



DENTAL PROVIDER NETWORK CAPACITY SURVEY SUMMARY

June 2015

California Department of Health Care Services

Background

The Department of Health Care Services (DHCS) administers the provision of dental services available to Medi-Cal beneficiaries through two delivery systems: the dental managed care and fee-for-service delivery systems. While dental managed care is administered in Sacramento and Los Angeles Counties, the fee-for-service delivery system operates in every county throughout the state. Conducted from October to December of calendar year 2014, this dental provider network capacity survey was designed to solicit more information about individual dental provider service office locations to inform the Medi-Cal Dental Program about statewide dental provider network capacity in the context of program transformations such as the increased eligible beneficiary population through the Affordable Care Act and, more recently, the partial restoration of adult dental benefits.

Assembly Bill (AB) 82 (Chapter 23, Statutes of 2013) restored certain previously eliminated adult dental benefits effective May 1, 2014. Since this date, adult Medi-Cal beneficiaries have been eligible to receive certain diagnostic, preventive, restorative, endodontic, and prosthodontic procedures from enrolled Medi-Cal dental providers. In order to ensure that children's access to dental services would not be negatively impacted, and that capacity within the Medi-Cal dental provider network exists to absorb the increased demand of dental services by the adult population, DHCS conducted the dental provider network capacity survey described in the subsequent sections. This provider network capacity survey was conducted solely in the fee-for-service delivery system for the purposes of better understanding provider service office operations, any modifications to dental business practices in response to changes in the Medi-Cal Dental Program, and identification of early indicators of potential access to care barriers. DHCS will be conducting this survey on a bi-annual basis to assess provider network capacity in response to the California State Auditor's recommendations for the Medi-Cal Dental Program.

Dental Provider Network Capacity Survey Methodology

Sampling

The objective of this provider network capacity survey is to capture information about provider office operations, appointment availability, and office limitations specific to Medi-Cal dental beneficiaries in the context of an increased number of Medi-Cal eligibles due to the expansion of services for the adult population. In order to capture a representative sample of all enrolled provider service office locations in the Medi-Cal Dental provider network, DHCS decided not to limit this survey to provider offices participating on the referral list and instead used a comprehensive provider service office location report to draw its representative sample from. In the interest of acquiring salient information about the Medi-Cal Dental provider network throughout the state, DHCS instructed its fiscal intermediary (FI) to use the Institute of Internal Auditors (IIA) statistically valid, stratified sample methodology to randomly select a list of enrolled dental provider service offices. The FI was also instructed to apply a modified sample size to ensure at least one provider service office from each county was identified, equaling a total of 167 provider service office locations. The sampling excluded enrolled out-of-state providers, safety net clinics, and auxiliary dental professionals enrolled in the program from this provider network capacity survey. DHCS is committed to recurring assessments of dental provider network capacity and will consider the inclusion of previously excluded sources of care in subsequent survey efforts.

Once the provider population was identified, FI staff, under the direction of DHCS, conducted the dental provider network capacity survey. In the event FI staff could not reach a provider service office by telephone after several attempts, or if a provider service office refused to participate in the survey, an alternate sample list was created to supplement the original sample size. Out of

the originally targeted 167 provider service office locations, 75 provider offices participated in the survey resulting in a 45% participation rate. To complete this survey with an appropriate sample size to meet the objectives of this effort, 92 additional provider service offices were randomly selected from the alternate list to fulfill the survey sample size. The DHCS FI reported over-sampling Marin County by one (1) provider service office. The following counties were not sampled due to the lack of enrolled service office locations in the county: Alpine, Amador, Inyo, Mariposa, Siskiyou, and Yuba. Providers identified through the sampling in the following counties opted out of participating in the survey: Calaveras, Colusa, Mono, Plumas, and Trinity. Due to the small provider service office population size in the aforementioned five (5) counties, additional provider service offices could not be contacted or declined to participate.

A table with a detailed list of participating counties and sample size can be located in Exhibit A of this document.

Survey Question Development

The dental provider network capacity survey questions were developed to gather information that would offer insight into the Medi-Cal Dental Program's provider network capacity in terms of appointment availability, Medi-Cal specific provider office restrictions, and specialty service availability. DHCS asked for information about the number of full and part time dentists employed at service office locations, whether any adjustments were made to accommodate for increased demand to provider practices based on recent changes in the Medi-Cal program, the youngest age at which providers were willing to see Medi-Cal patients, office hours of operation, and whether the surveyed practices had any limitations to accepting children with Medi-Cal.

