



# **2017 Quality Improvement Program Description**

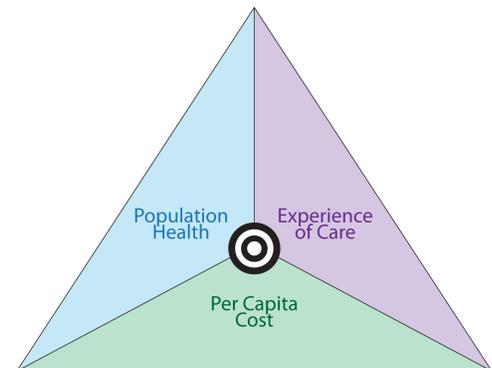
## **Arkansas Medicaid and CHIP Quality Assurance and Improvement Program**

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## 2017 Quality Improvement Program Description

The MCNA Quality Improvement Committee (QIC) has approved the 2017 Quality Assurance and Improvement Program that includes the review and monitoring of internal systems, dental credentialing, management systems, and committee structures. Activities of the program fall under the direction of the Chief Dental Officer (CDO) who is a Doctor of Dental Surgery (DDS), and the Vice President of Dental Management and Quality Improvement. The Quality Assurance and Improvement Program shall be known as the MCNA Quality Improvement Program (QI Program) and will be in compliance with state and federal requirements and laws and applicable accreditation standards.

MCNA will submit the QI Program description to the Arkansas Department of Human Services (DHS) for approval prior to implementation, and will notify the DHS of changes in a timely manner. The ongoing QI Program is designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, and to resolve identified problems using the prevailing professional standards of care. The QI Program is built on the foundation of the Institute for Healthcare Improvement's (IHI) Triple Aim framework approach to optimizing the U.S.'s health system and improving the quality of health care and health care delivery.



- Improving the patient experience of care (including quality and satisfaction);
- Improving the health populations;
- Reducing the per capita cost of health care.

IHI concluded that without a simultaneous focus on all three aims the U.S. would not be able to counter the predicted trends in healthcare expenditures. The National Healthcare Expenditure Projections, 2010-2020, cites the US health care system as the most costly in the world, accounting for 17% of the gross domestic product and estimates that percentage to grow to nearly 20% by 2020. MCNA is committed to the Triple Aim approach to ensure the Arkansas Medicaid recipients have a positive patient experience and improved overall oral health status while reducing the overall costs of health care delivery.

The QI Program is accompanied by a subset of written policies and procedures that describe multi-disciplinary processes to address components of effective healthcare management, and processes for ongoing monitoring and evaluation that promote quality of care. QI staff monitors key areas of dental care delivery to identify problems and achieve early recognition of opportunities to improve the delivery of quality dental care. MCNA does not delegate functions of quality assessment and performance improvement.

The QI Program includes performance improvement projects (PIPs) that are designed to enhance clinical and non-clinical efficiency. High risk and high volume areas of patient care receive priority in the selection of quality assessment and performance improvement activities. The PIPs are targeted towards improving utilization and are focused upon improving dental health outcomes, all while eliciting the highest levels of member and provider satisfaction. Specific interventions are determined and implemented based on the outcomes of PIPs, member and provider satisfaction surveys, performance measures, dental record audits, and other quality activities. Performance improvement projects that

include goals and objectives will also be implemented in response to the External Quality Review Organization's (EQRO) audit, in the event that the audit uncovers areas of opportunity. As required, MCNA will submit a separate improvement that specifically addresses the findings of the EQRO.

The QI Program provides a clear, concise statement of the mission, goals, and objectives of the plan. The ongoing internal and external review of the provision of dental care services shall include, but not be limited to, the following:

- A written statement of goals and objectives that stresses health outcomes as the principle criteria for the evaluation of the quality of care rendered to members;
- A written statement describing how state-of-the-art methodology has been applied to developing a case-orientated system for monitoring care, which when implemented, provides interpretation and analysis of patterns of care rendered to individual patients by individual providers;
- A written plan describing the program's objectives, organization, and problem-solving activities;
- A written plan describing oversight and delegation activities;
- Mechanisms to ensure the provision of policies and procedures to meet objectives; and
- Mechanisms to maintain, aggregate, and analyze information about the nature of issues raised by members, and on their resolution.

## Quality Improvement Structure

The structure of the program requires the active participation of the executive leadership, contracted providers, and department leaders and managers through their involvement in the QIC in order to realize its full potential. The QIC ensures the effectiveness of the QI Program. Through interrelated QI subcommittees and structures, and a continuous flow of information, the QIC assesses information and data that measures MCNA operational and provider performance.

This structure enables MCNA to perform its core managed care processes through each of its operational departments: Utilization Management, Provider Relations, Network Management, Call Center Operations (Member Services), Quality Improvement, Grievances and Appeals and Claims (Operations). The Administration and Information Technology departments also provide support for these core processes. The framework of the QI Program ensures an ongoing process of exchanging information across organizational departments and to stakeholders to improve the quality of clinical care and services received by members. Details of the structure, processes, indicators, and outcomes are described in this QI Program and its attachments.

The QI Program ensures that findings, conclusions, recommendations, actions taken, and results of actions taken are documented and reported through the organization channels that have been established for quality assurance accountability to the QIC, Board of Directors, and relevant staff for the integration of best practices.

## I. Preface

The success of the QI Program at MCNA is dependent upon a dedicated and knowledgeable group of professionals including, but not limited to, the administrative staff, committee members, department managers, and MCNA dental providers. All participants in the QI Program are committed to its objectives, processes, responsibilities, and authority. MCNA will pursue all opportunities to improve dental clinical care and services in accordance with MCNA policy and Medicaid regulations, as well as delegated requirements.

## II. Purpose and Authority

The MCNA QI Program is designed to objectively initiate, monitor, and evaluate standards of dental practice that address the needs of the member. Assessment of standards, objectives, and outcomes is the mechanism by which patient care-related activities are evaluated, upgraded, and improved for the benefit of members and practitioners. The intention of the QI Program is to demonstrate accountability for the quality of dental care that is reviewed and approved by MCNA's QIC and all state and federal regulatory agencies.

