



Chapter 5

Connecticut Dental Health Partnership Policy

Standards of Care

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Our Mission

The Connecticut Dental Health Partnership is committed to achieving Oral Health Equity. Our mission is to enable all HUSKY Health members to achieve and maintain good oral health. We work to ensure all members have equitable access to oral health services.

Dental Home

*“The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins **no later than 12 months of age** and includes referral to dental specialists when appropriate. ”* by the American Association of Pediatric Dentistry (AAPD) and the American Dental Association (ADA); both of which provide further information regarding services that constitute a dental home. The key features of a dental home are as follows:

- Provides comprehensive care (restoration of cavities, root canal therapy and extractions) including prevention and emergency services
- Care should be accessible, have a fixed location for follow up services, close to the client’s home and have regular appointment hours available by week
- It should have a plan for providing emergency care available 24/7, other than providing a referral to the local emergency room
- It should have the capacity to make referrals to specialists if needed (and within the client’s network)
- Completes a disease risk assessment for each patient and uses it to design an individualized treatment plan
- Improves or maintains the patient’s oral health to a functional level

Appointment Scheduling

CTDHP has established the following scheduling standards:

- **Emergency cases** shall be seen within 24 hours, referred to another dentist or dental specialist or if necessary, referred to an emergency facility for immediate treatment;
- **Urgent cases** should be seen within 48 hours of contact and is not dependent upon convenience for the patient

- **Preventative and non-urgent or emergent care visits** shall be scheduled within eight weeks of contact
- **Specialists** will provide treatment within the scope of their practice and within professionally accepted standards of care and promptness standards for providing such treatment
- **Waiting times** at primary care offices shall be kept to a minimum
- Per federal regulations, Medicaid clients cannot be charged for **missed or cancelled appointments**

In order to ensure the best possible client service, CTDHP asks that all provider offices make use of an answering machine and/or answering service during any hours that the office staff is unavailable to take calls. There must be a method available to patients to contact the provider in the event an emergency occurs; it is not sufficient to refer the client to the local emergency room.

Opening and Closing Panels

Provider offices may contact the CTDHP at any time to open or close panels to new client referrals or limit participation based on program, location or age. CTDHP encourages all general dental offices to consider accepting families, including the parents of children who are clients of the office, which promotes the model of a “dental home.” This approach encourages regular visits which improves the oral health of the family. [To change your panel status, please contact the Network Development Assistant at 860-507-2307 for assistance.](#)

Patient Record Sharing

According to Connecticut General Statutes, Section 20-7d, a copy of the patient’s record, including but not limited to, x-rays and copies of laboratory reports, prescriptions and other technical information used in assessing the patient’s condition shall be furnished to another provider upon the written request of the patient. The information provided should be readable and in the case of radiographs, of diagnostic quality. The written request shall specify the name of the provider to whom the record is to be furnished. A reasonable fee charged to the client is allowed. We ask that the fee be waived for our clients.

Charging for Goods or Services Provided to Clients

A provider shall not charge an eligible Medical Assistance Program client, or any financially responsible relative or representative of that individual, for any portion of the cost of goods or services which are covered and payable under the Connecticut Medical Assistance Program. If a client or representative has paid for goods or services and the client subsequently becomes eligible for the medical assistance program, payment made by or on behalf of the client shall be refunded by

the provider. The provider may then bill the medical assistance program for the goods or services provided. The provider shall obtain appropriate documentation that the payment was refunded prior to the submission of the claim and shall retain said documentation.

Providers may not charge for medical goods or services for which a client would be entitled to have payment made, but for the provider's failure to comply with the requirements for payment established by state regulations.

Providers shall only charge an eligible Medical Assistance Program client, or any financially responsible relative or representative of that individual, for goods or services which are not coverable under the Medical Assistance Program, when the client knowingly elects to receive the goods or services and enters into an agreement in writing for such goods or services prior to receiving them.

