
Name:	Quality Improvement Committee Policy
Date of Origin:	10/23/2002
Current Effective Date:	2/17/2024
Scheduled Review Date:	2/17/2025

I. QUALITY IMPROVEMENT COMMITTEE POLICY:

Capitol Dental Care (CDC) maintains an internal Quality Improvement (QI) Program based on written policies and standards and procedures designed to achieve (through ongoing measurements and intervention), sustained, significant improvement in both clinical and non-clinical care areas. This QI Program is expected to have a favorable effect on dental outcomes, provide enhanced member safety and satisfaction.

II. QUALITY IMPROVEMENT COMMITTEE PROCEDURES:

The Quality Improvement Committee meetings will be conducted approximately every two months. Minutes will record the deliberations of the QI Committee. These minutes will be reviewed and approved at each subsequent Committee meeting, and retained for at least 3 years. Any disclosure of the minutes of the Committee meeting will be consistent with CDC confidentiality policies and procedures.

Areas of review by the QI Committee include: accessibility, capacity, clinical performance, utilization management, as well as provider and member issues, and all aspects of service delivery. Data sources utilized include: utilization reports, patient record/chart reviews, Complaint log review, survey information, dental practice standards, credentialing records, provider/member ratio information, referrals, and encounter data.

The QI Committee will oversee policies and procedures related to the quality of member care which address the provision of dental care in accordance with recognized industry standards, and those essential to comply with federal and state regulations.

The QI Committee will set performance measures, decide corrective action, identify deficiencies, and problem solve for the purpose of achieving CDC's mission: To assure the provision of accessible, cost effective, quality dental care to its members. Findings will be used to detect trends and to establish ways to improve quality. Additionally, information collected by the QI Committee will be used to assess, plan and evaluate organizational goals and directives.

Actions approved by the QI Committee will be delegated to the appropriate staff for implementation. The QI Coordinator /Compliance Officer will monitor the progress of the implementation of those actions, and will develop, and coordinate systems to facilitate the work of the QI Committee. Management has given the QI Chair authority to implement changes to the QI Program as directed by the Committee.

The Dental Director or Community Director is a key member of the QI Committee, and will be an active participant in the quality improvement plan as pertinent to his or her role. When the Dental Director serves as the Chief Clinical Officer for CDC, he or she shall have final authority over the QI Committee members in areas involving clinical decision making. Additionally, the Chief Clinical Officer will serve as a professional resource to the QI Committee Chair.

Confidentiality of member and provider names shall be maintained by QI Committee members, as well as medical information related to those individuals. QI Committee members will sign a confidentiality agreement.

The QI Committee will assist in developing a written “Action/Work Plan” for the purpose of planning, monitoring, and assessing the effectiveness and outcome of quality improvement activities and the quality of member care. In the event the “monitoring Plan” should have adverse or unexpected outcomes, the results of the Plan will be provided to the QI Committee.

The QI Committee will include in its deliberations the following:

1. Annual review of the Quality Improvement Work Plan;
2. Annual review of the written procedures, protocols, and criteria used to evaluate quality of member care;
3. Annual review of member care as measured against these written procedures, protocols and criteria;
4. Results of annual review of dental records of primary care dentists, specialists, and outpatient hospitalizations (as applicable) will be provided to the QI Committee should there be adverse or unexpected outcomes.
5. Annual review of ‘Action Plan’ and ‘Monitoring Plan’ outcomes;
6. Quarterly review of all complaints and review of persistent and significant complaints, including those relevant to any special needs population served by our plan. Among other complaint criteria the quarterly review of complaints will include a review as to whether co-morbidities and complications were assessed before a denial of service;
7. Annual review of Quality Improvement Program’s written policies, and procedures. The review will include whether any special needs population served by our plan needs are being adequately addressed by the program;
8. Routine review of timeliness of child or adult abuse reporting, as applicable;

9. Quarterly review of utilization data for preventive (both adult and children), primary and specialty services and utilization of any special need population served by CDC.
10. Regular review of member educational plans, including non-English, and any special need population served by our plan.
11. Regular review of the “QI Dashboard,” which includes data regarding many topics, including but not limited to member grievances, call center statistics, requests for interpreters, member satisfactions surveys, service requests, diabetic visits, pregnant member visits, foster kids visits, credentialing/recredentialing, FWA investigations, encounter data, and claims processing performance.

In addition to the full QI Committee meetings, the Exceptional Needs Dental Services (ENDS) Board meets every 3 months. CDC plan members are served by ENDS providers. The ENDS Board reviews utilization, complaints, providers, access, and other QI issues directly related to Phase 2 members served by ENDS. A CDC Executive shall attend the ENDS Board meetings whenever possible. The attending member or the QI Coordinator shall update the CDC QI Committee on various issues shared at the ENDS Board meetings. This may include, but is not necessarily limited to, discussion of any utilization, complaint, access issues that may impact CDC members. Any disclosure of ENDS Board minutes or other documentation at the QI Committee meetings will be consistent with CDC confidentiality policies and procedures.

Also, the Executive Staff shall meet separately in an Executive meeting or roundtable for purposes of initializing, reviewing and signing off on QI issues and, as necessary, recommend activities for the Quality Improvement Committee to implement. This meeting shall include all members of the Executive Staff, Member Service Supervisor, Director of Outreach Programs, Quality Improvement Coordinator, Dental Director (as he or she is available) and other CDC administrative staff who elect to attend. The purpose of the sessions is to discuss and problem-solve difficult member care issues drawing upon the combined expertise of CDC staff with the goal of improving dental health outcomes.

III. Revision Activity

Modification Date	Change or Revision and Rationale	Effective Date of Policy Change
4/15/2005	Annual Update/Review	4/15/2005
10/1/2006	Annual Update/Review	10/1/2006
12/9/2008	Annual Update/Review	12/9/2008
6/23/2010	Annual Update/Review	06/23/2010
6/28/2012	Annual Update/Review	06/28/2012
10/22/2014	Annual Update/Review	10/22/2014
10/26/2016	Annual Update/review	10/26/2016
10/26/2018	Review	10/26/2018
9/25/2020	Review	9/25/2020

8/18/2021	Review	8/18/2021
2/15/2023	Review	2/15/2023
2/17/2024	Review	2/17/2024

IV. Affected Departments:

All CDC Staff, Providers and Members

V. References:

CDC Policies and Procedures
OAR 410-141-0200, OHP Managed Care Organization Quality Improvement System
42 CFR 438.200 Subpart D, Quality Assessment and Performance Improvement 42 CFR 438.240 (a)(2).