



Dental Providers' Perception of the Medi-Cal Dental System in the San Joaquin Valley: A Local Perspective

Availability of Dental Providers in the San Joaquin Valley (SJV)

Dental providers' availability is one of the social determinants of oral health. Regular access to dental care, in addition to adequate oral hygiene self-care, is essential to maintain the population's positive oral health outcomes. In California, the Medicaid program, Medi-Cal, offers dental services through the Medi-Cal Dental program, also known as Denti-Cal, for eligible children and adults. Only one third of dental providers in CA is enrolled in the Medi-Cal Dental program, and not all of them accept new patients.¹ For almost 1.8 million individuals certified eligible for the Medi-Cal Dental in the SJV², there are 490 Medi-Cal Dental enrolled providers and 350 from them accept new patients.³ In other words, there is one dentist who accepts new patients for almost every 5000 Medi-Cal patients. This ratio indicates a high need for dentists who serve the Medi-Cal Dental population in the Valley.

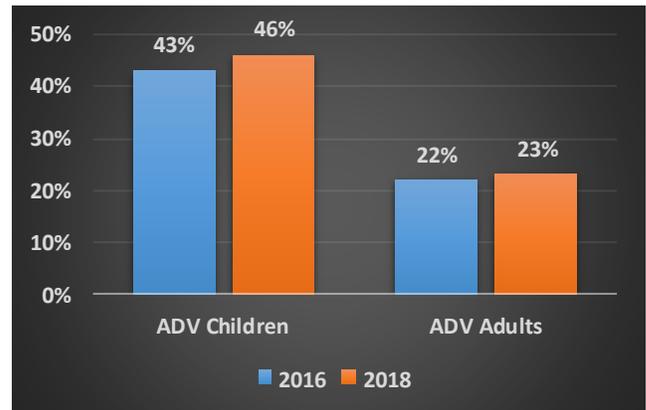
Access to dental care among Medi-Cal Dental Beneficiaries

According to the California Health and Human Services open portal data, 46% of Children 0-20 years old Medi-Cal Dental beneficiaries in the SJV had an Annual Dental Visit (ADV) in 2018. This percentage showed a slight increase from 2016 (43%). This increase can be partly attributed to the state implementation of the [Dental Transformation Initiative](#)⁴, an initiative implemented in some of the CA counties to improve children's access to dental care.

Although Medi-Cal Dental adults had their dental

benefits fully restored in January 2018⁵, the percentage of adults' ADV did not show a lot of increase from 2016 (22%) to 2018 (23%).

Figure 1 shows the percentage of Medi-Cal Dental beneficiaries in the SJV who had an Annual Dental Visit (ADV) in 2016 and 2018 among adults 21+ and children 0-20 years old.



Data Source: CALIFORNIA HEALTH AND HUMAN SERVICES OPEN DATA PORTAL

The considerable low number of enrolled dental providers in the Medi-Cal Dental program and the age-based disparity in accessing dental care among beneficiaries, urged the need to understand how dental providers perceive the program. This report provides findings of interviews with local dental providers and Provider Relation Representative (PRR)* in attempt to understand their perception about the Medi-Cal Dental program aiming to suggest solutions to improve the access of its beneficiaries to dental care in the Valley. The overarching research question for this study is "Does Medi-Cal Dental program assists its enrolled providers to offer quality and timely dental services for the beneficiaries."

* Provider Relation Representative are hired by the organizations that implement the Dental Transformation Initiative in Fresno County to recruit dental providers in the county to enroll in the Medi-Cal Dental program.

Methods

The Central Valley Health Policy Institute (CVHPI) conducted a series of semi-structured telephone key informant interviews with dental providers (n=8) in Fresno County, as the largest and most populated county in the San Joaquin Valley. In addition, 2 focus groups were conducted with PRRs (n=6) in Fresno County.

The qualitative software NVivo 12 was utilized for data analysis and visualization of findings.⁶

Themes were identified by analyzing the content and the sentence structure within it. NVivo assigns significance to some themes over others based on how frequently each theme occurs in the material being analyzed. The main themes and supporting codes were identified, taking in consideration the frequency of citing each code to identify its strength.

Findings

This section provides a description of the main emergent themes as identified from analyzing the interviews and the focus groups data.

