

<b>Policy and Procedure</b>			
Policy Name:	<b>Facility and Chart Reviews</b>	Policy ID:	<b>QM.008.01</b>
Approved By:	Dental Director (signature on file)	Effective Date:	02/17/2012
States:	All	Revision Date:	11/19/2013
Application:	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 provide a consistent process for conducting Facility and Chart Surveys of Network Provider Offices and a mechanism for identifying quality of care and service issues in dental care delivery.

## **Policy**

**Premier Access** has a Quality Management Program (QMP) for monitoring the quality of care and services provided to Plan Members by Network Providers and their ancillary staff. **Premier Access** performs regular Facility and Chart Surveys of Provider Offices that meet the selection criteria.

**Premier Access** participates in the California Association of Dental Plans (CADP) Shared Audit Program. Facility and Chart Surveys shall be conducted on-site by the Dental Director or his/her designee or, when available, survey results may be extracted from the shared CADP program.

1. Facility and Chart Surveys conducted by **Premier Access** shall follow the procedures described in this policy. As required to participate in the CADP program, surveys conducted by **Premier Access** shall utilize the following criteria and scoring tools for California:
  - a. For Facility Surveys, “CADP Consensus Structural Review Evaluation Measures” is used as review criteria and “CADP Structural Review” is used as a scoring tool.
  - b. For Chart Surveys, “CADP Consensus Process of Care Evaluation Criteria” is used as review criteria and “CADP On-Site Assessment – Process of Care” is used as the scoring tool.
  - c. Review elements will be adjusted to reflect the standards of care and regulatory requirements as they are applicable for surveys conducted outside of California.

## **Procedure**

### **Annual Schedule:**

Every year a list of Provider Offices identified for Surveys will be generated using the below listed criteria:

### **Selection of Provider Offices for Review**

1. Provider offices are selected for facility and chart reviews based on the following criteria:
  - a. **For Managed Care Programs:**
    1. All offices with more than 300 assigned Members will be reviewed every three years.
    2. For Medi-cal Programs, on a quarterly basis, a minimum of five (5) active Providers from the Network will be reviewed. All offices will be reviewed based on compliance with the quality indicators and the utilization thresholds established by **Premier Access**.
    3. The frequency of the audits shall be modified as needed, irrespective of the selection criteria, based on a review of Member grievances, Potential Quality Issues and service issues.

## Preparation for Surveys

1. Provider Offices are notified thirty (30) calendar days in advance of a scheduled survey;
2. The Chart Survey shall consist of a thorough review of not less than ten (10) Members charts per site. The charts shall be selected by the Dental Director or his/her designee to assure that the majority of charts will be for Members that have had multiple services within the last 1-3 years.
3. In preparation for the Chart Survey, **Premier Access** shall provide the Provider's office with a list of Members who were selected using **Premier Access'** criteria based on encounter data. The selection of these charts shall include a wide range of dental procedures including preventive, basic and/or major services.

## Survey Scoring and Results

1. All scoring will be based on the guidelines provided by the California Association of Dental Plans (CADP) Structural Review Evaluation Measures (Facility) and Process of Care Evaluation Criteria (Chart Review);
2. All criteria will be assessed using the CADP Scoring Tool;
3. Under each section on the scoring tool, the reviewer shall indicate Acceptable, Unacceptable or Not Applicable;
4. A score is automatically calculated by the CADP Software Program based on the percentage of satisfactory responses compared to the total number of applicable responses;
5. A minimum score of 70% must be received on the Facility Survey to pass. A minimum score of 70% must be received on the Chart Survey to pass.
6. A report of findings and corresponding corrective action (if applicable) shall be generated within thirty (30) calendar days of completion of the Survey, and a copy shall be sent to the surveyed Provider Office. Non-critical findings should be responded to by the office with a corrective action plan within thirty (30) calendar days. Where the survey identifies critical factors or serious quality of care issues, the office shall be required to provide a corrective action plan to the Dental Director within fifteen (15) calendar days.
7. Offices with a score of less than 70% shall be given a corrective action plan by **Premier Access**. Provider Offices who do not comply with the corrective action plan may be subject to Plan sanctions including, but not limited to, probation by the Dental Director.
8. All Offices that have been scored as having failed on the survey will be re-audited within a period of 9 to 12 months.
9. If the Provider Office does not show improvement or is uncooperative with **Premier Access'** improvement efforts, the Dental Director has the authority to take the next appropriate corrective action, which may be up to, and including, termination of the Contract.
10. Results of the Facility and Chart Surveys shall be summarized in a quarterly report by the Dental Director, and shall be submitted to the QM Committee for review and recommendations.
11. A summary of QM Committee activities, including results of Facility and Chart Surveys are submitted to the Board of Directors through the QM Committee, on a quarterly basis.

