

Policy and Procedure			
Policy Name:	Access and Availability - Monitoring Compliance with Standards	Policy ID:	AA.003.01
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 for 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 thorough and continuous monitoring of compliance with access and availability standards.

Policy

Premier Access shall monitor compliance with access and availability standards to identify individual provider and systemic availability/accessibility problems. The monitoring system shall use only the most current data to ensure that all information is relevant and conclusions are accurate.

Procedure

Premier Access monitors the following areas to identify both individual and systemic availability/accessibility problems and to evaluate whether access and availability standards are being met. Results of monitoring activities shall be included in quarterly and annual reports to the Quality Management Committee.

- Compliance with Appointment Standards, Wait Times, Geographic Distribution of dental providers, and ratios of dentists to members;
- Member satisfaction survey
- Reasons for PCD transfer
- Member/provider complaints/grievances
- Care Coordination Activities
- After Hours and Weekend Phone Calls
- Telephone reports
- Provider survey
- Office visits and calls

Appointment Availability and Provider Access and Distribution

- Compliance monitoring of Appointment Standards, Wait Times, Geographic Distribution of Dental Providers, and ratios of Dentists to Members will be conducted in accordance with Policy AA.001.01, related to Appointment Availability and Policy AA.002.01 related to Provider Access and Distribution.

Availability of Network Providers – Key Performance Metrics Appointment & Wait Time Standards
% of facilities offering routine and initial appointments within 4 weeks of request
% of facilities offering hygiene appointments within 4 weeks of request
% of facilities offering emergency appointments within 24 hours of request
% of facilities with wait times in the office of less than 30 minutes
% of facilities with wait times in the operatory of less than 30minutes
% of facilities offering specialist appointments within 30 days of request

Availability of Network Providers – Key Performance Metrics
Ratio of primary care dentist to members
Ratio of primary care dentist to members under age 21

Geo Access Key Performance Indicators (California Medi-Cal Programs)
% of enrollees with access to General Dentist within 10 miles
Urban Initiative: 1 General Dentist within 5 miles
% of enrollees with access to specialist within 30 miles
% of enrollees with access to pediatric specialist within 30 miles
Geo Access Key Performance Indicators (California Other Programs and Commercial DHMO)
% of enrollees with access to General Dentist within 15 miles
Urban Initiative: 1 General Dentist within 5 miles
% of enrollees with access to specialist within 30 miles
% of enrollees with access to pediatric specialist within 30 miles
Geo Access Key Performance Indicators (Utah)
% of enrollees with access to General Dentist within 40 miles
Urban Initiative: 1 General Dentist within 5 miles
% of enrollees with access to specialist within 40 miles
% of enrollees with access to pediatric specialist within 40 miles

Member Satisfaction Surveys

- A survey of a randomly selected sample of members shall be conducted quarterly on members receiving care and sent to members accessing care during the preceding calendar quarter (based on Plan encounter data submissions). Surveys will be conducted in accordance with **Policy QM.034.01, Member Satisfaction Survey**.
- The survey instrument shall include questions related to appointment schedule, wait time and overall satisfaction with **Premier Access** and contracted Primary care dentist /specialists.
- Survey results are reviewed for staff training, patient and provider education needs, and network development. All information indicating delayed wait time for appointments is reviewed with the assigned facility by Provider Relations.

Member Survey Questions related to access and availability:

Appointment Availability/Accessibility Monitoring
(Follow ups are completed to evaluate provider accessibility compliance in any instance in which the member indicates 4+ weeks or more than 30 minutes(Utah Medicaid Program 3+ weeks))
How long did it take to schedule an appointment? (1 -2 weeks, 3 weeks, 4+weeks)
How many minutes did you wait from your scheduled appointment in the office? (30 minutes or less, more than 30 minutes)

PCD Transfer Request Tracking

- Appointment availability shall be monitored for compliance monthly through tracking of transfers when members request a Primary Care Dentist (PCD) change.

- When a member requests a transfer to a different PCD, the **Premier Access** Member Services Representative questions the member to determine the reason he/she is requesting the transfer.
- Transfers are assigned one of the following reason codes, based on information given by the member, that allow tracking of potential access or appointment scheduling problems;
- TR2 – Wait Time for Appointment
- TR3 – Wait Time in Office

Key Performance Metrics and any related corrective actions are reported quarterly to the Quality Management Committee.