The implementation, maintenance, and support of the QI Program fall under the authority of MCNA's QIC. The CDO, as a member of the Board of Directors, maintains accountability for the overall function of the QI Program and serves as the chairperson of the QIC. The QI Program's effectiveness is monitored and assessed by the QIC and reported to the Board of Directors. On an annual basis, the QIC reviews, assesses, makes recommendations, and approves the QI Program for the upcoming year. The Board of Directors also assesses the annual QI Program evaluation and makes recommendations as needed.

## III. Roles and Responsibilities

As a member of the Board of Directors, the CDO is charged with the responsibility of implementing the QI Program. The CDO is responsible for the overall functioning of the QI Program and its results. The CDO, as the chairperson of the Quality Improvement Committee, is responsible for Quality Improvement, Credentialing, and Utilization Management functions. On an annual basis, the CDO, Dental Director, the Vice President of Dental Management and Quality Improvement, and the Director of Quality Improvement and Risk Management develop a QI Program evaluation for the QIC's assessment and approval. The outcomes of the QI Program are reported to the Board of Directors.

MCNA's leadership is responsible for the oversight and prioritization of all individual and combined QI activities. MCNA management, staff, members, and providers are active participants in the QI Program. They are essential in assessing the quality of dental care and services provided to MCNA members and in recommending improvement strategies as needed. As part of the QI Program, these participants assist in identifying, planning, evaluating, and monitoring processes and outcomes related to member care and services. For leadership development with quality improvement fundamentals, the CDO and Director of Quality Improvement and Risk Management will attend quality forums and workshops throughout each calendar year that are held by healthcare quality organizations such as the Institute for Child Health Policy (IHP), National Association for HealthCare Quality (NAHQ), and Health Care Compliance Association (HCCA).

- **Chief Executive Officer (CEO)**  
*(DDS, MSD, and Board Certified Periodontist)*  
Responsible for the plan's program management, financial oversight, staff management, public relations and coordination with partner organizations, and working with the Board to develop and implement a strategic vision.
- **Plan President**  
*(DDS, MSD, Board Eligible Pediatric Dentist)*  
Provides oversight and direction for MCNA's operations and clinical functions in the Arkansas, Iowa, Idaho, Texas, and Louisiana markets.
- **Arkansas Project Director**  
Directs and coordinates operations for all aspects of the contract. Acts as primary point of contact to DHS's Contract Monitor.
- **Arkansas Dental Director (DD)**  
*(DMD, General Dentist)*  
Provides oversight of the clinical aspects of the plan, ensures implementation of the QI Program, and monitors the dental care delivery system.
- **Associate Arkansas Dental Director (DD)**  
*(DDS, Pediatric Dentist)*  
Provides oversight of the clinical aspects of the plan, ensures implementation of the QI Program, and monitors the dental care delivery system.
- **Chief Operating Officer (COO)**  
Directs, coordinates, and manages the day-to-day operations of the plan and ensures that all services to members and providers are delivered in compliance with contractual requirements and in a timely manner.
- **Chief Dental Officer (CDO)**  
*(DDS)*  
Provides overall direction of and guidance for clinical activities of the plan, oversees the utilization management program, and monitors the utilization of dental services.
- **Chief Information and Security Officer**  
Oversees all aspects of the organization's information technology and systems. Also directs the planning and implementation of enterprise IT systems in support of business operations in order to improve cost effectiveness, service quality, and business development.
- **Chief Compliance and Privacy Officer**  
Ensures that there is an understanding of, and compliance with, DHS regulations, and all Medicaid requirements. Coordinates and oversees new and ongoing audits, surveys, and reviews, and assures the monitoring of, responses to, reporting of and compliance with Medicaid legislation, regulatory, and policy requirements binding upon the plan.
- **Senior Vice President and General Counsel**  
Responsible for leading corporate strategic and tactical legal initiatives and providing senior management with effective advice on the plan's strategies and their implementation.

- **Vice President of External Affairs and Deputy General Counsel**  
Directs aspects of litigation of claims with General Counsel and manages in-house and outside organizational partnerships.
- **Vice President of Operations**  
Provides overall direction of and guidance for the non-clinical operational activities of the plan, with the objective of maximizing growth and profitability, as well as day-to-day leadership and management of all non-clinical company operations.
- **Vice President of Dental Management and Quality Improvement**  
Oversees all clinical functions involved in the administration of Medicaid and CHIP Dental Benefits and leads the Utilization Management, Case Management, and Quality Improvement departments.
- **Director of Quality Improvement and Risk Management**  
Directs the day-to-day activities of the QI Program, and ensures compliance with regulatory agencies regarding quality management. Implements and provides ongoing oversight of the organization's internal risk management program.
- **Director of Utilization Management and Case Management**  
Provides leadership for the Utilization Management Department and oversees the Case Management Program. The Director establishes and implements workflow processes and monitors outcomes to ensure business goals and contractual requirements are met.
- **Director of Grievances and Appeals**  
Responsible for the direct oversight and administration of the grievances and appeals functions.
- **Director of Call Center Operations**  
Leads and directs the Member Hotline, Provider Hotline, and Care Connections Team. Ensures the department achieves overall quality service goals and delivers excellent levels of customer service.
- **Associate Vice President of Network Development**  
Maintains networks of dental health providers throughout all regions of the states in which the plan operates.
- **Director of Credentialing**  
Ensures all network providers are fully credentialed in accordance with NCQA and URAC requirements. This includes a thorough background check to ensure providers are in good standing with all state and federal requirements.
- **Director of Claims Management**  
Leads department in all aspects of the organization's claims processing and payment activities, including claims auditing functions.
- **Director of Human Resources**  
Provides director oversight and administration of all human resource related policies and procedures, including ensuring that all MCNA clinical reviewers maintain the appropriate dental licensure.

