CareFirst

Family of health care plans

DENTAL

PROVIDER MANUAL

CareFirst

Family of health care plans

Chapter 6: Care Management

Quality Improvement Program

This section describes the Quality Improvement (QI) Program, which serves as a framework to improve the quality, safety and efficiency of clinical care, to enhance patient satisfaction, and to improve the health of CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) patients and the communities we serve. This section also explains what is expected from participating providers, including access and availability to care for our members.

QI Program

The QI program offers continuous assessment of all aspects of healthcare and services delivered to CareFirst members. We partner with you, our providers, to ensure that members receive the highest level of service and member experience. CareFirst recognizes you as a critical resource and team player in care offered to members. CareFirst assesses member care and services using quantitative and qualitative relevant data, to identify barriers or causes for less-than-optimal performance and identify opportunities for improvement and implement interventions to effect positive change. This continuous process improvement cycle is the foundation to ensure CareFirst delivers the highest quality and safest clinical care and services, including behavioral healthcare, to all members, at all levels and in all settings.

In performance review, and to establish and maintain appropriate care, various data sources are collected and analyzed, including but not limited to:

- Clinical/treatment records
- Claims
- Pharmacy data
- Health risk appraisals
- Utilization Management (UM) information
- Member/provider surveys
- Current literature

As our partner in case management, we look to you for feedback about how we can ensure your satisfaction with the level of service offered to you and your patients. To help assess your overall experience, you will periodically receive surveys asking specific questions about the services we deliver. Your responses and overall results help identify opportunities to improve plan systems and support services, ultimately driving quality for you and our members. Full participation and honest feedback offer the greatest opportunity to understand your needs and identify and prioritize services and areas of importance to you and your patients. In addition, on an ongoing basis, we invite you to submit provider feedback via our website.

CareFirst strives to provide access to healthcare that meets the American Dental Association's aim of improving health for all by advancing science, accelerating health equity and providing independent, authoritative and trusted advice nationally and globally.

Goals and objectives

- Improve experience of care as well as member health by anticipating and evaluating needs and proactively aligning those needs with appropriate programs and services to reduce and/or control risk and cost.
- Address the needs of patients along the entire healthcare continuum, including those with complex health needs and/or behavioral health illness.

- Support and promote population health initiatives through all aspects of the CareFirst member centered programs to ensure optimal quality of care (QOC), safety, access, efficiency, coordination and service.
- Maintain a network of providers to meet the needs and preferences of our members by maintaining a systematic monitoring and evaluation process.
- Implement methods, tracking, monitoring, and oversight processes for all dental and dental-medical care provided to CareFirst members to ensure safe and accessible, affordable oral health care.
- Establish collaborative partnerships with our network dentists and local dental organizations.
- Deliver data and support to clinicians to promote evidence-based clinical practices and encourage members to use their benefits to their fullest.
- Maintain a systematic process to continuously identify, measure, assess, monitor and improve the quality, safety and efficiency of clinical care and quality of service.
- Utilize advanced analytics and proven quality improvement strategies and tools to measure and improve outcomes of care and services and achieve meaningful and sustainable improvement.
- Monitor and oversee the performance of delegated functions.
- Operate a QI program that is compliant with and responsive to federal, state and local public health goals and requirements of plan sponsors, regulators and accrediting bodies.
- Support quality improvement principles throughout the organization, acting as a resource in process improvement activities.

Note: CareFirst recognizes that large racial and ethnic health disparities exist, and communities are becoming more diverse. Racial, ethnic and cultural backgrounds influence a member's view of healthcare and its results. CareFirst may use member race, ethnic and language data to find where disparities exist, and may use that information in quality improvement efforts.

QI Committees

CareFirst's multi-disciplinary committees and teams work closely with community physicians to develop and implement the QI program.

Clinical providers provide input and feedback on QI program activities through participation in the following committees:

QI program committees	
Committee	**Purpose**
Quality Improvement Council (QIC)	Evaluates the quality and safety of clinical and behavioral healthcare and the quality of services provided to members
Dental Credentialing Committee	Reviews the credentials of providers and potential providers applying for initial or continued participation in the plan

Clinical Guidelines

CareFirst's Dental Clinical Criteria are available online to guide the assessment and management of members with specific diseases. The Dental Clinical Criteria, which serve as a valuable resource in the care of your patients, include:

- Introduction
- Diagnostic
- Restorative
- Endodontics
- Periodontics
- Prosthodontics (removable)
- Implants and related services
- Fixed Prosthodontics
- Oral Surgery
- Orthodontics
- Adjunctive general services

The Dental Clinical Criteria are reviewed annually by the Dental Advisory and the Oral Maxillofacial Surgery Advisory Committees and are modified/updated as needed to reflect current scientific research and literature as well as updates adopted by medical societies and professional organizations.