Annual Provider Surveys

Each year, CTDHP will contact providers to ensure that the information on file for each office remains accurate. The annual survey will be available online for providers to complete. Offices which do not use the online tool will be contacted by CTDHP to complete the survey via fax or mail. The survey takes approximately five minutes to complete. Your cooperation with completing the survey is greatly appreciated and will ensure that the referrals that are sent to you are appropriate to your current practice policies on age, geographic restrictions and special needs. **A sample of the survey form is shown below.**

Providers are encouraged to contact CTDHP with any updates to address, phone numbers, and languages spoken or special accommodations at any time of the year.

Sample Survey

Provider Survey

Please fill out the information in the form below, then click the "Submit" button. A red star next to a survey question indicates a required field.

Your First Name:

*

Your Last Name:

*

Name of Provider or Practice:

*

Billing NPI Number:

*

Federal Tax ID:

*

Type of Practice:

Group

*

Physical/Office Address 1:

*

Address 2:

City:

*

State:

Connecticut

*

Zip Code:

*

Office Phone:

*

Office Fax:

Office Fax:

Specialty Types:

☐ General Practice

☐ Orthodontic

☐ Oral Surgery

☐ Endodontic

☐ Pediatric

☐ Clinic

☐ FQHC

☐ Periodontic

☐ Other

Plans Accepted:

☐ HUSKY A

☐ HUSKY B

☐ HUSKY C

☐ HUSKY D

Minimum Age Seen:

*

Maximum Age Seen:

*

Bus Route Number:

* (If Bus Route # is unavailable, put Y or N)

Languages Spoken in Office:

(Language 1)

(Language 2)

(Language 3)

(Language 4)

(Language 5)

Does your practice use an answering service to accommodate after hour needs? *

☐ Yes ☐ No

Does your practice have an appointment reminder system? *

☐ Yes ☐ No

If yes, is the appointment reminder system automated? *

☐ Yes ☐ No ☐ N/A

Does your office utilize the CTDHP Oral Health Navigation referral tool resource for patients with complex or acute care needs that would benefit from oral health navigation support? *

☐ Yes ☐ No

Office Hours:

DAY	FROM			TO		
Monday:	<div>8</div>	<div>00</div>	<div>AM</div>	<div>4</div>	<div>30</div>	<div>PM</div>
Tuesday:	<div>8</div>	<div>00</div>	<div>AM</div>	<div>4</div>	<div>30</div>	<div>PM</div>
Wednesday:	<div>8</div>	<div>00</div>	<div>AM</div>	<div>4</div>	<div>30</div>	<div>PM</div>
Thursday:	<div>8</div>	<div>00</div>	<div>AM</div>	<div>4</div>	<div>30</div>	<div>PM</div>
Friday:	<div>8</div>	<div>00</div>	<div>AM</div>	<div>4</div>	<div>30</div>	<div>PM</div>
Saturday:	<div>8</div>	<div>00</div>	<div>AM</div>	<div>4</div>	<div>30</div>	<div>PM</div>
Sunday:	<div>8</div>	<div>00</div>	<div>AM</div>	<div>4</div>	<div>30</div>	<div>PM</div>

The following is a list of associates that we have on file for your practice:

Please review this list, and make any changes below

The following is a list of office location(s) that we have on file for your practice:

Please review this list, and make any changes below:


Questionnaire:

1. Are you still participating in the CT Medical Assistance Program?
2. Are you accepting new patients at this time? If you are not accepting new patients now, when would you like to start receiving referrals?
3. Is your office wheelchair accessible?
4. Will your practice accommodate or have a consultation for members with special health care needs (i.e. when the member's behavioral, cognitive, medical, or physical needs require either specialized knowledge, increased awareness and attention, adaptation, and/or accommodative measures beyond what is considered routine)?
5. Do any of your providers have specialized training in working with patients with Special Health Care Needs?
6. Does your office have enough space in halls, doorways, and operatory to allow patients with mobility limitations (this includes patients with mobility assistive devices and plus-size or obese patients) to move safely?
7. Is your office able to provide assistance transferring patients in and out of the dental chair?
8. Does your office access language interpretation services for patients?
9. Does your office access interpretation services for patients who are deaf or hard of hearing?
10. Does your office staff receive routine and ongoing cultural competency training?
11. Will your office treat pregnant patients?
12. Will your office treat patients with high-risk pregnancy?
13. Do you require an OB/GYN letter in order to treat the pregnant patient?
14. Will your office communicate with the treating OB/GYN or Midwife?
15. Does your office have any restrictions on treating a pregnant patient? If Yes, please specify the restriction(s) under "Additional Info". Examples of restrictions include any of the following:
Restrictions on trimesters, restrictions on preventative, restorative, urgent or emergency care, x-rays, or local anesthesia.
16. Does your practice provide Nitrous Oxide in the office?
17. Does your practice provide IV Sedation in the office?
18. Does your practice provide Oral Conscious Sedation in the office?
19. Does your office perform Cone Beam CT scans?
20. Will your office treat patients at hospital facilities under general anesthesia? If so, what hospital is the dentist affiliated with?
21. Additional information (open ended)