### b. California Medi-Cal GMC and LAPHP Programs: Quarterly Site Reviews

1. In accordance with the Provider Monitoring Requirements of the Program, **Premier Access** will implement a Provider Monitoring Process of Primary Care Dentists and Specialists that will be conducted quarterly. The quality indicators to be monitored include service site audit findings, dental record (chart) audit findings, and utilization review of encounter data, related to Provider Performance Monitoring.
2. Each quarter, **Premier Access** will review at least five (5) of the active contracted Medi-Cal GMC and LAPHP Dental Providers plus any providers identified by the Department of Health Care Services (DHCS) for evaluation, for compliance with the defined quality indicators.
3. A quarterly 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 the **Premier Access** Corrective Action Plan to remediate the facility's compliance.
4. **Premier Access** retains accountability for all site review activities whether or not completed by **Premier Access**, completed by other Medi-Cal Dental Managed Care Plans, or delegated to the other entities.

### c. Credentialing Site Reviews

A site review is required as part of the credentialing process when both the Facility and the Provider are added to the Provider Network, in accordance with credentialing and recredentialing policies and procedures. If a Provider is added to the Network and the facility has a current passing site review, it is not necessary to repeat a site survey for Provider credentialing or recredentialing.

#### **Exhibits**

Exhibit 1: CADP Consensus Structural Review Evaluation Measures  
 Exhibit 2: CADP On-Site Assessment – Structural Review Scoring Tool  
 Exhibit 3: CADP Consensus Process of Care Evaluation Criteria  
 Exhibit 4: CADP On-Site Assessment – Process of Care Scoring Tool

#### **Revision History**

Date:	Description
02/17/2012	Conversion to revised policy and procedure format and naming convention.
01/01/2013	Annual review and update for Program updates, format and consistency.
11/19/2013	Annual review and update for Program updates,

