

**Department of Health Care Services (DHCS)  
Medi-Cal Dental Program  
Provider Participation Measurement**

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<b>DHCS Presented Proposal</b>	<b>DHCS Final Provider Participation Measurement</b>
<p><b>County-Specific Dentist-to-General Population Ratio as By County Standard</b></p> <p>DHCS will identify counties with provider participation ratios that fall below the dentist-to-general population ratio standard as counties that lack active providers</p>	<p>DHCS will move forward with using the county-specific licensed dentist-to-general population ratio standard as benchmarks to compare provider participation ratios to.</p> <p><b><u>Inclusion of Age Stratification in Measurement</u></b> DHCS will also look at the number of adults and children in the general population by county and compare these numbers to the number of licensed dentists in the county.</p>
<p><b>25+ Beneficiaries</b></p> <p>Provider Participation Measure methodology:  <u>Numerator 1</u> – Number of rendering providers who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county  <u>Numerator 2</u> – Number of rendering providers AND Safety Net clinics who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county  <u>Denominator</u> – Total Medi-Cal eligibles in the county</p>	<p><b><u>Measurement Methodology: 25 to 100+ Beneficiaries</u></b>  <b>Numerator:</b> Number of rendering providers and number of safety net clinics who serviced 25, 50, 75, and 100 or more unduplicated beneficiaries in a 12-month period  <b>Denominator:</b> Total Medi-Cal eligibles in the county</p> <p><b><u>Inclusion of Age Stratification in Measurement</u></b> DHCS will also look at the number of Medi-Cal eligible adults and children by county and compare this to the number of participating providers in the county.</p>

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**Additional Information to Consider Regarding Provider Participation Measurements**

**Referral List Information – Secondary**

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

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

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

- General anesthesia/sedation availability
- Type of special needs accommodated
- Age groupings seen, if limited
- Any limitation on availability to Medi-Cal patients based on referral form (i.e. hours and days of operation, age limitations, etc.)

**Provider Network Capacity Information – Tertiary**

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

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

**DHCS Considerations for the Future**

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

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