

Policy and Procedure			
Policy Name:	Appointment Availability and Wait Time Standards	Policy ID:	AA.001.01
Approved by:	Dental Director (signature on file)	Effective Date:	02/17/2012
States:	All States	Revision Date:	01/01/2013
Application:	All Government Programs and Commercial DHMO		

This policy applies to operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as “Premier Access”.

Purpose

To ensure timely access to and availability of dental services for all Members, including Members in rural areas, Members with special health care needs, Members with special mental health needs, and Members with special cultural needs and preferences.

Policy

To ensure dental services are available without delays detrimental to the health of the Member, **Premier Access** maintains standards for hours of operation, appointment scheduling, waiting time for scheduled appointments, initial dental assessments, telephone access (answering the phone and returning calls) and availability of after-hours care and emergency services.

Procedure

Hours of Operation

1. Participating Dentists are required to provide covered services to members during normal working hours, and during such other hours as may be necessary to keep patient appointment schedules on a current basis.
2. Emergency care shall be available to members 24 hours a day, seven days a week.
3. **California Medi-Cal GMC and LAPHP Programs:** Participating Dentists must offer hours of operation similar to commercial Members or to Medi-Cal fee-for-service patients, if the Provider serves only Medi-Cal patients.

Appointment Scheduling

1. Appointments for initial/routine and preventive care or hygiene shall not exceed four weeks from the date of the request for an appointment.
2. **Utah Medicaid Program:** Appointments for initial/routine and preventive care or hygiene shall not exceed three weeks from the date of the request for an appointment.
3. Appointments for initial specialist consultation shall not exceed 30 business days from authorized request. **Premier Access** shall arrange for the provision of specialty services from Specialists outside the network if unavailable within **Premier Access**' network, when it is determined to be Medically Necessary Dental Covered Services.
4. Appointments for emergency care from a Primary Care Dentist (PCD) or Specialist shall not exceed one day (or 24 hours) from the date of the request for an appointment.
5. Urgent appointments shall be offered within 72 hours from the time of request for the appointment.
6. When it is necessary for a Provider or a Member to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the Member's health care needs and ensures continuity of care.

7. Interpreter services shall be coordinated with scheduled appointments for health care services in a manner that ensures the provision of interpreter services at the time of the appointment, in accordance with **Policy AA.004.01, Language Assistance Program**.

Waiting Time for Scheduled Appointments

1. Wait time in the Provider's office shall not exceed 30 minutes for scheduled routine or emergency appointments.
2. Patient sign-in forms shall be maintained in order to document any time beyond the scheduled appointment time spent by the Member in provider office waiting area.
3. Review of office logs and patient sign-in forms shall be conducted by Provider Relations as part of ongoing monitoring activities.

Missed Appointments

1. Participating Dentists must make a documented attempt to reschedule all missed appointments.
2. Audit and review of chart documentation shall be conducted as part of ongoing monitoring and Facility and Chart Reviews, in accordance with **Policy QM.008.01, Facility and Chart Reviews**.

Initial Dental Assessments

1. All Members are encouraged to schedule an initial dental assessment with his/her Primary Care Dentist (PCD) upon enrollment.
2. A welcome letter shall be sent to each Member within fifteen (15) days of enrollment instructing Members to contact their PCD as soon as possible.
3. **For California Medi-Cal GMC and LAPHP programs**, an initial dental assessment shall be provided within 4 weeks of a Member's enrollment date, unless the Member has been treated within last the 12 months by his/her Primary Care Dentist (PCD).
 - a. A welcome letter shall be sent to each Member within seven (7) days of enrollment instructing Members to contact their PCD as soon as possible.
 - b. Once the Member has contacted their PCD, the PCD shall schedule an appointment for an initial health assessment as soon as possible to facilitate the completion of the initial dental assessment within 4 weeks of a Member's enrollment date and not later than four (4) weeks of the date of request for appointment.

Telephone Access

1. Participating dentists shall employ an answering service or a telephone answering machine during non-business hours, which provides instructions of how Members may obtain urgent or emergency care including, when applicable, how to contact another Provider who has agreed to be on-call to triage by phone, or if needed, deliver urgent or emergency care.
2. **Premier Access** shall provide 24-hour a day telephone access for Members to Primary Care Dentists, emergency services, and Specialists, including access to telephone interpreters.
3. **Premier Access'** telephone access standards shall not exceed:
 - a. Average call wait time shall not exceed 30 seconds.
 - b. Average abandonment rate shall not exceed 5%

Availability of After-Hours Care and Emergency Services

1. After regular business hours, Members should first attempt to contact their Primary Care Dentist (PCD).
2. Emergency care shall be available to Members 24 hours a day, seven days a week without prior authorization.
3. If the PCD or on-call dentist does not respond, the Member may contact **Premier Access'** 24 hour answering service via a toll-free line. The Provider will be contacted and expected to call the Member within one hour from the time Member's call is received by the answering service.

