental was unable to meet appointment access standards, it submitted AAS requests to DHCS, with justification as to why LIBERTY Dental was unable to meet the appointment access standards in certain areas. Appointment access standards were populated onto DHCS' reporting templates and submitted to DHCS quarterly.
- Additionally, LIBERTY Dental conducted network adequacy oversight via a quarterly Access and Availability Committee meeting.

HSAG identified no concerns with LIBERTY Dental's network adequacy indicator reporting processes.

Assessment of Data Validity

HSAG evaluated and assessed the data methods that LIBERTY Dental used to report results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that DHCS used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that LIBERTY Dental's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that LIBERTY Dental's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that LIBERTY Dental's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if DHCS' interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for DHCS according to Table 16.

Table 16—Indicator-Level Validation Rating Categories

Validation Score	Validation Rating
90.0% or greater	*High Confidence*
50.0% to 89.9%	*Moderate Confidence*
10.0% to 49.9%	*Low Confidence*
Less than 10% and/or any *Not Met* element has significant bias on the results	*No Confidence*

No identified indicators in scope of review obtained a *No Confidence* or *Low Confidence* rating determination.

Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that at the county level, LIBERTY Dental obtained a pass designation, which indicates all standards and requirements for provider ratios were met. Table 17 demonstrates results designations by county.

Table 17— LIBERTY Dental Results—Provider Ratios

County	Provider Type	Dentists	Enrollees	Provider-to-Member Ratio	Required Standard	Standard Met
Sacramento	Primary Care Dentists	1,139	215,479	1:189	1:2,000	Met
Sacramento	Total Dentists	1,385	215,479	1:156	1:1,200	Met
Los Angeles	Primary Care Dentists	3,880	86,494	1:22	1:2,000	Met
Los Angeles	Total Dentists	4,929	86,494	1:18	1:1,200	Met

HSAG assessed DHCS' submitted results for the Time or Distance Standard at the ZIP Code level. When a Dental MC plan achieved a *Not Met* compliance status, DHCS allowed the plan to submit an AAS request demonstrating that the plan had exhausted all reasonable attempts to comply with the Time or Distance Standard of 100 percent access, and it was otherwise not within the plan's ability to remediate.

In Los Angeles County, for the Adult and Child General Practice category, LIBERTY Dental was observed to have 99.00 percent compliance under the 100 percent access standard, and 1.00 percent of ZIP Codes (N=300) were granted compliance based on the AAS. For the Adult and Child Specialty Practice category, 98.67 percent of ZIP Codes achieved compliance under the 100 percent access standard, and 1.33 percent of ZIP Codes (N=300) were granted compliance based on the AAS.

In Sacramento County, for the Adult and Child General Practice category, LIBERTY Dental was observed to have 96.36 percent compliance under the 100 percent access standard, and 3.64 percent of ZIP Codes (N=55) were granted compliance based on the AAS. For the Adult and Child Specialty Practice category, 92.73 percent of ZIP Codes achieved compliance under the 100 percent access standard, and 7.27 percent of ZIP Codes (N=55) were granted compliance based on the AAS.

Table 18 and Table 19 demonstrate results designations by ZIP Code for Los Angeles and Sacramento counties, respectively, where the 100 percent access standard was not achieved and DHCS assessed and determined compliance based on the AAS.

Table 18—LIBERTY Dental Results—Time or Distance Los Angeles County

* While the Dental MC plan did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *Met*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *Not Met* is reflected in this table.

S = The numerator or denominator is between one and 10; therefore, HSAG suppresses displaying the numerator, denominator, and rate in this table to satisfy the DHCS DDG V2.2 de-identification standard.

— Indicates the Dental MC plan did not meet AAS requirements.

Age	ZIP Code	Total Members	Passing Members	Percent Pass	Standard Met	AAS Met
Adult and Child General Practice						
Child	90704	S	S	S	Not Met	Met*
Child	93535	653	650	99.54%	Not Met	Met*
Child	93536	266	265	99.62%	Not Met	Met*
Adult and Child Specialty Practice						
Adult	93532	13	11	84.62%	Not Met	Met*
Adult	93553	12	11	91.67%	Not Met	Met*
Adult & Child	93536	564	556	98.58%	Not Met	Met*
Adult & Child	93535	1,287	1,284	99.77%	Not Met	Met*
Child	90704	S	S	S	Not Met	Met*

Table 19—LIBERTY Dental Results—Time or Distance Sacramento County

* While the Dental MC plan did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *Met*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *Not Met* is reflected in this table.

