

DEPARTMENT OF HEALTH CARE SERVICES MEDI-CAL DENTAL SERVICES COMPLAINTS AND GRIEVANCES REPORT

June 2025

Reporting Period: State Fiscal Year 2023-2024

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BACKGROUND ON DELIVERY SYSTEMS

In SFY 2023-24, there were approximately 16.4¹ million Californians enrolled in Medi-Cal for at least three continuous months and 93 percent of Medi-Cal members received dental services through the dental FFS delivery system. In 2024, DHCS began the transition from the incumbent ASO contract, which had been in effect since January 29, 2018, to the succeeding DBO contract and assumptions of operations began on May 13, 2024. The DBO, Gainwell Technologies, is responsible for administrative services, including communications with Medi-Cal dental providers and members, operating the Telephone Service Center (TSC), processing of dental FFS member complaints statewide. ASO and DBO data reporting is aggregated for this reporting period except where stated otherwise. DMC enrollment is mandatory for Medi-Cal members in Sacramento County and optional for members in Los Angeles County. DHCS contracts with three Geographic Managed Care (GMC) Plans in Sacramento County and three Prepaid Health Plans (PHP) in Los Angeles County licensed by the Department of Managed Health Care to provide Medi-Cal dental services to members. DMC plans' functions include monitoring and addressing member complaints.

DEFINITION OF COMPLAINTS AND GRIEVANCES

For the purposes of this report, all complaints and grievances are referred to as complaints. Title 28, California Code of Regulations, Section 1300.68 provides the following definitions, which are applied to both dental FFS and DMC for the purposes of this report:

- » "Grievance" means a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, and request for reconsideration or appeal made by an enrollee or the enrollee's representative. Where the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.
- » "Complaint" is the same as "grievance".

¹ Full scope Medi-Cal members who were enrolled in the same DMC plan or FFS for at least 90 continuous days during SFY 2023-24. Data as of February 2025 from the DHCS MIS/DSS Warehouse.

EXECUTIVE SUMMARY

Welfare & Institutions Code Section 14132.915(h) requires the Department of Health Care Services (DHCS) to prepare and post online an annual summary report describing the nature and types of complaints and grievances regarding access to, and quality of, Medi-Cal dental services, as well as the corresponding outcome.

This report summarizes complaints and grievances received within the Dental Fee-For-Service (FFS) and Dental Managed Care (DMC) delivery systems, during the reporting period of State Fiscal Year (SFY) 2023-2024 (July 1, 2023, through June 30, 2024). Dental FFS complaints and grievances data was collected from the previous Administrative Services Organization (ASO) contractor, Delta Dental of California for the timeframe of July 1, 2023 through May 12, 2024 and the new Dental Business Operations (DBO) contractor, Gainwell Technologies after the assumption of operations from May 13, 2024 through June 30, 2024. Dental DMC complaints and grievance data was collected from the following DMC plans: Health Net of California, Inc. (Health Net), Access Dental Plan (Access), and Liberty Dental Plan of California, Inc. (Liberty), who operate in Sacramento and Los Angeles Counties only. The ASO, DBO, and the DMC plans report their complaints and grievances from members to DHCS on a quarterly basis.

Updates were made to the complaint and grievance categories. Conlans and State Fair Hearing cases are reported as their own categories in this report.

When compared to the previous SFY, dental FFS member complaints decreased by 5 percent and enrollment increased by 10.52 percent. DMC member complaints decreased by 6.98 percent and enrollment increased by 2.50 percent.

KEY FINDINGS

Dental FFS

As of this Complaints and Grievances Report, counts of member reimbursements for Medi-Cal covered services that were paid to providers, also known as Conlan claims, and State Fair Hearings cases are counted in their own category. Whereas in the previous report, Conlans and State Fair Hearings were included in the "Scope of Coverage" category.

Figure 1 below shows the percentage of total FFS member complaints by category from highest to lowest.

Figure 1: Percentage of Total FFS Member Complaints by Category

Category	Total	Percentage
State Fair Hearings	3,933	35.47%
Quality of Care/Treatment	3,556	32.07%
Conlans	1,852	16.70%
Provider Office Conduct	864	7.79%
Provider Billed Member	542	4.89%
Complaint Request	137	1.24%
Clinical Screening Dentist	24	0.22%
Provider Referral	33	0.30%
Medical Necessity	34	0.31%
Scope of Coverage	29	0.26%
Lack of communication	4	0.04%
Status of Complaint	1	0.01%
Other	78	0.70%
Total	11,087	100.00%

Dental Managed Care

Figure 2 below shows the Percentage of total DMC member complaints by category from highest to lowest.