SUBMIT

On Site Visits and Assessments

From time to time offices will be visited by a representative of CTDHP as we partner with you to ensure that your office is up to recent industry standards of sterilization, charting and patient safety. After a visit is completed, results and any improvement opportunities will be shared with you. A sample assessment form is shown below.



FACILITY/RECORD REVIEW

Part A

Date: _____

Rep: _____

TIN: _____ PRACTICE TYPE: _____ PHONE: _____

DENTIST/PRACTICE NAME: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CROSS STREETS/TRAVEL INFO: _____

COUNTY: _____ EMAIL: _____ FAX: _____

FACILITY: ☐ PROFESSIONAL BLDG ☐ STORE FRONT ☐ HOUSE ☐ APARTMENT ☐ W/C ACCESSIBLE # OF OPS _____

HOURS: SUN _____ MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____

SPECIALISTS:

☐ ENDODONTIST _____

☐ ORAL SURGERY _____

☐ ORTHODONTIST _____

☐ PEDODONTIST _____

☐ PERIODONTIST _____

GENERAL DENTISTS:

OFFICE MANAGER: _____

HYGIENIST: ☐ YES ☐ NO

LANGUAGES: ☐ SPANISH ☐ RUSSIAN ☐ CANTONESE ☐ MANDARIN ☐ KOREAN ☐ HINDI ☐ ARABIC ☐ OTHER _____

SPECIAL SERVICES: ☐ TTY/TDD ☐ BRAILLE ☐ LARGE PRINT MATERIALS ☐ OTHER _____

24.	Instruments wrapped/process indicators used				4	
25.	Handpieces are sterilized after each use or disposed				50	
26.	Burs/files sterilized after each use or disposed				20	
27.	High level disinfection used on all items that cannot be heat sterilized				10	
28.	Clean/Dirty areas are separate				3	
29.	Spore testing is done weekly and log is available				10	
F.	SAFETY (20)					
30.	Eye wash station is operational				3	
31.	Material Safety Data Sheets are kept in a file				1	
32.	OSHA labeling requirements adequate				3	
33.	Puncture resistant container used for discarding needles and sharps				3	
34.	Hazardous waste is marked and stored properly				3	
35.	Office is using a certified/bonded carrier to remove hazardous waste				2	
36.	Needles are recapped				3	
37.	Eye protection is offered to patient				2	
G.	INFECTION CONTROL (32)					
38.	Surgical gloves worn routinely and changed for each patient				15	
39.	Antimicrobial soap is used in operatories				3	
40.	Face masks worn by all patient care personnel				3	
41.	Headrest covers used				3	
42.	Hepatitis B Virus (HBV) vaccination is offered to all staff or waivers signed				3	
43.	EPA approved solutions are used to wipe down surfaces				5	
H.	EMERGENCY PREPAREDNESS (13)					
44.	Fire extinguisher is accessible				2	
45.	Portable oxygen tank is present				2	
46.	Basic medical emergency kit is present and medications are current				3	
47.	Dentist's CPR certification is current				3	
48.	Office has documented emergency protocol				3	
I.	ANESTHESIA/SEDATION					
49.	Nitrous oxide and/or GA is available				0	
50.	Nitrous oxide has a scavenger system				3	
51.	Oxygen and nitrous tanks are chained				2	
52.	Inhalation masks sterilized if not disposable				5	
J.	LABORATORY (15)					
53.	Clean and uncluttered				5	
54.	Disposable or sterilized impression trays				5	
55.	Wheel disinfected/pumice changed between patients				5	
K.	PATIENT RESTROOM (7)					
56.	Restroom is handicap accessible				1	
57.	Waste can has lid				1	
58.	Restroom is clean and well maintained				5	