S = The numerator or denominator is between one and 10; therefore, HSAG suppresses displaying the numerator, denominator, and rate in this table to satisfy the DHCS DDG V2.2 de identification standard.

— Indicates the Dental MC plan did not meet AAS requirements.

Age	ZIP Code	Total Members	Passing Members	Percent Pass	Standard Met	AAS Met
Adult and Child General Practice						
Adult & Child	95641	S	S	S	Not Met	Met*

Age	ZIP Code	Total Members	Passing Members	Percent Pass	Standard Met	AAS Met
Adult & Child	95690	144	132	91.67%	Not Met	Met*
Adult and Child Specialty Practice						
Adult & Child	95641	S	S	S	Not Met	Met*
Adult & Child	95690	144	127	88.19%	Not Met	Met*
Adult & Child	95615	58	56	96.55%	Not Met	—

Strengths, Opportunities for Improvement, and Recommendations

By assessing LIBERTY Dental's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

Strengths

- **Strength #1:** LIBERTY Dental utilized a Microsoft SharePoint-based tool, CRTS, which monitored the timely submission and accuracy of network adequacy required reports to DHCS.
- **Strength #2:** LIBERTY Dental plans to incorporate dashboard monitoring, specifically the Microsoft Power Bi dashboard, to ultimately have the capability to view self-service reports at any point in time versus only monthly snapshots.

Opportunities for Improvement and Recommendations

- **Opportunity #1:** LIBERTY Dental manually entered provider data from Conduent into the core MIS, HSP.
  - **Recommendation:** Although LIBERTY Dental had quality assurance checks and validations in place, including 100 percent auditing of manual entries, HSAG recommends that LIBERTY Dental explore options to automate data transfer from Conduent to HSP.

Progress Made from Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the Dental MC plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each Dental MC plan's network adequacy standards progress made from the prior year.

DHCS Medi-Cal Dental Services Division

ISCA Findings and Data Validity

HSAG completed an ISCA for DHCS and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that DHCS had in place to support network adequacy indicator reporting, which included the following findings:

- Management Information System Decision Support System (MIS/DSS), which was the subsystem of the California Medicaid Enterprise System (MES) and served as DHCS' Medi-Cal data warehouse.
- Medi-Cal Eligibility Data System (MEDS) as the source system of record for enrollment information.
- Managed Care Network Adequacy (MCNA) Business Intelligence Module, which connects to the MIS/DSS and brings forward provider network and enrollment information available for network adequacy indicator calculation and reporting.
- ArcGIS Time or Distance Analysis Provider Mart in Amazon Web Services (AWS) SQL Server, which provides geocoding data and time/distance calculation data.
- Time or Distance Analysis and AAS Request and Approval Microsoft Access Database (AAS Database), which was used to store data for reporting network adequacy indicators related to time or distance.

HSAG evaluated the personnel that the DHCS had in place to support network adequacy indicator reporting, which included the following findings:

- DHCS hosts a large team of analysts, health program specialists, researchers, data specialists, and IT staff. More than 10 staff members in each functional area have the ability to support the various systems and components of network adequacy reporting.
- On average, staff members' years of experience ranged from approximately four years to more than 20 years based on the different components and systems.

HSAG identified no concerns with DHCS' information systems data processing procedures and personnel.

Enrollment System

HSAG evaluated the information systems and processes used by DHCS to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of the DHCS' enrollment system included the following findings:

- Enrollment and eligibility data for Medicaid members were maintained within the member enrollment database management system, MEDS.
- MEDS was the source system of record for enrollment and disenrollment.
- Enrollment data were obtained through the Medi-Cal application process, which generated a unique member ID in the form of a CIN, which was tied to the MEDS-ID, also known as the member's Social Security number (SSN).
- MEDS maintained members' current enrollment and prior 12 months of history. The enrollment broker processed the enrollment or disenrollment and then data were sent to MEDS as the system of record.
- DHCS conducted ongoing reconciliation and oversight of enrollment data, which included the following activities:
  - MEDS had programming logic that prevented a Medi-Cal transaction from being accepted if the minimum required information was not provided. DHCS did not apply any manual workarounds or processes to address any data discrepancies coming into the MEDS system.
  - Data were loaded "as is" from MEDS to the MIS/DSS weekly and monthly with no data transformation. Optum's extract, transform, and load (ETL) process produced a weekly loading report. The weekly loading report validated the expected versus actual control totals for the files loaded to MIS/DSS.
- DHCS identified member demographic information and any demographic changes through the Medi-Cal application process. Changes to demographic information could be reported to counties directly or through the Dental MC plan's reported address changes.
- Members who reported not having a mailing address were requested to provide any address by which they could receive mail, including a family member, friend, local shelter, etc. If the member did not have an address to provide for mailing or residence, each county determined which address to use in the system. Some used the county office when an address was unavailable, and other counties had a general delivery program within the county that could be used to send mail.

HSAG identified no concerns with DHCS' enrollment data capture, data processing, data integration, data storage, or data reporting.

Provider Data Systems

HSAG evaluated the information systems and processes used by DHCS to capture provider data and identified the following findings:

- DHCS obtained a monthly PNR from each Dental MC plan and integrated the report into the enterprise data warehouse.
- DHCS had adequate processes in place to ensure timely and complete Dental MC plan PNR data submissions, and consistency in the receipt of these data.

HSAG's evaluation of DHCS' provider data system(s) included the following findings:

- DHCS obtained monthly PNR submissions from each Dental MC plan. PNR data were obtained in a Microsoft Excel-based format, and submissions routed directly to DHCS and flowed through the data quality team on the 10th of each month.
- DHCS had 45 days to review the PNR submission and determine if any discrepancies were observed for Dental MC plan correction. If deficiencies were identified, the file was sent back to the Dental MC for corrections until confirmed complete.
- DHCS conducted several data quality checks to ensure accuracy and completeness in the receipt of the PNR files outlined below:
  - The data quality team reviewed the file for report structure and formatting. PNR file record counts and provider ratio calculations were compared with previous PNR files.
  - PNRs with any identified deficiencies were returned to the Dental MC plans to resolve the discrepancies. DHCS collaborated with the Dental MC plans to resolve PNR deficiencies quickly.

HSAG identified no concerns with DHCS' provider data capture, data processing, data integration, data storage, or data reporting.

Delegated Entity Data and Oversight

HSAG's assessment of DHCS delegated entity data and oversight included the following findings:

- DHCS did not rely on any external delegated entity data for network adequacy indicator reporting during the reporting period in scope of review.

Network Adequacy Indicator Reporting

HSAG's assessment of DHCS' network adequacy indicator reporting processes included the following findings:

- Network adequacy indicators were calculated annually and as needed to assess Dental MC plan operation readiness and impacts to Dental MC plan networks from contract terminations.

- DHCS used manual processes and workflows to calculate network adequacy indicators.
  - DHCS used Esri's ArcGIS Pro software with Network Analyst Toolbox extension, and the Make Closest Facility Analysis Layer, Add Locations, and Solve tools, with manual inputs to calculate time or distance network adequacy indicators.
- DHCS used appropriate methodologies to assess adherence to network adequacy standards. The following processes were used to calculate time or distance indicators:
  - Results were generated for each Dental MC plan for both Sacramento and Los Angeles counties.
  - Provider data included general and specialty practice categories. A provider table was generated for each category and geocoded in ArcGIS.
  - DHCS classified member data using adult and child age distinctions, with adults classified as members ages 21 years and over. A member table was generated for each category and geocoded based on the member's address in ArcGIS.
  - Analysis included both distance and time traveled by road to the member's nearest facility for both general and specialty providers. Results were aggregated by provider type and age group against pass or fail thresholds of 10 miles or 30 minutes to the nearest provider.
- The following processes were used to calculate provider ratio indicators:
  - DHCS' member eligibility data were restricted for inclusion in the analysis using query filters for eligibility date and county code.
  - Adult and child members were totaled for each county and each Dental MC plan.
  - P.O. boxes and invalid or missing addresses were excluded from the count of members used to calculate provider ratios.
  - DHCS used provider data supplied via Microsoft Excel Managed Care Plan worksheets by the Dental MC plans.
    - County-level worksheets were filtered to obtain primary care provider (PCP) counts for each county Dental MC plan.
    - Summarized specialty provider counts were copied from the Managed Care Plan worksheets into DHCS' provider ratio calculation worksheet.
  - Primary and specialty care counts were manually populated into a Microsoft Excel file.
  - Ratios were calculated for primary care dentists and for total providers (both primary care and specialty care dentists). Ratios were calculated per county for each Dental MC plan.
  - DHCS reported counts per county for each Dental MC plan for federally qualified health center, rural health center, and Indian Health Service providers. Counts for each county/Dental MC plan were directly copied from aggregate counts supplied by the Dental MC plans.
- DHCS maintained data control procedures to ensure accuracy and completeness of data merges.