## Facility and Chart Reviews

### Exhibit 1: CADP Consensus Structural Review Evaluation Measures

#### CADP STRUCTURAL REVIEW EVALUATION MEASURES

Review Criteria	Reviewer Evaluation Measures
<b>I. Accessibility</b>	
A. 24 Hour Emergency Contact System?	Active after hours mechanism (Answering machine, answering service, cell phone, or pager) available for 24hour / 7 day a week contact or instructions. 1. Patients informed of emergency system for 24/7 access 2. Inability to provide 24 hour access for dental emergencies is a departure from accepted standards of care.
B. Reasonable appointment scheduling for plan members?	The patients wait time to schedule an appointment should be reasonable and appropriate according to filed access standards (Individual to each Plan). Please specify actual access in the comments area. (Minimal Access Regulations noted below) 1. Urgent Appointments - Within 72 Hours 2. Non-urgent Appointments- Within 36 Business Days 3. Preventive Dental Care Appointments- Within 40 Business Days
C. Language Assistance Program and Documents?	Patients requiring Language Assistance can receive it. Confirm languages spoken in office- indicate in check box or via manual entry those languages spoken. Provider knows how to contact plan to obtain language assistance for patients needing translation and/or interpretation services. Provider knows to document a patient's refusal of assistance in the patient's treatment record
<b>II. Facility and Equipment</b>	
A. Clean, safe neat and well-maintained	Verification made that facility and equipment are clean, safe and in good repair 1. There are no visible stains or significant scarring of furniture or floors. 2. There is no debris on floors or other areas, especially patient care, reception, infection control areas and laboratories. 3. Décor should be in good taste, easily cleaned and well maintained 4. For protection of everyone, employees and patients, lighting should be sufficient to allow safe ingress/egress and to maintain good vision without fatigue. 5. Dental equipment should be appropriate and in good working condition: 5a. No equipment with obviously broken parts, visible damage, temporary repairs or grossly torn upholstery. 5b. Current certification results for equipment requiring local, state or federal certification on file at the facility. (radiographic equip/ medical waste)
B. Compliance with mercury hygiene, safety regulations?	Compliance with mercury hygiene, safety regulations. 1. Amalgamators covered. 2. Bulk mercury and scrap amalgam stored in sealed, unbreakable containers. 3. Mercury spill kit.
C. Nitrous Oxide Recovery System?	Verification that nitrous oxide equipment is clean, safe and in good repair. 1. No visible cracking or destruction to hoses or nose piece. 2. Recovery System with connection to exhaust or suction system. Usually requires a minimum of four hoses for this to be accomplished. 3. Fail Safe mechanism present for correct delivery of gasses.
D. Lead Apron (with thyroid collar for patient)	There should be a lead apron present with a thyroid collar. The collar does not have to be attached to the apron, but must be used on all patients when exposing radiographs. Separate thyroid collar is acceptable.
<b>III. Emergency Procedures and Equipment</b>	
A. Written emergency protocols?	For fire and/or natural disasters: 1. A plan indicating escape routes and staff member's responsibilities, including calling for help. 2. Exits clearly marked with exit signs.  3. Emergency numbers posted, (911, Fire, Ambulance and local 7-digit numbers in both front office and back office or lab.) Written protocol for calling for help. Note: If office protocol entails only calling 911, then this section does not apply and evaluation should be marked "N/A"
B. Medical emergency kit on-site?	Medical emergency kit should be easily accessible and labeled with an inventory of contents. All required drugs (per JADA 3/2002 article) are current. Staff should be aware of location of kit. Recommend staff in-service training for general use of contents.
C. Portable oxygen supply available?	Portable oxygen supply tank / ambu- bag for medical emergencies should be available. 1. Recommend tanks be maintained full and a positive pressure bag or ambu bag be available. 2. Recommend staff in-service training for use of emergency oxygen source. 3. Staff should be aware of and have access to location.