4. If the Member requires emergency care when outside the service area and cannot access a **Premier Access** Provider, the Member may seek treatment from the nearest available Dentist or emergency room as circumstances dictate.

Compliance Monitoring

1. Monitoring of appointment and wait time standards is conducted in accordance with **Policy AA.003.01, Monitoring Compliance with Access and Availability Standards.**
2. Providers shall be notified of the standards in the Provider Manual.
3. Corrective actions shall be implemented as needed, and monitored for effectiveness.
4. Accessibility findings shall be included in quarterly and annual summary reports to the QM Committee.
5. Ongoing monitoring is conducted through:
 - a. Participating Dentists' self-reported appointment availability and wait times
 - b. Monitoring of Member surveys on perceptions of wait time.
 - c. Phone surveys are completed by Provider Services
 - d. Onsite verification of appointment scheduling availability, review of appointment logs and office/operatory wait times is conducted during routine Provider Relations activities.
 - e. Scheduled and targeted onsite facility audits are conducted as part of the overall Quality Management Program.
 - f. Anonymous or blind phone surveys ("secret shopper") are conducted periodically.

California Medi-Cal GMC and LAPHP Programs: **Premier Access** will survey, within a year's time, all Primary Care Dentists on the average amount of time it takes for Members to obtain initial appointments, routine appointments, preventive dental care appointments, specialist appointments, and emergency appointments. **Premier Access** will also survey for the number of no show appointments, rescheduled appointments, the availability of interpreter services and an answering service, and the ratio of Members to Primary Care Dentist. **Premier Access** shall submit a Timely Access Report for those Primary Care Dentists surveyed in the reporting quarter in a format specified by DHCS (see Exhibit A, Attachment 19, Deliverable Templates) on a quarterly basis, no later than 30 days after the end of the reporting quarter.

Provider monitoring of Primary Care Dentists and Specialists will be conducted quarterly based on the following performance measurement processes:

1. Service site audit findings based on the process identified in Exhibit A, Attachment 11, Access & Availability, Provisions B, Access Requirements, Subprovision 2.
2. Dental Record (chart) audit findings based on the dental chart elements identified in Exhibit A, Attachment 5, Quality Improvement System, Provision M, Dental Records, Subprovision 4.
3. Utilization Review of Encounter Data based on Encounter Data Submittal Requirements in Exhibit A, Attachment 4,
4. Management Information Systems, Provision B, Encounter Data Submittal and Performance Measures in Exhibit A, Attachment 6.
5. Each quarter, **Premier Access** will review at least 5 of the active contracted Dental Providers plus any Providers identified by DHCS for evaluation, for compliance with the defined quality indicators and a report will be submitted to DHCS within 30 days of the completion of the quarter. Report elements will include the detail of any quality indicators not met and our Corrective Action Plan to remediate the facility's compliance. The report will be submitted in the format identified in Exhibit A, Attachment 19, Deliverable Template.
6. Any revisions, updates or changes to this Policy will be submitted to the Department of Health Care Services (DHCS) within 15 calendar days of the change.

References

This policy was previously tracked as *Quality Management Program Policy and Procedure*

AA-01, Access and Availability

Medi-Cal Dental GMC and LAPHP Contract Provisions, Exhibit A, Attachment 5, Quality Improvement System

Medi-Cal Dental GMC and LAPHP Contract Provisions, Exhibit A, Attachment 8, Provider Network

Medi-Cal Dental GMC and LAPHP Contract Provisions, Exhibit A, Attachment 11, Access and Availability

Medi-Cal Dental GMC and LAPHP Contract Provisions, Exhibit A, Attachment 14, Member Services

Medi-Cal Dental GMC and LAPHP Contract Provisions, Exhibit A, Attachment 19, Deliverables Templates, Provision 8

See Also RELATED POLICIES

QM.008.01, Facility and Chart Reviews, Policy AA.004.01, Language Assistance Program, Policy AA.003.01, Access and Availability - Monitoring Compliance with Standards, Policy QM.009.01, Performance Measures

Revision History

Date:	Description
02/17/2012	Conversion to revised policy and procedure format and naming convention.
01/01/2013	Updated to incorporate provisions related to Medi-Cal Dental GMC and LAPHP Program requirements (Exhibit A, Attachment 11)