Policy Title: Utilization Review Program

Number: TD-QMP-7006

Subject: Outlining the aspects of the Utilization Review Program

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Effective Date of Policy: 12/21/2011

Prior Policy or Cross Reference(s): 9/23/2011

Last Reviewed by TennDent Quality Monitoring/Improvement Committee: 12/21/2011

Date Policy Last Revised: 12/21/2011

Review Frequency: Annually

Next Scheduled Review: 7/1/2012

TennDent Quality Monitoring/ Improvement Committee Approval: On File

Approval Date: 12/21/2011

Scope:

TennDent Network Providers, TennCare Members and potential members

Purpose:

To define the process that TennDent uses to manage the quality of care and utilization.

Authoritative Reference:

Contract between TennCare and Delta Dental § A.70
TennCare Medical Necessity Rule

Policy:

TennDent is committed to the continuous improvement in the quality of clinical dental care and quality of dental services provided to TennCare members. TennCare has established and follows quality of care guidelines that are based on TennCare’s Medical Necessity Rule and based in part on recommendations developed by organizations and specialty groups such as the American Academy of Pediatric Dentistry, the American Academy of Endodontists, the American Academy of Periodontists, the American Association of Oral and Maxillofacial Surgeons and the American Dental Association. TennDent applies
these guidelines equally to general practice dentists and specialists and uses them to evaluate TennCare member care. The TennDent Dental Director is responsible for the oversight of the utilization review program.

All procedure codes submitted for dental treatment for a TennCare child are reviewed based on the individual need of the child. Benefit limitations are not imposed for any treatment that is a covered dental service and has been determined based upon evaluation criteria defined in the Provider Office Reference Manual and supporting documentation to be medically necessary. TennDent ensures that all covered medically necessary services are provided, whether the condition existed prior to any screening and regardless of whether the need for such services was identified by a dentist whose services had received prior authorization from TennDent or by an in-network provider.

Standard turnaround for claims submitted for payment is 90% of the claims processed in 30 days and 99.5% in 60 days.

TennDent allows for emergency and urgent treatment approvals without delay to the patient. Emergency and urgent treatment reviews are not required prior to treatment. Expedited pre-authorizations are completed and approved within three (3) days of receipt. An expedited request for treatment does not limit services requested.

Prior authorizations are reviewed and authorized or denied in fourteen (14) calendar days or less for standard non-emergency services. Each prior authorization request is reviewed as an individual treatment based on the documentation submitted by the treating dentists. When treatment is denied the dentist is notified by an explanation of benefits and the member is sent a letter within 24 hours of the denial explaining why the treatment denied. Denial letters include the name of the treating dentist, the treatment requested, the specific reason why the treatment was denied, the name of the dental consultant that reviewed and made the decision that the treatment could not be approved. The letter also includes information on how the member can appeal the denial decision.

Additional information regarding standard or expedited pre-authorizations and emergency or urgent pre-authorizations are addressed in the Prior Authorization of Treatment Policy and Procedure as well as the Emergency or Urgent Treatment Policy and Procedure.

**Access to Care**

Each enrollee shall be permitted to obtain covered services from any general or pediatric dentist in the TennDent network accepting new patients.

The TennDent provider network must maintain an adequate number of providers to all eligible enrollees to receive an appointment within three (3) weeks for regular appointments and forty-eight hours (48) for urgent care. Network providers must offer the same hours of operation to TennCare children that they offer to their commercial or private patients.
TennDent will maintain a network that allows treatment services available and accessible so that transport time will not exceed thirty (30) minutes. TennDent network providers must ensure that office waiting times do not exceed forty-five (45) minutes. Services Must be available twenty-four (24) hours a day, seven (7) days a week, when medically necessary.

TennDent will provide necessary, dental services covered to an enrollee. If the network cannot provide the services TennDent will timely cover these services by an out of network provider for as long as needed. TennDent will coordinate with out of network providers with respect to payment. TennDent will ensure that the cost to the enrollee is no greater than it would be if the services were furnished within the network.

TennDent participates in the State’s efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

**Evaluation Criteria**

The Evaluation criteria Policy defines medically necessity, the documentation that must be submitted for review, preauthorization and other information that is relevant to each procedure code. TennDent employs TN licensed Dentists to perform Consultant Review of preauthorization’s and various other dental treatment and duties. Dental Auxiliaries are on staff as Client Service Specialists to assist the consultants in collecting and obtaining the correct information and processing the claims. Dental Consultants are available to confer with network providers, assist with recruitment and participate in provider education.

Monthly Quality audits are conducted of claims worked by the consultants, client service specialists and system rules to ensure the evaluation criteria is being followed and claims are paid accurately and consistently as outlined in the Quality Review Audit Procedure.

