

Advantage Dental

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Policy Name: Quality Assurance Program	Policy Number: PL048-Quality Assurance Program-CARE
Type of Policy: DCO	Effective Date: 06/14/2012
Responsible Department: Plan Operations	
Page Number (s): 4	Revised Date: 05/20/2019
Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 07/17/2019
PURPOSE: To establish the Quality Improvement (QI) program.	
REFERENCES: 42 CFR 438.330; OAR 141-3180	
<p>POLICY:</p> <p>The Clinical and Credentialing Sub-Committee and the Dental Care Organization (DCO) shall be responsible to devise and implement a quality improvement program with emphasis on the quality of health care delivered by providers pursuant to provider agreements with the company, focusing in particular on those aspects of quality health care not revealed by review of utilization patterns. The Clinical and Credentialing Sub-Committee members consist of participating licensed dental providers located throughout the state of Oregon and members of the DCO's Senior Leadership staff. The purpose of this is to have the regions of Oregon represented as well as all of the operations of the DCO. The committee meets on a bi-monthly (every 2 months) basis to review all reports and protocols as defined below.</p> <p>The Clinical and Credentialing Sub-Committee reports an executive summary to the Quality Improvement Oversight Committee after each meeting. The Quality Improvement Oversight Committee consist of members of the DCO's Senior Leadership staff.</p> <p>The DCO, in conjunction with the Clinical and Credentialing Sub-Committee, will provide oversight to identify and direct quality improvement activities, policies and procedures, review OHP member complaints/appeals/adverse clinical events against best clinical practices, and monitor over and underutilization. Dental Care Organization (DCO) will work closely with each Coordinated Care Organization (CCO) in reviewing, guiding and implementing the best clinical practices that achieves the Triple Aim.</p> <p>It is the responsibility of the DCO and the Clinical and Credentialing Sub-Committee to prioritize quality improvement activities based on available quantitative and qualitative data and the requirements of each CCO. As pay-for-performance strategies are established, the DCO in conjunction with the CCOs will select initiatives focused on high-risk processes/ patients/ populations, high-risk medications, and high-risk actions/interventions. The Clinical and Credentialing Sub-Committee will identify the initiatives and ensure leadership support and commitment for the quality improvement process.</p> <p>Based on DCO's business philosophy of ensuring that a dental home and a relationship with a Primary Care Dentist (PCD) is established for each enrollee, protocols and processes are</p>	

developed to foster access to, and receipt of, optimal dental care. In conjunction with establishing a dental home, DCO's business philosophy includes providing population based healthcare that interfaces with the community healthcare system in a manner that integrates Oral Health Over A Lifetime.

The Quality Assurance Program shall:

1. Stress health outcomes based on its Practice Guidelines; a number of evidence-based practice guidelines have been developed and published by professional organizations, expert panels and academic institutions. Where no formal guidelines have been published, clinical best practices are often available or can be developed from a review of the best available evidence. These guidelines and best practices serve as references and a benchmark for monitoring clinical practices and performance of DCO's providers. Applicable guidelines are adopted as DCO's clinical policies and protocol as necessary and appropriate to improve clinical outcomes and quality of care.
2. Provide end-to-end quality assurance reviews by dentists, other health professionals, and internal auditors;
3. Utilize systematic collection of data respecting providers' performance and enrollee results; provide interpretation of such data to the providers and organizations with which it deals;
4. Review matters relating to dental necessity and dental appropriateness of dental services;
5. Review providers on a periodic basis, including, without limitation, inquiry and verification of status with hospitals, professional societies, Board of Dental Examiners, and professional liability insurance carriers (which shall be licensed in the State of Oregon), and may request information on providers from the National Practitioner Data Bank as necessary. It shall also review internal records concerning the providers' cooperation and compliance with the DCO's policies and procedures; as well as the provisions of the providers' agreements with the DCO;
6. Review questions of professional conduct and undertake such other activities and actions as may be necessary to effect the quality improvement and peer review provisions of these policies and procedures, including but not limited to corrective actions and participation in the Fair Hearing Process.