**Facility and Chart Reviews**

**Exhibit 1: CADP Consensus Structural Review Evaluation Measures**

**CADP  
STRUCTURAL REVIEW  
EVALUATION MEASURES**

Review Criteria	Reviewer Evaluation Measures
<b>IV. Sterilization and Infection Control</b>	
A. Sterilization and infection control protocols followed?	Verify sterilization and infection control procedures are in place. Verify staff trained in sterilization and infection control procedures and protocols. Sterilization and infection control procedures shall conform to the Dental Board of California. (DPA Section 1680dd, January 1993)
B. Protocols posted for sterilization procedures?	Protocols conspicuously posted. Dental Board of California. (DPA Section 1005b23, January 2001)
C. Weekly biological (spore) monitoring of sterilizer?	Sterilization procedures shall be monitored weekly and recorded, by appropriate methods, as required by the Dental Board of California. (DPA Section 1005b14, January 2001) Log must be maintained for minimum of 12 months.
D. All instruments and hand-pieces properly cleaned, sterilized, and stored?	1. Contaminated instruments are properly cleaned.
	a. Utility gloves used.
	b. Ultrasonic cleaning recommended. Solutions changed per manufacture's specifications.
	2. Acceptable procedures for sterilization are:
	a. Storage of instruments shall be in dated sterile bags or packs that are sealed. There should be no evidence of moisture or torn bags. Instruments must remain in sealed, dated sterile bags or packs until ready for use. Once opened, all instruments must be rebagged, dated and resterilized, regardless of whether they were used or not.
E. Log kept monitoring changing of sterilization solution?	b. Hand-pieces must be properly sterilized between patients and bagged and dated until use.
	c. Instruments, which cannot be cold-sterilized, or autoclaved, must be disposable and must be disposed of immediately after use.
	d. High level disinfectant should be utilized only on instruments that cannot be subjected to other methods of sterilization
	Maintain a written log indicating:
F. Staff wears appropriate personal protective equipment?	1. Acceptable EPA registered brand name of the cold sterilant (high-level disinfectant) tuberculocidal hospital disinfectant, utilized according to the manufacturer's recommendations for sterilization.
	2. Indicate dates solution changed, and dates of expiration of fresh solution.
	3. Indicate name of staff member making the change. (Dental Practice Act)
G. Proper and adequate use of barrier techniques?	1. Personnel shall always use protective gloves, masks, eyewear, coats or gowns during patient care.
	2. Splattered garments should be replaced as necessary. Masks must be changed between patients.
	3. Gloves must be changed between patients and before leaving the operator.
H. Hand-pieces and waterlines flushed appropriately?	1. Verification made that hard surfaces in all operatories are disinfected between patients and at the end of each day. A Cal OSHA/EPA approved solution should be used.
	2. Verification made that surfaces not capable of being disinfected by routine methods should be covered with impervious materials.
I. Infection control and cross contamination prevention procedures followed in the office and laboratory?	Operatory unit water lines shall be flushed between each patient for 20 seconds and in the morning before use for at least 2 minutes,(DPA 1005b21) Must have anti-retraction valves.
	1. The pumice pan should be changed after each use and rag wheels should be sterilized after each use or discarded.
	2. Impressions, dentures and other appliances going to and coming from the laboratory should be properly rinsed and disinfected. (DPA 1005b 24)

**Facility and Chart Reviews**

**Exhibit 2: CADP On-Site Assessment – Structural Review Scoring Tool**

**PROCEDURAL AUDIT**

Office/Provider Name
Address:

Office Id:	Date:	Auditor	Plan:
Notes:			

**STRUCTURAL REVIEW**

**I. ACCESSIBILITY**

A. 24 hour emergency contact system.	Notes:
B. Reasonable appointment scheduling for plan members.	Notes:
C. Language Assistance Program and Documents	Notes:

**II. FACILITY AND EQUIPMENT**

A. Clean, safe, neat and well maintained.	Notes:
B. Compliance with mercury hygiene, safety regulations.	Notes:
C. Nitrous Oxide recovery system.	Notes:
D. Lead apron (with thyroid collar) for patient.	Notes:

**III. EMERGENCY PROCEDURES AND EQUIPMENT**

A. Written emergency protocols.	Notes:
*B. Medical emergency kit on-site.	Notes:
*C. Portable emergency oxygen available.	Notes:

**IV. STERILIZATION AND INFECTION CONTROL**

A. Sterilization and infection control protocols followed.	Notes:
B. Protocol posted for sterilization procedures.	Notes:
*C. Weekly biological (spore) monitoring of sterilizer.	Notes:
D. All instruments and hand-pieces properly cleaned, sterilized, and stored.	Notes:
E. Log kept monitoring changing of sterilization solutions.	Notes:
F. Staff wears appropriate personal protective equipment.	Notes:
G. Proper and adequate use of barrier techniques.	Notes:
H. Hand-pieces & waterlines flushed appropriately.	Notes:
I. Infection control and cross contamination prevention procedures followed in the office and laboratory.	Notes:

## Facility and Chart Reviews

### Exhibit 3: CADP Consensus Process of Care Evaluation Criteria

#### CADP PROCESS OF CARE EVALUATION CRITERIA

Review Criteria	Reviewer Evaluation Measures
<b>I. DOCUMENTATION</b>	
<b>A. Medical History</b>	
1. Comprehensive information collection	General medical history with information pertaining to general health and appearance, systemic disease, allergies and reactions to anesthetics. Should include a list of any current medications and/or treatment. Proactive format is recommended. Name & telephone number of physician and person to contact in an emergency. Patient must sign and date all baseline medical histories. Must Questions: 1) Bisphosphonate Use and 2) Latex Sensitivity
2. Medical follow-up	Patient comments, DDS/DMD notes, or consultation with a physician should be documented in the chart.
3. Appropriate medical alert	Should be uniform and conspicuously located on the portion of the chart used during treatment and should reflect current medical history.
4. Doctor signature and date	Dentist must sign and date all baseline medical histories after review with patient.
5. Periodic update	Documentation of medical history updates at appropriate intervals. Must be signed by the patient and the provider. Acceptable on medical history form or in the progress notes. Should reflect changes or no changes. Recommend update be done at least annually.
<b>B. Dental History/Chief Complaint</b>	
Documentation of chief complaint and pertinent information relative to patient's dental history.	
<b>C. Documentation of Baseline Intra/Extra Oral Examination</b>	
1. Status of teeth/existing conditions	Grid or narrative of existing restorations and conditions.
2. TMJ/Occlusal evaluation	Evidence of TMJ exam or evaluation of occlusion (classification) should be determined.
3. Prosthetics	Evaluation of existing appliance(s)(age, condition etc.), teeth replaced, clasps, etc.
4. Status of periodontal condition	a. Condition of gingival tissue, calculus, plaque, bleeding on probing, etc. b. Evidence of baseline probing should be documented (if indicated). c. Case type of perio conditions (Type I-IV) or (Normal, Gingivitis, or Slight, Moderate or Severe Periodontitis). Should be verified with radiographs/ pocket documentation.
5. Soft tissue/oral cancer exam	a. Evidence that soft tissue /oral cancer exam was performed initially and periodically (at least annually) b. Notation of any anatomical abnormalities
<b>D. Progress Notes</b>	
1. Legible and in ink	Provider should be reminded that progress notes are a legal document, all should be in ink, legible and should be in sufficient detail. Corrections should be made by lining-out. Documentation of any follow-up instructions to the patient or recommendations for future care. Documentation of patient leaving the practice and reasons, if known. Documentation if any records forwarded, etc.
2. Signed and dated by provider	All entries must be signed or initialed and dated by the treating provider. (Per CA. Dental Practice Act, Section 1683)
3. Anesthetics	Notation in progress notes as to the type and amount of anesthetic used; or notation "no anesthesia used" for applicable situations. (Including info on vaso-constrictors used, if any)
4. Prescriptions	Medications prescribed for the patient are documented and Sig., Rx, and Disp. in the progress notes or copies of all prescriptions are kept in the chart. Notation of an Rx given on phone. Recommended that dental lab prescriptions be documented in the progress notes or a copy kept in the chart.
<b>II. QUALITY OF CARE</b>	
<b>A. Radiographs</b>	
1. Quantity/Frequency	a. Adequate number of radiographs to make an appropriate diagnosis and treatment plan, per current FDA guidelines. b. Recall x-rays should be based on current FDA guidelines. Depends on complexity of previous & proposed care, caries susceptibility, amount and type of treatment and time since last radiographic exposure. c. Whenever possible, radiographs should not be taken if recent acceptable films are available from another source (previous Dentist). d. Any refusal of radiographs should be documented.
2. Technical Quality	a. No overlapping contacts, or cone cuts that affect diagnostic value; periapical films should show apices. b. Good contrast, not over or underdeveloped; no chemical stains.
3. Mounted, labeled and dated	Recent radiographs must be mounted, labeled and dated for reviewing and comparison with past radiographs.
<b>B. Treatment Plan</b>	
1. Present and in ink	a. Comprehensive documentation of patient needs and treatment recommendations, all documentation in ink. b. Consistent with diagnosis and clinical exam findings. c. Alternative treatment plans and options should be documented with clear concise indication of what the patient has elected to have performed. d. Consultations and referrals should be noted when necessary.