### IV. Scope

MCNA regards clinical quality of care and service performance measures (PMs) as critically important aspects of the dental managed care organization. MCNA will comply with DHS's input and oversight regarding specific PMs to report, reporting format, and the reporting frequency. MCNA tracks PMs monthly and will comply with DHS's reporting guidelines. The scope of the QI Program includes, without limitation, the objectives and approaches utilized in quality improvement together with measures that are quantifiable in accordance with contract performance standards and set benchmarks. The QI Program scope is comprised of actionable duties that are necessary to support and quantify demonstrable change for analyzing the successful delivery of dental services to the plan's population. In addition, the program scope details planned tasks and activities that support the QI Program's objective to initiate, monitor, and evaluate standards that impact the delivery of dental care and services to members. The identification, tracking, and trending of PMs includes:

- Evaluation of medical necessity appeals;
- Evaluation of access to services;
- Evaluation of clinical performance (peer review);
- Evaluation as to the appropriate use of tests, studies, and dental services (e.g., lab, x-ray);
- Measurement and evaluation of member satisfaction;
- Evaluation of and monitoring of call center performance measures for both the Member and Provider Hotlines that include average speed of answer, abandonment rate, and service level;
- Adherence to timeframes for claims processing;
- Evaluation of and monitoring of the timely payment of claims, and of the financial and procedural accuracy of claims processing;
- Evaluation of outcomes of care using criteria developed by dentists and other professionals to analyze patient care patterns and clinical performance for dental services provided;
- Evaluation and monitoring of the quality of provider services that includes the availability of services (access to providers, appointment procedures, etc.), the accessibility of services (telephone systems, Member Services, etc.) and member satisfaction with services;
- Establishment of a system using measurable criteria to identify, prioritize, and implement improvements to the quality of care and services;
- Compliance with the MCNA Credentialing Program (credentialing/re-credentialing) to determine that all providers meet MCNA standards;
- Analysis of the incident reporting system;
- Completion of utilization management (over-and under-utilization) analysis;

- Evaluation of case management functions;
- Completion of dental record reviews;
- Evaluation of claims data;
- Evaluation of member appeals;
- Evaluation of provider and member complaints and grievances;
- Completion of provider profiling;
- Completion of clinical focused studies performed by the quality improvement staff led by the CDO, Vice President of Dental Management and Quality Improvement, and the Director of Quality Improvement and Risk Management. The study topics are related to oral health objectives such as increasing the utilization of preventive dental service and access to the oral health system, and are based on DHS's performance standards or national standards developed by the Centers for Medicare and Medicaid Services (CMS). Studies involve analyzing member data by race, sex, socioeconomics, and demographics;
- Evaluation of medical/dental records quarterly for:
  - History recording
  - Caries detection
  - Radiographic studies as appropriate
  - Written treatment plan
  - Preventive dental services
  - Indicated follow-up care;
- Evaluation of provider, member (consumer), and client satisfaction surveys; and
- Evaluation of practice office surveys.
- Evaluation of quarterly results in the Practice Site Performance Reports

All findings, conclusions, recommendations, and actions taken are documented and report through established organizational channels. All performance measures are evaluated and re-measured at least annually to monitor performance improvement.

## V. Goals and Objectives

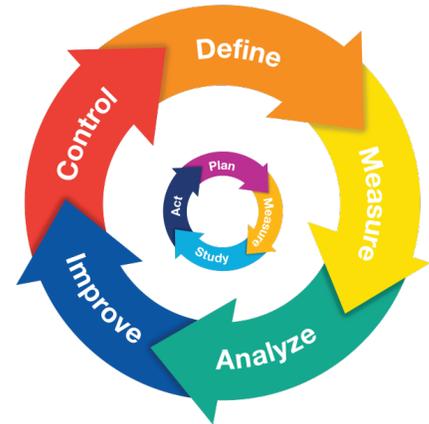
The goals of MCNA's QI Program have been established to align with, and strategically support, the National Quality Strategy (NQS) which is led by the Agency for Healthcare Research and Quality on behalf of the U.S. Department of Health and Human Services (HHS). The NQS consists of three aims, expanding on IHI's Triple Aim, six health care priorities, and nine levers/actionable items to execute their strategy. MCNA has adopted the NQS' three aims as our overarching goals to drive better, more affordable health care for Arkansas' Medicaid recipients.

- **Better Care:** Improve the overall quality, by making oral health care more patient-centered, reliable, accessible, and safe.
- **Healthy People/Healthy Communities:** Improve the health of the Arkansas population by supporting proven interventions to address behavioral, social, and environmental determinants of oral health in addition to delivering higher-quality care.
- **Affordable Care:** Reduce the cost of quality oral health care for individuals, families, and government.

MCNA has coupled the three aims/goals above with the national and Arkansas specific findings from the American Dental Association's report *The Oral Health System: A State-by-State Analysis, 2016*, to establish a defined process which:

- Achieves the optimum quality dental care through processes, structures, and data management systems in place at MCNA daily by the oversight of leadership for each operational department;
- Affirms the Quality Improvement Committee has the ultimate authority for, responsibility for, and accountability for the effectiveness of the QI Program on a quarterly basis through meetings to review the effectiveness of the QI Program's objectives and operational processes;
- Maintains a framework by which specific delegated responsibilities set for by DHS to fulfill contractual obligations are met according to the contracted entity's delegated requirements through delegation oversight review on a quarterly basis at the QIC;
- Measures the level of accessibility, availability, and continuity/coordination of care, and facilitates Quality Improvement through appointment availability surveys, after-hours access, geo access, access related complaints, and on-site facility audits quarterly;
- Communicates all QI activities and outcomes achieved through the QI process throughout the organization, including to the providers, Board of Directors, management, staff, members, and the community through the Provider Newsletter monthly, the Quality Review newsletter quarterly, and the QIC quarterly, and weekly leadership meetings;

