

Advantage Dental

From DentaQuest

Policy Name: Network Adequacy	Policy Number: PL034-Network Adequacy-CARE
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Responsible Department: Plan Operations	
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Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 07/17/2019
PURPOSE: To make sure Dental Care Organization (DCO) has a network that meets the adequacy requirements set forth in the applicable rules and regulations.	
FORMS: OHP Provider Compliance Checklist	
<p>POLICY:</p> <p>The Vice President of Clinical Services or their designee, who are licensed dentists, along with the Chief Operations Officer and Director of Plan Operations are responsible for determination of network needs. The DCO determines network adequacy by geographical region and Coordinated Care Organization (CCO) assignment.</p> <p>On a monthly basis, the DCO will contact five contracted providers (both PCDs and Specialists) at random and complete the OHP Provider Compliance Checklist which includes information regarding the staffing in the office, disability access, availability of nitrous/sedation, languages spoken by providers and staff as well as enrollee access to interpreter services.</p> <p>Primary Care Dentists:</p> <p>On a monthly basis, the DCO reviews a summary of each region by CCO. This summary indicates: (1) the number of Primary Care Dentists (PCDs) in the region; (2) the providers' current maximum capacities for enrollees with the DCO; (3) the providers' current assignment of enrollees with the DCO; (4) if the providers are currently open to new assignment; and (5) review of the OHP Provider Compliance Checklist completed in the previous month. Using these calculations, along with CCO requests for additional capacity the provider's complaint trends, and provider's utilization trends is used to determine if providers have the capacity, whether or not to increase their capacity levels, or whether to determine if additional PCD(s) are needed.</p> <p>When providers show interest in becoming a PCD in a region, a similar analysis is done of the region the provider practices in to determine if there is a need for an additional PCD in the region.</p> <p>If the DCO learns of an increase in provider complaints or notices unsatisfactory utilization trends by a provider, the DCO will notify the provider to obtain information as to what the situation may entail and work with the PCD on ways to correct the concerns. If the concerns cannot be corrected in a timely manner or see significant improvements within a specified period of time, the DCO will reassign enrollees to a new PCD.</p> <p>Specialists:</p>	

While many services can be done by the PCD within their own practices, some services must be referred to a specialist. Specialist need is reviewed by geographical region and coverage for services under MAP (periodontics, orthodontics, endodontics, oral surgery, or pediatric dentistry). Specialties that have a higher coverage level under MAP require a larger number of available specialists for those services.

On a monthly basis, the DCO reviews a summary of each region by CCO. This summary indicates: (1) the number of specialists in the region by specialty; (2) review of the OHP Provider Compliance Checklist completed in the previous month. Using these calculations, along with CCO requests for additional capacity the provider's complaint trends, and provider's utilization trends and expressed need from PCDs or enrollees is used to determine if there are enough specialists in the region for that specialty.

If the DCO is in need of a specialist in a region, the provider recruitment team will contact providers to attempt contracting.

In the cases where there is not a specialist that is interested in contracting with the DCO, special arrangements are made with non-contracted specialists on a case-by-case basis.

Reviewed and Revised By:

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02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
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