


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Member Services	Policy ID:	PLANCG-32
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	11/11/2021
	States:	Oregon	Last Review Date:	11/15/2021
Application:	Medicaid	Effective Date:	11/16/2021	

PURPOSE

To establish guidelines, roles and responsibilities regarding customer service to enrollees and providers through the Dental Care Organization's (DCO) member services call center.

POLICY

1. Telephone Access and Call Handling:
 - a. The call center is staffed Monday through Thursday 8:00AM to 6:00PM and Friday 8:00AM to 5:00PM. The call center is available to enrollees experiencing a dental emergency 24 hours a day, seven days a week. All voicemails, besides those left in the after-hours emergency voicemail boxes, will be returned by the next business day. Voicemails that are left in the after-hours emergency voicemail boxes will be returned within 1-12 hours depending on the level of urgency reported by the caller.
 - b. Enrollees can contact the DCO by phone for assistance regarding any matter including but not limited to:
 - i. finding out who their assigned Primary Care Dentist (PCD) is, how to change PCDs, how to request a referral to a specialist, and how to make an appointment
 - ii. learning about the services covered under their dental plan
 - iii. help with addressing a dental emergency
 - iv. requesting a list of their rights and responsibilities as a member
 - v. requesting a full provider directory
 - vi. requesting an interpreter
 - vii. filing a grievance or completing a one-call grievance resolution (see Grievance and Appeals Policy)
 - c. Providers can contact the DCO by phone or utilize their login to the secure provider portal for assistance regarding any matter including but not limited to:
 - i. eligibility verification
 - ii. claims history for enrollees
 - iii. assistance with an explanation of a claims payment
 - iv. assistance with a preauthorization or referral
 - v. assistance with credentialing or recredentialing
 - vi. to request training
 - d. The DCO, its employees, representatives, and providers shall maintain the confidentiality of enrollee information and dental record information and release such information in accordance with federal regulation 42 CFR 431 Subpart F. Call center staff are provided with specific information in regard to who they can disclose Personal Health Information (PHI) to in the form of flow chart to ensure accuracy. See the HIPAA Flow Chart for Enrollee Calls.

- e. In the case a of call center system outage, calls will be handled in the order that they are received. All information regarding the call will be documented on paper and then transcribed into the DCO's Enterprise Resource & Planning (ERP) software. All dental emergencies will be handled as they come in and will be addressed in appropriate timeframes (see Emergency Services Policy).
2. Call Center Performance and Quality Monitoring:
- a. Staffing levels for the call center is determined based on average speed to answer, average hold times, and abandonment rates.
 - b. Proper staffing of the call center will ensure:
 - i. at least 80% of all calls are answered within 30 seconds;
 - ii. less than 5% of calls are abandoned; and
 - iii. average hold time is less than 2 minutes;
 - c. The DCO has set a self-imposed overall quality assurance standard of a 90% average score for calls taken by the call center staff. These scores are determined through quality assurance call monitoring and review that is completed weekly by Plan Operations department leads and management staff. The items included in the quality assurance call scoring are:
 - i. Greeting
 - ii. Phone Etiquette
 - iii. Knowledge and Documentation
 - iv. Hold times and transfers
 - d. The operations management team are provided with extensive reporting to ensure all performance and quality assurance standards are reached by call center staff. Such reporting is passed along to the Quality Assurance and Performance Improvement Committee for final oversight.
 - e. Should the call center's performance standards not meet the minimum requirements, additional steps will be taken to improve these immediately. The performance measurements are reviewed weekly by the Plan Operations managers and the Director of Member and Provider Relations. If compliance is not met additional staff will be moved into the phone system immediately and overflow calls times will be shortened to ensure the performance standards are met. Once the short-term solutions have been implemented, an evaluation will be completed to determine if additional staff are required or if the performance issue was due to an anomaly.
 - f. The DCO completes ongoing monitoring of performance standards through use of dashboards and other call reports.
3. Training:
- a. All call center staff undergo initial and ongoing training in regards to the following topics:
 - i. Customer Service Skills and Phone Etiquette
 - ii. Use of Phone Systems
 - iii. Basic Call Scripting
 - iv. Enrollee Eligibility and Benefit Structures
 - v. DCO Policies and Procedures
 - b. Initial training of the above topics, in addition to other mandated trainings such as compliance, fraud, waste and abuse, privacy and security, will be completed within 90 days of hire. Ongoing training will be completed as needed. Training will be completed on an annual basis to ensure understanding.
4. Satisfaction Surveys:

- a. The DCO will send a quarterly satisfaction survey to all enrollees that receive a dental service in the previous quarter. This survey will be used to gauge the enrollee’s satisfaction with the office staff, providers, wait times and other important matters. The survey will be sent with a postage paid envelope to encourage participation at no cost to the enrollee.
5. Outreach to Special Populations
- a. The member outreach team will proactively reach out to enrollees designated by the DCO as part of a special population to assist with appointment scheduling. Special populations include, but are not limited to:
 - i. enrollees included in the Oregon Health Authority’s (OHA) Quality Incentive Metric denominators for oral health metrics
 - ii. pregnant women
 - iii. enrollees needing follow up after been seen in the community setting
 - iv. other priority populations as identified by the Oregon Health Authority (OHA) or contracted Coordinated Care Organization (CCO) partners.

REFERENCES

OAR 410-141-3705 Criteria for CCOs
 42 CFR 431 Subpart F Safeguarding Information on Applicants and Beneficiaries

FORMS AND OTHER RELATED DOCUMENTS

HIPAA Flow Chart for Enrollee Calls

Revision History

Date:	Description
07/17/2019	Approval and adoption.
12/09/2019	Conversion to revised policy and procedure format and naming convention.
12/28/2020	Updates based on annual review.
11/11/2021	Updates based on annual review.