Performance Data

CareFirst must meet the performance and evaluation goals of the QI program. CareFirst retains the right, at their discretion, to use all provider data including provider performance data for QU activities including, but not limited to, activities to increase the quality and efficiency of services to members (or employer groups), public reporting to consumers and member cost-sharing.

Population Assessments

CareFirst continuously analyzes the cultural, ethnic, racial and linguistic characteristics of its members and released an updated Cultural, Ethnic, Racial and Linguistic (CERL) report as of April 2023. The assessment includes specific characteristics of the geographic populations we serve correlated to CareFirst membership. Various data sources were used in producing this report and analysis.

CareFirst is committed to a strong cultural diversity program, recognizing the diverse and specific cultural needs of its consumers and addressing the needs in an effective and respectful manner. The CERL information presented was collected through a variety of sources that include:

- The U.S. Census Bureau American Community Survey
- CareFirst membership data
- Network provider characteristics including age, sex and languages spoken
- Member complaint data

- Use of language assistance/translator services, via the language line

Maintaining the Access, Availability and Quality of Our Network Providers

In support of the maintenance of the networks with which providers have contracted, providers are required to keep CareFirst informed of the following:

Network Maintenance		
Provider responsibility	**Rationale**	**Associated CareFirst activity**
Tender notification of termination to CareFirst	■ Facilitate continuity and coordination of care across the delivery system ■ Support ease of continuity of care	Applies to Medicare Advantage when a provider is on the Preclusions list
Maintain and update current information	■ Maintain the accuracy of the provider directories ■ Provide the ability to locate providers that meet members' needs or preferences ■ Decrease the unnecessary selection of out-of-network providers	CareFirst provides information to members and prospective members that is useful in selecting a dentist through its paper and web-based directory. The information includes, but is not limited to the provider's name, gender, specialty, group affiliations whether the provider is accepting new patients, languages spoken by the clinician or clinical staff and office locations and phone numbers. CareFirst uses the information to monitor, identify and act on opportunities for improvement of availability of dentists in its networks.
Maintain and update office contact information	■ Maintain information on accessibility of services for members	CareFirst assists members with the ability to find a provider when they need them, and it uses the information in its database

Network Maintenance		
	■ Monitor network adequacy (provider type, ratio and geography)	to identify who is accepting patients. Whether a member contacts CareFirst via the phone or uses web-based services, this is a key feature and service CareFirst provides its members. CareFirst uses the information to monitor, identify and act on opportunities for improvement of access to dentists in its networks.
CareFirst reports adverse events to the appropriate licensing boards and to the National Provider Data Bank.	■ Alert CareFirst to potential adverse events and complaints	CareFirst identifies, and when appropriate, acts on important quality and safety issues in a timely manner during the interval between formal credentialing and recredentialing activities. Such activity includes monitoring of provider sanctions, complaints and quality issues.

Population Health and Social Determinants of Health

CareFirst serves three primary geographic regions: Maryland, D.C. and Northern Virginia. Within those three regions are smaller sub-regions. Annually, CareFirst analyzes social determinants of health in those geographic areas and identifies those most likely to directly impact the health and well-being of our members. Additionally, an assessment of these findings helps drive the CareFirst primary areas of focus for care coordination and the clinical programs that support our members' health.

A recent analysis identified the social determinants of health expected to have the greatest negative impact on our members and areas most in need of prevention and treatment efforts. Within our geographic regions and corresponding populations, poverty, crime, air quality, alcohol consumption and access to medical services presented some of the most significant social challenges impacting the health of CareFirst members. Each year, population and member experience data are assessed so that, as a health plan, we can determine needs and prioritize services. This data helps CareFirst focus healthcare resources and/or services to help improve member health.

Social determinants of health cause many challenges for members and may vary widely based on the area in which they live. This contributes to variations in health by region and in each of the areas we

serve, with different geographic areas presenting different challenges. Chronic issues such as lack of access to healthy food, poverty, poor housing and lack of access to medical care all contribute to reduced health outcomes.

As a health plan, CareFirst is committed to offering programs and services designed to create the maximum positive impact and health outcomes for our members.

Complaint Process

CareFirst has a defined process for handling both QOC and service complaints received from members. The purpose of the Customer Complaint Process is to provide a thorough, appropriate, consistent and timely review and resolution of customer complaints and appeals for all CareFirst products. A systematic approach to recording customer dissatisfaction allows the plan to monitor trends, identify opportunities for improvement and initiate corrective action plans as needed.

