

# Advantage Dental

## From DentaQuest

<b>Policy Name: Member Services</b>	<b>Policy Number: PL032-Member Services-CARE</b>
<b>Type of Policy: DCO</b>	<b>Effective Date: 07/17/2019</b>
<b>Responsible Department: Plan Operations</b>	
<b>Page Number (s): 2</b>	<b>Revised Date: 05/20/2019</b>
<b>Approved By: Clinical and Credentialing Sub-Committee</b>	<b>Approved Date: 07/17/2019</b>
<b>PURPOSE:</b> To establish guidelines regarding customer service to enrollees and providers through the Dental Care Organization's (DCO) member services call center.	
<b>FORMS:</b> HIPAA Flow Chart for Enrollee Calls	
<p><b>POLICY:</b></p> <p>Telephone Access and Call Handling:</p> <ol style="list-style-type: none"> <li>1. The call center is staffed Monday through Thursday 8:00AM to 6:00PM and Friday 8:00AM to 5:00PM. The call center is available to enrollees experiencing a dental emergency 24 hours a day, seven days a week. All voicemails, besides those left in the after-hours emergency voicemail boxes, will be returned by the next business day. Voicemails that are left in the afterhours emergency voicemail boxes will be returned within 1-12 hours depending on the level of urgency reported by the caller.</li> <li>2. Enrollees can contact the DCO by phone for assistance regarding any matter including but not limited to:             <ol style="list-style-type: none"> <li>a. finding out who their assigned Primary Care Dentist (PCD) is, how to change PCDs, how to request a referral to a specialist, and how to make an appointment</li> <li>b. learning about the services covered under their dental plan</li> <li>c. help with addressing a dental emergency</li> <li>d. requesting a list of their rights and responsibilities as a member</li> <li>e. requesting a full provider directory</li> <li>f. requesting an interpreter</li> <li>g. filing a grievance or completing a one-call grievance resolution (see Grievance and Appeals Policy)</li> </ol> </li> <li>3. Providers can contact the DCO by phone or utilize their login to the secure provider portal for assistance regarding any matter including but not limited to:             <ol style="list-style-type: none"> <li>a. eligibility verification</li> <li>b. claims history for enrollees</li> <li>c. assistance with an explanation of a claims payment</li> <li>d. assistance with a preauthorization or referral</li> <li>e. assistance with credentialing or recredentialing</li> </ol> </li> </ol>	

f. to request training

4. The DCO, its employees, representatives, and providers shall maintain the confidentiality of enrollee information and dental record information and release such information in accordance with federal regulation 42 CFR 431 Subpart F. Call Center staff are provided with specific information in regards to who they can disclose Personal Health Information (PHI) to in the form of flow chart to ensure accuracy. See the HIPAA Flow Chart for Enrollee Calls.
5. In the case a of call center system outage, calls will be handled in the order that they are received. All information regarding the call will be documented on paper and then transcribed into the DCO's Enterprise Resource & Planning (ERP) software. All dental emergencies will be handled as they come in and will be addressed in appropriate timeframes (see Emergency Services Policy).

Call Center Performance and Quality Monitoring:

1. Staffing levels for the call center is determined based on average answer times, average hold times, and abandon rates.
2. Proper staffing of the call center will ensure:
  - a. at least 80% of all calls are answered within 30 seconds;
  - b. less than 5% of calls are abandoned; and
  - c. average hold time is less than 2 minutes;
3. The DCO has set a self-imposed overall quality assurance standard of a 90% average score for calls taken by the call center staff. These scores are determined through quality assurance call monitoring and review that is completed weekly by Plan Operations department leads and management staff. The items included in the quality assurance call scoring are:
  - a. Greeting
  - b. Phone Etiquette
  - c. Knowledge and Documentation
  - d. Hold times and transfers
4. The operations management team are provided with extensive reporting to ensure all performance and quality assurance standards are reached by call center staff. Such reporting is passed along to the Clinical and Credentialing Sub-Committee for final oversight.
5. Should the call center's performance standards not meet the minimum requirements, additional steps will be taken to improve these immediately. The performance standards are reviewed weekly by the Plan Operations managers and the Director of Plan Operations. If compliance is not met additional staff will be moved into the phone system immediately and overflow calls times will be shortened to ensure the performance standards are met. Once the short term solutions have been implemented, an evaluation will be completed to determine if additional staff are required or if the performance issue was due to an anomaly.
6. The DCO completes ongoing monitoring of performance standards through use of dashboards and other call reports.

Training:

1. All call center staff undergo initial and ongoing training in regards to the following topics:
  - a. Customer Service Skills and Phone Etiquette
  - b. Use of Phone Systems
  - c. Basic Call Scripting
  - d. Enrollee Eligibility and Benefit Structures
  - e. DCO Policies and Procedures
2. Initial training of the above topics, in addition to other mandated trainings such as compliance, fraud, waste and abuse, privacy and security, will be completed within 90 days of hire. Ongoing training will be completed as needed. Training will be completed on an annual basis to ensure understanding.

Satisfaction Surveys:

The DCO will send a quarterly satisfaction survey to all enrollees that receive a dental service in the previous quarter. This survey will be used to gauge the enrollee's satisfaction with the office staff, providers, wait times and other important matters. The survey will be sent with a postage paid envelope to encourage participation at no cost to the enrollee. The following questions will be included in the survey:

- A. Who is your dentist?
- B. How long did you wait to get an appointment?
- C. In the last 12 months, were your routine appointments scheduled as soon as you wanted?
- D. In the last 12 months, did you have to wait too long in the waiting room for your appointment?
- E. In the last 12 months, did the dentist or dental staff explain what they were going to do before they treated you?
- F. In the last 12 months, did the dentist explain things in a way you understood?
- G. In the last 12 months, did your dentist respect your cultural needs?
- H. In the last 12 months, did you have a dental emergency?
  - a. If yes, did you get to see the dentist as soon as you wanted?
- I. Please rate how satisfied you are with the dental hygienist in your office.
- J. Please rate how satisfied you are with your dentist.
- K. Please rate how satisfied you are with the benefits covered by your dental insurance.
- L. If you have ever used our online provider directory, did you feel it was helpful and easy to understand?
- M. How would you rate the health of your mouth, teeth, and gums today?
- N. How much difficulty have you had completing your usual job or daily tasks due to problems with your mouth teeth or dentures?
- O. How much difficulty have you had eating food due to problems with your mouth teeth or dentures?
- P. Do you feel that you were treated differently from other patients in the dental office because of any of these reasons:
  - a. Insurance Type
  - b. Race
  - c. Gender
  - d. Age
  - e. LGBTQ
  - f. Language

g. Other

Reviewed and Revised By:

5/20/2019	Missy Mitchell	Phebe Ditzler	Rosa Pedraza	Molly Johnson
-----------	----------------	---------------	--------------	---------------