Patients' Challenges. Many participants expressed that their patients face many challenges with the Medi-Cal Dental program. Many participants shared that the system is still lacking a good program that addresses the dental needs for adults. They explained that long wait time, lack of general awareness about the system, and the limited scope of covered services are challenges that many beneficiaries are facing.

“We have less options for adults and much less options for adults with special needs...”

The limitation in the covered services, the time commitment, and the lengthy process in many instances urge the patient to either pay out of pocket for the uncovered services or choose to extract

the tooth (covered service) if he/she cannot afford it. Few interviewees expressed their concern about transportation and language as challenges for some of their patients. Few PRRs respondents also shared that some other hidden barriers can hinder adults from accessing regular dental care such as transportation or limited time to take off from work.

“A lot of these parents are lower income, maybe don't have a vehicle, they have to use public transportation or they don't have the time to go from place to place because they work.”

Figure 2 illustrates the identified codes for the patients challenges theme noting that the darker color indicates more frequency in code citation.

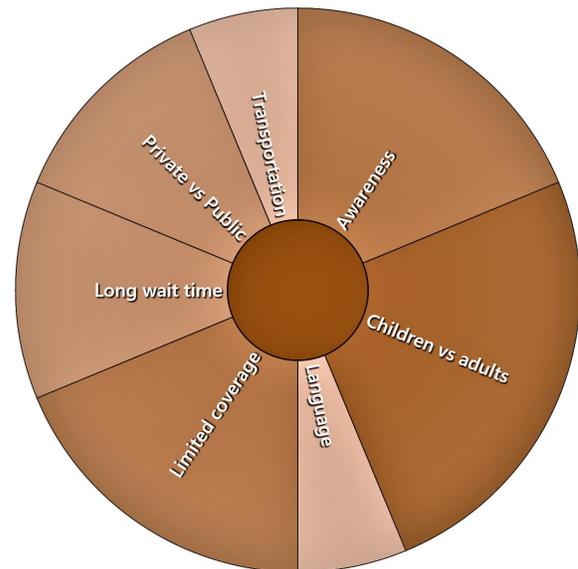


Figure 2. Patients' challenges as identified by dental providers.

Providers' Challenges. Dental providers shared many challenges that they themselves are facing while dealing with the system.

Most unenrolled providers shared that the complicated and prolonged enrollment process is one of their reasons for refraining from enrollment. In addition the burdensome communication with the system and the need for a staff member at the dental office to be assigned for this job was another

er major challenge. On the other hand, some enrolled providers complained about the Treatment Authorization Request (TAR), that is required before starting to treat patients, causes delay in the treatment provision for patients, who are in so many cases in pain. Moreover, it happens frequently that the authorization gets denied, especially for adult patients. Most providers expressed a deep concern about the easier and less stringent TAR approval for providers working at Federally Qualified Health Centers and corporate dental offices than private dental offices. Many respondents complained about the frequent denial of payment for services that they already provided for their patients.

“It was so hard to work within the limits of the Denti-Cal rules and guidelines which do not take patient’s needs into consideration, so my hands were tied to do what the patient needed.”

Despite the considerable increase of many Medi-Cal Dental services’ reimbursement rate, many providers, especially the unenrolled, still believe that the reimbursement rate is low comparable to the overhead expenses and to the commercial (private) insurance rates. Lastly, patients’ high no-show rate, which can be attributed to other social factors, continues to be a challenge for some providers.

Figure 3 illustrates the providers challenges theme where the darker the color the higher frequency of code citation.

Patients’ Facilitators. Some providers acknowledged the existing spectrum of covered services, especially those offered for children, and the significant recent improvement in the system as a whole. They also explained that those services are offered at almost no co-pay. Some providers expressed that case management services, provided as part of the DTI, are enabling patients to receive better quality of dental care with the supported care coordination, education, and translation services.