- » All other complaints categories constituted to less than 10 percent of the total complaints.
- » Among the 5,310 complaints, 97.62 percent were resolved within 30 days and the remaining percentage, which were 42 cases across 7 categories, were resolved within 89 days.

Figure 2: Percentage of Total DMC Complaints by Category

Category	Total	Percentage
Appeals	1,760	32.53%
Customer Service Grievance	822	15.19%
Quality of Care	756	13.97%
Payment Grievance	696	12.86%
Provider Availability/Scheduling	479	8.85%
Referral	387	7.15%
State Fair Hearings	101	1.87%
Other	97	1.79%
Discrimination	62	1.15%
Technology/Telephone	73	1.35%
Member Informing Materials	49	0.91%
Language Access	42	0.78%
Physical Access	36	0.67%
Denial of Payment Request	31	0.57%
Geographic Access	14	0.26%
Medi-Cal Eligibility and Enrollment	5	0.09%
Case Management / Care Coordination	1	0.02%
Total	5,411	100.00%

DATA

Figure 3, titled SFY 2022-23 and SFY 2023-24 Medi-Cal Dental Complaints by Delivery System shows the total number of complaints and members by delivery system for the indicated measurement period. When compared to the previous SFY 2022-23², dental FFS member complaints decreased by 5.00 percent and DMC member complaints decreased by 6.01 percent.

² SFY 2022-23 Medi-Cal Dental Complaints and Grievances Report

Figure 3: SFY 2022-23 and SFY 2023-24 Medi-Cal Dental Complaints by Delivery System

Delivery System	Dental FFS			DMC		
Measurement Year	SFY 2022-23	SFY 2023-24	Change	SFY 2022-23	SFY 2023-24	Change
Number of Members	13,832,937	15,288,133	10.52%	1,124,133	1,152,279	2.50%
Number of Complaints	11,670	11,087	-5.00%	5,757	5,411	-6.01%

DENTAL FFS COMPLAINTS

Complaints from FFS members are categorized as follows:

- » Quality of Care/Treatment
- » Provider Office Conduct
- » Medical Necessity
- » Provider Billed Member
- » Scope of Coverage
- » Clinical Screening Dentist
- » Provider Referral
- » Conlan – Member Reimbursements
- » State Fair Hearings
- » Complaint Request
- » Lack of Communication
- » Status of Complaint
- » Other

Figure 4 titled SFY 2022-23 and 2023-24 FFS Complaints by Filing Method shows a breakdown of the method members used to file a complaint for SFY 2022-23 and 2023-24.

Figure 4: SFY 2023-24 FFS Complaints by Filing Method

Filing Method	Types of Complaints ³	SFY 2022-23	SFY 2023-24	Change
In Writing	General Complaint	4,077	2,288	-43.88%
	State Hearing	429	323	-24.71%
	Conlan	1,629	1,852	13.69%
By Telephone	General Complaint	1,888	3,014	59.64%
	State Hearing	3,647	3,610	-1.01%

For SFY 2023-24, there were a total of 11,087 complaints (Figure 3) received from FFS members. Conlan cases are all received through mail as signatures are required on the forms. State Hearing cases can be filed by writing or phone calls. When compared to the previous SFY, general FFS complaints received in writing decreased by 43.88 percent and by phone increased by 59.64%.

Figure 5 titled SFY 2023-24 FFS Complaints per Quarter Reports shows the quarterly breakdown by category of complaint reasons.