A "complaint" is defined as a written communication from a member, or the provider on behalf of the member, which primarily expresses a grievance. A complaint may pertain to the availability, delivery or quality of healthcare services including the following:

- Adverse clinical decisions
- Adverse coverage decisions
- Claims payments
- The handling or reimbursement for such services
- Plan operations
- Any other matter pertaining to the covered person's contractual relationship with the plan.

CareFirst has a policy to initiate office site visits for practitioners who receive three or more QOC complaints related to any combination of the following within a three-month period:

- Physical accessibility
- Physical appearance
- Adequacy of waiting and exam room space
- Adequacy of medical/treatment record keeping

In addition to the above, an office site visit may be performed at the request of the medical director, QOC Nurse, or a regulatory board. The timeframe for completion of the site visit will be accomplished within 60 calendar days of the identification needed for the site visit, or sooner if determined necessary.

Complaints received by CareFirst are tallied and reported to the QIC. If the QIC determines that research is needed for additional evidence, the provider may be asked to assist in the investigation and respond appropriately to the member, if warranted. Complaints are reviewed annually, or more frequently as determined by CareFirst, to determine if further action is needed.

Language Assistance

To meet potential linguistic needs of CareFirst's member population, CareFirst makes its written member material available in English and Spanish. CareFirst's website includes plug-ins for translation of website pages in multiple languages to assist members with self-service features. Members have access to an interpreter line and TTY services when needed.

CareFirst complies with applicable federal civil rights laws and does not discriminate based on race, age, sex, religion, creed, color, national origin, ancestry, physical handicap, health status, military veteran status, marital status, sexual orientation or gender identity. CareFirst does not exclude people or treat them differently because of race, age, sex, religion, creed, color, national origin, ancestry, physical handicap, health status, military veteran status, marital status, sexual orientation or gender identity.

CareFirst provides free aid and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as qualified interpreters, and information written in other languages.

Your patients in need of these services may contact CareFirst at 855-258-6518.

Clinical Programs

Data-Driven and Evidence-Based Decision Making

CareFirst evaluates quality of dental services against proven and established national references such as the Dental Quality Alliance, the American Dental Association's Evidence-Based Care Guidelines and the Clinical Review Guidelines emanating from the American Association of Dental Consultants and National Association of Dental Plans.

CareFirst leverages its robust dental claims database to identify outliers in practice patterns based on claims submitted for payment. Chart audits are conducted proactively when patterns of behavior are identified through overviews of provider groupings such as, geography and specialty, or when a compliant or board/malpractice action identifies a gap or deviation in standard care. These gaps are investigated further to determine the extent of the issue, any nuanced and reasonable rationale for these gaps or deviations, and to coach and counsel a provider to return to a more standard practice pattern.

For example, if a provider was found to be 2.5 standard deviations from the norm for his/her geographic region and specialty for a higher ratios of surgical extractions to simple extractions, clinical charts for patients who received surgical extractions would be requested from the provider's office. The patient charts are reviewed to identify patterns and reasons for deviation of care. CareFirst and the provider work together to return care standards back to the norm.

In addition to patient chart audits, CareFirst may also perform site visits. Site visit reviews of the clinical operations and facilities of the dental providers are performed when there is a recorded member complaint or board/malpractice action related to a facility or asepsis issue noted. The site visit review guidelines were developed using current CDC and OSHA infection control standards and scoring is weighted based on significance of any items reviewed.

CareFirst also performs utilization review to evaluate the appropriateness, clinical necessity and efficiency of dental procedures. Clinical guidelines for benefit coverage are developed using the same national references listed above, keeping with dental industry and professional standards. Utilization review includes flexibility on a case-by-case basis, with input from the rendering dental providers, as well. Members are free to choose treatment plans based on discussions with their providers and may elect to pay for and have noncovered procedures performed as out of pocket expenses.

Clinical Resources

Clinical resources are developed under our QI program and support our providers in treating chronic disease and conditions and providing preventive care. These resources include the Dental Clinical Criteria.