To gather information about the proportion of Medi-Cal beneficiaries the provider office serves, DHCS asked for the number of children and adults seen before and after May 1, 2014 with Medi-Cal coverage and non-Medicaid coverage. The self-reported numbers of children and adults seen at specific provider offices would provide information to the Medi-Cal program that it otherwise would not have access to. It was important to ask for this information for the period preceding the partial restoration of adult dental benefits and the period after the partial restoration of adult dental services, commencing May 1, 2014, to assess whether there has generally been an increase or decrease in children's access to dental services. DHCS also developed questions pertaining to average appointment wait times for non-urgent appointments for the period preceding May 1, 2014, and the period following the partial restoration of adult dental services.

To acquire information and/or verify information captured through the referral form, DHCS included information about the availability of general anesthesia services and whether the provider office could accommodate for special needs. Although acquiring this information was not a key component of this survey, DHCS will consider assessing more categories of services in future provider network capacity surveys. Lastly, DHCS included an open ended question for providers participating in the survey to provide the Medi-Cal dental program with feedback on what it could do to incent increased provider participation in the Medi-Cal dental program.

In order to ensure that provider office staff, office managers, or dentists would be able to complete the entire survey, the size of the dental provider network capacity survey was limited to fourteen (14) core questions and a few follow up questions, as appropriate. The execution of the survey required approximately fifteen (15) minutes for office staff or dentists to be available. Many calls resulted in scheduled follow up calls when provider office staff or the dentist would be available to contribute to the provider network capacity survey. Under DHCS direction and oversight, the FI conducted the survey through the fourth quarter of calendar year 2014.

The full list of survey questions and answer options can be located in Exhibit B of this document.

Survey Results Summary

Several key components of the survey questions and their subsequent results provide valuable information for assessing the capacity of provider service offices to serve beneficiaries in the Medi-Cal Dental Program. Of the 167 provider service offices contacted to participate, 163 provided responses to the survey, yielding a 98% participation success rate. A comprehensive set of aggregated results can be found in Exhibit C of this document.

The provider service offices were asked during the survey to estimate the average number of Medi-Cal beneficiaries seen in a week (children and adults). Before May 1, 2014, provider service offices reported the average number of children seen was approximately 22 and 10 for adults. As a comparison, provider service offices reported the average number of children increased to approximately 24 and 22 for adults since May 1, 2014. Out of 160 survey respondents, 66 (41%) provider service offices reported they had seen an increase in the number of children with Medi-Cal since May 1, 2014, whereas 78 (49%) stated they had not seen a change and 6 (4%) stated they had seen a decrease. Three (3) respondents opted to not participate in the question.

Since May 1, 2014, has the number of children with Medi-Cal (age <21):	Percentage of Responses	Number of Responses
Increased	41.3%	66
Decreased	3.8%	6
No change	48.8%	78
Unknown change	6.3%	10
Not applicable	0.0%	0
Skipped Question	~0%	3

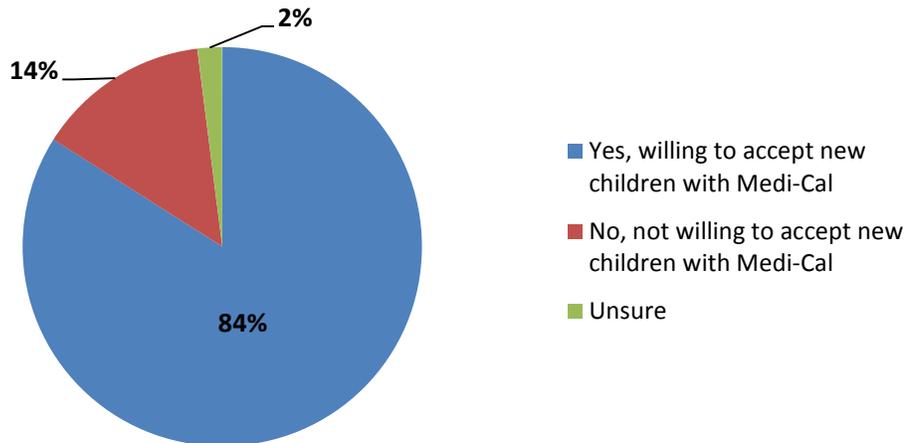
DHCS used paid claims data from the Services Tracking Analysis and Reporting System (STARS) to validate these survey results by comparing the average number of children and adults seen each week before (November 2013 – April 2014) and since the restoration of adult dental benefits (May 2014 – November 2014), specific to the service office locations surveyed. The validation demonstrated general consistency with the self-reported survey results that there was an increase of adult beneficiaries seen after benefits were partially restored May 1, 2014. However, paid claims data also shows there was a slight decrease of child beneficiaries seen after May 1, 2014. The claims validation can be found in Exhibit D of this document.