<i>All of these requests result in follow-up to the Provider's Office for additional evaluation.</i>
of Members requesting a change in Primary Care Dentist (PCD) due to wait time for an appointment (TR2)
of Members requesting a change in Primary Care Dentist (PCD) due to wait time in the office (TR3)

Member Grievance/Complaint Tracking

- Appointment time shall be monitored for compliance through tracking of member grievances/complaints. Trends are reviewed for overall improvements to the network that may be addressed as well as individual provider issues that may be identified and reported quarterly to the Quality Management Committee.
- **Premier Access** staff monitors Member Grievance logs to determine whether there are any member complaints that may result from access/availability issues such as delayed availability of appointments, long office wait times, or other related access problems.
- When access/availability issues are identified, they are referred to Provider Relations for investigation and corrective action as needed.

Grievances related to Access to Care Monitoring

<i>All of these requests result in follow-up to the Provider's Office for additional evaluation.</i>
of grievances related to access to care by subcategory

Care Coordination Activities

The number of care coordination activities and the status of the cases is monitored through the Care Coordination Department, under the oversight of the Dental Director, and reported quarterly to the Quality Management Committee.

Care Coordination Activities

of Care Coordination Cases/Average turn around time for authorization/scheduling
Turn Around Time for Care Coordination
of providers with admitted practice privileges at key medical facilities
List of key medical facilities (contracted with community medical plans)
of CCS referrals

After-Hours/Weekend Calls Received by the Plan

Tracking of the calls received by the Plan after-hours and on weekends is maintained by the Dental Director to monitor the frequency of calls, any trends in calls from a specific provider's patient, and for identification of quality improvement needs or opportunities.

After-Hours/ Weekend Calls Received by the Plan

of Calls Received
of Calls Resolved

Telephone Reports

Reports from the automated call distribution system shall be analyzed to identify issues with telephone wait times and abandonment rate.

Telephone/ Call Center Reports (by Program/ Call Queue)

Average Speed to Answer
Abandonment Rate
Total Calls Received (by call type)

California Medi-Cal GMC and LAPHP: Telephone/ Call Center Reports

CALL CENTER REPORT						
Plan Name: _____						
Reporting Quarter: _____						
Type of Calls	Questions on Benefits	Provider Information	Access to Services	Grievance	Health Education	Specialty Referrals
Number of Calls						
Average Speed to Answer						
Call Abandonment Percentage						
"P" Factor			Due to the set up strategy of the phone lines/ trunks, Premier Access does not experience any blockage of calls. If one line/trunk is full, calls automatically roll to the next line/trunk seamlessly. Therefore, the blockage rate is zero.			

Provider Surveys

- On a quarterly basis, a provider survey shall be sent to Network PCD offices to obtain information on appointment availability wait time, and Plan satisfaction
- Result of provider survey findings shall be reviewed and included in quarterly and annual QM summary reports.

Self-Reported Provider Survey Questions and Metrics

Provider Office Survey – Self-Reported
Surveys Received
Appointment Time – Initial Appointment
Appointment Time – Routine Exam
Appointment Time – Hygiene Appointment
Appointment Time – Urgent/ Emergency
Wait Time in the Office – Scheduled Appointment
Wait Time in the Office – Operatory

	Offices reporting outside of minimum performance expectations in onsite evaluation, phone survey, or self-reported	Programs	Action/ Follow Up
Quarter	[list]		

- California Medi-Cal Dental GMC and LAPHP Programs: Premier Access** shall 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** shall 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 on a quarterly basis, no later than 30 days after the end of the reporting quarter.
 - Survey elements include appointment timeframes, number of missed appointments, and number of rescheduled appointments

Timely Access Report (Exhibit A, Attachment 11, Provision B, Subprovision 3) Appointment Times

Plan Name:	Space Dental	Reporting Period:	Quarter 1 of 2013															
Business Name	Provider Full Name	Address	City	State	Zip	Phone Number	Appointment for New Members (#)	Appointment (# of Days)	Appointment (# of Days)	Emergency Visit (# of Days)	No Show Appointments	Number of Rescheduled Appointments	Interpreter Services Available?	Answering Service available?	Members to Primary Care Dentist			
John Doe Dental	John Doe	123 Merry Lane	Sacramento	CA	95823	916-555-1234	25	15	15	1	26	12	Yes	Yes	1 to 24:			

Office Visits and Calls

Provider Relations representatives perform random and regular visits and calls to network offices. During these visits/calls, appointment availability and appointment wait time shall be assessed, including the review of appointment logs as needed.

