



Policy & Procedure

Company:	ODS Community Dental	Reference Number:	QI-629
Department:	Dental Services		
Business unit:	Dental Medicaid	Category:	Quality Improvement
Title:	Appointment Scheduling		
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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 ODS OHP dental members have access to appropriate assessment when requesting an appointment by telephone or walking into a participating provider's office and receive adequate follow up for failed/missed appointments. ODS Community Dental ensures access for OHP members to dental care that is appropriate to the reason for and urgency of the visit and access to services 24 hours a day, 7 days a week.

II. Procedures

A. Triage for Appointment Scheduling

Members who call or walk in to request dental care are assessed to determine if the level of care required is emergent, urgent, or routine.

1. When members request an appointment, the receptionist/scheduler asks questions to determine the urgency of the dental need. Based on the responses, the member is scheduled appropriately. All patients shall be treated and scheduled equally. OHP members should not experience longer wait times than non-OHP members.
 - a. Triage for a walk-in patient may consist of, but is not limited to:
 - i) Discussion with member or family to determine nature of problem
 - ii) Superficial examination of affected area, if appropriate
 - iii) Review of member's dental record and/or dental history
 - iv) Assessment of needs based on discussion, examination, and review

2. The questions asked serve as guidelines and are not intended to substitute for the assistance of clinical staff in making determinations. Office staff consults with clinical staff or the provider to determine the appropriate length of time the member's condition requires for treatment.

B. Appointment Scheduling and Provider Availability

1. 24-hour access:
 - a. Dental providers ensure access to 24 hours a day, 7 days a week care for established patients. If the provider is not available, they arrange coverage with another provider.
 - b. If an answering machine is used for after-hours access, the message shall give specific after-hours instructions to call a number so the member has access to the provider or the on-call provider.
 - c. If a member calls their provider or on-call provider, the provider triages the situation and determines the member's condition, to the extent possible.
 - d. If possible, the provider treats the member's condition.
 - e. If necessary, the provider refers the member to a hospital emergency room.
2. Emergent Care
 - a. The following conditions are considered emergent: Severe tooth pain, unusual swelling of the face or gums, and/or a tooth knocked out
 - b. The member is seen or treated within 24 hours.
 - c. Members calling or walking into a provider's office with emergent problems are put in immediate contact with a clinical staff member. If the dental condition requires treatment not available in the office, the member is sent to the appropriate facility or specialty dentist immediately. Referrals are provided if necessary.
3. Urgent Care
 - a. The following conditions are considered urgent: Toothache, swollen gums, a lost filling.
 - b. Members are scheduled within two weeks, depending on the member's condition, or if they are pregnant, within one week, depending on their condition.
 - c. Urgent calls shall be returned within 30 minutes. If more information is needed to determine if it's an urgent need, the call shall be returned within 60 minutes.
 - d. If the member's provider cannot see them within the standard for urgent care appointment, the provider's staff does the following:
 - i) Make the appropriate referral to either another participating provider or a participating specialist.
 - ii) If a participating provider is not available, the office contacts ODS OHP dental customer service for a referral.
 - iii) The referral documentation is entered in the member's dental record.
4. **Routine Care:** (i.e. check-up)
 - a. The member is scheduled within eight weeks, or the community standard, whichever is less, unless there is a documented special clinical reason for the delay. Return visits are scheduled at the time the member is seen. If a member is pregnant, they are scheduled within four weeks.
 - b. Members with non-emergent conditions who walk into the dental provider's office or clinic should be scheduled for an appointment as appropriate to their needs or be evaluated for treatment within two hours by a dental provider.
5. Appointment Wait Times:
6. No member is kept waiting more than 30 minutes for an appointment under normal circumstances. If the provider, due to circumstances beyond their control, cannot see the member in this time frame, they inform the member. The member may choose to wait or be re-scheduled.

7. Rescheduling Appointments
 - a. In the event that a provider needs to cancel or reschedule an appointment, the provider should ensure that there is sufficient time and provide a phone number.
 - b. If the member requests to reschedule, the wait time shall not exceed 30 minutes for the scheduled appointment and member will not be penalized for failing to keep the appointment.

C. Missed Appointments

1. Office Policies

Participating providers individually establish an office policy for the number of missed appointments they allow before dismissing a member from their practice. Providers are required to enforce the policy equally to all patients.