STARS Claims Data		
	Average number of Adults seen per week	Average number of Children seen per week
November 2013 - April 2014¹	2	10
May 2014 - November 2014²	6	9
% Increase	200%	-10%

¹This time period includes paid claims data for 160 of the 163 service office locations surveyed. The 3 service office locations that were not included could not be identified through STARS.

²This time period includes paid claims data for all 163 service office locations surveyed.

DHCS included several questions in the survey to assess appointment availability. Of the 163 provider service offices, 137 (84%) stated the office would be willing to accept new children with Medi-Cal. 23 (14%) of the provider service offices stated the office would not be willing to accept new children with Medi-Cal. To explain their inability to accept new children with Medi-Cal, of those 23 provider service offices, 11 (46%) stated they only accept a certain number of Medi-Cal patients and 8 (33%) stated the reimbursement rate as the deciding factor.



Although the majority of provider service offices stated they were able to accept new child beneficiaries, it is important to assess if appointments are available. When the provider service offices were asked what the current average wait time was for a non-urgent appointment, 82 out of the 163 (50%) provider service offices stated one week or less. 68 (42%) of the provider service offices stated the average wait time was one (1) to three (3) weeks and 13 (8%) stated the average wait time was one (1) month or more. In comparison, when the same provider service offices were asked what the average wait time was before May 1, 2014, 121 out of 163 (74%) stated one week or less, 38 (23%) stated the average wait time was one (1) to three (3) weeks, and 4 (3%) stated the average wait time was one (1) month or more. The survey results show that there was a notable decrease in the number of provider service offices with average wait times of 1 week or less and an increase of offices with average wait times of one (1) to three (3) weeks after the partial restoration of adult dental.

Wait Times	Before May 1, 2014 Percentage of Responses	After May 1, 2014 Percentage of Responses
Less than 1 week	74.2%	50.3%
1-3 weeks	23.3%	41.7%
1 month	1.2%	4.3%
2 months	0.6%	2.5%
3 months	0.0%	0.6%
Other (more than 3 months)	0.6%	0.6%

Several survey questions aimed to assess whether limitations existed in provider service offices. To determine if young children could be seen at dental offices, the provider service offices were asked to report the youngest age of beneficiaries the office was willing to see. Of the 163 provider service offices, 53 (33%) stated they are willing to see children as young as 1 year old,

39 (24%) reported as young as 2 years old, and 30 (18%) reported as young as 3 years old. Unfortunately, the majority of provider service offices reported the inability to provide general anesthesia to children. Out of 163 provider service offices, 134 (82%) stated they do not have the ability to provide general anesthesia to children. However, 140 (86%) provider service offices stated they have the ability to provide services to beneficiaries with mildly challenging behavior, 154 (94%) provide for wheelchair access, and 123 (75%) provider service offices accommodate for cognitive impairments.

Ability to Provide General Anesthesia and Accommodate Types of Special Needs	Yes	No
General anesthesia to children (age <21)?	29	134
General anesthesia to adults (age 21+)?	24	137
Services to patients with special needs:		
Wheelchair access	154	9
Mildly challenging behavior	140	23
Cognitive impairments	123	40

During the survey, the provider service offices had the opportunity to provide feedback on the Medi-Cal Dental Program. Specifically, the provider service offices were asked what the Medi-Cal Dental Program could do to encourage more providers to see Medi-Cal beneficiaries. The following were common responses: increase the Medi-Cal reimbursement; streamline paperwork and administrative processes; change prior authorization requirements; allow more benefits for adults; educate patients about their coverage and appointments; and reverse the ten (10) percent provider payment reduction set forth by AB 97 (Chapter 3, Statutes of 2011).

Conclusion

DHCS developed the aforementioned dental provider network survey to assess the impact of programmatic changes, including the partial restoration of adult dental benefits, to beneficiary access to care. DHCS found that based on the results of the survey, a majority of provider offices sampled are willing to accept new child Medi-Cal beneficiaries (84%), are willing to see young patients ages three (3) and under (74%), and are not restricting their practices to child Medi-Cal beneficiaries (87%). Since the partial restoration of adult dental benefits, the number of adult beneficiaries generally reported to have increased. This is consistent with the STARS paid claims data that DHCS used to validate this information. Despite self-reported increases in the average numbers of child Medi-Cal beneficiaries, claims data demonstrates a decrease in child beneficiaries seen since May 1, 2014.

It is important to note, however, that 74% of provider service offices stated the average wait time for an appointment was less than one (1) week before May 1, 2014, whereas 50% of provider service offices report the current average wait time was less than one (1) week at the time of the survey. The survey results indicate that longer wait periods have also increased. Additionally, whereas 75% reporting being able to accommodate special needs, over 80% reported not offering general anesthesia services to children. Access to general anesthesia is a widespread limitation in both the Medi-Cal dental network and commercial market. Dentists must obtain a special license in order to perform general anesthesia pursuant to Section 1646.1 of the Business and Professions Code.

