

Name:	Monitoring Plan
Date of Origin:	10/23/2002
Current Effective Date:	6/19/2024
Scheduled Review Date:	6/19/2025

I. MONITORING PLAN POLICY:

Capitol Dental Care (CDC) will monitor areas that affect access, service delivery and quality of care. The Quality Improvement committee is responsible for overseeing the quality of member care. This would include overseeing the results of monitoring efforts, and recommending actions deemed appropriate.

II. PROCEDURE: MONITORING REFERRAL & CONSULTATION SYSTEM:

- Member satisfaction surveys are conducted monthly. The survey asks the member questions regarding their use of the referral system. Results are reviewed by the QI committee.
- Various utilization reports and provider profiles are completed at least quarterly or as needed (includes specialist services). Data is analyzed by CDC administrative staff, the QI Committee, and Dental Director (as applicable). If findings are noted that are questionable, results are reviewed by the QI Committee. The utilization report summary is reviewed quarterly by the QI Committee to identify potential trends, and provide recommended action, as appropriate.
- The CDC complaint process is ongoing throughout the year. All complaints are responded to individually by the Member Service Supervisor, the Quality Improvement Coordinator, the Compliance Officer or the OHP Services Director, and additional information is collected (as applicable). When appropriate, further action is taken.
- The Complaint log is reviewed quarterly by the QI Committee to identify potential trends, and recommend action.
- Annual chart reviews are conducted by the CDC Dental Consultant, and Dental Director (as technical advisor). Review criteria include the referral system, and documentation of referrals. If findings are noted that are questionable, results are reviewed by the QI Committee.
- CDC serves only OHP members; therefore, it does not have referrals of DMAP members versus non-OMAP members. If this ever becomes an issue it will be reviewed by the QI Committee to develop a monitoring plan.

III. PROCEDURE: MONITORING COMPLIANCE WITH CONFIDENTIALITY POLICY AND PROCEDURES:

- The CDC complaint process is ongoing throughout the year. All complaints are responded to

individually by the Member Service Supervisor, the Quality Improvement Coordinator, the Compliance Officer, or the OHP Services Director, and additional information is collected (as applicable). When appropriate, further action is taken.

- The Complaint log is reviewed quarterly by the QI Committee to identify any potential confidentiality issues, as well as other trends. When appropriate, further action is recommended and/or taken.
- Chart reviews are conducted by the CDC Dental Consultant, and Dental Director (as technical advisor). Review criteria include compliance with standards of confidentiality. If findings are noted that are questionable, results are reviewed by the QI Committee.

IV. PROCEDURE: MONITORING 24 HOUR EMERGENCY/ANSWERING SERVICE:

- CDC staff answers the toll-free number from 7:00 a.m to 6:00 p.m. After hours/emergency calls are answered by a Business Connections operator. Calls are triaged and, if appropriate, referred to an on-call dentist. Monitoring is directed to use of the after hours/emergency telephone service.
- Member satisfaction surveys are conducted monthly. The survey asks the member questions regarding use of the after-hours/emergency telephone service. Results are reviewed by the QI Committee.
- The CDC complaint process is ongoing throughout the year. All complaints are responded to individually by the Member Service Supervisor, the Quality Improvement Coordinator, the Compliance Officer or the OHP Services Director, and additional information is collected (as applicable). When appropriate, further action is taken.
- The Complaint log is reviewed quarterly by the QI Committee to identify potential trends, and recommend action.
- The Director of Member Services calls the after-hours phone number once a month to verify that after-hours services are working appropriately. A log is maintained of these verification calls.
- The Dental Director (or designee) occasionally calls into after hours/emergency telephone service to monitor the operation of the call-in system. If findings are noted that are questionable, either action (if deemed appropriate) is taken or results reviewed by the QI Committee.
- The on-call dentist(s) for the after hours/emergency telephone service maintain a record of their contacts with member(s). A random selection of those records are periodically reviewed. If findings are noted that are questionable, either action (if deemed appropriate) is taken or results reviewed by the QI Committee occasionally.

V. PROCEDURE: MONITORING PRACTITIONERS AND PATIENT RECORDS:

- CDC policies will be disseminated to credentialed providers on an annual basis, and CDC will obtain attestations from those providers regarding the receipt of those policies. If there is

a need to disseminate any policies on a more frequent basis, e.g., a major update to a well known or largely impactful policy, CDC will send out those materials as needed.

- Provider manuals, clinical guidelines, and other pertinent materials to the credentialed providers will be sent in accordance with the same procedure outlined above for CDC's policies.
- Annual chart reviews are conducted by the CDC Dental Consultant and Dental Director. If findings are noted that are questionable, results are reviewed by the QI Committee.

VI. PROCEDURE: MONITORING ENCOUNTER DATA VALIDATION:

- In conjunction with the abovementioned annual chart reviews, the Provider Relations Coordinator validates the encounter data submissions (mentioned in Section II of the Claims Processing Policy) by cross-referencing the patients' chart notes. If any submissions are not supported by the chart notes, results are reviewed by the QI Committee.

VII. MONITORING DENTAL PRACTITIONERS RETURNING TELEPHONE CALLS WITHIN A REASONABLE LENGTH:

- Member satisfaction surveys are conducted monthly. The survey asks the member questions regarding their experience calling into their dental practitioner for urgent care. Results are reviewed by the QI Committee.
- The CDC complaint process is ongoing throughout the year. All complaints are responded to individually by the Member Service Supervisor, the Quality Improvement Coordinator, the Compliance Officer or the OHP Services Director, and additional information is collected (as applicable). When appropriate, additional action is taken.
- The Complaint log is reviewed quarterly by the QI Committee to identify potential trends, and recommend action, as appropriate.