- Identifies and prioritizes strategies for the improvement of dental care and services utilizing the Plan-Do-Study-Act (PDSA), also called PDCA (Plan-Do-Check-Act), as a model for continuous improvement, starting new performance improvement projects, implementing change, planning data collection, and completing analysis in order to prioritize problems or root causes when conducting PIPs and measuring quarterly progress;
- Establishes thresholds and benchmarks annually, including performance indicators, through the review of the specific contract and national standard publications (i.e., American Dental Association, The Oral Health Care System: A State-by-State Analysis, 2016, Healthy People 2020, NCQA Quality Compass, National Health Interview Survey, US Centers for Disease Control and Prevention (CDC), Agency for Healthcare Research and Quality (AHRQ), and state-contracted external quality review organizations (EQROs).
- Identifies and prioritizes strategies for the improvement of dental care and services quarterly at QIC and weekly leadership meetings;
- Strives to improve and to enhance MCNA's dental care delivery system in compliance with accepted dental practices and assesses member acceptability, accessibility, and continuity of dental care and services routinely through weekly meetings with an assigned business analyst and reporting unit; and
- Cultivates a continuous quality improvement (CQI) management style that is woven throughout the organization with special emphasis on the member, measurement of key performance indicators, empowerment of employees, and a commitment to the improvement of dental care and services through quarterly QIC, subcommittee and Compliance Committee meetings, in addition to annual employee trainings and participation in company Compliance and Quality awareness activities. The CQI style is designed to meet the following objectives:
  - Educating members and providers through outreach and health education activities on a monthly or quarterly basis through community outreach and provider in-service trainings, webinars, or conferences;
  - Ensuring members are provided culturally and linguistically appropriate services with materials available in their primary language, accommodating communication assistance needs when requested, and routinely conducting office site visits;
  - Developing programs for populations with special needs through the Case Management Unit once data is analyzed and target audience is identified;
  - Conducting performance improvement projects and select studies in clinical and service areas in collaboration with state Medicaid agencies and EQROs yearly or as requested by the DHS and EQRO;
  - Conducting satisfaction surveys for members and providers/practitioners;



- Fostering an environment that assists practitioners and providers with improving the safety of their practice by conducting monthly or quarterly office site visits;
- Conducting oversight of risk management through routine reporting at each quarterly QIC;
- Providing quarterly feedback to providers regarding opportunities for improvement both in practice management and clinical care in accordance with adopted ADA, AAPD, and EPSDT clinical practice guidelines; and
- Evaluating the effectiveness of the QI Program monthly.

## VI. Compliance with MCNA, Medicaid, and Contracted Entity Requirements

The QI Program has been developed to be consistent with all federal and state Medicaid rules and regulations applicable to all MCNA-contracted entities, including providers.

## VII. Conflict of Interest Statement

On an annual basis each director identifies any potential conflicts of interest that may exist in his or her role as a director of the organization. This may include, but is not limited to, relationships, associations, or business dealings with vendors, suppliers, or individuals with whom the organization may have a contractual relationship.

In the event that a director identifies a potential conflict of interest, he or she fully discloses all relevant information to the Chairman of the QIC. The Chairman, at his sole discretion, may discuss the matter with the Board of Directors or members of the corporation.

The Chairman gathers as much information as he or she feels necessary and then submits the matter to the members of the corporation for a determination. The determination of the members is final.

Any director, officer, or member of management is required to report to the Chairman any potential conflicts of interest that may exist or of which he or she may be aware.

Any director may at any time excuse himself or herself from discussions and/or determinations in connection with a conflict of interest with vendors or contractors with whom that director has a relationship.

## VIII. Committee Structure

The Quality Improvement Committee has the authority to promote organizational accountability in identifying, assessing, and correcting quality of care issues, as well as in improving dental care services. Provider and organizational participation is essential in accomplishing these tasks. Membership Term: Annual, with no restrictions on member re-appointment.

The QIC and its four subcommittees are responsible for the implementation of and operation of the QI Program.

### **A. Quality Improvement Committee**

The QIC meets on a quarterly basis. This committee is an interdisciplinary committee that includes administrative staff and dentists. The MCNA Board of Directors has delegated the implementation of and oversight of the QI Program to the QIC.

Members of the QIC are appointed by the Board of Directors. Its meetings are chaired by the CDO. All provider advisory appointments and member appointments are at the discretion of the chair.

#### **QIC Membership**

- Chaired by: Chief Dental Officer
- Co-Chairs: Vice President of Dental Management and Quality Improvement and Director of Quality Improvement and Risk Management
- Plan President
- Arkansas Project Director
- Arkansas Dental Director
- Arkansas Associate Dental Director
- Chief Operating Officer
- Chief Information and Security Officer
- Chief Compliance and Privacy Officer
- Senior Vice President and General Counsel
- Vice President of External Affairs and Deputy General Counsel
- Vice President of Operations
- Associate Vice President of Network Development
- Director of Utilization Management and Case Management
- Director of Grievances and Appeals
- Director of Call Center Operations
- Director of Credentialing
- Director of Claims Management
- Director of Human Resources
- Clinical Reviewers (licensed dentists)
- Participating Network Dentists

Other departments may be represented by ad hoc members when necessary.

#### **QIC Main Functions**

The QIC is the functional means of the QI Program's implementation. The committee's main functions are:

- Providing oversight and review of the QI Program's subcommittees;
- Evaluating quality training materials prior to their dissemination, including CMS protocols;
- Implementing quality training for providers about standards for dental record keeping, utilization of preventative services (sealants, prophylaxis, and fluoride), missed appointments and continuity of care, oral hygiene instruction (brushing and flossing), and compliance with the American Academy of Pediatric Dentistry's periodicity schedule;