## Facility and Chart Reviews

### Exhibit 3: CADP Consensus Process of Care Evaluation Criteria

#### CADP PROCESS OF CARE EVALUATION CRITERIA

Review Criteria	Reviewer Evaluation Measures
2. Sequenced	Case should be sequenced in order of need and consistent with diagnostic and examination findings, and in compliance with recognized accepted professional standards. (Dental Practice Act, Section 1685) A possible sequence follows: a. Relief of pain, discomfort and infection. b. Prophylaxis and instructions in preventive care. c. Treatment of extensive caries and pulpal inflammation. Endodontic therapy. d. Periodontal treatment e. Replacement of missing teeth, or restorative treatment f. Placement of patient on recall schedule with documentation of progress notes.
3. Informed Consent	a. Documentation that treatment plan has been reviewed with the patient and that the patient understands the risks, benefits and alternatives to care. Patient should also understand the financial component of the treatment proposed. b. An appropriate form signed by the patient is recommended. Documentation that all patient's questions were answered. Evidence of a 'meeting of the minds'. c. Documentation of any refusal of recommended care, including referrals.
<b>III. TREATMENT OUTCOMES OF CARE</b>	
<b>A. Preventive Services</b>	
1. Diagnosis	Documentation that prophylaxis was performed in a timely manner. Documentation of fluoride treatments planned or rendered, as appropriate to age of patient and caries incidence.
2. Oral Hygiene Instructions	Documentation of Home Care/ Oral Hygiene instructions given to patient.
3. Recall	Documentation of timely, case appropriate recall of patient.
<b>B. Operative Service</b>	
1. Diagnosis	Recall and past radiographs used to evaluate proper diagnosis of caries and the need for treatment. Treatment performed in a timely manner. a. Margins, contours, and contacts appear radiographically acceptable.
2. Restorative Outcome and Follow-Up	b. Prognosis good for appropriate longevity. Minimal subsequent unplanned treatment. Unplanned treatment-redo of recent restorations due to fracture, extraction, RCT, etc.
3. Specialist Referral	Referral to a specialist in appropriate circumstances and in a timely manner.
<b>C. Crown and Bridge Services</b>	
1. Diagnosis	Recall and past radiographs used to evaluate the need for treatment. Treatment performed in a timely manner. a. Margins, contours, and contacts appear radiographically acceptable.
2. Restorative Outcome and Follow-Up	b. Prognosis good for appropriate longevity. Minimal subsequent unplanned treatment. Unplanned treatment-redo of recent restorations due to fracture, extraction, RCT, etc.
3. Specialist Referral	Referral to a specialist in appropriate circumstances and in a timely manner.
<b>D. Endodontic Services</b>	
1. Diagnosis	Signs and symptoms documented (if need not evident on radiographs).
2. Rubber Dam Use	Evidence of rubber dam use on working images and/or documentation of use in progress notes.
3. Endodontic Outcome and Follow-Up	a. Radiographic evaluation of treatment to determine that canal(s) is/are properly filled and well condensed. b. Prognosis good for appropriate longevity. Minimal subsequent unplanned treatment, no evidence of extraction of recently completed endo. c. Documentation of final restoration. d. Recall follow-up recommend with PA image.
4. Specialist Referral	Referral to a specialist in appropriate circumstances and in a timely manner.
<b>E. Periodontal Services</b>	
1. Diagnosis	Evidence that clinical examination including pocket charting and radiographs is available to determine proper type of treatment needed.
2. Treatment per visit	Rationale for more than 2 quadrants of scaling/root planing per visit should be documented.
3. Periodontal Follow-Up/Outcome	Recall follow-up recommended with radiographs or probing.
4. Specialist Referral	Referral to a specialist in appropriate circumstances and in a timely manner.
<b>F. Prosthetic Services</b>	
1. Diagnosis	Evaluation of form, fit, and function of existing prosthesis. Evaluation of need where no previous prosthesis exists.
2. Prosthetic Outcome and Follow-Up	a. Treatment was done in a timely manner, including necessary adjustments. b. Prognosis good for appropriate longevity.
3. Specialist Referral	Referral to a specialist in appropriate circumstances and in a timely manner.
<b>G. Surgical Services</b>	
1. Diagnosis	Radiographic and/or soft tissue / clinical exam supports treatment rendered
2. Surgical Outcome and Follow-Up	a. Comprehensive documentation of treatment done, materials used, and any noteworthy occurrences during the procedure. b. Documentation of post-operative instructions to patient. c. Documentation of any needed post-operative care, including suture removal.
3. Specialist Referral	Referral to a specialist in appropriate circumstances and in a timely manner.
<b>IV. OVERALL PATIENT CARE</b>	
	Overall care is clinically acceptable (to the extent that it is possible to determine by x-rays and available information.)