VIII. PROCEDURE: MONITORING CDC STAFF TELEPHONE SKILLS:

- The Member Service Supervisor, Quality Improvement Coordinator, and OHP Services Director routinely monitors the CDC member service staff, and listens to their responses to members. If it is noted that the member service staff do not have sufficient telephone skills to reassure or encourage members, action deemed appropriate is taken.
- Member satisfaction surveys are conducted monthly. The survey asks the member questions regarding their experience calling into CDC. Results are reviewed by the QI Committee.
- The CDC complaint process is ongoing throughout the year. All complaints are responded to individually by the Member Service Supervisor, the Quality Improvement Coordinator, or the OHP Services Director and additional information is collected (as applicable). When appropriate, additional action is taken.
- The Complaint log is reviewed quarterly by the QI Committee to identify potential trends, and recommend action.

IX. PROCEDURE: MONITORING AVAILABILITY OF HEALTH PROFESSIONAL FOR TRIAGE OF URGENT CARE AND EMERGENCIES DURING OFFICE HOURS:

- A member is advised to call their primary care dentist (PCD) for urgent and emergency dental care. If unable to reach their PCD they are advised to call CDC. During office hours CDC's Dental Director is available. After hours, an on-call dentist is available through the after-hours/emergency telephone service.
- Member satisfaction surveys are conducted monthly. The survey asks the member questions regarding their experience with urgent and emergency dental care, and their experience regarding the waiting time to be seen for an appointment. Results are reviewed by the QI Committee.
- The CDC complaint process is ongoing throughout the year. All complaints are responded to individually by the Member Service Supervisor, the Quality Improvement Coordinator, the Complaint Officer, or the OHP Services Director, and additional information is collected (as applicable). When appropriate, additional action is taken.
- The Complaint log is reviewed quarterly by the QI Committee to identify potential trends, and recommend action.
- Unannounced member walk-ins are very rare. Virtually all members call first. If a member does walk-in they are triaged in the same manner as a member who has called. Monitoring is the same as that listed above.

X. PROCEDURE: MONITORING OF APPOINTMENT SYSTEM/FAILED APPOINTMENT POLICY:

- Member satisfaction surveys are conducted monthly. The survey asks the member questions regarding their experience in using the referral system. Results are reviewed by the QI Committee.
- The CDC complaint process is ongoing throughout the year. All complaints are responded to individually by the Member Service Supervisor, the Quality Improvement Coordinator, the Compliance Officer or the OHP Services Director, and additional information is collected (as applicable). When appropriate, additional action is taken.
- The Complaint log is reviewed quarterly by the QI Committee to identify potential trends, and recommend action
- Unannounced member walk-ins are very rare. Virtually all members call first. If a member does walk in they are triaged in the same manner as a member who has called. Monitoring is the same as that listed above.
- Chart reviews are conducted by the CDC Dental Consultant, and Dental Director. Review criteria include documentation of failed appointments and efforts on the part of the provider to make contact with the provider. If findings are noted that are questionable, results are reviewed by the QI Committee.
- Patient records are periodically requested when a member has a pattern of failed

appointments. Records are reviewed by the Member Care Coordinator for documentation of failed appointments and re-contact efforts. If findings are noted that are questionable, either action deemed appropriate is taken or results reviewed by the QI Committee.

XI. PROCEDURE: MONITORING OF INTERPRETER SERVICES:

- The CDC complaint process is ongoing throughout the year. All complaints are responded to individually by the Member Service Supervisor, the Quality Improvement Coordinator, the Compliance Officer or the OHP Services Director, and additional information is collected (as applicable). When appropriate, additional action is taken.
- The Complaint log is reviewed quarterly by the QI Committee to identify potential trends, and recommend action
- CDC arranges interpreter services through various resources. A log is maintained of those members who have used interpreter services (including sign language) arranged by CDC. Periodically a random selection of members is contacted to monitor those services. If findings are noted that are questionable, results are reviewed by the OHP Services Director. Either action deemed appropriate is taken or results are reviewed by the QI Committee.

XII. PROCEDURE: MONITORING OF ACCESS FOR DISABLED MEMBERS:

- Member satisfaction surveys are conducted monthly. The survey asks the member questions regarding their use of the referral system. Results are reviewed by the QI Committee.
- The CDC complaint process is ongoing throughout the year. All complaints are responded to individually by the Member Service Supervisor, the Quality Improvement Coordinator, the Compliance Officer or OHP Services Director, and additional information is collected (as applicable). When appropriate, additional action is taken. The QI Committee in the quarterly review of the Complaint log looks at the disabled member complaints to identify any trends, and recommend action.

XII. Revision Activity

Modification Date	Change or Revision and Rationale	Effective Date of Policy Change
4/15/2005	Annual Update/Review	4/15/2005
10/6/2006	Annual Update/Review	10/6/2006
07/30/2008	Annual Update/Review	07/30/2008
06/23/2010	Annual Update/Review	06/23/2010
06/28/2012	Annual Update/Review	06/28/2012
10/22/2014	Annual Update Review	10/22/2014
10/22/2016	Annual Update Review	10/22/2016
06/09/2019	Annual Update Review	06/09/2019
08/14/2019	Update	08/14/2019

08/13/2020	Update	08/13/2020
2/2/2021	Update	2/2/2021
2/16/2022	Review	2/16/2022
05/03/2023	Review	05/03/2023
6/19/2024	Review only.	6/19/2024

XIII. Affected Departments:

All CDC Staff, Providers and Members