

California DMC Quality Improvement Oral Health Access Committee (QIOHAC) Meeting

Official Meeting Minutes | First Quarter 2026

Date: May 20, 2026

Time: 9a - 10:32a, PT (Adjourned 10:32a, PT)

Location: MS Teams

Chair: CA Chief Oral Health Access Officer

Minutes submitted: June 5, 2026

Attendance

13 of 17 committee members attended. The meeting had enough members present to proceed.

Attendees

CA Chief Oral Health Access Officer - Chair

CA Dental Director

Director, Capture and Proposal

Chief Dental Officer

Director, Quality and Outreach

AVP, CA Operations

AVP, Provider Network Management

Director, Provider Engagement

AVP, Compliance & Quality Management

Associate Clinical Director, CDN

AVP, Clinical Management

Participating Provider (2)

Meeting Minutes

Time	Agenda Item	Presenter / Title	Discussion	Decision / Outcome	Next Steps / Follow-up
2 min	Call to Order and Announcement	CA Chief Oral Health Access Officer	The chair started the meeting. The attendance list and meeting materials were made available to the committee.	The meeting followed the agenda.	None.
3 min	Review of Prior Minutes	CA Chief Oral Health Access Officer	The committee reviewed the minutes from the last meeting. No one asked for changes.	The committee accepted the minutes as written.	Keep the approved minutes with the committee records.
	CDN Commercial Reporting				
3 min	CDN Grievance Report	Associate Clinical Director, CDN	Q1 grievances were reviewed. DentaQuest took over most Covered California grievances. CDN kept handling individual product grievances and Covered California complaints about 2025 treatment. Most complaints were about getting care or service quality. Many were linked to call center staffing. More staff members were added as a solution.	The committee accepted the report. All but two standard grievances were closed within 30 days.	Keep tracking response times and access and service issues.
3 min	CDN Exempt Grievance & Potential Quality Issue (PQI) Report	Associate Clinical Director, CDN	The committee reviewed exempt grievances and Potential Quality Issues (PQIs). Exempt grievances are those usually handled by phone within one business day unless they involve a coverage dispute. Few were reported. There were 39 PQIs total, most were linked to call center access problems during open enrollment.	The committee reviewed the report and noted the staffing changes.	Keep tracking PQI volume after the staffing changes.
3 min	CDN IRR (Inter-Rater Reliability) Report	Associate Clinical Director, CDN	The committee reviewed Inter-Rater Reliability (IRR). IRR checks whether claim reviewers,	The committee reviewed the report.	Continue routine checks.

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			specialists, and dental consultants make similar review decisions.		
2 min	CDN Over/Under Track & Trend Report	Associate Clinical Director, CDN	The committee reviewed new over/under tracking. It found 60 offices with possible unusual patterns that need more review. Two cases involved more than one claim or claim type. No provider follow-up was started because there was not enough Q1 data.	The committee supported more monitoring.	Review future claims data as more information becomes available.
	Department of Health Care Services (DHCS) Reporting				
3 min	Quarterly Policy & Procedure Report	Senior Compliance Analyst	The committee reviewed three policies: Beneficiary Dental Exception, Teledentistry, and Provider Maintenance/Ongoing Monitoring. Management said the Provider Maintenance/Ongoing Monitoring policy needed more work. It was not approved at this meeting.	The Beneficiary Dental Exception and Teledentistry policies were approved. The Provider Maintenance/Ongoing Monitoring policy was delayed.	Bring the updated Provider Maintenance/Ongoing Monitoring policy back for approval.
5 min	Utilization Management Report	CA Dental Director	The committee reviewed higher use of dental services in the Geographic Managed Care (GMC) and Prepaid Health Plan (PHP) groups. The review covered visits, procedures, members using care, and procedures per 1,000 members. Preventive care went up. Exam rates stayed the same or improved. Sealant use went down, so the team will keep watching it. The committee	The committee accepted the report. It will keep watching sealant use and higher-cost procedures.	The CA Dental Director and Outreach team will use the data to plan outreach and improve use where needed. Owner: CA Dental Director and Outreach Team