Total Score of Facility Review	_____
Total Points	376
Less Not Applicable Points	_____
Total Points Available	_____
(Total points less Not Applicable Points)	_____
Facility Review Percentage	_____
(Total Score/Total Points Available)	_____

SCORING	
A minimum of 300 points is required to pass this section.	
PERCENTAGE	
Excellent	100-96
Good	95-90
Fair	89-80
Fail	Below 80

FACILITY/RECORD REVIEW - Part B

L.		YES	NO	N/A	WEIGHT	SCORE
	RECORDS MANAGEMENT (14)					
59.	Confidentiality, security and physical safety of records is maintained				3	
60.	Individual records for each patient				3	
61.	Each page record is labeled				2	
62.	Consent forms maintained in patient record, signed by patient/Resp. Party				3	
63.	Records are retained at least 7 years				3	
	RECORD STRUCTURE (62)					
64.	Patient medical history annual update(min) documented & signed by pt				5	
65.	Health history signed by dentist upon review				5	
66.	Medical conditions prominently noted				5	
67.	Medication(s) allergies and adverse reactions prominently noted in pt record				5	
68.	Periodontal evaluation documented				3	
69.	Intraoral cancer screening noted				5	
70.	Appropriate types(s) and number(s) of current radiographs maintained in record				3	
71.	Physical/oral findings are documented				3	
72.	Every entry is dated				3	
73.	Entries are legible/recognized by staff				3	
74.	Each entry signed/initialed				3	
75.	Entries in ink				3	
76.	No spaces or white-out				3	
77.	Local anesthesia or drug name and dosage noted				3	
78.	Notation of broken appointments and follow-up are included in patient record				3	
79.	Treatment plans are noted				2	
80.	Treatment plans are completed				2	
81.	Adherence to proper plan billing (profiles)				3	
	PREVENTIVE DENTAL SERVICES (10)					
82.	Patient education is documented				3	
83.	Recall system documented				4	
84.	Sealants routinely applied as appropriate				3	

Total Score of Record Review

Total Points

86

Less Not Applicable Points

Total Points Available

(Total points less Not Applicable Points)

Record Review Percentage

(Total Score/Total Points Available)

SCORING

A minimum of 65 points is required to pass this section.

PERCENTAGE

Excellent	100-96
Good	95-90
Fair	89-75
Fail	Below 75

Facility Review ☐Pass ☐Fail

Record Review ☐Pass ☐Fail

TIN: _____

OVERALL RESULT ☐PASS ☐FAIL (A passing grade is required in both sections)

Comments: _____

Follow-Up: ☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other _____

Reviewer Signature: _____

Date: _____

Dentist Signature: _____

Date: _____

Quality Assurance Review Supervisor: _____

Date: _____

Thank you for participating in our Quality Assurance Program. In an effort to assist your office in achieving the highest practice standards, our Quality Assurance representative has reviewed the following standards with you and/or your office staff.

