

Name	Access Standards
Date of Origin	8/11/2020
Current Effective Date	2/17/2024
Scheduled Review Date	2/17/2025

1. Policy

Capitol Dental Care is committed to providing members access to the services that are appropriate and necessary for their dental needs. In meeting that objective, CDC will abide by the standards outlined in this policy.

2. Standards

There are several standards in place relating to access to services.

Appointment Wait Times

Depending on the member's needs, CDC will adhere to the following timeframe standards in scheduling appointments to provide care:

Routine Care	Within 8 weeks
Routine (pregnant)	Within 4 weeks
Urgent Care	Within 2 weeks
Urgent Care (pregnant)	Within 1 week
Emergency Care	Within 24 hours

Routine: Any service that is not classified as urgent or emergent including comprehensive and periodic exams as well as restorative and hygiene procedures.

Emergent: Any service that can become life threatening and, if not attended to immediately, may result in the patient visiting the ER.

Urgent: Any service that is not life threatening but urgent in nature.

Care for Pregnant members: Any care type appointment that is recommended for a pregnant patient. Pregnant members who are in need of an urgent appointment should be considered an emergent appointment type whenever possible and no later than 7 days.

Specialty: Any specialty care type appointment available for a defined service when the intention is to complete a service and refer back to PCD for follow up.

A member may request to reschedule an appointment if the wait time for a scheduled appointment exceeds 30 minutes. If the member requests to reschedule, they shall not be penalized for failing to keep the appointment

To verify compliance with timely access and hours of operation including afterhours contact information, anonymous calls will be made to contracted offices two times per year. Findings will be recorded on the "Access Standards Verification Log".

Travel Time and Distance

CDC will provide services to its members in a way that is accessible relative to the travel time and distance that the member must incur in obtaining those services. CDC has the following standards regarding travel time and distance:

- (A) Large Urban Area:
 - (i) Tier one: 10 minutes or 5 miles;
 - (ii) Tier two: 20 minutes or 10 miles;
 - (iii) Tier three: 30 minutes or 15 miles.
- (B) Urban Area:
 - (i) Tier one: 25 minutes or 15 miles;
 - (ii) Tier two: 30 minutes or 20 miles;
 - (iii) Tier three: 45 minutes or 30 miles.
- (C) Rural Area:
 - (i) Tier one: 30 minutes or 20 miles;
 - (ii) Tier two: 75 minutes or 60 miles;
 - (iii) Tier three: 110 minutes or 90 miles.
- (D) County with Extreme Access Considerations:
 - (i) Tier one: 40 minutes or 30 miles;
 - (ii) Tier two: 95 minutes or 85 miles;
 - (iii) Tier three: 140 minutes or 125 miles.

3. Monitoring and Information

CDC monitors adherence to and provides information about access standards in several ways.

Third-Next Available Appointment (TNAA) Report

Certain CCOs monitor network access through a report that analyzes the number of days to providers' third-next available appointments (TNAA). For those CCOs that require the collecting of data for the reporting of TNAA, CDC will do the following:

Affected PCD providers are required to report the timeframes in which they are scheduling routine care, emergency care, urgent care and care for pregnant members. All specialty providers are required to report a specialty TNAA which can be either represented by a treatment or consult time. Although there is no defined wait time requirement for specialty providers, TNAA still needs to be within reason.

For the TNAA report, weekly data is sent by providers regarding their third-next available appointments by appointment type and member demographic. This allows CDC to track access trends by provider and see if anyone is falling below standard.

Data is reported by a representative of each office, for each provider located therein. The data is reported to CDC's Operations Team, who compiles it into reports by region and CCO, as applicable.

Providers are expected to proactively communicate any expected shortfalls in access standards when known, e.g., when a provider is scheduled to be on vacation, when a provider will be on maternity/paternity leave, etc. Expected, known shortfalls should be communicated before they occur, if possible, and no later than when the below-standard data are reported to CDC.