- DHCS conducted internal data quality checks to ensure accuracy in the reported results across all indicators in scope of review. The following outlines the data quality checks performed by standard:
  - Provider and member data from the Program Data Reporting Division (PDRD) were used for time or distance indicator calculation. DHCS validated internally generated GeoMap tables against the Dental MC plan's provider network reports.
  - Provider-to-member ratio data were validated using standard validation queries, row-count comparisons, and comparison of annual performance results to identify any statistical anomalies.
- To ensure continuity of network adequacy indicator production, DHCS maintained adequate backup procedures and documentation of network adequacy indicator report production logic and methodology.

HSAG identified no concerns with DHCS' network adequacy indicator reporting processes.

Assessment of Data Validity

HSAG evaluated and assessed the data methods that DHCS used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that DHCS used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that DHCS' **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that DHCS' **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that DHCS' **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

Strengths, Opportunities for Improvement, and Recommendations

By assessing DHCS' performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

Strengths

- **Strength #1:** DHCS had a rigorous process in place to hold Dental MC plans accountable for addressing network adequacy gaps and/or reported discrepancies, including establishing AASs and CAPs.

Opportunities for Improvement and Recommendations

- **Opportunity #1:** HSAG observed that parts of the process DHCS used for provider ratio calculation were manual (i.e., filtering for counts, copying/pasting between spreadsheets).
  - **Recommendation:** HSAG recommends that DHCS explore options to develop stored procedures for provider and member data integration and provider ratio calculation.
- **Opportunity #2:** HSAG observed that the external Dental MC plan-facing methodology for network adequacy calculation and reporting did not provide the full specifications or criteria to be used in alignment with DHCS' methodology and criteria used to inform calculations.
  - **Recommendation:** If DHCS expects Dental MC plans to monitor and report network adequacy to DHCS, HSAG recommends updating the methodology to capture the specifications and criteria in alignment with DHCS' criteria used to inform network adequacy reporting to mitigate discrepancies and/or misalignment in reporting outcomes.
- **Opportunity #3:** HSAG observed that process documentation for calculating and reporting network adequacy was stored in several places across different documents, which made it challenging to fully understand the end-to-end process for data collection, validation, calculation, and reporting of network adequacy.
  - **Recommendation:** HSAG recommends centralizing systems and process documentation and enhancing internal document management to mitigate gaps and/or errors in reporting processes.

Programwide Results

Analysis and Conclusions

Based on the results of the NAV audit combined with the detailed validation of each indicator, HSAG determined that all Dental MC plans achieved a *High Confidence* validation rating, which refers to HSAG's overall confidence that the Dental MC plans used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators.

HSAG assessed DHCS' submitted results and found that at the county level, all Dental MC plans obtained a pass designation, which indicates all standards and requirements for provider-to-member ratios were met. Table 20 demonstrates Dental MC plan results designations by county.