SECTION	ITEM	STANDARD	CORRECTIVE ACTION PLAN
A. GENERAL OFFICE INFORMATION	01.	The dental office can be identified for patient accessibility.	Post an identifiable sign on the building and/or at street side.
	02.	All exits must be marked with a sign of such size, color, and design that is clearly visible to assist personnel in its location. (OSHA)	A sign must be posted at each facility exit. The sign must be distinctive in color and provider contrast from decorations.
	03.	A written NO-SMOKING policy is in place.	Implement a written NO-SMOKING policy.
	04.	An answering machine or service is available for patients to get instructions in case of an emergency or to leave a message.	Install an answering machine with appropriate instructions on emergency.
	05.	Outside and inside appearance of office demonstrates facility is maintained in a safe and clean condition.	Establish routine housekeeping function policy and assure that these are performed on a regular basis.
B. RECEPTION/ WAITING ROOM	06.	A courteous, professional staff member should greet patients.	Receptionist /staff should be trained to properly welcome and address patients.
	07.	Wait area should be comfortable and offer reading material. If younger patients are routinely seen, appropriate materials should be available for their age.	Add current reading material and music or TV for patient entertainment.
	08.	Adequate seating should be available to accommodate waiting patients and companions.	Additional seating accommodations are to be provided.
	09.	Wait area appearance demonstrates facility is maintained in clean and neat condition.	Establish routine housekeeping function policy and assure that these are performed on a regular basis.
	10.	X-ray equipment should have current registration. (CTDHP)	Contact the State to obtain current registration and inspection.
C. RADIOLOGY	11.	Proper shielding of patients should include a full size lead apron.	Purchase and utilize the necessary lead shield.
	12.	Proper shielding of patients should include a thyroid collar.	Purchase and utilize the necessary collar.
	13.	Operatories should be accessible to patients with disabilities. (Americans with Disabilities Act)	At new construction or remodeling, wheelchair accessibility and treatment should be considered.
D. OPERATORIES	14.	All chair and light coverings should be changed between patients. (CDC)	Establish routine policy to change chair and light barrier coverings between patients.
	15.	Prescriptions pads should not be patient accessible.	Store all prescription pads in area that is not accessible by patients.
	16.	Disposable products must be disposed of after use on a patient. Disposables may not be reused or sterilized. (CDC)	Purchase sufficient supplies and implement a policy so that all disposables are properly disposed of after use on a patient.
	17.	Waste cans should have lids so discarded items are not readily available to patients or companions.	Provide a covered waste container.
	18.	All equipment must be in good working order and wiped clean between patients.	A policy for cleaning equipment routinely must be implemented and equipment must be repaired or replaced or discarded.
	19.	Patient supplies should not be stored on counter tops or on the floor.	All patient supplies are to be removed from the floor and counter tops in patient areas..
	20.	Area must be clean. (ADA)	Establish routine housekeeping function policy and assure that these are performed regularly.
	21.	Area should be free of hazardous conditions (ie, hanging wires, broken floor tiles, easily accessible solvents). (CTDHP)	Repair and/or reorganize room, equipment and supplies for greater safety.
	22.	Instruments are to be sterilized by autoclave. (ADA, CDC)	Autoclave is to be used..
	23.	Prior to sterilization instruments must be scrubbed in order to remove debris. (CDC)	Instruments are to be scrubbed and placed in ultrasonic prior to sterilization.
E. STERILIZATION & DISINFECTION	24.	Instruments should be wrapped and marked with the date of sterilization and used within 6 months. (CDC)	Wrap, date and sterilize all loose instruments.
	25.	Handpieces should be wrapped and heat sterilized between use on patients. (CDC, ADA)	Wrap and sterilize handpieces. Handpieces are to be stored in wraps until use..
	26.	All cutting burs and files must be sterilized or disposed of after use. (CDC)	Burs/files must be sterilized or disposed of after use.
	27.	A cold sterilization solution must be used to disinfect any items that cannot be heat sterilized and are not disposable. (CDC)	A high level disinfection sterilization solution must be used.
	28.	Dirty equipment should not be cleaned and processed in the same area that is used for clean instruments due to infection control concerns. (CDC)	Signs should be posted to separate clean and dirty areas to prevent cross-contamination of materials or equipment.