³ SFY 2023-24 FFS Complaints Deliverable

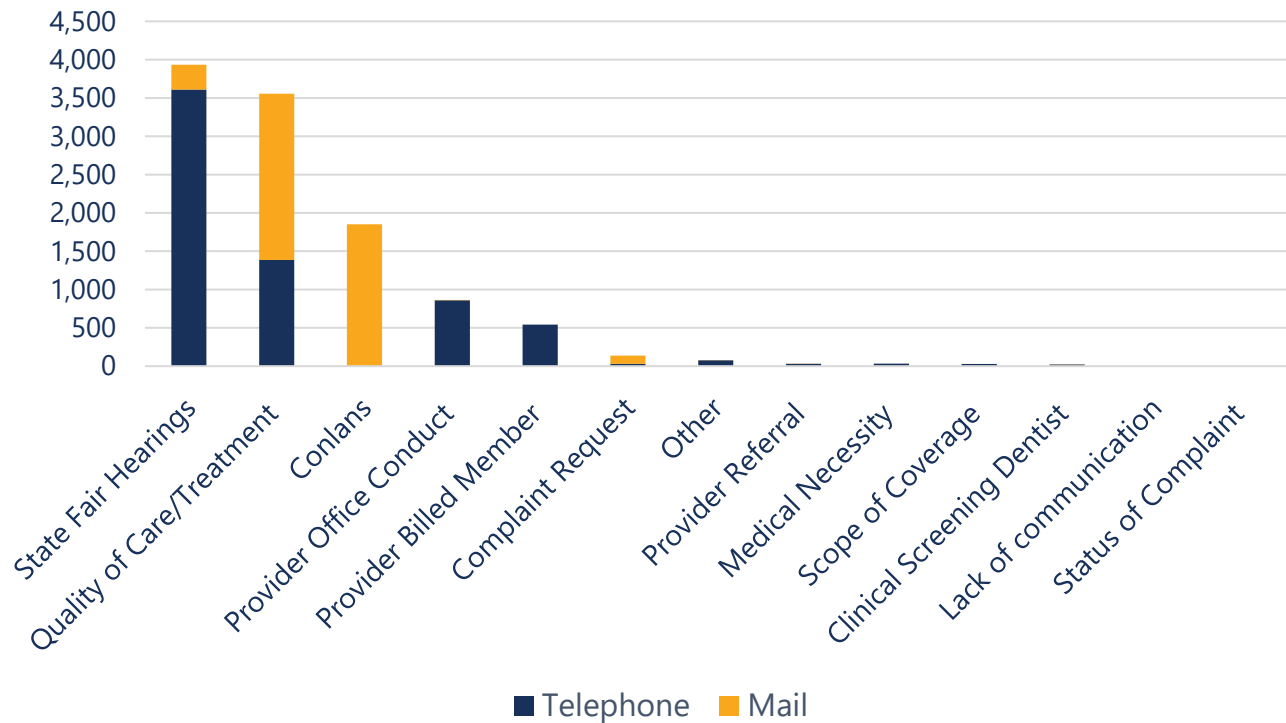
Figure 5: SFY 2023-24 FFS Complaints per Quarter Reports⁴

Category	July-September 2022	October-December 2022	January-March 2023	April-June 2023	Total
State Fair Hearings	1,050	969	986	928	3,933
Quality of Care/Treatment	1,174	953	1,007	422	3,556
Conlans	499	417	476	460	1,852
Provider Office Conduct	295	264	237	68	864
Provider Billed Member	174	179	143	46	542
Complaint Request	0	0	0	137	137
Other	33	14	19	12	78
Medical Necessity	10	9	12	3	34
Provider Referral	10	5	15	3	33
Scope of Coverage	9	4	13	3	29
Clinical Screening Dentist	8	5	3	8	24
Lack of Communication	0	0	0	4	4
Status of Complaint	0	0	0	1	1
Total	3,262	2,819	2,911	2,095	11,087

Figure 6 titled SFY 2023-24 FFS Complaints per Quarter Reports by Source shows the quarterly and total breakdown by category for both mail and telephone complaints in order of highest to lowest total counts for each complaint category.

⁴ SFY 2023-24 FFS Complaints Deliverable

Figure 6: SFY 2023-24 FFS Complaints Reports by Source⁵



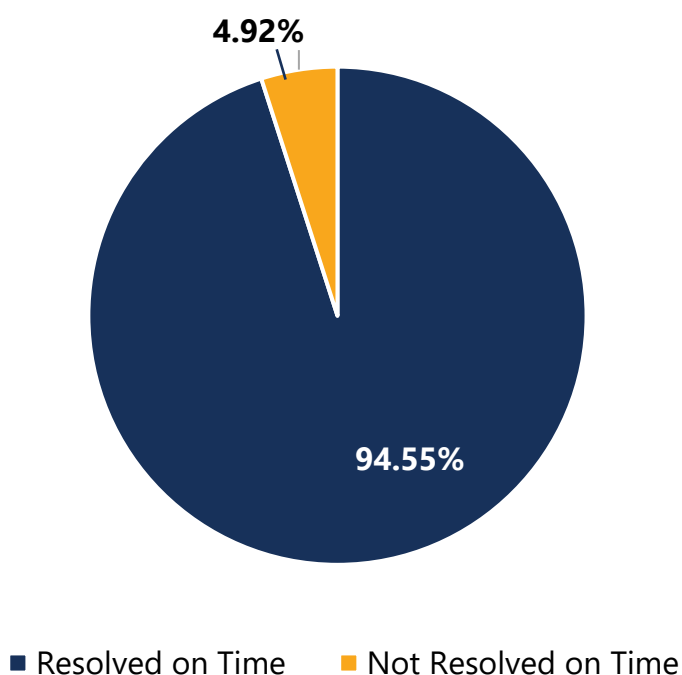
Category	Telephone	Mail
State Fair Hearings	3,610	323
Quality of Care/Treatment	1,387	2,169
Conlans	0	1,852
Provider Office Conduct	859	5
Provider Billed Member	542	0
Complaint Request	30	107
Other	76	2
Provider Referral	31	2
Medical Necessity	34	0
Scope of Coverage	29	0
Clinical Screening Dentist	22	2
Lack of communication	1	3
Status of Complaint	1	0