When asked what the Medi-Cal Dental Program could do to incent increased provider participation in the program, over 90% of respondents suggested that increasing reimbursement rates would encourage more provider participation. Additional responses suggested decreasing the amount of paperwork required for billing and authorization requests, more patient education on covered benefits, expanding adult dental benefits, and eliminating the AB 97 provider payment reduction. Concurrent with the release of the results of this survey, the fiscal year 2015-2016 California State Budget was enacted and exempts dental services for dates of service on or after July 1, 2015, from the AB 97 ten (10) percent provider payment reductions. As a result, provider participation and retention are expected to increase.

DHCS will continue to monitor access to care through existing operational mechanisms and will continue to survey enrolled providers throughout the state to better determine the Medi-Cal dental provider network capacity on an ongoing basis. DHCS looks forward to continued engagement and ongoing collaboration with the stakeholder community to improve the quality of future provider network surveys.

EXHIBITS

Exhibit A: Statistically Valid Sample – Modified to Include All Counties

County	Original Sample Size	Number of Alternate List Used	Sample Size Achieved
Alameda	3	2	3
Butte	2	2	2
Calaveras	1	0	0
Colusa	1	0	0
Contra Costa	2	4	2
Del Norte	1	2	1
El Dorado	2	1	2
Fresno	3	2	3
Glenn	1	0	1
Humboldt	2	0	2
Imperial	2	0	2
Kern	2	0	2
Kings	1	0	1
Lake	1	1	1
Lassen	1	1	1
Los Angeles	49	18	49
Marin	2	0	3
Madera	2	0	2
Mendocino	1	0	1
Merced	2	2	2
Modoc	1	1	1
Mono	1	0	0
Monterey	2	0	2
Napa	1	1	1
Nevada	1	1	1
Orange	15	13	15
Placer	2	2	2
Plumas	1	2	0
Riverside	6	3	6
Sacramento	3	3	3
San Benito	1	0	1
San Bernardino	8	1	8
San Diego	7	3	7
San Francisco	2	10	2
San Joaquin	2	0	2
San Luis Obispo	2	2	2
San Mateo	2	0	2
Santa Barbara	2	6	2
Santa Clara	6	2	6
Santa Cruz	2	1	2
Shasta	1	0	1
Sierra	1	2	1
Solano	2	0	2
Sonoma	2	1	2
Stanislaus	2	0	2
Sutter	2	0	2
Tehama	1	1	1
Trinity	1	0	0
Tulare	2	0	2
Tuolumne	1	2	1

County	Original Sample Size	Number of Alternate List Used	Sample Size Achieved
Ventura	2	0	2
Yolo	2	0	2
Total	167	92	163

Providers in five (5) counties opted out of participating in the survey: Calaveras, Colusa, Mono, Plumas, and Trinity. The sample size for Marin County was exceeded by one (1) provider service office. The following counties were not sampled due to the lack of enrolled service office locations in the county: Alpine, Amador, Inyo, Mariposa, Siskiyou, and Yuba.

Exhibit B: Provider Survey Questions

Provider Information

- My records indicate that you are a _____ [general dentistry/pediatric dentistry/etc.] office. Is this accurate? How many full time general dentists and specialists do you have? How many part time general dentists or specialist dentists do you have practicing at your office? [Select the type of practice and the number of dentist(s) in the office.]

Type of Practice select all that apply	Number of Full- time Dentist(s)	Number of Part- time Dentist(s)
General Dentistry		
Pediatric Dentistry		
Orthodontics		
Oral and Maxillofacial Surgery		
Endodontics		
Periodontics		
Other _____ [fill in]		

- Children in the Medi-Cal program are defined as less than 21 years of age. Adults are defined as age 21 and older. What is the youngest patient age that the office is willing to see? Select one option.

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 and Not applicable

- What limitations or other restrictions are there for seeing children with Medi-Cal in this practice (age <21)? Select all that apply.

- None; no restrictions or limitations unique to this population
- We have reached provider capacity therefore are unable to accept new patients
- We accept only a certain number of Medi-Cal children per month
- We accept new patients age <21 on specific days/times of the week
- We accept patients age <21 at specific offices in our multi-location practice
- We accept them only if the child was previously an insured patient
- We accept patients <21 only if they were referred (e.g., from another DDS, a school nurse, etc.)
- Other (Briefly describe)

- What are your current hours of operation? How many days of the week? Is the practice available to Medi-Cal patients during all hours of operation and days of the week or are there restrictions to when you are available to Medi-Cal patients?:

Day	Note the hours of operation (ex. 7 AM-7 PM). Indicate CLOSED if applicable.	Available to Medi-Cal Patients
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

5. Have office days/hours changed since adult dental services were restored on May 1, 2014?
- Yes
 - No
- If yes, have your office days/hours increased or decreased? Can you quantify by how much your office days/hours have increased/decreased?
6. Is there anything else your office is currently doing or planning to do to accommodate for an increased need for Medi-Cal dental services in your community?