	29.	Weekly spore testing on the autoclave or chemiclave is mandatory to ensure proper conditions for sterilization. Logs must be maintained for spore testing dates and test results. (ADA)	Implement weekly spore testing. A log of test results must also be maintained.
F. SAFETY	30.	Provisions for emergency eye wash are available. The office eyewash station should be maintained in proper working order. (OSHA)	Eye wash station must meet OSHA criteria Eye wash station sign must be posted and visible.
	31.	MSDS need to be available for all chemical products used in the office. These should be maintained in a binder and updated annually. MSDS can be obtained through the product manufacturer.	MSDS need to be current and available for reference.
	32.	All chemicals are appropriately labeled so that they may be easily identifiable and warnings are apparent for poisonous material. (OSHA)	All chemicals are to be labeled as per OSHA requirements.
	33.	A puncture resistant container is used to discard sharps. (CDC)	Puncture resistant container must be used for discarding sharps.
	34.	A large biohazard container with a lid is used to store biohazard materials. These must be disposed of properly and in accordance with OSHA and State regulations.	Designate and label properly containers for biohazard materials in accordance with State regulations and OSHA. Red bags or red sharps containers may be an acceptable practice per local requirements.
	35.	A certified/bonded carrier is used to remove infectious waste. A log is maintained of infectious waste removal. (CDC)	Contract with a certified/bonded carrier to remove infectious waste.
	36.	Needle must be recapped during treatment and disposal to avoid contamination and puncture accidents.	Implement a policy to recap all needles during treatment and disposal.
	37.	Safety glasses with side shields are provided for all clinical staff and patients. (CDC, OSHA)	Purchase safety glasses with side shields for all clinical staff and patients.
G. INFECTION CONTROL	38.	Appropriate personal protective equipment (PPE) and gloves must be utilized. A new pair of gloves must be worn for each patient and remain in the treatment area only. (CDC, OSHA)	Purchase gloves for use by dentist and staff. Implement a policy that new gloves be worn for each patient.
	39.	Antimicrobial soap used in operatories. (CDC)	Hands should be washed with an antibacterial, antimicrobial soap before gloving and after each patient.
	40.	Masks should be used with each patient when splatter is anticipated. (CDC, OSHA)	Purchase masks for use by dentist and staff. Implement a policy that masks should be changed between each patient or when soiled.
	41.	Headrest covers are to be used. (CDC)	All protective coverings should be changed between each patient.
	42.	Each employee with potential exposure must be offered immunization against Hepatitis B at the employer's expense. Employees may refuse vaccination but must sign an informed consent of declination.	Provide all appropriate staff with employer paid immunization against Hepatitis B immediately. Maintain signed informed consent for refusals.
	43.	Equipment surfaces should be sprayed between each patient with an anti-microbial agent using the spray-wipe method. (CDC)	EPA approved solutions shall be purchased and used as indicated.
H. EMERGENCY PREPAREDNESS	44.	Office should be equipped with current fire extinguisher. (CTDHP, OSHA)	Fire extinguishers should be mounted in easy-to-reach areas, fully charged and operational at all times and inspected regularly.
	45.	Emergency oxygen tank must be available and monitoring documented.	Purchase a portable oxygen unit and place in an accessible area. The unit must have an expiration date tag attached.
	46.	Office should have emergency first aid kit with life sustaining drugs. Emergency drug kit should be kept inaccessible to patients. (OSHA)	Emergency first aid kit should be obtained and emergency drug kit checked regularly for expired drugs.
	47.	CPR certification is required by dentist and/or full time employee. (OSHA)	At least 1 full time staff member will be CPR certified.
	48.	Office has documented emergency protocol. (OSHA)	Create and document emergency protocol.
I. ANESTHESIA / SEDATION	49.	Office should have appropriate monitoring equipment if anesthesia is available.	Anesthesia/analgesia monitoring equipment is to be used.
	50.	If nitrous oxide analgesia is used, a scavenger system must be used; it is the law. Tubing must be free of cracks or perforations.	A nitrous oxide scavenger system must be installed.
	51.	Tanks must be mounted securely to prevent an accident.	Tanks must be secured.
	52.	Masks are to be sterilized for each patient. (CDC)	Sufficient masks must be available to allow for sterilization between patient uses.
J. LABORATORY	53.	Laboratory should be clean and well organized. (CDC)	Establish routine housekeeping function policy and assure that these are performed regularly.
	54.	Impression trays must be sterilized between patient use or disposable trays may be used. (CDC)	Impression trays are to be sterilized and stored in bags or purchase disposable impression trays to be used appropriately.
	55.	All materials used in the laboratory that come in contact with dental prosthesis must be disinfected after each use. (CDC)	Ragwheels and brushes should be disinfected or heat sterilized after each use.