All covered enrollee care procedures and protocols are reviewed by the Clinical and Credentialing Sub-Committee at least annually. The Clinical and Credentialing Sub-Committee receives reports of all enrollee and provider concerns gathered. This information is tracked and evaluated by the Plan Operations Department. The Clinical and Credentialing Sub-Committee reviews key issues, which surface through this process.

DCO has an established statewide call system to ensure that enrollees with emergent and urgent dental concerns can have them addressed within the appropriate guidelines. The timeframe by which each concern needs to be addressed is dependent upon type of dental concern that is presented. To maintain consistency within the call system, DCO's Customer Service Representatives receive these calls during and after working hours and the system is monitored by the Clinical and Credentialing Sub-Committee.

DCO will track unexpected occurrences which adversely affect the quality of life, quality of care, or quality of service within the dental care delivery system, with the goal of reducing

adverse events through provider training and education programs.

The Clinical and Credentialing Sub-Committee reviews the average phone wait time, abandon rate and the number of calls coming into the call center. The Clinical and Credentialing Sub-Committee watches for trends in the number of calls coming into the call center and how it affects the wait time and abandon rates.

The Clinical and Credentialing Sub-Committee reviews the monthly chart audit results that are completed by the Plan Operations Department under the direction and guidance of the Vice President of Clinical Services.

The Clinical and Credentialing Sub-Committee reviews the audit results from entities that have delegated duties to DCO by contract.

The Clinical and Credentialing Sub-Committee reviews the audit results from the Plan Operations Department's audit on timeliness of grievance and appeal processing and the referral, preauthorization, and notice of action process. They also monitor the number of preauthorization and referrals that are being processed.

The Clinical and Credentialing Sub-Committee reviews the grievances and appeals for quality of care issues, access issues, etc. and looks for any trends. If the Clinical and Credentialing Sub-Committee sees discrepancies or concerns in any of the audit results they request additional information or verification of the information or process of the audit and request the DCO to review ways to improve the audit results if an improvement is needed.

All reports of this monitoring are reported to the CCOs on an annual basis in the Quality Assurance Plan Improvement (QAPI).

Utilization Review:

Key utilization data elements are tracked and trended by the Plan Operations Department and reported to the Clinical and Credentialing Sub-Committee Committee Chair. This data is presented to the Clinical and Credentialing Sub-Committee, which identifies and discusses the issue, and identifies any required action and the person responsible for implementing this action. Utilization review includes the following:

- (1) Systematic collection of data respecting utilization of services;
- (2) Analysis and interpretation of such data and education of the enrollees individually and collectively about desirable and undesirable patterns of care;
- (3) Recommendation of procedures to detect, control and, where possible, eliminate inappropriate patterns of care/utilization; and
- (4) Review utilization profiles of all providers and recommend disciplinary action for those determined to have consistently inappropriate profiles. Any disciplinary action shall be taken pursuant to the procedures described in "Quality Improvement and Peer Review," below.

The PCD utilization reports are posted to the Advantage Secure Provider Portal and are updated with the previous month's data between the 10th and 25th of the following month.

Peer Review:

Peer review shall apply to all providers who have agreed to provide enrollee care under agreements with the DCO. All peer review will be conducted in a professional and confidential manner. The goal of this peer review program is to objectively and systematically monitor and evaluate the quality and appropriateness of care and service provided to enrollees and to pursue opportunities for improvement. Peer review is conducted through utilization report review, grievance process, provider credentialing, provider re-credentialing, provider terminations for cause, and periodic chart reviews.

Clinical and Credentialing Sub-Committee:

The Clinical and Credentialing Sub-Committee shall oversee payment issues between providers and the DCO. The Clinical and Credentialing Sub-Committee provides an opportunity for the DCO and the providers to work together to solve common problems regarding payment structures.

Quality Improvement Oversight Committee:

The Quality Improvement Oversight Committee shall receive and review executive summaries regarding the quality improvement programs established by the Clinical and Credentialing Sub-Committee.

Reviewed and Revised By:

06/14/2012					
06/06/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
03/02/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover	Laura Donadio
4/8/2015	Jeanne Dysert				
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover	
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
07/12/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
07/27/2017	QI/UR Committee				
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak	
06/19/2019	Missy Mitchell	Rosa Pedraza			