Beneficiary Demographics

7. Before adult dental services were restored on May 1, 2014, on average how many patients were seen in a week? Please include any pregnant children (under age 21) and pregnant adults (age 21 and over) in the average number of patients that were seen in a week for the following categories.

Children <u>with</u> Medi-Cal	Children with other payment source (not Medi-Cal)	Adults <u>with</u> Medi-Cal	Adults with other payment source (not Medi-Cal)

8. Since May 1 2014, on average how many patients are currently seen in a week? Please include any pregnant children (under age 21) and pregnant adults (age 21 and over) in the average number of patients that were seen in a week for the following categories.

Children <u>with</u> Medi-Cal	Children with other payment source (not Medi-Cal)	Adults <u>with</u> Medi-Cal	Adults with other payment source (not Medi-Cal)

9. Since May 1, 2014, has the number of children with Medi-Cal (age <21):
- Increased
 - Decreased
 - No change
 - Unknown change
 - Not applicable
10. Will the office accept new children with Medi-Cal (age <21)?
- Yes*
 - No *
 - Unsure

*If yes, how many in a week? _____

*If no, what are the reasons: [select all that apply]

- We accept only a certain number of Medi-Cal patients
- Complex paperwork/administrative requirements
- Difficulty receiving payment for services rendered
- Reimbursement rate
- Patients tend to not keep appointments
- Staffing deficiency/inability to meet access demand at this time
- Other _____

11. Before adult dental services were restored in May 2014, what was the average wait time for a non-urgent appointment (calendar week):

- Less than 1 week
- 1-3 weeks
- 1 month
- 2 months
- 3 months
- Other (more than 3 months): _____

12. What is the average wait time currently for a non-urgent appointment (calendar week):

- Less than 1 week
- 1-3 weeks
- 1 month
- 2 months
- 3 months
- Other (more than 3 months): _____

13. Does the office have the ability to provide:

- | | | | |
|---|-----|-----|----|
| <input type="radio"/> General anesthesia to children (age <21)? | Yes | No | |
| <input type="radio"/> General anesthesia to adults (age 21+)? | | Yes | No |
| <input type="radio"/> Services to patients with special needs? | | | |
| <input type="radio"/> Wheelchair access | | Yes | No |
| <input type="radio"/> Mildly challenging behavior | | Yes | No |
| <input type="radio"/> Cognitive impairments | | Yes | No |

14. What can the Denti-Cal Program do to encourage more providers to see Medi-Cal beneficiaries?

Exhibit C: Provider Survey Results

Provider Information

1. a) *My records indicate that you are a _____ [general dentistry/pediatric dentistry/etc.] office. Is this accurate?*

Answer Options	Percentage of Responses	Number of Responses
Yes	97.5%	159
No: Other types of practices (please specify)*	1.8%	3
Skipped question	0.6%	1

*Of those who answered "No: Other", two providers were oral surgeons; one provider was an orthodontist.

- b) *How many full time general dentists and specialists do you have? How many part time general dentists or specialist dentists do you have practicing at your office?*

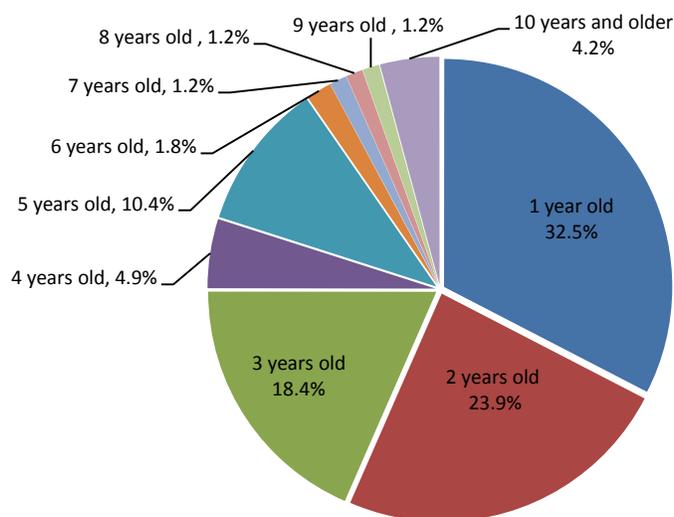
Number of Full-time Dentist/Specialist(s)						
Answer Options	1	2	3	4	5 or more	Number of Responses
General Dentistry	111	18	9	3	0	141
Pediatric Dentistry	6	1	0	0	0	7
Orthodontics	7	0	0	0	0	7
Oral and Maxillofacial Surgery	7	0	1	0	0	8
Endodontics	2	0	0	0	0	2
Periodontics	2	0	0	0	0	2
Other types of practice	0	0	0	0	0	0

