



## Policy & Procedure

<b>Company:</b>	ODS Community Dental	<b>Reference Number:</b>	QI-630
<b>Department:</b>	Dental Services		
<b>Business unit:</b>	Dental Medicaid	<b>Category:</b>	Quality Improvement
<b>Title:</b>	Access Monitoring		
<b>Origination Date:</b>	10/2019	<b>Original Effective Date:</b>	10/2019
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<b>Revision Published Date:</b>	2/12/2021	<b>Next Annual Review Date:</b>	2/2022
State (select all boxes applicable to this policy) <input type="checkbox"/> Alaska <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington			
Product (check all boxes applicable to this policy) <input checked="" type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Vision <input type="checkbox"/> Other _____			
Type of Business (check all boxes applicable to this policy) <input type="checkbox"/> Commercial Group <input type="checkbox"/> Commercial Individual <input type="checkbox"/> Exchange Business <input type="checkbox"/> EOCCO <input checked="" type="checkbox"/> OHP <input type="checkbox"/> Medicare <input type="checkbox"/> ASO/ Self-funded <input type="checkbox"/> Other _____			

### I. Policy Statement and Purpose

ODS Community Dental ensures that our members receive timely access to care by regularly monitoring our contracted providers.

### II. Procedures

ODS Community Dental uses the following methods to ensure timely access standards from the Oregon Administrative Rules (OAR) procedures are met:

#### A. Third Next Available Appointment (TNA) Survey

ODS Community Dental monitors appointment times with a TNA survey of all our contracted dental providers. These standards are further outlined in the ODS Community Dental Appointment Scheduling policy, and include: Being seen within 24 hours for emergent care, 1-2 weeks for urgent care, 8 weeks for routine care, and 4 weeks for routine care for pregnant women.

##### 1. Survey

TNA surveys are conducted weekly and ask the following:

- a. Provider's open/closed status to new OHP patients
- b. Third next available appointments for new patients (if the office is open to new patients).
- c. Third next available appointments for established members for routine follow-up care.
- d. Third next available appointment for urgent care.
- e. Third next available appointments for emergent care.

- f. Third next available appointments for pregnant members.
  - g. If a provider is not meeting access to care standards, as required by the Oregon Administrative Rules, the provider is asked if there are special circumstances limiting their availability (e.g., provider out of the area, illness, temporary staffing).
  - h. Same day appointments for new members and urgent/emergent care availability are documented, however they do not count towards routine care appointment availability.
2. Reporting and Interventions
- a. The OHP coordinator conducts the survey and documents reasons for non-compliance or notes when responses aren't provided.
  - b. The ODS Quality Team reviews the data collected and identifies providers with trends of non-compliance.
  - c. Non-compliant providers are notified that they are not in compliance with the Oregon Administrative Rules (OAR) for the Oregon Health Plan.
  - d. If non-compliance continues, the OHP coordinator and ODS Quality Team meet to discuss the issues identified and appropriate interventions needed. The OHP Coordinator or a representative from the Quality Team will contact the provider and work with them one-on-one to resolve the issue.
  - e. If the provider is unresponsive or takes action that is not satisfactory, the ODS Leadership team meet to recommend next action, which could include removal from ODS Community Dental Panel.
  - f. TNAA survey results and any recommended actions are presented to the DQIC. The DQIC also reviews member complaints, referral access reports, for persistent or significant problems regarding member access to appointments. DQIC identifies areas for improvement and reviews and approves next steps for non-compliant providers.
  - g. Upon request, The ODS Quality Team will submit a report to a coordinated care organization (CCO) as required by contract. CCO-specific reports are saved in the dental case management folder.

**B. 24-hour Availability Survey**

ODS Community Dental monitors 24-hour access to care by conducting an annual after-hours access survey. The expectation for 24-hour provider availability is further outlined in the ODS Community Dental Appointment Scheduling policy.

