


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Network Adequacy	Policy ID:	PLANCG-34
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	09/30/2021
	States:	Oregon	Last Review Date:	11/15/2021
Application:	Medicaid	Effective Date:	11/16/2021	

PURPOSE

To ensure the Dental Care Organization (DCO) has a network that meets the adequacy requirements set forth in the applicable rules and regulations.

POLICY

The DCO's Network Adequacy Workgroup, which includes the Vice President of Clinical Services or their designee, who are licensed dentists, and members of the Plan Leadership team, is responsible for determination of network needs. The Network Adequacy Workgroup shall monitor the network of participating providers to ensure it is sufficient in number, provider type, and geographic distribution and to ensure adequate service capacity and availability to provide available and timely access to dentally appropriate and culturally responsive covered services to current and future enrollees. This workgroup will strategize, develop, and implement operational processes to improve enrollee access and provider satisfaction for the dental plan.

Primary Care Dentists:

On a monthly basis, the Network Adequacy Workgroup reviews a summary of each region by CCO. This summary includes: 1) Review all areas of the network by region, provider type and capacity. 2) Review access to care trends by region. 3) Review provider satisfaction results. 4) Discuss provider recruitment efforts by region. 5) Implement operational process and procedure changes as needed to support the growth of the network. 6) Strategize on improvements to the overall network by region. 7) Review requests from Utilization Management Workgroup. 8) Review prevalent languages spoken by enrollees vs providers and provider office by region. 9) Review Care Coordination Cases for Out of Network Services by region and specialty. 10) Review anticipated Medicaid enrollment and anticipated utilization. Although the Network Adequacy Workgroup convenes on a bi-monthly basis, all access reports are reviewed by the group electronically no less than monthly. Using this information, along with CCO requests for additional capacity and the PCD's complaint and utilization trends, the Network Adequacy Workgroup determines if current PCD capacity is sufficient, needs to be increased or decreased, or whether additional PCD(s) are needed.

When a provider shows interest in becoming a PCD, a similar analysis is performed to determine if there is a need for an additional PCD in the applicable region.

If the DCO notices an increase in PCD complaints or unsatisfactory utilization trends by a PCD, the DCO will work with the PCD on a corrective action plan. If the PCD is not able to remediate the concerns timely, the DCO will reassign enrollees to a new PCD.

The DCO establishes a Primary Care Dentist (PCD) dental home for all enrollees. The standard assignment methodology is 1,000 enrollees per dentist day. The DCO derives capacity per full time

equivalent (FTE) GP and pediatric dentists based on the following assumptions: 1) 50-week work year; 2) 4-day a week GP/PEDO = 1 FTE; 3) Dentist and dental team encounters per day = 20 (GP/PEDO = 15, Dental Team: Community Care/Telehealth/Hygiene = 5); 4) 50% of assigned enrollees receive at least one encounter. The DCO utilizes its Network Adequacy Workgroup to monitor capacity on a monthly basis. Annually, the Network Adequacy Workgroup reviews the Quest Analytics reports for each CCO and verifies that the ratios of enrollees to dental care providers are within the established DCO standard or 1,000 enrollees per dentist day.

Specialists:

While most covered dental services can be performed by PCDs within their practices, some dental services require a referral to a specialist. Specialist need is reviewed by geographical region and coverage for services under the Oregon Health Authority (OHA) (ex. periodontics, orthodontics, endodontics, oral surgery, or pediatric dentistry). Specialties that have a higher coverage level under the OHA require a larger number of available specialists for those services.

On a monthly basis, the Network Adequacy Workgroup reviews a summary of each region by CCO. This summary includes: (1) the number of specialists in the region. Using this information, along with CCO requests for additional capacity, the provider's complaint and utilization trends and expressed need from PCDs or enrollees, the Network Adequacy Workgroup determines if there is a sufficient number of specialists in the region for the specialty at hand.

If the DCO is in need of a specialist in a particular region, the provider recruitment team will contact specialists to attempt contracting. In cases where the DCO is not able to contract with a specialist in a particular region, special arrangements will be made with non-contracted specialists on a case-by-case basis.

All Network Provider Types

It is the policy of the DCO to ensure all enrollees have access to the following provider types within acceptable travel time and distance: denturist; endodontists; expanded practice dental hygienists; orthodontists and dentofacial orthopedics; oral and maxillofacial pathologists; oral and maxillofacial surgeons; periodontists; primary care dentists, adult; primary care dentists, pediatric; primary care dentist, both (adult and pediatric), prosthodontics; registered dental hygienists; emergency dental services clinics; federally qualified health centers; Indian Health Services and Tribal Health Services; Public/County Health Departments; Rural Health Centers; and additional provider types when it promotes the objectives of the plan's contractual partners and the OHA.

The DCO reviews and monitors acceptable travel times and distances and assesses the geographic distribution of providers relative to enrollees and calculates driving time and distance from the enrollee's physical address to the provider's location through the use of geocoding software or other mapping applications. Distance and time and distance standards may not exceed the following, unless otherwise approved by the OHA:

- (a) In urban areas, 30 miles, or 30 minutes;
- (b) In rural areas, 60 miles, or 60 minutes.

REFERENCES

- 410-141-3515 Network Adequacy

FORMS AND OTHER RELATED DOCUMENTS

None

Revision History

Date:	Description
06/01/2015	Approval and adoption.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
07/12/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
05/20/2019	Updates based on annual review.
12/9/2019	Conversion to revised policy and procedure format and naming convention.
11/23/2020	Updates based on annual review.
9/30/2021	Updates based on annual review.