Table 20—Programwide Results—Provider Ratios

Dental MC Plan	County	Provider Type	Standard Met
Access Dental Plan, Inc.	Sacramento	Primary Care Dentists	Met
	Sacramento	Total Dentists	Met
	Los Angeles	Primary Care Dentists	Met
	Los Angeles	Total Dentists	Met
Health Net	Sacramento	Primary Care Dentists	Met
	Sacramento	Total Dentists	Met
	Los Angeles	Primary Care Dentists	Met
	Los Angeles	Total Dentists	Met
LIBERTY Dental Plan	Sacramento	Primary Care Dentists	Met
	Sacramento	Total Dentists	Met
	Los Angeles	Primary Care Dentists	Met
	Los Angeles	Total Dentists	Met

HSAG assessed DHCS' submitted results and found that at the county level, Dental MC plans did not meet the required time or distance standards or indicators in scope of review. Table 21 demonstrates Dental MC plan results designations by county. To address these performance gaps, DHCS worked with Dental MC plans to provide information about non-contracted providers in the identified shortage areas, out-of-network (OON) provider contracting options, and new provider recruitment strategies When a Dental MC plan achieved a *Not Met* compliance status, DHCS allowed the plan to submit an AAS request demonstrating that the

plan had exhausted all reasonable attempts to comply with the Time or Distance Standard, and it was otherwise not within the plan's ability to remediate.

Table 21—Programwide Results—Time or Distance

* While the Dental MC plan did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *Met*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *Not Met* is reflected in this table. AAS requests that were approved for a subset of ZIP Codes within this county are displayed in the plan-level results tables of this report.

Dental MC Plan	County	Provider Type	Standard Met
Access Dental Plan, Inc.	Sacramento	Primary Care Dentists	Not Met
	Sacramento	Total Dentists	Not Met*
	Los Angeles	Primary Care Dentists	Not Met
	Los Angeles	Total Dentists	Not Met
Health Net	Sacramento	Primary Care Dentists	Not Met*
	Sacramento	Total Dentists	Not Met
	Los Angeles	Primary Care Dentists	Not Met*
	Los Angeles	Total Dentists	Not Met
LIBERTY Dental Plan	Sacramento	Primary Care Dentists	Not Met*
	Sacramento	Total Dentists	Not Met
	Los Angeles	Primary Care Dentists	Not Met*
	Los Angeles	Total Dentists	Not Met*

Strengths, Opportunities for Improvement, and Recommendations

By assessing statewide performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

Strengths

- **Strength #1:** Dental MC plans demonstrated robust processes in place to ensure accuracy and completeness in maintaining provider data used to inform the PNR submissions.

Opportunities for Improvement and Recommendations

- **Opportunity #1:** HSAG observed gaps in the expectations and methodology shared with Dental MC plans to support ongoing monitoring and reporting requirements.
  - **Recommendation:** HSAG recommends updating the existing Medi-Cal Dental Managed Care Methodology Overview document and/or developing plan-facing communication (i.e., a network adequacy companion guide) to ensure Dental MC plans' methodologies for analysis, monitoring, and reporting of network adequacy are in alignment with DHCS' expectations.
- **Opportunity #2:** HSAG observed several documents in place that captured manual documented processes and programming language that made it challenging to fully understand how DHCS obtained, processed, and calculated network adequacy standards. In addition, DHCS identified gaps in the roles and responsibilities of other DHCS departments that impacted the calculation process.
  - **Recommendation:** HSAG recommends streamlining documentation into a single source system and/or manual, which includes the standards, methodology, and reporting periods for which DHCS is producing calculations. In addition, HSAG recommends ensuring that documented workflows are reviewed and updated routinely to ensure alignment with the most current standards and requirements in place.

Progress Made from Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for DHCS and the Dental MC plans in California. During future reporting cycles, HSAG will incorporate an evaluation of program wide network adequacy standards progress made from the prior year.

Appendix A. HSAG Validation Team and List of Interviewees

Table A.1 lists the Access Dental staff members interviewed by the HSAG validation team.

Table A.1—List of Access Dental Interviewees

Interviewee Name	Title
Sheila Schaefer	Compliance Director, Audit Management and Corrections, Compliance
Angela Sylvester	Senior Compliance Analyst
Destiny Rockwood	Strategic Client Partner
Robert Schanker	Dental Provider Network Manager
David Dregne	Business Intelligence Manager
Vanessa Valentino	Supervisor of New Business
Amanda Morones	Provider Data Specialist
Marian Gutierrez	Manager of Provider Data
Liz Bishop	Account Executive
Garet Bird	Senior Director, Provider Operations & Network Management
Matt Grauwiler	Manager of New Business
Angie Hatch	Director, Provider Credentialing
Bianca Blount	Credentialing Specialist III
Dauna Sprowls	Manager, Provider Credentialing

Table A.2 lists the Health Net staff members interviewed by the HSAG validation team.