Number of Part-time Dentist/Specialist(s)						
Answer Options	1	2	3	4	5 or more	Number of Responses
General Dentistry	22	5	4	0	0	31
Pediatric Dentistry	9	0	0	0	0	9
Orthodontics	11	0	0	0	0	11
Oral and Maxillofacial Surgery	12	0	0	0	0	12
Endodontics	3	0	0	0	0	3
Periodontics	3	0	0	0	0	3
Other types of practice	0	0	0	0	0	0

Note: Number of responses is more than 163 because respondents answered all that applied.

2. **Children in the Medi-Cal program are defined as less than 21 years of age. Adults are defined as age 21 and older. What is the youngest patient age that the office is willing to see?**

Years of Age	Percentage of Responses	Numbers of Responses
1 year	32.5%	53
2 years	23.9%	39
3 years	18.4%	30
4 years	4.9%	8
5 years	10.4%	17
6 years	1.8%	3
7 years	1.2%	2
8 years	1.2%	2
9 years	1.2%	2
10 years & older	4.2 %	7



3. **What limitations or other restrictions are there for seeing children with Medi-Cal in this practice (age <21)? Select all that apply.**

Answer Options	Percentage of Responses	Number of Responses
None; no restrictions or limitations unique to this population	87.1%	142
We have reached provider capacity therefore are unable to accept new patients	3.1%	5
We accept only a certain number of Medi-Cal children per month	0.0%	0
We accept new patients age <21 on specific days/times of the week	0.6%	1
We accept patients age <21 at specific offices in our multi-location practice	0.0%	0
We accept them only if the child was previously an insured patient	0.0%	0

Answer Options	Percentage of Responses	Number of Responses
We accept patients <21 only if they were referred (e.g., from another DDS, a school nurse, etc.)	0.0%	0
Other (briefly describe)*	11.7%	19

*Several offices stated they only serve a specific type of population (special needs, children over a certain age range), one office stated they are “swamped-no other O.S. providers,” one provider stated “stipulation in Denti-Cal.”

4. What are your current hours of operation? How many days of the week? Is the practice available to Medi-Cal patients during all hours of operation and days of the week or are there restrictions to when you are available to Medi-Cal patients?

Answer Options	Percentage of Responses	Number of Responses
Monday	99.4%	162
Tuesday	98.8%	161
Wednesday	99.4%	162
Thursday	99.4%	162
Friday	98.2%	160
Saturday	91.4%	149

Hours of operation varied. For example, one provider reported 6:00 AM - 4:00 PM where as another reported 9:00 AM – 7:00 PM. Additionally, only one office, as noted in the results for Question 3 of this survey, indicated any hour or days of operation restriction specific to Medi-Cal beneficiaries.

5. Have office days/hours changed since adult dental services were restored on May 1, 2014?

	Percentage of Responses	Number of Responses
Yes (requires additional response)	15.3%	25
No	84.7%	138

If yes, have your office days/hours increased or decreased? Can you quantify by how much your office days/hours have increased/decreased?

24 provider service offices answered and 138 skipped this question. Generally, offices increased their practice by opening an additional weekday/weekend and extended their hours since the restoration of adult dental benefits on May 1, 2014. The following are responses directly from the survey:

1.	Office has had to increase office hours. Now working all day on Weds.
2.	will accommodate a patient if needed
3.	Increase hour due to adults
4.	Add a day &/or more hours
5.	Dr is now working on Saturdays to help with patient rush.
6.	Yes we are staying a couple of extra hours a week.

7.	We are now staying late on Wednesday nights to see the patients.
8.	Yes currently working on Saturdays.
9.	Since may we have been opening at 9:00am when we used open at 12:00pm before may 1st
10.	The office will be staying to 7:00pm on Wednesdays.
11.	Yes the office has a higher work load and has had to open another day
12.	Yes the office is staying an extra hour per day
13.	Increased by 1/2 hour/day
14.	Yes the office is now open on Wednesday to help with the patients Dr has two office locations.
15.	Increased - added Fridays
16.	Yes a little some days we stay later than scheduled to help the public
17.	We have had to add Saturdays to accommodate
18.	Yes the office is having to stay late on Saturdays to accommodate the patients with walk ins and etc
19.	Yes the Dr has had to open on every other Fridays now with adults patients return
20.	The office was previously closing at 5:00pm but since May 1st they have been staying much later sometimes until 9:00pm
21.	On some occasions the Dr has to stay at the office later than normal.
22.	Stays late certain days as needed (maybe 2 x per week)
23.	The office hours have increased by an extra two hours every day
24.	The staff is sometimes staying to 7:00pm when the office close time is 5:00pm this happens almost every day.