- Developing educational materials to teach parents and members about oral health and preventative services;
- Conducting review and giving input into strategies for targeting outreach to children with special health care needs, pregnant women, EPSDT eligible children, and adult members that have not seen a dentist in a 12-month period of time;
- Tracking indicators, reviewing studies and quarterly reports, and ensuring follow up on the resolution of opportunities for improvement;
- Suggesting and reviewing new and/or improved QI activities;
- Reviewing and approving all policies and procedures;
- Reviewing and approving the Dental Utilization Management Program and Plan;
- Assessing the quality and appropriateness of dental care furnished to members with special healthcare needs;
- Ensuring the completion of staff education and training related to QI activities;
- Providing guidance to staff on QI priorities and projects;
- Assuring the communication of necessary information with departments and services when problems or opportunities arise to improve patient care;
- Reviewing the scope, objectives, organization, and effectiveness of the QI Program at least annually, as necessary, and presenting the results to the Board of Directors;
- Determining issues and subjects for review (e.g., accessibility and availability studies);
- Approving quality indicators for each of the reporting departments;
- Approving the selection of PIPs and/or focused studies, as well as the study design procedures;
- Monitoring the QI work plan and program activities to ensure assigned tasks are initiated and completed according to schedule, and overseeing the documentation of the results of activities;
- Monitoring progress in meeting QI goals;
- Reviewing, approving, and monitoring corrective action plans;
- Researching, identifying, and removing any communication barriers that may impede members from effectively making complaints against MCNA;
- Reviewing all member complaints and grievances to identify areas for improvement, take corrective action, and assess their effectiveness;

- Ensuring a comprehensive, culturally competent network of dental services that members can readily access;
- Reviewing claims processing quality indicators on a quarterly basis;
- Conducting individual primary care dentist and primary care dentist practice quality performance measure profiling;
- Reviewing performance reporting on performance measures from delegated entities; and
- Reporting findings to the Board of Directors, relevant stakeholders, other departments, and contracted providers as required at least quarterly.

### QIC Voting Rights/Procedures

- The QIC will operate by majority rule and a quorum.
- All QIC members will have voting rights on all non-clinical issues.
- Only clinical members will have voting rights for clinical issues.
- A quorum will be required when voting on dental issues.
- A quorum will consist of nine members with a minimum of five voting members.
- No member may vote if he or she is involved personally in the case.
- All matters that require the QIC's approval are reported as committee resolutions to the Board of Directors.

Each meeting will have an agenda. Minutes will be recorded and may be publicly displayed. Minutes of the previous meeting will be reviewed at each QIC meeting. They will be maintained in a locked file. Attendance will be taken at each QIC meeting. Attendance is mandatory for all members unless prior approval for an excused absence is obtained from the CDO.

## **2. The Credentialing Subcommittee**

The Credentialing subcommittee of the QIC supports MCNA's credentialing and recredentialing efforts. This committee meets at least quarterly or as needed. During the Credentialing Committee (CC) meetings, issues and credentialing documents are examined thoroughly. Quarterly reports are presented to the QIC committee for review and action.

The Chairperson of the CC is appointed by the Board of Directors. The committee is chaired by the CDO. All provider advisory appointments and member appointments are at the discretion of the CDO.

### CC Membership

- Chaired by: Chief Dental Officer
- Arkansas Project Director
- Arkansas Dental Director
- Arkansas Associate Dental Director
- Vice President of Operations
- Vice President of Dental Management and Quality Improvement
- Chief Compliance and Privacy Officer
- Clinical Reviewers
- Participating Dentists

- Director of Quality Improvement and Risk Management
- Director of Credentialing
- Credentialing Coordinators

Other departments may be represented by ad hoc members when necessary.

### **CC Main Functions**

- Approving or denying applicants seeking network participation.
- Reviewing and evaluating all issues, but specifically quality issues related to applicants and providers.
- Conducting ongoing monitoring and oversight of providers seeking recredentialing.

### **CC Objectives**

The CC supports initial provider credentialing and recredentialing efforts. The CC is responsible for the evaluation of and approval of the quality of dental providers who provide services to MCNA members. The CC allows input from currently credentialed dentists regarding all credentialing review activities. The CC objectives are:

- To review and approve all dentists according to the Credentialing policies and procedures; and
- To review and make determinations on all clinical issues found during the verification process.

### **CC Voting Rights/Procedures**

- The CC will operate by majority rule.
- All CC Committee members will have voting rights on all non-clinical issues.
- Only the provider members will have voting rights on clinical issues.
- A quorum will be required when voting on clinical issues.
- A quorum will consist of at least two of the three provider committee members.
- No member may vote if he or she is involved personally in the case.
- All final decisions and comments will be submitted to the QIC for final approval.

Each meeting will have an agenda. Minutes will be recorded and may be publicly displayed. Minutes of the previous meeting will be reviewed at each CC meeting. They will be maintained in a locked file. Attendance will be taken at each CC meeting. Attendance is mandatory for all members unless prior approval for an excused absence is obtained from the CDO.

## **3. The Peer Review Subcommittee**

The Peer Review subcommittee of the QIC supports MCNA's efforts to provide due diligence to network providers regarding professional competence and provider disputes. It also works to ensure members receive high quality dental care according to prevailing standards of the dental care industry. The committee objectively and methodically assesses, evaluates, and resolves issues related to the quality and appropriateness of care, safety, and services.

### **Peer Review Membership**

- Chaired by: Chief Dental Officer
- Co-Chair: Director of Quality Improvement and Risk Management
- At least three qualified dentists, meeting the following criteria:

- At least one of the providers must be a participating provider of MCNA who is not involved in network management and is a clinical peer of the participating provider that filed the dispute
- One participating dentist who practices in the same specialty as the appealing provider
- Other departments may be represented by ad hoc members when necessary

#### **Peer Review Main Functions**

- Acting as the peer review component and providing resolution to provider disputes involving adverse patient incidents associated with professional competence, professional conduct, and the quality of care and services rendered to members.
- Reviewing the complaint or allegation against a provider and evaluating whether the severity of the issue requires a corrective action for that provider up to and including reduction, suspension, and termination from MCNA's participating provider network.
- Reporting the disposition of peer reviews to the QIC on a quarterly basis.

#### **Peer Review Voting Rights/Procedures**

- The Peer Review Committee will operate by majority rule.
- Only the qualified dentists will have voting rights.
- A quorum will consist of at least three qualified dentists (active license and non-excluded parties listed).
- No member may vote if he or she is involved personally in the case or if, for any reason, with or without disclosure, finds the need to recuse themselves.

