

Policy and Procedure			
Policy Name:	Access & Availability - General	Policy ID:	AA.006.01
Approved By:	Dental Director (signature on file)	Effective Date:	1/1/2013
States:	All States	Revision Date:	N/A
Application:	All programs		

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 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

All medically necessary dental covered services are available and accessible to all Members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability, and that all covered services are provided in a culturally and linguistically appropriate manner.

We are committed to maintaining a culturally diverse network that is representative and accessible to the participants of any of our programs and monitor the needs of the enrolled population continuously.

To improve the dental processes and overall member satisfaction further, Premier Access maintains specific focus on cultural competence designed around strategies to implement and achieve the objectives of the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*. Providing culturally and linguistically appropriate services (CLAS) for our enrollees has the potential to improve access to care, quality of care, and ultimately dental outcomes.

General

1. To ensure access within the service area, the provider network is comprised of locally recruited, culturally diverse dental providers. Targeted recruitments to the network are conducted to ensure that diverse language, cultural and ethnic representation is achieved to meet the linguistic and cultural needs of the enrolled members.
2. **Premier Access** contracted providers shall comply with the requirements of Title III of the Americans with Disabilities Act of 1990 (ADA Standards), and shall ensure access for the disabled which includes, but is not limited to, ramps, elevators, restrooms, designated parking spaces, and drinking water provision.
 - Physical Access is an element of the initial site reviews and providers meeting the ADA Standards for accessibility are noted at the time of contracting.
 - Ongoing provider relations site visits identify enhancements and/or changes in accessibility so that updates can be maintained.
 - Accessibility to dental offices generally includes designated parking spaces, exterior building access, such as ramps, and interior building access, such as elevators, restrooms, exam rooms, and specialized equipment.
 - Physical barriers are identified during site visits and discussed with providers, as needed. Offices may be accessible or may have limited accessibility depending on the specific office site. We evaluate compliance with the American Disabilities Act (ADA), including facility accessibility, as part of the contracting processes.
 - All contracted providers do not have the capability to address all special needs. Customer Service representatives are trained to assist members in locating a contracted provider that can meet special needs.

3. **Premier Access** contracted providers shall ensure compliance with Title VI of the Civil Rights Act of 1964 and any implementing regulations (42 USC 2000d, 45 CFR 80) that prohibit recipients of federal financial assistance from discriminating against persons based on race, color, religion, or national origin.
 - **Cultural Access** is maintained based on the diversity of the enrolled population and additional recruitments are made based on beneficiary nominations.
 - **Linguistic Access** is a core element of the Language Assistance Program maintained in accordance with **Policy AA.004.01, Language Assistance Program**.
4. **Premier Access** shall monitor the provider network continuously to ensure that the ethnic, cultural and linguistic needs of members are met, in accordance with **Policy AA.004.01, Language Assistance Program**. Key performance metrics and indicators will be monitored and reported to the Quality Management Committee on a quarterly basis, including:
 - i. Member cultural and ethnic demographics
 - ii. Provider language capabilities
 - iii. Use of linguistic services
5. Members have the right to choose a primary care dentist from the applicable program provider directory and may select any dentist from the applicable program list, provided the dentist is open to new members, in accordance with **Policy AA.008.01, Member Selection and Assignment of PCD**. Directories include information related to physical and linguistic access.
6. Standards for Culturally and Linguistically Appropriate Services are included in education activities for staff and contracted providers.

Changes in Availability or Location of Covered Services

1. California Medi-Cal GMC and LAPHG Programs: **Premier Access** shall obtain written approval from the Department of Health Care Services (DHCS) prior to making any substantial change in the availability or location of services to be provided under this contract, except in the case of natural disaster or emergency circumstance, in which case notice will be given to DHCS as soon as possible. Contractor's proposal to reduce or change the hours, days, or location at which the services are available shall be given to DHCS at least sixty (60) calendar days prior to the proposed effective date. DHCS' denial of the proposal shall prohibit implementation of the proposed changes. **Premier Access'** proposal shall allow for timely notice to Members to allow them to change providers if desired.

Healthcare Surge Events

1. **Premier Access** has established a disaster recovery and business continuity plan in accordance with **Policy IT.008.01, IT Business Continuity**.
2. The disaster recovery and business continuity plan is designed to pro-actively cope with healthcare surge events resulting from such disasters or states of emergency, and includes, but is not limited to:
 - protecting enrollees, if necessary, by keeping covered services available to members;
 - keeping the revenue stream flowing to providers in order to keep covered services available;
 - transferring members from provider-to-provider in the event of diminished plan capacity to keep covered services available; and
 - promptly notifying the applicable program (e.g., the California Department of Health Care Services (DHCS)) of the status of the availability and locations of covered services, and/or providers.

California Medi-Cal GMC and LAPHG Programs: Premier Access shall submit any revisions, updates and/or changes in writing to DHCS for approval fifteen (15) calendar days prior to implementing the proposed revision, update and/or change.

Access to Services to Contracted Provider Has a Moral Objection

1. Unless prohibited by law, contracted providers shall arrange for the timely referral and coordination of covered services to which the contracted provider has religious or ethical objections to perform or otherwise.
2. Premier Access shall arrange for referral and/or coordination of covered service.

References

42 CFR 438.10(c)

Medi-Cal Dental GMC and LAPHG Contract Provisions, Exhibit A, Attachment 11, Provision H, Linguistic Services

Medi-Cal Dental GMC and LAPHG Contract Provisions, Exhibit A, Attachment 8, Provision I, Ethnic and Cultural Composition

See also Related Policies

Policy AA.004.01, Language Assistance Program, Policy AA.008.01, Member Selection and Assignment of PCD, Policy IT.008.01, IT Business Continuity, Premier Access Disaster Recovery and Business Continuity Plan

Revision History

Date:	Description
01/2013	Written policy developed.