K. PATIENT RESTROOMS	56.	Restrooms should be equipped for patients with disabilities. (Americans with Disabilities Act)	Upon remodeling or new construction., restroom should be made handicap accessible.
	57.	A covered waste container should be located in the restroom.	A covered waste container must be provided.
	58.	Restroom is clean and well maintained. (CDC, OSHA)	Establish routine housekeeping function policy and assure that these are performed regularly.
L. RECORDS MANAGEMENT	59.	All dental records should be maintained and secured at your facility in a place that assures confidentiality and physical safety. These records should not be stored in a place where visitors or patients have accessibility. (HIPAA)	Store patient records in an area that is not readily accessible to patients and inappropriate staff members.
	60.	Individual records for each patient. (CTDHP)	Each patient should have an individual dental record that is clearly labeled.
	61.	Each page of the dental record should be clearly labeled with patient identification. (CTDHP)	Place patient identification on each page of the patient's dental record in order to maintain the records in the appropriate chart.
	62.	For risk management purposes, signed consent forms should be maintained in the dental record and updated on an annual basis.	Develop consent forms and maintain in dental record. Update the consent forms on an annual basis.
	63.	A policy for retaining charts at least 6 years after the last date of service.	Retain dental record for a minimum of 6 years after the last date of service.
M. RECORD STRUCTURE	64.	Medical history is updated and signed on annual basis.	Update the medical history at least annually.
	65.	Health history is signed by dentist upon review. (CTDHP)	Dentist shall review sign and date medical history.
	66.	Medical conditions/treatment requiring specific attention relating to dental treatment is flagged in the record. (CTDHP)	Prominently display medical alert conditions.
	67.	Medications, allergies and adverse reactions are prominently noted in the record. (CTDHP)	Prominently document allergies, adverse reactions and medications.
	68.	A periodontal evaluation is usual practice to establish baseline oral conditions. (ADA)	Document complete periodontal charting of pocket depths as part of the initial baseline data.
	69.	An intraoral screening is done to fulfill basic requirements of a complete examination. (ADA)	Document examination of intraoral structures and tissues.
	70.	Appropriate type(s) and number(s) of current radiographs are evident to fulfill basic requirements for a complete patient examination. (CTDHP)	Utilize the guidelines published by the Dept. of Health and Human Services, Center for Devices and Radiological Health.
	71.	Objective data and physical/oral examination findings are documented as related to the patient's chief complaint. (CTDHP)	Document symptoms, onset, duration, frequency and/or severity of the chief complaint(s).
	72.	Entries made in the dental record are dated with month, date and year of entry. (CTDHP)	Document the date, month and year of all dental record entries.
	73.	Dental records must be legible, documented accurately in a timely manner, and readily accessible to health care practitioners. (CTDHP)	Document in a legible manner. Staff and other health care providers should be able to read the documentation.
	74.	Chart entries made by the dentist or the staff must be signed and dated. (CTDHP)	Sign or initial and date each chart entry.
	75.	Entries should be made in ink to ensure complete, legible and accurate record keeping. (CTDHP)	Use ink when making entries on patient chart/record.
	76.	Spaces or use of white-out in record keeping is not acceptable. (CTDHP)	Do not use white-out or leave spaces in patient records.
	77.	Type and dosage/amount of local anesthetic used must be documented in the record. (CTDHP)	Document the type and dosage/amount of local anesthetic used.
	78.	If patient fails to keep appointment, there should be a notation in the dental record of the follow-up that was done.	Document missed appointments in the dental record.
	79.	A written treatment plan, including treatment options discussed must be documented in the record. (CTDHP)	Document treatment plan and options, if applicable.
	80.	Follow-up care for completion of treatment plan including consultations, referrals and return to office dates should be documented. (CTDHP)	Document the time intervals, purpose for the next appointments and completion of treatment plan in patient record.
	81.	Follow plan guidelines related to billing members for covered services.	Adhere to proper plan billing profiles.
N. PREVENTIVE DENTAL SERVICES	82.	Any form of patient education, such as literature, brochures, verbal instruction or demonstration should be documented.	Document all forms of patient education.
	83..	A complete oral exam should be offered to each established adult or pediatric patient on an annual or biannual basis. (ADA)	Document recall interval and efforts to schedule an appointment.
	84.	As appropriate, sealants should be routinely applied. (ADA)	Apply sealants as appropriate.