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			discussed whether sealant use changes by season. Management said use may rise in summer and at the end of the year.		
5 min	Utilization Management - Over/Under Track and Trend Report	CA Dental Director	The committee reviewed provider patterns using Clinical Quality Management (CQM) and service-use data. Six PHP offices and five GMC offices need more checks. The review included moderate anesthesia, crowns, restorative services, pediatric stainless-steel crowns, pulpotomies, surgical extractions, and other higher-cost services. The AVP, CA Operations asked for more use of past data in future reports.	No improper use was found. The committee supported more tracking and stronger reports.	Management will review more outlier data and add detail to future reports.
5 min	Incentive Programs Report	Director, Provider Engagement	No Q1 results were available for an incentive program.	The report was delayed until results are available.	Share results in a future quarter.
5 min	Provider Satisfaction Report	Director, Provider Engagement	The provider satisfaction survey is closed. The team is reviewing the results and will turn them into charts and trend summaries.	No action was taken until the final results are ready.	Share the final provider satisfaction results at the next quarterly meeting.
	Access and Availability				
5 min	Network Access and Availability	Director, Provider Engagement	The committee reviewed a survey about appointments and after-hours contact. Most offices met the rules. Some did not meet the goals for 24-hour emergency appointments or after-hours contact. Provider Engagement follows up with those offices to explain the rules and fix barriers. One office had missed the rules for two quarters.	The committee accepted the follow-up plan. Repeat problems will move to a Corrective Action Plan (CAP). No response may lead to network action.	Provider Engagement will start a CAP for that office and survey providers again. Owner: Provider Engagement

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5 min	Network Geographic Access	Director, Provider Engagement	The committee reviewed geographic access issues. At least 99.9% of members had access in the areas reviewed. Some gaps remain on Catalina Island because there are not enough providers willing to accept the plan. Members are helped with finding other ways to get care.	The committee accepted the report.	Keep recruiting providers and helping members on Catalina Island and in other gap areas.
5 min	Network Activity Report - Provider Additions and Terminations	Director, Provider Engagement	The committee reviewed providers that joined or left the network, active locations, and active associates. Management reported network growth, fewer providers leaving, and better provider retention. Outreach, education, training, and support helped. About 1,800 provider contacts took place during the quarter.	The committee accepted the report.	Keep working with providers through education, support, and retention work.
5 min	Secret Shopper Program Report	Director, Provider Engagement	An outside vendor began secret shopper calls at the end of March. The calls help check access and availability. Q1 results were not yet available.	No results were reviewed.	Share the vendor results when they are ready.
	Appeals and Grievances				
5 min	Exempt Grievances	Director, Regulatory and Managed Care Compliance	The committee reviewed 21 exempt grievances: 14 GMC and 7 PHP. The total was a little lower than Q4. Access and availability made up 86% of these grievances. Management is working with Customer Service to group grievances more clearly and reduce cases sent back to Compliance and Grievance.	The committee accepted the report.	Continue Customer Service education and track access and availability issues.

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5 min	Resolved Provider Dispute Report	Operations Compliance Analyst	The committee reviewed provider disputes before and after service. For adults, GMC had 25 pre-service and 56 post-service cases. PHP had 5 pre-service and 12 post-service cases. For children, GMC had 37 pre-service and 38 post-service cases. PHP had 1 pre-service and 3 post-service cases. Post-service disputes rose mainly because some providers were still being credentialed and some claims were denied as out of network. All response and resolution times met the rules.	The committee accepted the report. All required timeframes were met.	Correct the report to say pre-service cases went to the health plan and post-service cases were handled internally. Keep tracking disputes tied to credentialing.
	Quality Improvement Reports				
3 min	Population Health Management Report	CA Chief Oral Health Access Officer	The committee reviewed the Population Health Management program and Population Needs Assessment. The first data review is done. A review of the past 12 months is underway. Priorities are low use of dental care, sealant results, and more preventive care. Surveys of stakeholders, providers, and members are planned for summer 2026.	The committee accepted the report.	Use the survey plan and results to guide outreach and improvement work.
3 min	Cultural and Linguistics Report	CA Chief Oral Health Access Officer	Concerns about interpreters went down after provider education. Providers were reminded that interpreter services are free and that they must arrange access for patients. Customer Service changes also helped reduce	The committee accepted the report.	Continue provider education and track open language and interpreter cases.