Each meeting will have an agenda. Minutes will be recorded and they will be maintained in a locked file and may not be publicly displayed.

## **4. The Utilization Management Subcommittee**

The Utilization Management subcommittee of the QIC supports the dental utilization management process for MCNA members. The Utilization Management Committee (UMC) monitors the medical appropriateness and necessity of dental care services utilizing clinical criteria and policy in addition to the effects of prior authorization utilization trends.

#### **UMC Membership**

- Chaired by: Chief Dental Officer
- Co-Chair: Director of Utilization Management and Case Management
- Arkansas Project Director
- Arkansas Dental Director
- Arkansas Associate Dental Director
- Clinical Reviewers
- Chief Compliance and Privacy Officer
- Vice President of Operations
- Vice President of Dental Management and Quality Improvement
- Director of Quality Improvement and Risk Management
- Director of Grievances and Appeals
- Managers of Utilization Management and Referrals

Other departments may be represented by ad hoc members when necessary.

### **UMC Main Functions**

- Developing and assessing of the UM portion of the organizational QI Work Plan.
- Monitoring for the consistent application of medical necessity criteria and clinical practice guidelines.
- Reducing inappropriate and/or unnecessary dental services without adversely affecting the outcome of the delivery of services.
- Reviewing and assessing trends in clinical grievances and appeals and providing recommendations to the utilization review process based upon findings.
- Reviewing the effectiveness of the utilization review process and recommending changes to the process as needed.
- Reviewing effectiveness of the case management program and recommending changes to the processes and/or program as needed.

### **UMC Voting Rights/Procedures**

- Only clinical members of the UM Committee have voting rights.
- The committee requires five members to attend for a quorum with a minimum of four voting members.

The UMC will maintain copies of all minutes, reports, and other documents in a manner ensuring strict confidentiality. Access to such documentation is restricted to regulating agencies and to those individuals who have prior authorization from the CDO. The minutes for each meeting will be maintained under the jurisdiction of the Director of Utilization Management and Case Management and may be publicly displayed.

## **5. The Grievances and Appeals Subcommittee**

The Grievances and Appeals subcommittee of the QIC supports the continual improvement process for addressing member and provider dental complaints, grievances, and appeals, and the improvement of member and provider satisfaction. The Grievances and Appeals Committee (GAC) focuses on complaints, grievances, and appeals patterns in relation to the care and services provided to MCNA's members and providers.

### **GAC Membership**

- Chaired by: Chief Dental Officer
- Co-Chair: Director of Grievances and Appeals
- Arkansas Project Director
- Arkansas Dental Director
- Arkansas Associate Dental Director
- Chief Compliance and Privacy Officer or Compliance Manager
- Director of Call Center Operations
- Director of Quality Improvement and Risk Management
- Director of Claims Management
- Director of Utilization Management
- Manager of Provider Relations

Other departments may be represented by ad hoc members when necessary.

### **GAC Main Functions**

- Reviewing complaints, grievances, and appeals reports and providing reports to the QIC.
- Performing analysis of reports to track and trend departmental effectiveness.
- Monitoring and developing corrective actions to improve outcomes.
- Incorporating any recommendations received back from QIC and revising interventions when necessary.

### **GAC Voting Rights/Procedures**

- The GAC will operate by majority rule.
- A quorum will consist of at least six members with a minimum of four voting members.
- All GAC members will have voting rights on all non-clinical/dental issues.
- Only the provider members will have voting rights on clinical issues.
- No member may vote if he or she is involved personally in the case.

Each meeting will have an agenda. Attendance will be taken at each GAC meeting. Minutes will be recorded. Minutes of the previous meeting will be reviewed at each GAC meeting and may be publicly displayed. They will be maintained in a secured file in the Grievances and Appeals Department.

The activities and functions of the GAC are conducted in compliance with HIPAA privacy regulations and in a manner that maintains the confidentiality of all proceedings and any member information used in committee deliberations.

## **IX. Confidentiality**

MCNA staff, committee members, and any other person who acts for or on behalf of MCNA are subject to MCNA's confidentiality policies and procedures. These comprehensive documents describe how MCNA complies with all HIPAA, HITECH, state, and federal laws and regulations, including 42 CFR 2.00.

Employees, committee members, consultants, and others must execute a confidentiality statement at the time of employment or committee appointment and annually thereafter. Access to personally identifiable health information or specific practitioner information and/or results of QI monitoring is provided on a need-to-know basis only, unless otherwise required by law. Member, practitioner, and facility information is confidential and subject to applicable state and federal law, utilizing the "minimum necessary" rule. Member dental records are kept in a locked environment, away from public access. Any data shared outside of MCNA is blinded and is not member identifiable. The Compliance Committee is responsible for the development, implementation, and monitoring of MCNA's confidentiality policies and procedures. MCNA's Compliance and Privacy Officer is a member of the Quality Improvement Committee.

Quality Improvement activities are confidential and are not considered discoverable or admissible in a court of law, under P.L. 2-603. The Health Care Quality Management Act (99-660, 19986) was enacted to improve the quality of medical/dental care and provides immunity from liability for damages with respect to actions taken in the course of such review. All Quality Improvement Committee (QIC) members and invited guests will sign a Confidentiality Agreement prior to participation in a meeting. All of the Confidentiality Agreements will be stored in the office of the Director of Quality Improvement and Risk Management.

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## X. Quality Improvement Activities with Other Departments and Functions

Quality Improvement is the responsibility of all staff, in all departments, all of the time. The following is a brief description of the monitoring activities conducted by the department to ensure quality improvement remains an active part of all areas within MCNA.

### Member Services Responsibilities (Call Center Operations and Grievances and Appeals Departments)

- To handle member comments, inquiries, complaints, grievances, and appeals.
- To communicate Member's Rights and Responsibilities.
- To maintain a member's privacy and confidentiality; as well as to adhere to HIPAA privacy standards for identifying the member's identity with at least three pieces of information before releasing Protected Health Information (PHI).
- To monitor and report member satisfaction.
- To develop and implement member surveys, ensuring that opportunities for improvement are identified, actions are taken to improve service and care, and that follow up occurs.
- To monitor telephone activity to ensure quality member service.
- To track grievance and appeal timeliness.