- 1. Survey
  - a. ODS Community Dental staff call all contracted providers after regular hours on an annual basis and document if the access standard is being met.
- 2. Documenting Responses
  - a. A call script and instructions are provided to ODS Community Dental staff performing the survey and outline how to document and record responses.
- 3. Reporting and Interventions
  - a. After the survey, non-compliant providers are notified in writing that they are not in compliance with the state of Oregon administrative rules (OAR) for the Oregon Health Plan and the Board of Dentistry's rules for standards of practice. Providers are given time to become compliant.
  - b. A re-survey is conducted within two months of sending the non-compliant letters. If the provider continues to be non-compliant, ODS Community Dental calls the provider and works one-on-one to resolve the issue.
  - c. If the provider is unresponsive or takes action that is not satisfactory, it is reported to the ODS Dental Quality Improvement Committee (DQIC), which may recommend that the provider be dismissed from the ODS Community Dental panel.

### **C. Dental Records Review**

ODS Community Dental audits contracted provider dental records on an annual basis to ensure compliance with the Oregon Board of Dentistry Oregon Administrative Rule (OAR) 818-012-0070 standards of practice for patient records, and to evaluate quality of care and ongoing performance improvement projects.

#### 1. Records Request

- a. An ODS Community Dental data analyst runs a report to select a random sample of our contracted provider population
- b. A letter is sent to each selected provider requesting complete dental chart records for up to 12 members per provider

#### 2. Records Review

- a. A list of items that will be reviewed during each chart review is evaluated annually by the ODS dental director to ensure it meets current standards of practice for dental records
- b. To demonstrate adherence to timely access to care standards, we will ask that audited providers submit timely appointment scheduling proof that includes:
  - i) Date the appointment was scheduled and date of the appointment
  - ii) Type of service the member was scheduled for
  - iii) Any information related to changes made to the appointment, if any, and rationale for those changes
- c. Each dental record is reviewed by a qualified reviewer and scored on completeness. An item that is complete receives a score of 1, whereas an item that does not meet the criteria for completeness receives a -1. Items that are not applicable are not counted.
- d. A dental record with a score of 80% or greater is acceptable.

#### 3. Reporting and Interventions

- a. Once the dental records have been audited by ODS, providers that were audited will be sent a letter with the results of their audit.
- b. Providers may contact ODS to provide comments or share concerns related to their audit findings.
- c. Records that score less than 80% for completeness are reported to the ODS Dental Quality Improvement Committee, which may implement appropriate interventions.

### **D. Annual OHP Provider Survey**

#### 1. OHP providers must complete an annual online survey to attest to having been made aware of, and having reviewed, our resources and policies. They are also asked:

- a. If they have completed cultural competency training
- b. If they provide physical access and other accommodations
- c. To attest to having reviewed our clinical practice guidelines
- d. To attest to having reviewed our OHP provider handbook
- e. To attest to having reviewed ODS Community Dental policies and procedures

#### 2. Reporting and interventions

- a. Once all responses are collected, ODS Community Dental outreaches to providers that have yet to complete the attestation and requests their participation or to those that have not attested to reviewing required policies and procedures
- b. ODS Community Dental then writes a final report summarizing the attestation response and makes it available to the coordinated care organizations (CCOs) that request it.
- c. The ODS Dental Quality Improvement Committee will be made aware of any contracted providers that fail to complete the attestation. The committee may implement appropriate interventions.

**E. Dental office site visits**

1. ODS ensures that all members have access to covered services by monitoring our contracted providers' compliance with the Americans with Disabilities Act and OAR 410-141-0220(7)(d).
2. Contracted providers that are listed in our provider directory as being ADA accessible may receive random on-site visits to review their ADA accessibility.
3. ODS uses a site visit checklist that addresses ADA physical access in conducting these reviews.
4. Offices that are found to not be ADA compliant will have that designation removed from our provider directory.

**III. Related Policies & Procedures, Forms and References**

- OAR: 410-141-3840
- OAR 410-141-3515
- ODS Site Visit Checklist

**IV. Revision Activity**

<b>New P &amp; P /Change / Revision and Rationale</b>	<b>Final Review/Approval</b>	<b>Approval date</b>	<b>Effective Date of Policy/Change</b>
Renamed original policy (ODS OHP Dental Appointment Survey), updated template, and updated policy to include dental record review and 24 hour availability information.	DQIC	10/11/19	8/1/19
Updated Annual OHP Provider Survey information Added information relating to dental site visits	DQIC	12/13/19	12/1/19
Updated procedure for TNAA Survey and Reporting and Interventions and applicable OARs	DQIC	2/12/21	1/29/21

**V. Affected Departments:**