**Facility and Chart Reviews**

**Exhibit 4: CADP On-Site Assessment – Process of Care Scoring Tool**

**PROCEDURAL AUDIT**

Office/Provider Name
Address:

Office Id:	Date:	Auditor	Plan:	
Notes:				
Chart Ids: 1)	2)	3)	4)	5)
6)	7)	8)	9)	10)

**PROCESS OF CARE**

Chart Ids:

**I. DOCUMENTATION**

**A. Medical History**

1. Comprehensive information collection	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
2. Medical follow-up	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
3. Appropriate medical alert	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
4. Doctor signature and date	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
5. Periodic update	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)

**B. Dental History/Chief complaint**

1. Dental History/Chief complaint	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)

**C. Documentation of Baseline Intra/Extra Oral Examination**

1. Status of teeth/existing conditions	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
2. TMJ/Occlusion evaluation	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
3. Prosthetics	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
4. Status of periodontal condition	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
*5. Soft tissue/oral cancer exam	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)

**D. Progress Notes**

1. Legible and in ink	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
2. Signed and dated by provider	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
3. Anesthetics notes	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
4. Prescriptions noted	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)

**II. QUALITY OF CARE**

**A. Radiographs**

*1. Quantity/frequency	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
2. Technical quality	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
3. Mounted, labeled and dated	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)

**B. Treatment Plan**

1. Present and in ink	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
2. Sequenced	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)
*3. Informed consent	1)	2)	3)	4)	5)
	6)	7)	8)	9)	10)

**Facility and Chart Reviews**

**Exhibit 4: CADP On-Site Assessment – Process of Care Scoring Tool**

**III. TREATMENT OUTCOMES OF CARE**

**A. Preventive Services**

*1. Diagnosis	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
2. Oral hygiene instructions	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
3. Recall	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)

**B. Operative Services**

*1. Diagnosis	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
*2. Restorative outcome and follow-up	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
3. Specialist Referral	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)

**C. Crown and Bridge Services**

*1. Diagnosis	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
*2. Restorative outcome and follow-up	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
3. Specialist Referral	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)

**D. Endodontic Services**

*1. Diagnosis	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
2. Rubber dam use	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
*3. Endodontic outcome and follow-up	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
4. Specialist Referral	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)

**E. Periodontic Services**

*1. Diagnosis	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
2. Treatment per visit	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
*3. Periodontal follow-up/outcome	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
4. Specialist Referral	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)

**F. Prosthetic Services**

*1. Diagnosis	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
2. Prosthetic outcome and follow-up	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
3. Specialist Referral	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)

**G. Surgical Services**

*1. Diagnosis	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
2. Surgical outcome and follow-up	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
3. Specialist Referral	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)

**H. Overall Patient Care**

*Overall care meets professionally recognized standards	1) 6)	2) 7)	3) 8)	4) 9)	5) 10)
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