### Utilization Management Responsibilities

- To review inpatient and outpatient encounter data, noting trends and taking action as needed.
- To determine pre-authorizations, specialty referrals, second opinions, and/or cases of special circumstances.
- To evaluate the effects of prior authorization utilization.
- To reconsider appeals based upon new supporting evidence and supportive documentation.
- To report high-risk events such as large case management and adverse determinations.
- To ensure staff compliance with policies and procedures.
- To ensure provider adherence to Standards of Care.
- To conduct inter-rater reliability tests.
- To direct and analyze periodic reviews of enrollee service utilization patterns.

#### **Case Management Responsibilities**

- To manage the integration of resources from MCNA, providers, and the community in order to provide effective care for members who qualify for the Case Management Program.
- To coordinate with management activities regarding quality initiatives.
- To refer members for dental specialty care.
- To coordinate care for Children with Special Health Care Needs.
- To document emergency room care and use for the tracking of outcomes when applicable.

#### **Provider Relations Responsibilities**

- To provide education for providers, in conjunction with the QI Department, related to the program through updates to the Provider Manual, site visits, etc.
- To ensure that provider contracts are up to date.
- To ensure the appropriate availability of dental services.
- To monitor, investigate, and implement resolution for provider complaints and appeals.
- To conduct surveys that measure and monitor provider satisfaction and to implement interventions as warranted.
- To analyze and report on the Provider Satisfaction Survey results.
- To ensure network adequacy through the evaluation of GEO Access reports of member access-related complaints and of the provider network for deficient access points.
- To provide education for charting error reduction and encourage providers to adopt electronic health/dental records (EHRs).

#### **Credentialing Responsibilities**

- To oversee audits of provider files for completeness and accuracy.
- To coordinate, with the QI Department, review of providers with quality of care issues during the credentialing and recredentialing processes.
- To process and track initial and re-credentialed primary and specialty providers in addition to facilities.
- To process and track the termination and/or suspension of primary and specialty providers, as well as facilities.

#### **Risk Management/Patient Safety**

- To report risk management/patient safety issues to the QIC.

- To comply with all state and federal risk management requirements.
- To evaluate and, if necessary, refer risk management/quality of care/patient safety issues from the staff or other outside sources to the appropriate MCNA client representative, or state or federal regulatory official.

#### **Improvement of Health Outcomes**

- To report clinical and administrative performance measures to the QIC.
- To comply with all state and federal clinical and administrative reporting requirements.
- To evaluate compliance with performance standards.
- To identify performance trends for early and periodic screening, diagnostic, and treatment (EPSDT) services for member age categories.
- To report PMs and PIPs data by race, sex, and demographics.
- To identify improvement opportunities and development interventions at the QIC.

#### **Information Systems Responsibilities**

- To provide the system resources dedicated to the QI Program.
- To provide support for the QI Department in generating the regular and ad hoc reports needed to analyze the member population and trends in care.
- To monitor turnaround time for the receipt and posting of eligibility.

#### **Enrollment Responsibilities**

- To report monthly membership enrollment by prescribed due dates.
- To ensure member enrollment materials and annual benefit packets are mailed timely.

#### **Claims Responsibilities**

- To report on the timeliness of claims payments to the QIC on a monthly basis.
- To ensure follow-up on complaints from members and providers regarding claims payment, and to report the information to the QIC on a monthly basis.

#### **Human Resources Responsibilities**

- To conduct monthly New Employee Orientation.
- To provide staff education about dental managed care and QI activities.
- To conduct audits of employee files.

## Compliance Responsibilities

- To develop and implement compliance-related standards, training, and monitoring for MCNA.
- To enforce protocols and ensure mechanisms are in place that provide corporate-wide compliance for exchanging Protected Health Information (PHI) and complying with the Health Insurance Portability and Accountability Act (HIPAA).
- To analyze regulatory environment and legal requirements and identify specific risk areas.
- To develop standards of operations to promote legal and ethical behavior.
- Monitor internal and external audits and reviews for the purpose of identifying problems and implementing corrective and preventable action.
- To develop a Fraud, Waste, and Abuse Committee to review preliminary and full investigations and make recommendations.
- To develop a Special Investigations Unit (SIU) to collect and trend data (practice and utilization patterns) for provider profiling to identify irregularities and possible fraud, waste and abuse.

## XI. Patient Safety

The following program is in place for collecting and providing information that addresses potential or identified patient safety issues. Regardless of delegated functions, whenever potential quality-of-care concerns are identified, the safety of the member is secured prior to communication with the responsible entity. Throughout the year, the QI Department collaborates with the health plans, providers, and members to improve the identification of, and response to, safety issues in treatment communities.

Identification of potential patient safety issues and quality of care concerns is accomplished through adverse incident reporting, member and provider complaints/grievances regarding quality of care issues, MCNA staff reports from utilization review, case management reviews and site visits, and member satisfaction data. All potential safety and quality of care concerns are reported to the Quality Improvement Committee and investigated by the QI Department in conjunction with the Utilization Management and Provider Relations departments. The timeframe of the initiation of an investigation will depend upon the seriousness of the situation. For the most serious cases, where members are clearly at risk of imminent harm, investigation begins immediately. For all other situations, investigation begins within one business day.

## XII. Approach to Serving a Culturally and Linguistically Diverse Membership

In accordance with 42 CFR 438.206, MCNA has a comprehensive written Cultural Competency Program (CCP) describing MCNA's system to ensure that services are provided in a culturally competent manner to all members, including those with limited English proficiency. The CCP describes how providers, MCNA employees, and information systems will effectively provide services to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms, and

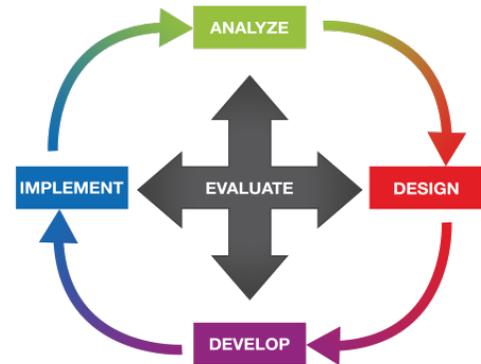
respects the worth of the individual enrollees and protects and preserves their dignity. The CCP is updated annually and submitted to the QIC for approval and reported to the Board of Directors.