**Coverage Limits**

TennDent’s evaluation criteria or utilization does not in any way delay the initial or continued receipt of services or cause the children to go without needed care. Each child’s treatment is reviewed individually and determination of medical necessity is made based on the documentation presented, the needs of the patient and any relevant history on file. The prior authorization process does not delay any urgent or emergency care. Emergency treatment procedures allow for expedited Prior authorization approval and other necessary services.

**On-Site Reviews**

Dental Consultants are also used to conduct on-site assessments for cause or by random selection. The assessment may include a review of the general administration of the office; including hours, staffing and patient volume, and the languages spoken.
A review to evaluate the process and quality of care rendered to the TennCare patients is also performed. A representative sample of patient charts will be selected for review. The object of the review is to assess the quality of care delivered, taking into account both the process of care as documented in the dental records and the outcome of care as represented by the current status of the patient. All assessment findings are reviewed with the dentist. Findings and recommendations are presented in an educational manner, to inform both the dentist and staff of the TennDent’s program requirements. The dentist will be notified by a letter of any areas of deficiency, overall rating and schedule for future assessments. If significant deficiencies are noted, a corrective action may be required or review by the Peer Review Committee.

**Utilization Review**

TennDent has the unique ability to deliver prospective and retrospective review of all claims submitted for adjudication. Pre-treatment submissions for proposed services are screened by the Professional Review department to ensure that necessary and appropriate dental services are delivered. A team of dedicated dentists with extensive dental office experience examines treatment plans and delivered services to determine if these services are medically necessary. Examples of the Utilization Review and Management include but are not limited to:

- Appropriateness of care based on clinical criteria guidelines and TennCare’s Medical Necessity Rule
- Narratives explaining treatment or procedures
- Alternate treatment determination in accordance with Medical Necessity Criteria
- Interpretation of radiographs
- Fraud or abuse suspected
- Professional judgment required
- Irreversible periodontal treatment

TennDent has the ability to retrospectively examine both individual and groups of providers’ practice patterns through a sophisticated Fraud and Abuse Management System (FAMS). Underutilization of services is examined to ensure that all necessary and appropriate treatment has been consistently delivered by the TennDent network. A Provider Report Card, generated by InFocus, is reviewed for appropriate practice patterns.

The Provider Report Card is reviewed on a statistical measure identifying the outliers who are at least one or more standard deviation from the norm. Parameters are based on frequency of a procedure code or grouping of standard treatment behavior.

**Under-utilization**

Further review is required in the instances when the deviation identifies underutilization or failure to perform eligible services medically necessary to the covered member.

Samples of underutilization are not limited to:
1. Performing only preventive without diagnostic services
2. Performing preventive and diagnostic services without minor or major restorations.
3. Performing emergency services only without follow-up treatment.
4. Complaints received from covered members regarding the inability to schedule appointments to start or complete treatment in a timely manner.

Further review is performed on the claims processed requiring the dentist to provide the patient’s record for a preselected sample. The record review is to ensure claims submissions and adjudication are done in accordance with the contractual agreements set forth by TennDent. If non-compliance of any type is found, the results will be forwarded to the Peer Review Committee for consideration of corrective action.

**Over-utilization**

TennDent has worked with the FAMS staff to identify several codes or code combinations that is typical areas of abusive over utilization.

There are several procedure codes or procedure code combinations that are typical areas of abusive utilization. Any provider that falls to the right by one or more standard deviations will be subjected to a chart audit after a computer audit confirms a potential abusive utilization pattern.

The following have been defined for our review:

1. Excessive numbers of stainless steel crowns
2. Excessive numbers of one surface resin restorations
3. Excessive numbers of pulpotomies
4. Excessive numbers of fabricated/cast metal/porcelain restorations
5. Excessive numbers of root canals
6. Excessive numbers of preventive codes
7. Excessive/improper use of exam codes
8. Excessive ratios of pulpotomies to stainless steel crowns
9. Excessive ratios of root canals to crowns
10. Excessive number of procedures being rendered at a single visit

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The Manager of TennDent will provide a summary of the Utilization Review Program activities to the TennDent Quality Monitoring/ Improvement Committee quarterly. TennDent will also provide monthly, quarterly and annual reports to the Bureau of TennCare.

**Related Policies and Procedures:**
Access to Care Policy
Access to Care Procedures
Claims Processing Criteria Procedures
Evaluation Criteria Policy
Evaluation Criteria Procedure
Quality Review Audit Procedure
Prior Authorization of Treatment Policy
Prior Authorization of Treatment Procedure
Emergency or Urgent Treatment Policy
Emergency or Urgent Treatment Policy