6. Is there anything else your office is currently doing or planning to do to accommodate for an increased need for Medi-Cal dental services in your community?

Majority of provider service offices answered “No”. Those who answered “Yes” stated the following:

1.	Extending hours of operation/adding more days
2.	Applied to open a 2nd facility
3.	Letting patients know by word of mouth that they are there to help them
4.	Hired more doctors
5.	Accepting new patients

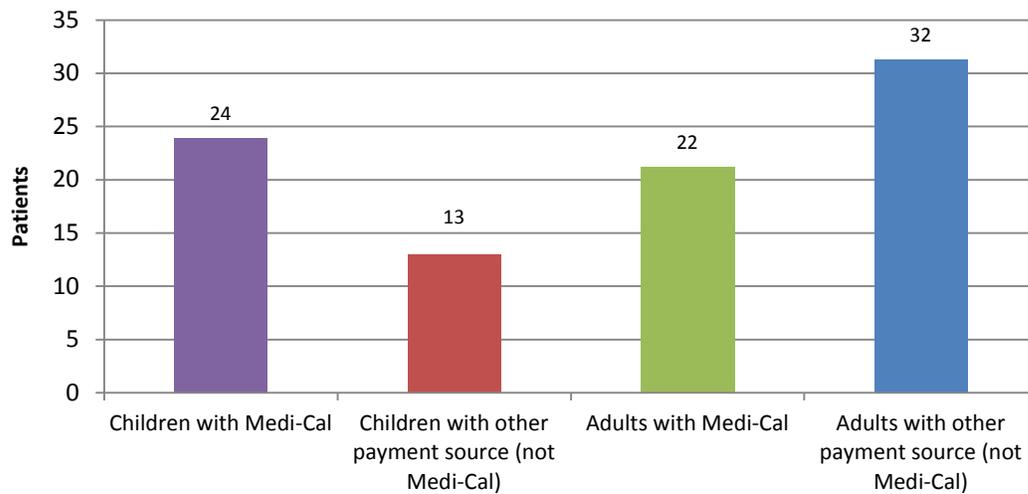
Beneficiary Demographics

7. Since May 1, 2014, has the number of children with Medi-Cal (age <21):

Since May 1, 2014, has the number of children with Medi-Cal (age <21):	Percentage of Responses	Number of Responses
Increased	41.3%	66
Decreased	3.8%	6
No change	48.8%	78
Unknown change	6.3%	10
Not applicable	0.0%	0
Skipped Question	~0%	3

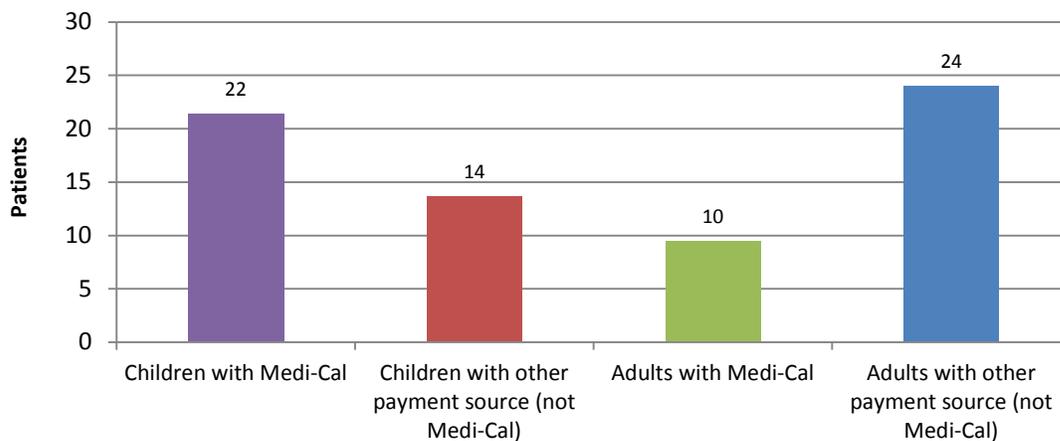
8. **Since May 1 2014, on average how many patients are currently seen in a week? Please include any pregnant children (under age 21) and pregnant adults (age 21 and over) in the average number of patients that were seen in a week for the following categories.**