Additionally, providers are expected to provide a rationale for any below-standard access times that are reported to CDC's Operations Team along with a plan to remedy the issue in the future and an expected timeframe in which that can be accomplished.

CDC's Operations Team will monitor the providers' weekly TNAA reports and follow up with all providers who have not provided

adequate TNAA reports; providers who fail to comply with the weekly TNAA report requirements pursuant to this policy shall be subject to corrective action. See Section 4 of this policy for additional information.

Provider Communications and Information

Providers are made aware of access standards in their participation of reporting such as the TNAA reports and through other means. CDC's Operations Team communicates the standards to the providers in the process of gathering TNAA information.

Providers often receive communications from CDC about different topics. One way in which CDC communicates with providers is through the provider newsletter. Additionally, many of CDC's policies are published on CDC's website. Access standards are frequently communicated to providers through these means, as needed.

Providers attest to certain CDC policies and procedures on an annual basis relating to their provision of services to CDC members. This policy shall be included in the materials to be reviewed.

Time and Distance Analysis

As part of its analysis of its provider network health, CDC analyzes member geographic data to determine that the network is able to provide access to services in an adequate manner and in accordance with ORS 414.609(1).

4. Monitoring, Noncompliance, and Corrective Action

Noncompliance will be consistently addressed across CDC's network, including staff and panel providers. Providers who are not meeting CDC's access standards, are not submitting TNAA reports (for those required), or are not submitting adequate TNAA reports are coached and brought into compliance. Failure to respond to coaching will result in further corrective action, as required. Additional noncompliance is subject to corrective action up to and including termination of the relationship.

CDC's Operations Team will review problem spots on a weekly basis and will utilize the Director of Operations and/or office managers to course correct in real time.

CDC's Operations Team will also monitor the available data on a quarterly basis, when a report will be run to indicate any providers that did not meet the access timeliness standards. This report will be performed by the 10th of the month following the end of the previous, reporting month. If the provider fails to meet any of the following, they will be considered in noncompliance:

- Third-next available appointment for an emergency within 1 day (24 hours) for three consecutive weeks in the previous month
- Third-next available appointment for urgent needs within 1 week for three consecutive weeks in the previous month
- Third-next available appointment for prioritized routine care within 4 weeks for three consecutive weeks in the previous month
- Routine care (including comprehensive/periodic exams and restorative/hygiene procedures) within 8 weeks.

For providers that are out of compliance, CDC's Operations Team will follow up via a phone call or email and track the following:

- 1) Office explanation for scheduling past threshold
- 2) Office plan to resolve scheduling issues
- 3) Timeframe in which CDC may expect the issue to be resolved
- 4) Potential next steps of corrective action if the scheduling issues are not resolved

CDC's Operations Team will continue to monitor performance and follow up with the office after the expected resolution to ensure compliance. If the issue is not corrected by the established resolution date, the Operations Team will report this to the CDC Dental Director that they may suggest the next steps, including the possibility of a Corrective Action Plan (CAP).

A formal CAP will include but not be limited to additional reporting, site visits to ensure compliance, and the provider being closed to all new assignment. Once the office is able to maintain compliance for eight consecutive weeks, the CAP will be resolved, and they will be open for assignment. Failure to comply with the CAP could result in termination. All CAPs will be reported at the Provider Meeting and the Quality Improvement Committee Meeting.

5. Revision Activity

Modification Date	Change or Revision	Effective Date
11/17/2020	Additions to noncompliance and corrective action section	11/17/2020
08/30/2021	Revision	08/31/2021
06/22/2022	Addition to verifying compliance	06/22/2022
02/17/2023	Revision	2/15/2023
2/17/2024	Revision	2/17/2024

6. Affected Departments

- All CDC Administrative Staff
- All CDC Providers

7. References

- CDC Policy - Emergency Services
- OAR 410-141-3515(11)(b)
- OAR 410-141-3515(7)
- ORS 414.609(1)
- CDC-OHA Contract Exhibit B Part 2(5)(b)(2)