

Dental Health Services' 107-point Quality Assurancesm Program

Quality Assurancesm is at the heart of the Dental Health Services difference. We only accept and contract with dentists who meet our rigorous Quality Assurancesm standards. We believe it's better to have a smaller, Quality Assured network of dentists rather than a larger network of dentists. Our company goes beyond required prepayment standards and any indemnity coverage. To help understand our process we have outlined the following:

OVERSIGHT

Dental Health Services has many levels of oversight; however, these four are the most important. These groups show how involved our company is at the early identification of quality and trends and building upon this new information. These groups all have a vital role in the success of our commitment to quality care and service.

1. Board of Directors
2. Quality Assurance Committee
3. Quality Management Committee
4. Service Review Committee

CREDENTIALING

Dental Health Services requires any new applicant to our network to complete our credentialing process. This process is repeated every three years. All records that expire within that three year period will be updated as required. Credentialing requirements include:

5. Verification of dental license
6. Review of dental license if it has ever been revoked, suspended, sanctioned, or put on probation
7. Undergraduate education
8. Dental and professional education
9. Residencies
10. Board Certification, if necessary
11. Work history
12. Review of any present or past condition that may affect the ability to treat patients
13. Review of record with the National Practitioner Data Bank
14. OIG Sanctions (for CMS business)
15. Medicare opt-out (for CMS business)
16. Authority to prescribe controlled substances such as a DEA license
17. Review and evidence of Liability Malpractice Insurance with a minimum of \$1,000,000.00/\$3,000,000.00
18. Review of claims of professional negligence
19. Review of any state board actions
20. Review of any criminal-activity reported state board actions
21. Review of any professional liability coverage that has been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged)
22. Provider's agreement to the contract terms
23. Provider's agreement not to balance bill Dental Health Services' members

STANDARDS FOR COMPLIANCE AND QUALITY OF CARE AND QUALITY OF SERVICE

Availability Standards

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|---|-------------------------------|
| 24. Urgent appointments | within 72 hours |
| 25. Non-urgent appointments | within 36 business days |
| 26. Preventive dental care appointments | within 40 business days |
| 27. In-office waiting time | within 30 minutes |
| 28. Emergency triage | 24 hours a day, 7 days a week |

Access Standards

29. The Department of Managed Health Care requires plan access standards in which 95% of enrollees have at least one primary care dentist within 30 minutes or 15 miles of their residence or workplace in urban areas; within 30 miles in suburban areas; and within 50 miles in rural/mountain areas.

Quality Standards

30. Our participating dentists practice professionally-recognized quality standards of care.

Continuity and Coordination of Care

31. Dental Health Services facilitates the continuity of care for its members whether the member requires care from a specialist or a change in their primary dentist.

Preventive Health Care Services and Education

32. Participating dentists are required to provide dental education to members in addition to the outreach that Dental Health Services provides to participating dentists and members.

OFFICE REVIEW

Dental Health Services routinely schedules office reviews such as an initial facility review as well as scheduled reviews. The facility is reviewed for compliance for state and federal health regulations and a chart review is conducted to review actual treatment and diagnosis by an outside certified reviewer. The following are inspected during office reviews:

33. Office assessment
34. Review of potential quality issues
35. Confirmation of 24-hour emergency contact system
36. Review of appointment scheduling for plan members
37. Review of compliance to our Language Assistance Program and Documents
42. Review facility and equipment
38. Assurance that the office is clean, safe, neat and well-maintained
39. Assurance that compliance with mercury hygiene and safety regulations are followed
40. A Nitrous Oxide Recovery System in place
41. A Lead apron (with a thyroid collar for the patient) for radiographic images

42. Written and posted emergency procedures
43. Functional emergency equipment available
44. Up-to-date medical emergency kit on-site
45. Portable oxygen supply available
46. Centers for Disease Control Sterilization and Infection Control procedures in place and followed
47. Documentation of weekly biological (spore) monitoring of sterilizer
48. Properly cleaned, sterilized, and stored instruments and hand-pieces
49. Log to monitor change in sterilization solution
50. Appropriate personal protective equipment worn by staff
51. Proper and adequate use of barrier techniques
52. Hand-pieces and waterlines flushed appropriately
53. Infection control prevention procedures followed in the office
54. Cross contamination prevention procedures followed in the office

CHART REVIEW

Chart reviews are routinely conducted by an outside, certified consultant for quality and professionally recognized standards of care. The diagnosis, necessity, and outcomes of treatment are reviewed.

Details include:

55. Comprehensive medical information is collected
56. Any medical follow-up is documented
57. Dental history is collected
58. Chief complaint is asked and followed-up
59. Documentation of Baseline Intra/Extra Oral Examination
60. Status of teeth/existing conditions
61. TMJ evaluation
62. Occlusal evaluation
63. Status of periodontal condition documented
64. Soft tissue exam
65. Oral cancer exam
66. Progress notes are legible and are in ink (or EHR are used)
67. Signed and dated by provider
68. Anesthetics are noted in the chart
69. Prescriptions are noted in the chart
70. Quality of radiographic images are reviewed
71. Quantity of images are reviewed
72. Frequency of images are reviewed
73. Technical quality of images are reviewed
74. All images should be mounted, labeled and dated
75. Any diagnosis of disease should be noted
76. Treatment plan is written
77. Treatment plan is properly sequenced
78. Consent to treatment is evident
79. Financial consent to treatment is evident
80. Preventative care services should be provided
81. Oral hygiene instructions should be given and noted in the chart
82. A recall schedule should be determined and noted

83. Periodontal services are reviewed for quality
84. Periodontal treatment outcome and follow-up are noted
85. Operative services are reviewed for quality
86. Operative treatment outcome and follow-up are noted
87. Restorative services are reviewed for quality and follow-up
88. Restorative treatment outcome and follow-up are noted
89. Crown and bridge services are reviewed for quality
90. Crown and bridge treatment outcome and follow-up are noted
91. Endodontic services are reviewed for quality
92. A rubber dam is used for endodontic procedures and noted
93. Endodontic treatment outcome and follow-up are noted
94. Prosthetic services are reviewed
95. Prosthetic treatment outcome and follow-up are noted
96. Surgical services are reviewed
97. Surgical treatment outcome and follow-up are noted
98. Specialist referral, if needed, is indicated
99. Any post-operative instructions should be noted
100. The amount of treatment per visit is reviewed
101. Overall patient care is reviewed

STANDARDS

102. Participating dentists are required to adhere to ethical standards of practice and to execute their duty as the treating dentist
103. Any delegation that is agreed upon is annually (if not more frequently) reviewed for due diligence
104. Review of general utilization patterns and trends
105. Review of specific provider, triggered utilization patterns
106. Review of specialty claims

GRIEVANCES

Grievances are routinely investigated and followed up in a timely manner for quality of care and quality of service among other issues. These are tracked and trended for patterns. Details include:

107. Quality of care grievance
108. Quality of service grievance
109. Copayment charge inquiries
110. Number of grievances