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			complaint cases. Some earlier cases are still open.		
3 min	Health Plan and Outreach	Outreach	The committee reviewed outreach in Los Angeles and Sacramento. Los Angeles work included Sweetheart Night, a Head Start oral health meeting, the LA Trust Tooth Fairy event, farmers markets, LA Parks events, a community resource fair, 36 site visits, 15 emails and 11,488 member calls. Sacramento work included five events, six community meetings, site visits, emails, and 62,500 calls to members who had not recently seen a dentist or needed help making an appointment.	The committee reviewed the report.	Continue planned outreach events in both counties.
3 min	Credentialing and Re-credentialing Activity	Director, Provider Engagement	No provider was denied credentialing. No appeals were reported.	The committee accepted the report.	Keep checking credentialing work.
5 min	Non-Reporting Offices Report	Director, Provider Engagement	No facilities met the Q1 rules for action under the non-reporting use limits. New reporting tools are being built to identify these facilities more clearly in the future.	No action was needed.	Keep building the reporting tools.
5 min	Provider Audits - Independent Quality Assurance Review	Director, Provider Engagement	The Provider Network team completed training to do structural site reviews. Offices must have routine site audits before credentialing. In Q1, the team completed 148 reviews. No corrective actions, serious problems, or errors were found. Go Audit/CADP shared resources	The committee accepted the report.	Keep using the Go Audit/CADP shared resources and routine audit process.

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			will help avoid duplicate audits and keep audit records.		
3 min	Grievance CAP Report	Operations Compliance Analyst	The committee reviewed closed grievances about access to care, coverage disputes, other concerns, quality of care, medical necessity, and quality of service. One Q1 CAP was needed. It involved provider counseling which happened by phone. The case was closed during the quarter, and the provider will be monitored.	One CAP was completed and closed. No CAPs were open at the end of the quarter.	Keep watching for repeat or new issues.
3 min	Identification and Assessment of Members with Special Health Care Needs (SHCN) / Children with Special Health Care Needs (CSHCN)	Director, Quality and Outreach	Screening found members who may need case management because of barriers to care, complex medical needs, or oral health needs. In GMC, 45 members were identified and 23 took part. In PHP, 32 were referred and 16 took part.	The committee accepted the report.	Keep tracking participation and barriers to taking part.
3 min	Initial Oral Health Risk Assessments	Director, Quality and Outreach	Members may complete oral health risk assessments by phone, online survey, or mail. Mail was still used most often. Completion rates improved, especially in PHP.	The committee accepted the report.	Keep tracking how members complete the assessment and response rates.
3 min	Case Management and Continuity of Care Coordination	Director, Quality and Outreach	More members took part in case management than last quarter. The committee said keeping members involved is still a challenge.	The committee accepted the report.	Continue outreach to members referred for case management.
5 min	Clinical Services Quality Oversight Audits	CA Dental Director	The committee reviewed IRR and quality audits. These audits check whether Clinical Review Specialists and Dental Consultants make similar decisions. Results were above the	The committee accepted the report. Results were above the required level.	Continue quarterly checks and calibration.

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			90% goal: 95.5% for Clinical Review Specialists and 96.8% for Dental Consultants. Reviews covered surgical extractions, impacted tooth removal, partial dentures, crowns, and molar root canals.		
3 min	Provider Billing Complaints	Operations Compliance Analyst	One GMC adult billing complaint was partly substantiated. This means the review supported part of the complaint. It involved a member copay or out-of-pocket cost.	The committee accepted the report.	Keep tracking billing complaints.
3 min	Potential Quality Issues Report	CA Dental Director	The committee reviewed 39 PQIs. Most were linked to call center staffing and access problems that improved after staffing changes. Provider communication and quality standards still need attention.	The committee accepted the report. More monitoring is needed.	Continue provider education, reinforce quality standards, and track PQI trends.
2 min	Subcommittee Reports - Peer Review Updates	CA Dental Director	Several PQI cases were identified for the Peer Review Committee. The committee will decide whether provider education, quality improvement, or another step is needed.	The cases will go to the Peer Review Committee.	Share peer review results at a future QIOHAC meeting.
	Joint Oversight Committee Update				
3 min	Open Forum	CA Chief Oral Health Access Officer	The committee invited more questions or concerns. None were raised.	No action was needed.	None.
1 min	Closing and Next Meeting	CA Chief Oral Health Access Officer	The meeting ended at 10:32 a.m. The next meeting was set for August 12, 2026.	The meeting was adjourned.	Keep the final minutes with the committee and audit records.