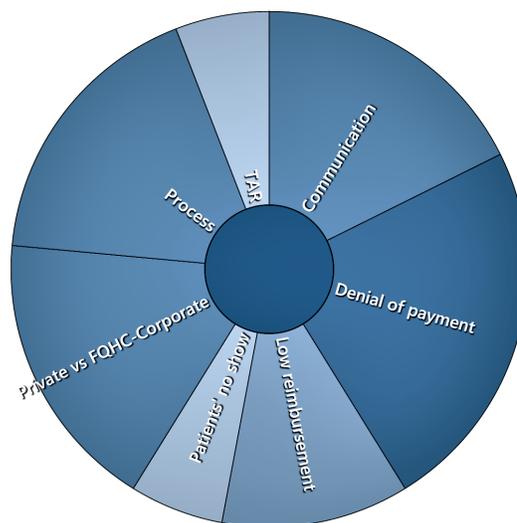


Figure 3. Providers’ challenges as expressed by dental providers.

“For the first time there is an incentive for the dentist to give the patient a good experience to bring back the family and the patient.”

Providers’ Facilitators. Most providers believed that the Medi-Cal Dental System has improved a lot in the recent years, especially for children enrollees. Recent improvement in the reimbursement rate, especially the preventive services, is a great improvement. However there were also a shared concern about the long-term sustainability of those improvement measures and they were not optimistic. Many were concerned that the DTI will phase-out in December 2020 and they expect that the increase in the reimbursement rates maybe subjected to change.

“I feel it has improved tremendously. It seems to continue to be improving.”

Across all interviews and focus groups, the challenges theme were more frequently expressed than the facilitators.

This indicates that the Medi-Cal Dental program poses more challenges than assistance to their providers which hinders their ability to accept its beneficiaries or to enroll in the program. This is especially true for adult beneficiaries.

Suggestions to improve the Medi-Cal Dental System.

Many providers expressed the need to implement many measures to improve the system. Many participants have shared that increasing the reimbursement rates and sustaining this increase is needed. This was particularly suggested for adults dental services. The process of enrollment and payments also need to be eased as expressed by many providers.

Some suggested the need to expand on the covered services and improve the quality of existing services. More awareness of beneficiaries about the system and their covered services was suggested by some participants. Few participants have shared that the system needs to establish trust with providers' capacity in defining the patients dental needs when looking at the TARs.

“Improve communication with the system regarding paperwork and prior authorization”

Figure 4 illustrates the identified codes for the suggestions theme noting that the darker color indicates more frequency in code citation.

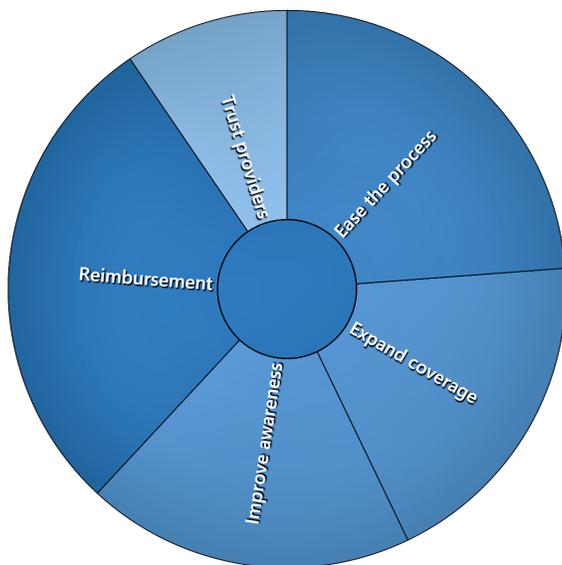


Figure 4. Suggestions to improve the system as identified by dental providers.

Conclusion

Access to regular dental care is essential to maintain the population's good oral health outcome. The availability of dental providers who accepts patients with Medi-Cal Dental is a determinant of the beneficiaries regular access to dental care. This reports presents findings of a series of interviews and focus groups conducted to help understand the participants' perception about the Medi-Cal Dental program in the SJV. Findings showed that the system is failing to provide the same quality of services to all beneficiaries and age-based disparities exists in accessing dental care. Adults are receiving dental services at a much lower rate than children. This can partly be attributed to the implementation of the DTI. There is a need to improve the Medi-Cal Dental system to encourage more providers to enroll and provide services for beneficiaries. Policies that support equitable services for both privately and publicly insured patients are needed to ensure the health and well being of the whole population. More research, with larger samples, to understand further challenges beyond the Medi-Cal system need to be conducted to fully and effectively improve access to oral health care for the underserved population.

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