Average Number of Patients Seen Each Week Since May 1, 2014

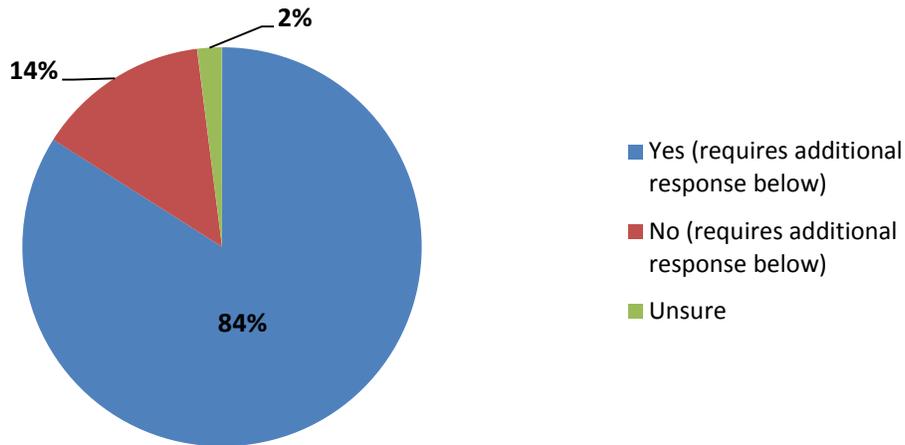


9. **Before adult dental services were restored on May 1, 2014, on average how many patients were seen in a week? Please include any pregnant children (under age 21) and pregnant adults (age 21 and over) in the average number of patients that were seen in a week for the following categories.**

Average Number of Patients Seen Each Week Before May 1, 2014



10. Will the office accept new children with Medi-Cal (age <21)?



If yes, how many in a week?

127 of the 137 who responded to this question answered “Yes.” Of those provider service offices that responded with a numeric value, the average was 20.

If no, what are the reasons?

Answer Options	Percentage of Responses	Number of Responses
We accept only a certain number of Medi-Cal patients	45.8%	11
Complex paperwork/administrative requirements	4.2%	1
Difficulty receiving payment for services rendered	4.2%	1
Reimbursement rate	33.3%	8
Patients tend to not keep appointments	4.2%	1
Staffing deficiency/inability to meet access demand at this time	0.0%	0
Other (briefly describe)*	33.3%	8

*Those who answered “Other” stated the following:

1.	DDS semi-retired
2.	office reached cap
3.	Hospital cases and special needs only
4.	No shows
5.	Trauma patients only
6.	Only seeing patients from Half-way house.
7.	Going to stop taking program
8.	The office is booked

11. Before adult dental services were restored in May 2014, what was the average wait time for a non-urgent appointment (calendar week):

Answer Options	Percentage of Responses	Number of Responses
Less than 1 week	74.2%	121
1-3 weeks	23.3%	38
1 month	1.2%	2
2 months	0.6%	1
3 months	0.0%	0
Other (more than 3 months)	0.6%	1

12. What is the average wait time currently for a non-urgent appointment (calendar week):

Answer Options	Percentage of Responses	Number of Responses
Less than 1 week	50.3%	82
1-3 weeks	41.7%	68
1 month	4.3%	7
2 months	2.5%	4
3 months	0.6%	1
Other (more than 3 months):	0.6%	1

13. Does the office have the ability to provide:

Answer Options	Yes	No	Number of Responses
General anesthesia to children (age <21)?	29	134	163
General anesthesia to adults (age 21+)?	24	137	161
Services to patients with special needs:			
Wheelchair access	154	9	163
Mildly challenging behavior	140	23	163
Cognitive impairments	123	40	163

14. What can the Denti-Cal Program do to encourage more providers to see Medi-Cal beneficiaries?

Over 90% of respondents suggested that increasing reimbursement rates would encourage more provider participation. Additional common responses suggested decreasing the amount of paperwork required for billing and authorization requests, more patient education on covered benefits, and expanding adult dental benefits.

Exhibit D: Claims Validation

Average Patients Per Week, Before and Since May 1, 2014

CHILDREN			
Provider Survey Results		STARS Claims Data	
	Average number of Children seen per Week		Average number of Children seen per week
Before May 1, 2014	22	November 2013 - April 2014 ¹	10
Since May 1, 2014	24	May 2014 - November 2014 ²	9
% Increase	9%	% Increase	-10%

ADULTS			
Provider Survey Results		STARS Claims Data	
	Average number of Adults seen per Week		Average number of Adults seen per week
Before May 1, 2014	10	November 2013 - April 2014 ¹	2
Since May 1, 2014	22	May 2014 - November 2014 ²	6
% Increase	120%	% Increase	200%

Source: Provider Survey data represented above is from Questions 8 & 9 and Services Tracking Analysis and Reporting System (STARS) paid claims data before and since May 1, 2014.

¹ This time period includes paid claims data for 160 of the 163 service office locations surveyed. The 3 service office locations that were not included could not be identified through STARS.

² This time period includes paid claims data for all 163 service office locations surveyed.