2. Member Consequences

Missed appointments are recorded in the member's dental record. In addition, the provider does the following for ODS OHP members:

- a. When a member misses an appointment, the provider's office attempts to contact the member to reschedule timely, as deemed dentally appropriate. Missed appointments, recall and notification efforts and method of member follow up should be documented.
- b. When a member misses an appointment, the provider's should submit a claim with the D9986 missed appointment code or office notifies ODS OHP dental customer service to allow for a missed appointment task to be generated.
- c. The OHP Coordinator monitors the missed appointment notifications for trends.
- d. If failure to keep a scheduled appointment is a symptom of the member's diagnosis or disability or is due to lack of transportation (NEMT Services) to the office or clinic, ODS will provide outreach services as dentally appropriate to assist the member.
- e. If the member continues to miss appointments, and the provider decides to dismiss the member, the provider sends a copy of the dismissal letter to OHP customer service along with a copy of the provider's office policy on missed appointments.
- f. The OHP Coordinator documents the dismissal in the referral database, sends the member a letter advising them how to choose a new provider and sends them the name of a new provider in their area.

III. Monitoring

A. Inappropriate Emergency Department Utilization

1. Inappropriate utilization of emergency departments can only be identified with alerts from Collective Medical. When ODS Community Dental is notified by Collective Medical that a member has accessed emergency care for a dental related issue, the following procedures apply:
 - g. The OHP dental coordinator mails an education letter to members when they are not available by telephone. The letters outline the appropriate steps to take in a dental emergency.

B. Access to Provider Services

1. ODS Community Dental monitors 24/7 access to provider services through the member complaint process and an annual afterhours access survey. In addition to the annual monitoring, 5% of clinics per CCO service regions will be randomly selected for monthly monitoring. After the survey, non-compliant providers are notified in via phone outreach and/or writing that they are not compliant 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. A re-survey is conducted within two months of notifying providers. If the provider continues to be non-compliant, ODS Community Dental telephones the provider and works one-on-one to resolve the issue. If the provider is unresponsive or

takes action that is not satisfactory to the Dental Quality Improvement Committee (DQIC), the DQIC may recommend that the provider be dismissed from the ODS Community Dental panel.

2. ODS Community Dental monitors appointment times with a weekly/monthly third next available appointment survey. Providers are notified by an ODS representative if they're not compliant with the Oregon Administrative Rules (OAR) for the Oregon Health Plan. If the provider continues to be non-compliant, ODS Community Dental works one-on-one with the provider to resolve the issue. If the provider remains out of compliance or takes action that is not satisfactory to the Dental Quality Improvement Committee (DQIC), the DQIC may recommend the provider be dismissed from the ODS Community Dental panel.
3. ODS Community Dental monitors time and distance to providers through routine provider network reports and geo-mapping. These reports and maps are reviewed by the Dental Medicaid team.

C. ODS Dental Quality Improvement Committee (DQIC)

The ODS Dental Quality Improvement Committee reviews member complaints quarterly for persistent or significant problems regarding access to dental providers, member satisfaction survey results, members receiving timely access to appointments, and the number of provider dismissals and members disenrolled for missed appointments. The committee identifies areas for improvement and implements appropriate interventions.

IV. Related Policies & Procedures, Forms and References

Policies & Procedures:

OHP Dental Access Policies and Procedures

OHP Disenrollment Policy and Procedure

Access Monitoring Policy

Forms:

OHP Missed Appointment Notification Form

References:

- **OAR 410-141-3515**
- **OAR: 410-141-3840**
- **OAR: 410-123-1060**
- **OAR: 410-123-1510**

V. Revision Activity

New P & P /Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
New policy created as a result of a dental access policy consolidation. Combines the following policies, with revisions: OHP Dental Access - Missed Appointments, OHP Dental Access – Telephone and Walk-in Triage and Appointment System, OHP Dental Access – Urgent and Emergent Dental Care, and OHP Dental Access – Practitioner Services	DQIC	8/9/19	7/1/19
Updated routine care appointing from	DQIC	10/11/19	10/1/19

12 to 8 weeks.			
Updated "Access to Provider Services" to include new TNAA survey procedure	DQIC	1/29/21	2/12/21
Annual Review- changed access to care standards per updated OAR 410-141-3515. Added specifications to Rescheduling appointments and member consequences to match updated OAR 410-141-3515. Minor verbiage adjustments	DQIC	04/07/2022	04/07/2022
Updated Rescheduling Appointments to include that members must reschedule more than 30 minutes prior to their scheduled appointment. Missed Appointment, Member Consequences also updated to include that rescheduling should occur timely and clarity that missed appointments should be documented. The changes align with OAR 410-141-3515. The missed appointment code providers should submit has also been added. Inappropriate Emergency Department Utilization has been updated to reflect current platform used and OHP coordinator outreach process. Access to Provider Services- 24--hour Availability Survey- Updated -procedure for conducting after-hours survey- In addition to the annual monitoring 5% of clinics per CCO service regions will be randomly selected for monthly monitoring.	DQIC	2/10/2023	2/10/2023
Annual Review-	DQIC	4/12/2024	4/12/2024

VI. Affected Departments:

OHP Customer Service, Dental
Professional Relations, Dental