⁵ SFY 2023-24 FFS Complaints Deliverable

During SFY 2023-24, a majority of FFS complaints were regarding “State Fair Hearings” and “Quality of Care/Treatment” with 35.47 percent and 32.07 percent respectively of the total complaints. The other complaints included the “Conlan” category at 16.70 percent, the “Provider Office Conduct” category at 7.79 percent, the “Provider Billed Member” category at 4.89 percent, the “Complaint Request” category at 1.24 percent, and all other categories with less than 1 percent.

Figure 7 titled Percentage of ASO and DBO Telephone Complaints Resolved within 30 days for SFY 2023-24 indicates the percent of FFS complaints (without Conlan and State Hearing data) resolved within 30 days. State Hearing and Conlan Reimbursement claims have different processing and timeframe requirements outside of the 30-day resolution. Out of the total general FFS complaints of 5,302 received during SFY 2023-24, 5,013 were resolved on time and 289 were resolved after 30 days. The majority of the 289 complaints that were not resolved on time are due to a backlog of complaints from the previous contractor for, which addition research was needed and subsequently resolved.

Figure 7: Percentage of General FFS Complaints Resolved within 30 days for SFY 2023-24⁶



⁶ SFY 2022-23 and 2023-24 FFS Complaint Deliverables

DMC COMPLAINTS

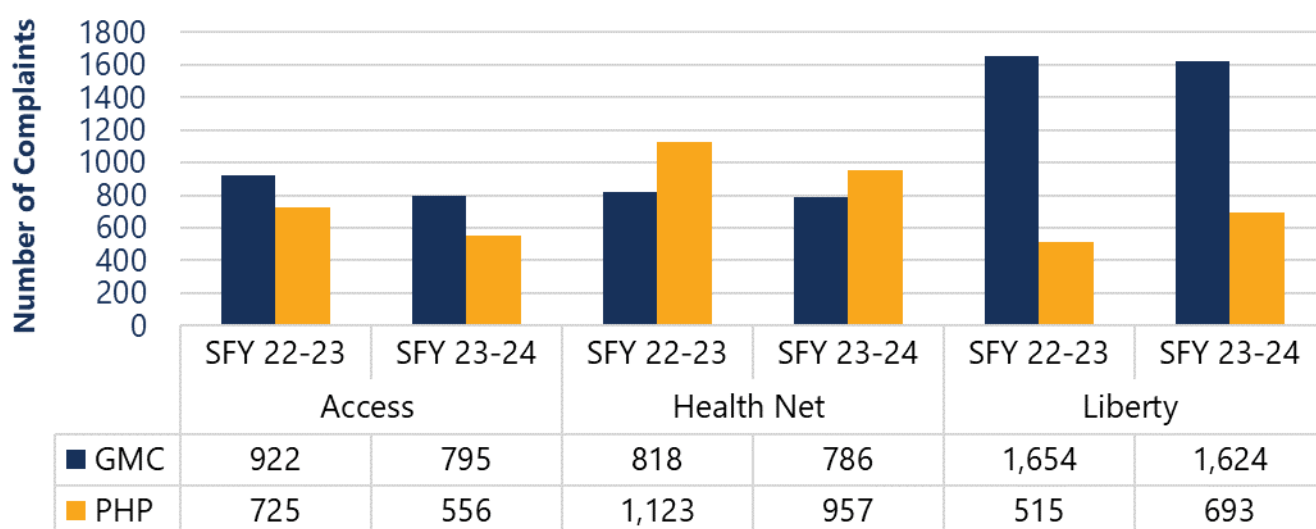
Complaints from DMC members are categorized as follows:

- » Continuity of Care
- » Geographic Access
- » Language Access
- » Out-Of-Network
- » Physical Access
- » Provider Availability/Scheduling
- » Injury
- » Discrimination
- » Fraud/Waste/Abuse
- » PHI/Confidentiality/HIPAA
- » Authorization of Service
- » Medi-Cal Eligibility and Enrollment
- » Referral
- » Case Management/Care Coordination
- » Member Informing Materials
- » Technology/Telephone
- » Quality of Care
- » Expedited Appeal Request Denied
- » Plans Reductions/Suspension/Termination of Previously Authorized Service
- » Plans' Failure to Meet Timeframe for Resolution
- » Customer Service Grievance
- » Denial of Payment Request
- » Payment Grievance
- » Medical Necessity Grievance
- » Other

In the previous SFY 2022-23 report, the DMC plans recorded a total of 5,757 complaints. In SFY 2023-24 the DMC plans recorded a total of 5,355 complaints, which is a 6.98 percent decrease.

Figure 8 titled Number of Complaints by DMC Plan for SFY 2022-23 and SFY 2023-24, shows the number of complaints recorded by each DMC plan.

Figure 8: Number of Complaints by DMC Plan for SFY 2022-23 and SFY 2023-24⁷



Based on the data, Liberty Dental Plan recorded the highest count of complaints for GMC and Health Net recorded the highest counts of complaints for PHP.

Access and Health Net Dental Plans noted that the decrease in grievances from the previous SFY is due to internal monitoring. Access routinely conducts a series of initiatives including grievance track and trend analysis, ongoing evaluations of customer service calls to help ensure representatives provide accurate information and handle escalations effectively, and compliance audits to ensure adherence to regulatory requirements, which minimize risks that often result in complaints. Health Net worked closely with their dental vendor to address upstream issues causing member abrasion and implemented a comprehensive Program Quality Improvement oversight program

⁷ SFY 2022-23 and 2023-24 DMC Complaints and Grievance Reports

which has identified providers for counseling to mitigate reoccurrence of similar grievances.

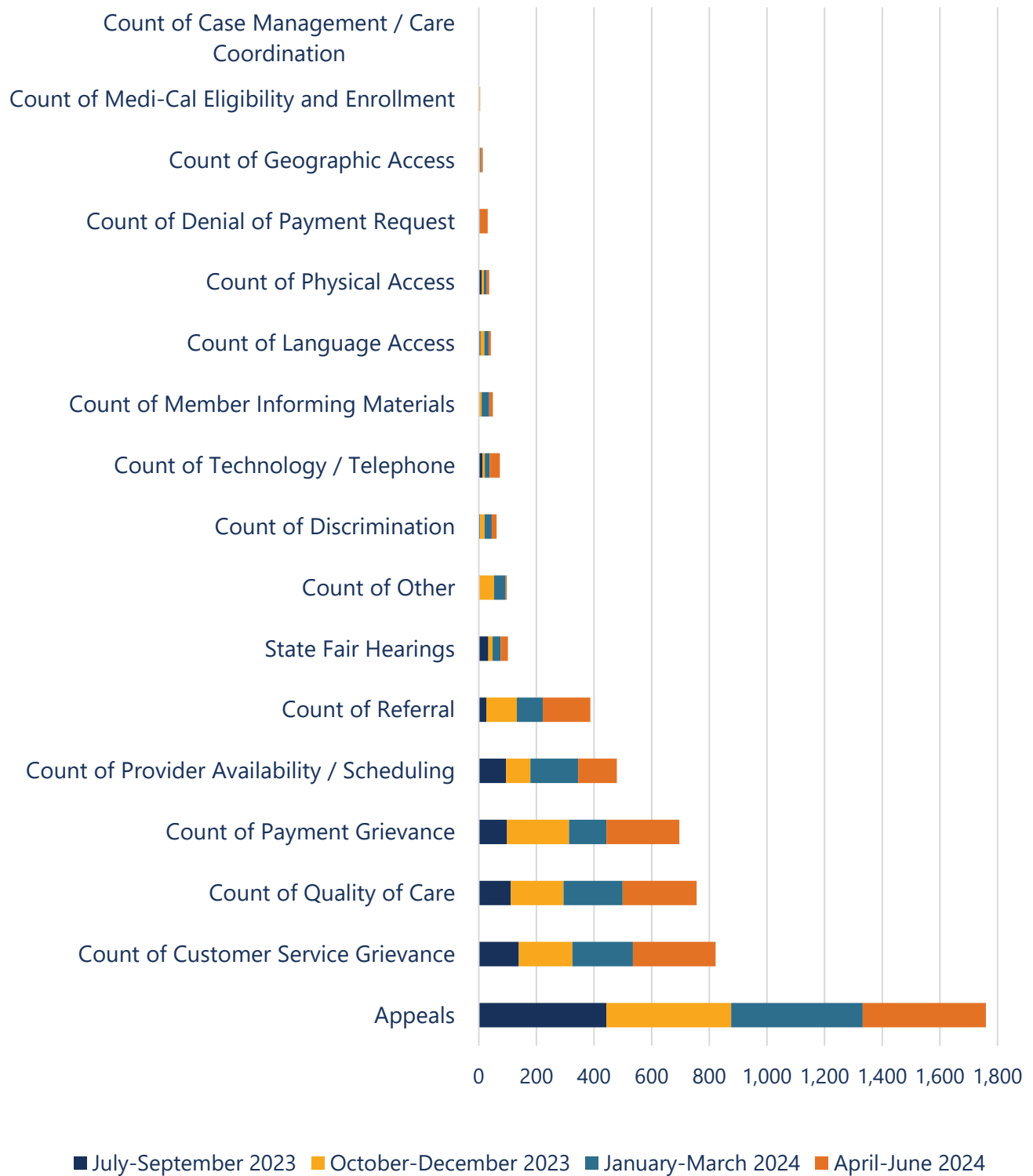
Liberty Dental Plan noted that the PHP population has experienced an increase in members who are new to managed care. This could cause an increase in grievances since new members may be unfamiliar with their benefits and may have more comprehensive oral health requirements. The plan also noted that additional coverage for the adult population began in 2022, which could have impact grievance in the following ways:

- » With more services covered, more members are likely to seek dental care. This surge in demand can strain provider networks, leading to longer wait times and potential dissatisfaction.
- » With the addition of new services, there may be initial confusion or errors in billing and coverage determinations, leading to grievances related to unexpected charges or denied claims.
- » Effective communication about the new benefits and how to access them is crucial. Any gaps in communication can lead to misunderstandings and frustration among members.

During the initial period of implementing new benefits, there may be a learning curve for both providers and members, which can result in temporary issues and increased complaints.

Figure 10 titled SFY 2023-24 DMC Complaints by Category shows the relative proportion of complaints by each category and represents number of complaints filed, not the number of members. If a member has two separate complaints, the complaints are counted twice in this table. If a complaint falls into multiple categories, each complaint was counted and placed into the applicable category to reflect the total percentage. During SFY 2023-24, most DMC complaints were related to "Appeals" at 32.53 percent, followed by the "Customer Service Grievance" category at 15.19 percent, the "Quality of Care" category at 13.97 percent, the "Payment Grievance" category at 12.86 percent, the "Provider Availability/Scheduling" at 8.85 percent, and the "Referral" category at 7.15 percent. All remaining categories are less than 2 percent each.

Figure 10: Quarterly DMC Complaints by Category⁸



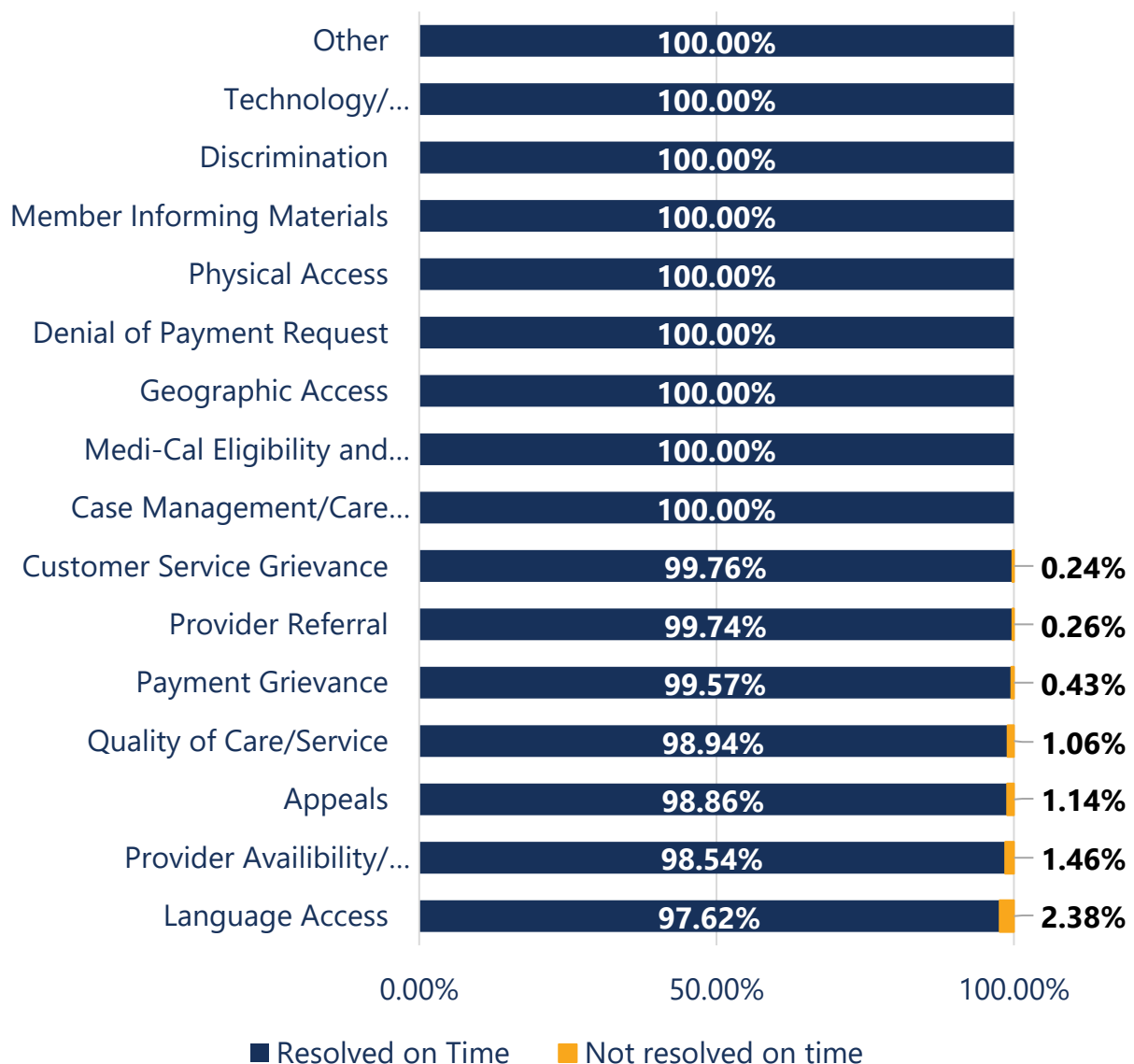
⁸ SFY 2022-23 and 2023-24 DMC Complaints and Grievance Reports

Category	July-September 2023	October-December 2023	January-March 2024	April-June 2024	Total
