

Equitable Dental Network Access Plan

- Network dentist offices must provide an on-call service for all hours that their offices are not open. This includes evening and weekend hours. Must also address the needs of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds, and with physical and mental disabilities.
 - Tracking method:
 - We review provider contracts annually to ensure such agreement from providers. We also review annual member surveys and quarterly grievance reports to identify trends and act upon issues.

- Network dentists are expected to provide quality of care according to acceptable industry guidelines.
 - Tracking method:
 - We monitor to ensure that quality of care issues and continuity of care issues are tracked and addressed by quarterly grievance log review to determine if there are issues with any provider. A complete record of all written complaints/grievances submitted by the member are tracked. We also conduct an annual member survey to determine if members are satisfied with the quality of care they received. A corrective action plan is implemented if needed.

- Customer service department must be available at least on Monday through Friday between 8:30 a.m. and 5:00 p.m. Toll free customer service number is included on ID cards and Service Level Agreements are being met.
 - Tracking method:
 - We perform an annual verification of customer service hours of operation, publication of toll-free number on ID cards, and that customer service levels are being met. We also review quarterly grievance logs to determine if members experienced any customer availability issues. A complete record of all written complaints/grievances submitted by the member will be tracked and corrective action plan implemented if needed.

- Members must have reasonable appointment access to treatment. Network dentists are to adhere to the best of their ability to appointment availability guidelines and patients with special needs.
 - Emergency Care Immediate or consistent with local practice standards
 - Urgent Care Within 24 hours or consistent with local practice standards
 - Routine Care Within 2 weeks
 - Consultation Within 2 weeks
 - Non-emergency Follow-up Within 4 weeks
 - Routine Periodic Follow-up Within 60 days
 - Tracking method:
 - We review the results of an annual dentists survey conducted by dental network, as well as an annual member survey conducted by company to determine if members are satisfied with appointment scheduling times and special needs accommodations. Corrective action plans are implemented if needed.

- Members must have reasonable geographic access to network dentists. Company must adhere to accessibility guidelines to facilitate access to all licensed general and specialty dentists.
 - Large Metro area Members can access one (1) within a fifteen (15) mile distance.
 - Metro area Members can access one (1) within a thirty (30) mile distance.
 - Micro area Members can access one (1) within a sixty (60) mile distance.
 - Rural area Members can access one (1) within a seventy-five (75) mile distance.
 - CEAC Members can access one (1) within a one hundred and ten (110) mile distance.

- Tracking method:
 - We run GeoAccess reports on a quarterly basis to measure provider accessibility for our current members. If standards are not met, we work with network partners to recruit additional network dentist. There are several reasons why it may not be feasible to contract with additional providers in order to fill gaps. In such circumstances, members will be held harmless as described below.
- Measures must be taken to ensure that members can access the same level of out of network care with no additional out of pocket costs if they need to receive services from an out-of-network provider because an in-network provider is not available or accessible according to standards guidelines. This includes availability and accessibility for continuity of care.
 - Members are asked to contact their network dentist for immediate attention in the event of an emergency. An emergency exists if services are necessary to treat a condition or illness that, without immediate attention, would seriously jeopardize the life or health of the member or the member's ability to regain maximum function, or cause the member to be in danger to self or others. We use the "prudent layperson" standard for a member's judgment as to whether or not an emergency exists.
 - Members may also call the company's customer service department during business hours for help in locating a network dentist.
 - If a member calls customer service to report that they were unable to locate a participating dentist according to any standard guideline, the claim will be reprocessed to hold the member harmless, ensuring that their out-of-pocket expenses will be no more than it would have been had they used an in-network provider. If the service has not yet been rendered when the member calls, the member will be notified to submit an explanation of the situation with the claim. The company may or may not run reports and conduct further research to verify availability and accessibility.
 - In the event research shows that an in-network provider was/ is available according to all parameters, the member's request may be denied and the member will be notified to refer to the appeals process. The appeals process is provided to the member in the certificate of coverage. The appeals rights are reiterated in the Explanation of Benefits at time of claim.
- Measures must be taken to establish and maintain oversight of our network's credentialing verification program to ensure it meets requirements of the NCQA so that all dentists are licensed and have no outstanding malpractice suits.
 - Tracking method:
 - A random sample review of credentialing and recredentialing network provider files is performed on an annual basis and corrective action plans developed accordingly.
- A provider directory must be available with the ability to print upon request and to ensure that terminated providers are removed in a timely manner. We have established and maintain a website that allows members to log in and search provider directories. A link to the website and log in description is provided on ID cards and other fulfillment documents, along with our customer service telephone number with a message to call if assistance is needed.
- A notice must be sent to all members showing a claim in our system, whose network provider is being removed from our network. A monthly query is done to identify such situation and the member is sent a letter describing the situation, as well as the website link to access another network provider and our customer service telephone number to call for assistance.

Oversight Action:

- Results of all activities are reviewed by our Quality Improvement Committee and Oversight Committee to ensure that corrective action plans are implemented as necessary.