Tracking and Reporting from the Provider Relations Service Onsite Visit Log:

AVAILABILITY/ACCESS:			
Appointment availability: Initial: _____ # Days	Routine: _____ # Days	Hygiene: _____ # Days	Emergency Appt: _____ Hours
Avg wait time in office: _____ Min.	Avg wait time in operator: _____ Min.	Prophy Scheduled: _____ Min.	
Office Hours: Mon: _____ to _____	Tues: _____ to _____	Wed: _____ to _____	Thurs: _____ to _____
Fri: _____ to _____		Sat: _____ to _____	

Tracking and Reporting from the Provider Relations and Provider Service Metrics

Provider Relations Service Calls (Onsite)	# of Service Calls	% Within Goal
Total PR Service Call Goal		
Total PR Service Calls		
Percentage of Goal Completed		
Total Compliant – Initial Exam		
Total Compliant – Routine Exam		
Total Compliant – Emergency		
Total Compliant – Average Wait Time in the Office		
Total Compliant – Average Wait/ Operator		
Provider Office Survey – Phone Survey	# of Surveys Completed	% Within Goal
Total Compliant – Initial Exam	201	92.9%
Total Compliant – Routine Exam	203	92.9%
Total Compliant – Emergency	209	100%

California Medi-Cal GMC and LAPHP Programs: Service Site Audits

- In accordance with **Policy QM.008.01, Facility and Chart Reviews**, **Premier Access** will review at least five (5) active network providers per quarter 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. A quarterly report will be submitted in the format identified in by the DHCS. All providers will be surveyed within a year based on the monitoring criteria identified.
 - Service site audit findings based on the process identified in California Medi-Cal contract Exhibit A, Attachment 11, Access & Availability, Provisions B, Access Requirements, and Subprovision 2.
 - Dental Record (chart) audit findings based on the dental chart elements identified in California Medi-Cal contract Exhibit A, Attachment 5, Quality Improvement System, Provision M, Dental Records, and Subprovision 4.
 - Utilization Review of Encounter Data based on Encounter Data Submittal Requirements in California Medi-Cal contract Exhibit A, Attachment 4, Management Information Systems, Provision B, Encounter Data Submittal and Performance Measures in Exhibit A, Attachment 6.

Corrective Actions

1. Findings of non-compliance, resulting from the above activities, shall be further investigated by the Dental Director or his/her designee.
2. **Premier Access** providers are expected to provide necessary dental services within acceptable time frames recommended by the State and Access.
3. **Premier Access** requires corrective action plans for any provider facilities that are not compliant for appointments and/or wait time.
 - Delays in appointments are investigated and requests for corrective action plans occur when the provider/ facility is routinely offering appointments outside of the required timeframes for one week or more. Isolated instances do not result in corrective action planning but will be counseled to proactively engage the provider before an access issue develops.
 - Delays in wait times in the office or operatory are also investigated and requests for corrective action plans occur when the provider/ facility is routinely exceeding the 30 minute maximum wait times. Isolated instances do not result in corrective action planning but will be counseled to proactively engage the provider before an access issue develops.
4. When an access to care problem is identified, corrective action shall be taken, which shall include, but not be limited to the following:
 - Further education and assistance to the provider
 - Provider counseling
 - Provider probation
 - Suspension of new assignments
 - Transfer of patient to another provider
 - Contract termination for continuing noncompliance.
5. Depending upon severity of deficiency, the Dental Director shall re-assess effectiveness of corrective actions to ensure compliance.
6. Access to care issues shall be tracked by the QM committee along with all other quality-related issues.

References

This policy was previously tracked as *Quality Management Program Policy & Procedure AA-03 – Monitoring Compliance with Access and Availability Standards.*

See Also Related Policies

Policy AA.001.01, Appointment Availability and Wait Times

Policy AA.002.01, Provider Distribution

Policy QM.034.01, Member Satisfaction Survey

Policy QM.008.01, Facility and Chart Reviews

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 the requirements of California Medi-Cal GMC and LAPH, Exhibit A