Appeals	443	433	456	428	1,760
Count of Customer Service Grievance	139	186	210	287	822
Count of Quality of Care	111	183	205	257	756
Count of Payment Grievance	98	215	130	253	696
Count of Provider Availability / Scheduling	95	84	166	134	479
Count of Referral	26	106	90	165	387
State Fair Hearings	33	15	28	25	101
Count of Other	2	51	40	4	97
Count of Discrimination	5	15	25	17	62
Count of Technology / Telephone	13	8	17	35	73
Count of Member Informing Materials	1	9	26	13	49
Count of Language Access	6	13	15	8	42
Count of Physical Access	10	8	10	8	36
Count of Denial of Payment Request	1	1	2	27	31
Count of Geographic Access	0	5	3	6	14
Count of Medi-Cal Eligibility and Enrollment	1	3		1	5
Count of Case Management / Care Coordination	0	0	1	0	1
Total	984	1,335	1,424	1,668	5,411

DMC plans are required to provide a written acknowledgement to the member within five calendar days of receiving the complaint and resolve the complaint no later than 30 calendar days from the date of receipt. Figure 11 titled Percent of DMC Complaints Resolved Within 30 Days for SFY 2022-23 and SFY 2023-24 shows the percentage of complaints in each category that are resolved within 30 calendar days from date of receipt. The figure does not include State Hearing Cases, as State Hearings have their own separate resolution timelines. All the complaints were resolved by the end of the reporting period and 97.62 percent of the 5,310 complaints were resolved within 30

days. Complaints not resolved within 30 days were due to providers offices not submitting supporting members records in a timely manner, which delayed the resolution timeframe. In these instances, the plan notifies the member that the case will not be closed within 30 calendar days and employee training occurs when necessary to mitigate future occurrences.