Table A.2—List of Health Net Interviewees

Interviewee Name	Title
Dorothy Seleski	Senior Vice President (SVP), Plan Product
Felisha Fondren	Operations Manager, Medi-Cal Strategic Partnerships
Timothy Martinez	Dental Director
Armando Robledo	Director, Reporting & Business Analytics
Lisa Schuetz	External Consultant
Christy Bosse	SVP and CA Compliance Officer
Deanna Eaves	Senior Director, Ethics and Compliance
Maria Rodriguez	Senior Compliance Analyst
Shelly Sullivan	Compliance Coordinator
Tricia Schares	Assistant Vice President (AVP), Network Management (LIBERTY Dental)
Doug Stewert	Manager, Compliance (LIBERTY Dental)
Lisa McWilliams	Senior Manager, Compliance (LIBERTY Dental)
Lory England	Director, Eligibility and Enrollment (LIBERTY Dental)
Matthew VanderWall	Manager, Electronic Data Interchange (EDI) Eligibility (LIBERTY Dental)
Tom Mergen	AVP, IT Applications (LIBERTY Dental)
Samuel Green	Manager, Provider Relations (PR) Analytics (LIBERTY Dental)
Justin Bottger	Director, Network Recruitment (LIBERTY Dental)
Bre Stark	VP, State Markets (LIBERTY Dental)
Sara Gardner-Smith	VP, Client Services (LIBERTY Dental)
Edith Gerding	Senior Compliance Analyst (LIBERTY Dental)
Candice Kenar	Senior Compliance Analyst (LIBERTY Dental)
Brandon Cable	VP IT Infrastructure (LIBERTY Dental)
David Bird	AVP Provider Operations (LIBERTY Dental)
Isaac Appiah	Director, Information Security Risk and Compliance (LIBERTY Dental)

Table A.3 lists the LIBERTY Dental staff members interviewed by the HSAG validation team.

Table A.3—List of LIBERTY Dental Interviewees

Interviewee Name	Title
Tricia Schares	AVP, Network Management
Doug Stewert	Manager, Compliance
Lory England	Director, Eligibility and Enrollment
Matthew VanderWall	Manager, EDI Eligibility
Tom Mergan	AVP, IT Applications
Samual Green	Manager, PR Analytics
Justin Bottger	Director, Network Recruitment
Bre Stark	VP, State Markets
Sara Gardner-Smith	VP, Client Services
Edith Gerding	Sr. Compliance Analyst
Brandon Cable	VP, IT Infrastructure
David Bird	AVP, Provider Operations
Isaac Appiah	Director, Information Security Risk and Compliance

Table A.4 lists the DHCS staff members interviewed by the HSAG validation team.

Table A.4—List of DHCS Medi-Cal Dental Division Interviewees

Interviewee Name	Title
Adrianna Alcala-Beshara	Division Chief
David Ferber	Branch Chief
Stephanie Greene	Unit Chief
Tatevik Movsesyan	Section Chief

Table A.5 lists the HSAG validation team members, their roles, and their skills and expertise.

Table A.5—HSAG Validation Team

Name and Title	Role
Elisabeth Hunt, MHA, CHCA *Executive Director, Data Science & Advanced Analytics (DSAA)*	Certified Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Auditor (CHCA); multiple years of auditing experience with expertise in data integration, information systems, provider data, NAV, and performance measure development and reporting.
Rachael French, CHCA *Director, Audits/Practice Leader, DSAA* *Project Manager/Lead Auditor*	CHCA; subject matter expertise in managed care, quality measure reporting, quality improvement (QI), performance measure knowledge, data integration, systems review and analysis, provider data, and NAV.
Arpi Dharia, MBA *Auditor III, Audits, DSAA* *Lead Auditor*	Subject matter expertise in managed care, quality measure reporting, QI, performance measure knowledge, data integration, systems review and analysis, and NAV.
Kerry Wycuff, BS *Auditor I, Audits, DSAA* *Lead Auditor*	Subject matter expertise in managed care, quality measure reporting, QI, performance measure knowledge, data integration, systems review and analysis, and NAV.