MCNA may distribute a summary of the CCP to network providers if the summary includes information about how the provider may access the full CCP on the MCNA website. A complete description of the program can be found in the Cultural Competency Program description.

### XIII. Evaluation of the QI Program and Annual Work Plan

The QIC reviews the progress of the QI Program monthly. A comprehensive evaluation of the QI Program is completed annually and is used to develop the following year's program. All documents are approved through the QIC and reported to the Board of Directors.

The QI Department, in collaboration with the Quality Improvement Committee, develops an Annual Work Plan. In conjunction with contracted entity input and department leaders, the Annual Work Plan is updated annually. Results are reported to the QIC. On an annual basis, the work plan is reviewed by the QIC and reported to the Board of Directors. As necessary, selected areas of performance from the work plan may be brought to the QIC and Board of Directors more frequently. The Annual Work Plan may be expanded whenever additional opportunities for quality improvement are identified. In the event MCNA does not meet contract specific performance targets for Performance Measures, the QI Department and appropriate personnel will adhere to the state agency's requirements for submission of a corrective action plan in accordance with the contract timeframe (e.g. 60 calendar days after being notified) that provides resolution to the identified deficiencies. MCNA may also be subject to sanctions for poor performance on quality and performance measures.



#### QI Program Evaluation

Under the direction of the CDO and Vice President of Dental Management and Quality Improvement, and with input from department heads, the Director of Quality Improvement and Risk Management produces a formal written assessment of the effectiveness of the QI Program. The assessment reviews the previous year's quality projects, initiatives, measurement techniques, prevention activities, and outcomes. It guides the development of the QI Program for the next year, and informs departmental QI plans. The evaluation assists staff in identifying the priority areas for study, annual quality improvement initiatives, resources needed to achieve objectives, and timeframes for the implementation of and the completion of initiatives.

The QIC reviews the evaluation report and assesses the adequacy of the program assessment. The QIC approves the evaluation. Information about this evaluation is published in the MCNA Provider newsletter, and providers are informed that the evaluation in its entirety is available on the MCNA website Provider Portal and in hard copy by request. The recommendations of the QIC are incorporated into the new annual work plan. The annual evaluation results are shared with all MCNA staff through summaries presented in departmental and staff meetings, and the entire evaluation report is posted on the MCNA Intranet site.

## XIV. Monitoring and Identifying Opportunities for Improvement

MCNA utilizes Key Performance Indicators (KPIs) to measure, analyze, and improve performance. Indicators are selected and defined by developing standards for performance, which take into account contractual requirements that are to be met. The selection and definition of indicators also includes the review of contract and state-specific and national standard publications (i.e., Healthy People 2020, NCQA Quality Compass, National Health Interview Survey, US Centers for Disease Control and Prevention (CDC), Agency for Healthcare Research and Quality (AHRQ), and state-contracted external quality review organizations (EQROs)). The KPIs are approved by the QIC and reported to the Board of Directors. Below are examples of KPIs.

<b>Key Performance Indicators</b>	
<b>Telephone Access Measure</b>	<b>Performance Standard</b>
Percent % of Call Center calls answered by a live person or IVR within 3 rings or 15 seconds	95%
Average daily hold time after initial IVR response <2 minutes	95%
Call Center call abandonment rate %	< 3%
<b>Utilization Management Measure</b>	<b>Performance Standard</b>
Percent % of standard service authorizations processed with 14 calendar days or as extended within allowable timeframes	100%
<b>Grievances Measure</b>	<b>Performance Standard</b>
Percent % of grievances acknowledged within 5 business days of receipt	100%
Percent % of grievances resolved within 21 business days	100%
<b>Claims Measure</b>	<b>Performance Standard</b>
% of clean paper claims paid within 30 calendar days of receipt	100%
% of clean electronic claims paid within 14 calendar days of receipt	100%

The indicators are monitored through standard reporting requirements that each department head uses to assess progress. This reporting allows for structured communication with the QI Department. The KPIs are a standing agenda item for the QIC and subsequently reported to the Board of Directors.

## XV. Dedicated Resources

In support of QI, MCNA provides information systems resources and other support staff that have the responsibility for working with personnel in each clinical and administrative department to identify problems related to quality of care for all covered dental care and professional services. Resources are available to aid in prioritizing problem areas for resolution, designing strategies for change, implementing improvement activities, measuring success, and determining if dental care is acceptable under current state and federal standards.

Title	FTE
Chief Executive Officer	0.2
Plan President	0.5
Arkansas Project Director	1.0
Arkansas Dental Director	1.0
Arkansas Associate Dental Director	1.0
Chief Operating Officer	0.2
Chief Dental Officer	0.5
Chief Information and Security Officer	0.3
Chief Compliance and Privacy Officer	0.5
Senior Vice President and General Counsel	0.1
Vice President of External Affairs and Deputy General Counsel	0.2
Vice President of Operations	0.5
Vice President of Dental Management and Quality Improvement	0.3
Associate Vice President of Network Development	0.3
Director of Quality Improvement and Risk Management	1.0
Director of Utilization Management and Case Management	0.4
Director of Grievances and Appeals	0.3
Director of Call Center Operations	0.5
Director of Credentialing	0.2
Director of Claims Management	0.2
Director of Human Resources	0.2
Manager of Quality Improvement	1.0
Manager of Credentialing	0.2
Manager of Member Advocate Outreach Specialists	0.5
Clinical Reviewer(s)	0.3
Provider Relations Representative (x3)	0.3
Credentialing Specialist (x2)	0.2