

<b>Policy and Procedure</b>			
Policy Name:	Provider Performance	Policy ID:	QM.013.01
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 describe a systematic process for evaluating the performance of individual network providers on an annual basis, as well as ongoing through continuous monitoring of care delivery and outcomes.

### **Policy**

Network providers are first evaluated for their performance during the initial credentialing process. If they meet verification requirements and are accepted into the network by the Peer Review subcommittee, their performance is then routinely and systematically monitored and evaluated for continued competency.

Ongoing monitoring of **Premier Access** providers' performance occurs most often through Utilization Management (UM) reports, and as a result of investigations conducted when potential quality of care (PQI) issues are identified and confirmed on individual cases. Additional information considered during evaluations is obtained from grievances/appeals investigations/tracking reports. Results from other QM activities, such as facility site reviews, member satisfaction surveys, and dental chart audits, are also included in individual provider profiles, which are reviewed to identify patterns of care, identify opportunities for improvement and topics for educational forums.

### **Definitions**

There are currently no applicable terms to be defined for this policy

### **Procedure**

1. An evaluation of provider performance and individual provider profile shall be conducted on an ongoing basis.
2. The purpose of the provider performance evaluation is twofold:
  - Validate the provider's competence and continuing appropriateness to participate in the **Premier Access** Dental Plan network.
  - Benchmark the provider's performance, and identify opportunities for improvement, further education, and/or other interventions.
3. The Dental Director or his/her designee shall conduct a performance evaluation on each network provider.
4. During the evaluation, the Dental Director or his/her designee shall review relevant utilization data specific to the provider under review, along with other findings obtained from quality monitoring activities.
5. Evaluation findings for each provider shall be categorized in a standardized reporting format.
6. Evaluation findings shall be reported to the provider under review, and may be released to other network providers to allow peer comparison. Aggregate data shall not contain identifiers, to protect the privacy of the individual providers.
7. For further related information, refer to the Credentialing and Recredentialing policy and procedure and Corrective Action policy and procedure.

**California Medi-Cal GMC and LAPHG Programs: Quarterly Site Reviews**

1. In accordance with the provider monitoring requirements of the California Medi-Cal GMC and LAPHG Programs, **Premier Access** will conduct quarterly site reviews for primary care dentists and specialists.
2. The quality indicators to be monitored include service site audit findings, dental record (chart) audit findings, and utilization review of encounter data.
  - Dental chart audits will be conducted in accordance with the provisions of **Policy QM.008.01, Facility and Chart Reviews**.
  - Service site audits will include access and availability standard review and evaluation in accordance with **Policy AA.001.01, Appointment and Wait Time Standards**.
  - Utilization review of encounter data will be conducted in accordance with **Policy UM.002.01, Monitoring for over and under-utilization**.
3. Each quarter, **Premier Access** will review at least five (5) of the active contracted Medi-Cal GMC and LAPHG dental providers plus any providers identified by the Department of Health Care Services (DHCS) for evaluation, for compliance with the defined quality indicators.
  - Quarterly reviews will be conducted to ensure that all **Premier Access** Medi-Cal network providers are reviewed annually.
  - Quarterly reviews will include any contracted providers that DHCS requests an onsite audit be performed.
4. 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.
  - The report will be submitted in the following format:

<b>Provider Monitoring Report</b>
Provider: <b>[Doe, Jane DDS]</b> <b>Provider NPI:</b> [0123456789] Dental Plan Name: Premier Access/Access Dental Plan Reviewed by: [Smith, John and Frost, Jack DDS]
<u>Service Site Audit Findings</u> Overall Results: [80%]  <i>Example Documentation: Emergency Appointment Time            [identification of deficient response/non-compliance].</i>
<u>Dental Record (Chart) Audit Findings</u> Overall Results: [80%]  <i>Example Documentation:            [X amount of charts did not have Dr. Doe's signature and were not dated]</i>
<u>Utilization Review of Encounter Data:</u> Overall Results: [50%]  <i>Example Documentation:            [Encounter data for 6 out of the 12 months of the past year not submitted]</i>
<b><u>Corrective Action Plan:</u></b>  <i>[insert details of Corrective Action]</i>  <i>Example Documentation:            [Corrective Action Plan required for these items. Will follow-up in 6 months.]</i>

**Reference: Exhibit A, Attachment 19, Deliverable Template, of the Medi-Cal program contract.**

**References**

This policy was previously tracked as Quality Management Program Policy and Procedure **QM-25– Provider Performance**.

See also related policies:

**Policy QM.008.01, Facility and Chart Reviews**  
**Policy UM.002.01, Monitoring for over and under-utilization**  
**Policy AA.003.01, Access & Availability – Monitoring Compliance with Standards**

***Revision History***

Date:	Description
01/01/2013	Conversion to new policy and procedure template and policy ID naming convention. Updated as part of annual review.