Inpatient Hospitalization Services

Pre-Admission Certification Process for Dental Admissions

- All dental inpatient hospital admissions must be authorized, such as orthognathic or TMJ surgeries. The participating hospital must request authorization through CareFirst Direct. For CareFirst BlueChoice members, all services must be approved by the PCP, who must concur that the proposed treatment plan is clinically appropriate.
- You can request prior authorization:
  - Online: Log in at carefirst.com/provider and click the Prior Authorization/Notifications tab to begin your request
    Note: The prior authorization must be done no more than three days after the date of service and can be entered 31 days before the outpatient date of service. Submit the authorization request to the care management department at least 15 business days prior to all elective admissions, except when it is not medically feasible due to the member's medical condition. Request review timelines vary, and are based on applicable NCQA, state and federal requirements. For on-demand training and resources, visit carefirst.com/learning.
  - By fax: Visit carefirst.com/providerforms to download the appropriate prior authorization form.
  - By phone: Call 866-PRE-AUTH (773-2884).
- Unauthorized hospital stays will result in a retrospective review of the admission.
- Authorization decisions are made within two working days of obtaining necessary clinical information. Written authorization denials are issued within one business day of making the decision. Expedited or standard appeal information is included with the denial information.
- If the admission dates for an elective admission change, notify the care management department as soon as possible, and no later than one business day prior to the admission.

Emergency admission certification process

- All emergency inpatient hospital admissions must be authorized within 48 hours of the admission of next business day. The hospital must request authorization.
- Unauthorized hospital stays result in a retrospective review of the admission.

Prospective and Concurrent review processes

- Prospective review is performed when the inpatient authorization is requested prior to admission or within 48 hours of the admission to the inpatient facility.
- The hospital's utilization review (UR) department must provide clinical information to the assigned CareFirst Clinical Review Nurse (CRN) (for prospective reviews), Concurrent Clinical Review (CCR) nurse or call the number listed next to pre-auth/pre-cert on the Dental Claims and Services Reference Guide.

- CareFirst's CCR nurse will contact the attending provider or follow agreed hospital protocol if further clarification of the member's status is necessary.
- CRN and CCR nurses use approved medical criteria to determine medical necessity for acute hospital care.
- If the clinical information meets CareFirst's medical criteria, the days/services will be approved.
- If the clinical information does not meet the approved medical criteria, the case will be referred to our dental director.
- The CRN or CCR nurse will notify the attending provider and the facility of our dental director's decision.
- The attending provider may request an appeal of an adverse decision.

Retrospective review process

The UR nurse will notify the appropriate hospital department and request clinical records when a retrospective review of the clinical record is necessary.

Discharge Planning Process

The hospital or attending provider must initiate a discharge plan as a component of the member's treatment plan. The hospital, under the direction of the attending provider, should coordinate and discuss an effective and safe discharge plan with both CareFirst and the patient immediately following admission. Discharge needs should be assessed, and a discharge plan developed prior to admission, when possible. Referrals to hospital social workers, long-term care planners, discharge planners or hospital case managers should be made promptly after admission and coordinated with CareFirst.

An appropriate discharge plan should include:

- Full assessment of the member's clinical condition and psychosocial status.
- Level, frequency and type of skilled service care needs.
- Verification of member's contractual healthcare benefits.
- Referral to a CareFirst BlueChoice participating provider, if needed.

- Alternative financial or support arrangements if benefits are not available.

Outpatient Hospital Services

CareFirst BlueChoice requires authorization for all outpatient services, including laboratory and radiology, performed in a hospital setting.

- The hospital is responsible for initiating all requests for authorization for outpatient services through CareFirst Direct.
- If authorization criteria are met, authorization will be issued. In addition, the caller will be instructed whether the member is accessing an in- or out-of-network benefit. There will be instances in which the member will be directed to a more appropriate network provider for certain services (i.e., laboratory, radiological services).
- If the admission date for an outpatient elective procedure changes, care management must be notified by the hospital as soon as possible, but no later than one business day prior to the procedure. Lack of notification may result in a denial of the claim.

Note: All pre-operative services must be performed by or arranged by the member's PCP/specialist.

Utilization Management

Decisions are based on the following criteria:

- CareFirst's Dental Clinical Criteria have been developed, revised, and updated periodically. They are reviewed and approved by the CareFirst Dental Advisory Committee (DAC) and/or the Oral and Maxillofacial Surgery Advisory Committee (OMSFAC). The criteria are derived from the reviews of the current dental literature, subject textbooks, other insurance companies, and
  - Practice Parameters, American Association of Periodontology
  - Parameters of Care, American Association of Oral and Maxillofacial Surgery
  - Oral Health Policies and Clinical Guidelines, American Academy of Pediatric Dentistry
  - Position Statements, American Association of Dental Consultants
  - Dental Practice Parameters, American Dental Association

CareFirst makes dentist reviewers available to discuss UM decisions. Providers may call 410-605-2457 or email CantonDentalAdverseDeterminations@carefirst.com to speak with a dentist reviewer or to obtain a copy of any of the above-mentioned criteria. All cases are reviewed on an individual basis.

Important note: CareFirst affirms that all UM decision-making is based only on appropriateness of care and service. Practitioners and/or other individuals are not rewarded for conducting Utilization Review (UR) for denials of coverage or service.