Figure 11: Percent of DMC Complaints Resolved within 30 days for SFY 2023-24⁹

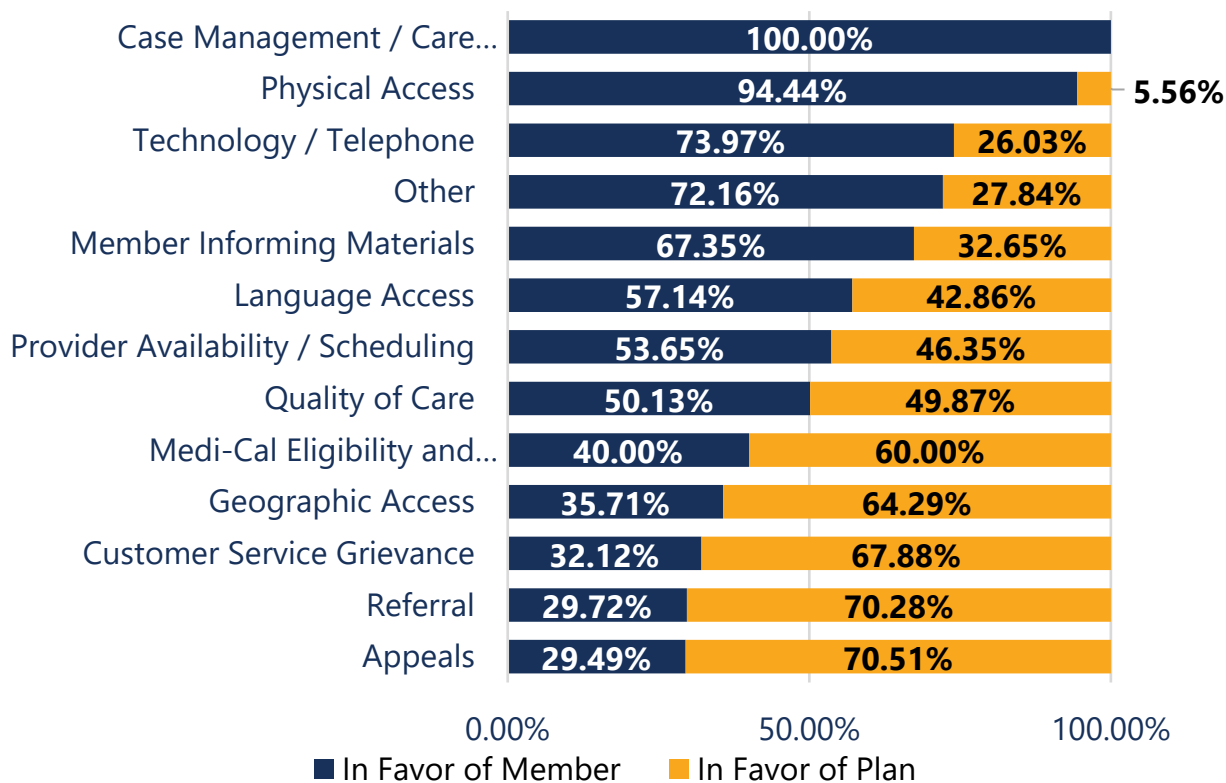


⁹ SFY 2022-23 and 2023-24 DMC Complaints and Grievance Reports

Figure 12 titled SFY 2023-24 DMC Complaint Resolution by Outcome shows the percentage breakdown of resolutions for each complaint category. Duplication exists when a complaint falls under two or more categories. Among the 5,310 total resolved complaints across all categories, 36.97 percent of the complaints were resolved in favor of members over the DMC plan. When compared to the previous SFY, resolution in favor of members has decreased 19.10 percent due to the enhanced record keeping system wherein the plans are able to retrieve documentation and objectively determine if the member's allegations are truly supported versus their perception of care. Also, most of the cases were resolved by providing benefit education to members to clarify miscommunications between the provider and the member.

During SFY 2023-24, the DMC plans continued to monitor grievances by conducting quarterly meetings to establish a forum for collaboration to improve both the provider and member experience, provided additional training to offices and hired new staff to identify opportunities to help reduce member abrasion.

Figure 12: SFY 2023-24 DMC Complaint Resolution by Outcome¹⁰



¹⁰ SFY 2022-23 and 2023-24 DMC Complaints and Grievance Reports

CONCLUSION

The Department of Health Care Services will continue to collaborate with the Dental FFS and DMC delivery systems to collect and monitor complaints and grievance data to ensure that Medi-Cal Dental members are receiving quality and timely care.

