

<b>Policy and Procedure</b>			
Policy Name:	Quality Indicators - PQIs	Policy ID:	QM.017.01
Approved By:	Dental Director (signature on file)	Effective Date:	08/17/2012
States:	All States	Revision Date:	01/01/2013
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 list of indicators, and guidelines to assist Premier Access staff in identifying potential clinical or non-clinical quality issues requiring referral for QM investigation and follow-up.

### **Policy**

Any time a clinical quality issue is suspected, it shall be referred to the Dental Director where the issue shall be screened for possible review and corrective action. Non-clinical quality issues may be referred to either the Dental Director or the Grievance/Appeals Coordinator, depending on the nature and severity of the issue. A list of quality indicators is included in this policy to serve as a resource tool for identifying and referring potential quality issues (PQIs) requiring further study and possible corrective action.

### **Procedure**

1. Quality Indicators shall encompass areas concerning member/provider satisfaction, delivery and outcomes of care, risk management, regulatory compliance, cost-containment issues and other similar aspects of care and service delivery.
2. Quality issues shall be identified through various mechanisms and from many sources, such as member surveys, study results and trend identification, grievance follow-up, or directly through staff referrals.
3. All staff shall be responsible for identifying and referring to the Dental Director, all potential quality issues (PQIs) recognized through routine job roles.
4. PQIs may be recognized through member/provider services, prior authorization of specialty referrals and/or case management of complex and special needs cases.
5. PQIs may be identified through review of aggregate quality and utilization data, including results of Facility Site Reviews and Dental Chart Audits.
6. In general, prioritization of quality issues needing review shall be based on the following factors:
  - ◆ Potential impact on patient outcomes
  - ◆ Number of members impacted
  - ◆ Duration of the identified issue
  - ◆ Staff interest/special study
  - ◆ Cost-effectiveness issues
  - ◆ Compliance-related issues
7. Premier Access staff shall be provided with a list of the current quality indicators approved by the QM committee and Board of Directors, as well as notification of any subsequent modifications to the list.

8. The following are examples of clinical and non-clinical areas that are monitored for potential quality issues.

**Clinical**

- ◆ Quality of dental care provided.
- ◆ Dental procedures performed according to standards.
- ◆ Infection control.

**Non-Clinical**

- ◆ Accessibility of care
- ◆ Availability of care
- ◆ Continuity of care

9. The following is a sample list of the types of indicators typically used to identify situations needing QM referrals:

- ◆ Inadequate dental record
- ◆ Patient non-compliance
- ◆ Provider non-compliance
- ◆ Grievances/Appeals
- ◆ Delay in treatment or diagnosis causing an adverse outcome
- ◆ Under-utilization
- ◆ Dental complications
- ◆ Delay or omission of request for specialist referral
- ◆ Excessive or unnecessary use of services and/or procedures
- ◆ Oral surgery or procedure performed, not related to diagnosis

10. PQIs shall be referred to the Dental Director within one (1) working day.

11. Any potential risk management issues shall be reported to the Compliance Officer and to legal counsel through a similar referral process. (See Legal Counsel Interface policy and procedure)

12. The Dental Director shall review the case within one (1) working day of receipt.

13. The Dental Director shall make a determination whether a PQI requires further investigation based on available information and his/her own dental expertise.

14. The Dental Director takes into consideration the following:

- ◆ Specific quality of care issue
- ◆ Source of the issue
- ◆ Provider associated with the issue
- ◆ Severity of the issue
- ◆ Referral to Peer Review subcommittee and/or the QM committee necessary
- ◆ Corrective action recommended (if indicated, must be specific)
- ◆ Time frame for follow-up

15. Severity is determined by the "threshold" of provider deficiency that precipitates investigation and/or actions by Premier Access, including the right of the Dental Director to place the provider on probation for Category One or Category Two issues.

16. "Thresholds are classified into three (3) categories, each reflecting a different level of severity and warranting a different corrective action plan.

- ◆ Category One is a confirmed quality issue (deficiency) that could jeopardize a member's health. Providers with these issues are placed on probation by Dental Director, and must immediately correct the issue within 48 hours of identification.

- ◆ Category Two is a confirmed quality issue (deficiency) that does not cause immediate harm to the health of the member. Providers with these issues are placed on probation and must correct the issue within 30 days of identification.
- ◆ Category Three is a minor quality issue (deficiency) that does not pertain to direct delivery of care. Providers with these issues shall be notified of the type of correction that needs to take place, and shall be re-evaluated during their next annual evaluation.

### **Time frame for follow-up.**

1. If a potential problem is confirmed, the issue shall be referred to the Peer Review subcommittee for discussion.
2. The Peer Review subcommittee shall render a decision through the voting process.
3. If the Peer Review subcommittee determines a quality issue exists, corrective action shall be implemented based on the committee's recommendations.
4. Recommendations may include further investigation through focused review or studies, education to the provider or disciplinary actions.
5. A quarterly report of issues identified, investigated, correction actions implemented and follow-up actions being undertaken shall be submitted to the QM committee from the Peer Review subcommittee.
6. If an adverse determination is rendered, Premier Access' QM committee shall be notified of the circumstances surrounding the quality issue, along with the Peer Review subcommittee's determination and rationale.
7. If the recommendation is to terminate a provider, the QM committee shall notify Premier Access' Compliance Officer before proceeding with the termination.
8. Providers have the right to appeal adverse determinations.

### **References**

This policy was previously tracked as *Quality Management Program Policy and Procedure QM-26 – Quality Indicators - PQIs.*

See also related policy:

***Policy QM.008.01, Performance Measures***

### **Revision History**

Date:	Description
08/17/2012	Conversion to revised policy and procedure format and naming convention.
01/01/2013	Annual review and updates.