


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Quality Assurance Program	Policy ID:	PLANCG-48
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	04/26/2024
	States:	Oregon	Last Review Date:	04/26/2024
Application:	Medicaid	Effective Date:	04/27/2024	

PURPOSE

To establish the Dental Care Organization’s (DCO) Quality Improvement (QI) program and structure.

POLICY

The DCO’s QI program provides an overview of the structure and processes that enable the DCO to carry out its commitment to ongoing improvement in care and service and enrollee oral health. The objective is to give enrollees compassionate and effective care that is easily accessible, safe and equitable. Quality improvement goals are focused on compliance, safety, preventive oral health, enrollee and provider experience, and delivering excellence in care and services that set community standards. The QI program assists the organization in achieving these goals. The program integrates network providers and DCO departments at all levels and is led in concert by the VP of Plan Operations, VP of Clinical Services, a licensed Oregon dentist, and the Director of Regulatory and Managed Care Compliance. The QI program demonstrates commitment to quality through continuous improvement. The program is ever evolving in response to the changing needs of the DCO’s enrollees and the standards established by the provider community, and regulatory and accrediting bodies. The QI program is available to enrollees and providers upon request.

The Quality Assurance and Performance Improvement (QAPI) Committee is responsible for governing the DCO’s quality improvement program with emphasis on the quality of health care delivered by providers pursuant to provider agreements with the DCO, focusing in particular on those aspects of quality health care not revealed by review of utilization patterns. The QAPI Committee’s membership includes Oregon licensed dentists, DCO senior leadership staff, including the Vice President of Clinical Services, a licensed Oregon dentist, vice presidents, directors and managers; as well as advisory staff, including legal, compliance and quality management. The QAPI Committee meets on a bi-monthly (every 2 months) basis and acts as the advisory and decision-making body for quality, utilization management, and performance improvement activities under the direct authority of the Vice President of Clinical Services, a licensed Oregon dentist. Key functions of the QAPI Committee include, but are not limited to:

- Monitoring reports of quality improvement activities and areas reflecting safe care for members such as quality of care cases;
- Providing oversight, recommendations and guidance for performance metrics and when applicable to subcommittees;
- Reporting on performance metrics including action plan when not meeting goal or trend indicative of decline in performance is identified;
- Reviewing reports and tracking performance for Provider Utilization & Quality Improvement Metrics, Member Satisfaction Survey Results, Care Coordination Reports, Access Survey Results,

Department Metrics (Provider Operations, Claims, Complaints and Grievances, Customer Service, and Referral Processing), Potential Fraud, Waste, and Abuse Reporting,

- Approving quality improvement projects to undertake;
- Monitoring progress in meeting quality improvement goals;
- Monitoring reports of the Peer Review Committee and Credentialing Committee and Utilization Management Workgroup;
- Reviewing and approving annual Quality Improvement Program documents;
- Participating, when necessary, in the education of providers regarding quality improvement and utilization management programs;
- Evaluating the effectiveness of the quality management program annually; and

It is the responsibility of the DCO and the QAPI Committee to prioritize quality improvement activities to align with the requirements of each contracted Coordinated Care Organization (CCO). As pay-for-performance strategies are established, the DCO in conjunction with contracted CCOs will select initiatives focused on high-risk patients/. The QAPI Committee will identify the initiatives and ensure leadership support and commitment for the quality improvement process.

Based on the DCO's business philosophy of ensuring that a dental home and a relationship with a Primary Care Dentist (PCD) is established for each enrollee, protocols and processes are developed to foster access to, and receipt of, optimal dental care. In conjunction with establishing a dental home, DCO's business philosophy includes providing population-based healthcare that interfaces with the community healthcare system in a manner that integrates oral health over a lifetime.

All covered enrollee care procedures and protocols are reviewed by the QAPI Committee at least annually. The QAPI Committee receives reports of all enrollee and provider concerns gathered. This information is tracked and evaluated by the Plan Operations Department. The QAPI Committee reviews key issues, which surface through this process.

The DCO has an established statewide call system to ensure that enrollees with emergent and urgent dental concerns can have them addressed within the OHA required timeframes. The timeframe by which each concern needs to be addressed is dependent upon type of dental concern that is presented. To maintain consistency within the call system, the DCO's Customer Service Representatives receive these calls during and after working hours and the system is monitored by the QAPI Committee. The DCO will track unexpected occurrences that adversely affect the quality of life, quality of care, or quality of service within the dental care delivery system, with the goal of reducing adverse events through provider training and education programs.

The QAPI Committee reviews the average phone wait time, abandon rate and the number of calls coming into the call center.

The QAPI Committee reviews the grievances and appeals for quality of care issues, access issues, etc. and looks for any trends. If the QAPI Committee sees discrepancies or concerns in any of the audit results it will request additional information or verification of the information or process of the audit and request the DCO to review ways to improve the audit results if an improvement is needed.

Utilization Review:

The Plan Operations Department tracks key utilization data elements to detect outliers and trends. Findings are reported to the QAPI Committee for review and recommendations for corrective action. Utilization review includes the following:

- (1) Systematic collection of data respecting utilization of services;
- (2) Analysis and interpretation of such data and education of the enrollees individually and collectively about desirable and undesirable patterns of care;
- (3) Recommendation of procedures to detect, control and, where possible, eliminate inappropriate patterns of care/utilization; and
- (4) Review utilization profiles of all providers and recommend disciplinary action for those determined to have consistently inappropriate profiles.

The Primary Care Dentist (PCD) utilization reports are posted to the Advantage Secure Provider Portal and are updated with the previous month's data between the 10th and 25th of the following month.

Peer Review and Credentialing Committee:

The Peer Review and Credentialing (PRC) Committee is comprised of contracted providers and DCO senior leadership staff, including the Vice President of Clinical Services, a licensed Oregon dentist. The PRC Committee is responsible for objectively and systematically monitoring and evaluating the quality and appropriateness of care and service provided to enrollees and to pursue opportunities for improvement. Peer review is conducted through utilization report review, grievance process, provider credentialing, provider re-credentialing, provider terminations for cause, and periodic chart reviews. The PRC Committee also oversees payment issues between providers and the DCO and provides an opportunity for the DCO and the providers to work together to solve common problems regarding payment structures.

Board Structure:

Advantage Dental Services (DCO) is member managed by Advantage Community Holding Company, LLC. The DCO's governance structure includes three guiding committees - Compliance, Quality Assurance and Performance Improvement (QAPI), and Peer Review and Credentialing. All committees include executive level leadership, internal subject matter experts, and network providers who represent various counties and service areas. Reporting from each committee is made available to the Board of Directors, which is comprised of internal stakeholders.

REFERENCES

- 42 CFR 438.330 Quality assessment and performance improvement program
- OAR 410-141-3510 Provider Contracting and Credentialing
- OAR 410-141-3525 Outcome and Quality Measures

Revision History

Date:	Description
06/14/2012	Approval and adoption.
06/06/2014	Updates based on annual review.
03/02/2015	Updates based on annual review.
04/08/r2015	Updates based on CCO partner audit findings.
02/23/2016	Updates based on annual review.

02/14/2017	Updates based on annual review.
07/12/2017	Updates based on CCO partner audit findings.
03/12/2018	Updates based on annual review.
06/19/2019	Updates based on annual review.
12/09/2019	Conversion to revised policy and procedure format and naming convention.
12/30/2020	Updates based on annual review.
05/20/2021	Updates based on CCO partner audit findings.
11/15/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
04/26/2024	Updates based on annual review.