References: CDC: Center for Disease Control, Department of Health & Human services, "Practical Infection Control in the Dental Office", October 2003; ADA: American Dental Association, ADA Council on Sci. Affairs & ADA Council on Dental Practice, "Infection Control Recommendations for the Dental Office & the Dental Laboratory", October 1999; OSHA: Occupational Safety & Health Administration; American with Disabilities Act of 1990; CTDHP: Connecticut Dental Health Partnership recommendation

Marketing Guidelines

All marketing materials used for the CT Dental Health Partnership must be reviewed and approved by CTDHP and the Department of Social Services prior to use. Please submit a copy of your proposed materials for review to:

Connecticut Dental Health Partnership
Director of Network Development
PO Box 486
Farmington, CT 06032-0486

CTDHP and the Department of Social Services (DSS) will review materials submitted for approval and respond to review requests within sixty (60) days. If DSS does not respond to materials submitted for approval within sixty (60) days, the provider, provider group, facility or its representative(s) (referred to as "Providers" going forward) may use the materials as presented. CTDHP or DSS reserves the right to request revisions or recall any materials that advertise or represent State or Departmental program(s) in advertisements or specific materials at any time.

The following guidelines apply to marketing your services to CTDHP members (HUSKY Health or Covered CT Members). Please read them carefully.

Outreach Materials

All providers (individual providers, groups, facilities or programs) that provide dental services to Connecticut Dental Health Partnership HUSKY Health or Covered CT members must obtain prior approval from the Department of Social Services for all marketing activities, health education and all other materials.

Marketing materials that contain outreach information which targets CTDHP members (HUSKY Health or Covered CT Members):

Annual marketing plans and revisions to these plans as they concern CTDHP clients are subject to review. Submissions should include a description of the proposed marketing approaches, strategies, tactics and channels..

The State of Connecticut, Department of Social Services or any program logos and names in private marketing materials which target CTDHP clients are conditionally permitted. The program logo may be used in conjunction with and must be placed in the vicinity of the provider/provider's office name. The font size for the statewide program phone number must not be smaller than the facility or provider's office phone numbers.

Any alternative language including non-English translations must be prior approved by the Department of Social Services.

Corporate marketing materials that include the Department of Social Services' programs do not require prior approval if the materials exclusively promote the corporate brand and do not mention CTDHP, HUSKY Dental or any State of Connecticut or Departmental programs.

Truthful and Accurate Materials

All marketing materials must be truthful and accurate. Providers may not promote their offices through misleading, inaccurate or deceptive electronic, audio, printed or artistic materials. The Department of Social Services will not allow any information that it determines to be misleading or exaggerated. This includes inaccurate statements regarding an individual's eligibility, enrollment or program benefits, the positive attributes of the office/facility, or disadvantages of competing providers or facilities.

Providers or their representatives must not present misleading or exaggerated claims about themselves, their offices or facilities' positive attributes. Misleading references include advertisements that a provider's services are free to any state, "Medicaid" or CTDHP members (HUSKY Health or Covered CT Members).

Prospective clients could conclude from advertisements of this nature that only this particular provider/facility provides services or free services to CTDHP members (HUSKY Health or Covered CT Members). Providers/facilities may distinguish themselves by promoting their legitimate positive attributes. Providers may not present false or misleading statements that any of their products are endorsed by the Department of Social Services or the Center of Medicare and Medicaid Services (CMS) or any other government entity. Providers are also restricted from engaging in deceptive, fraudulent or abusive practices for any purpose including enticing a client to become a patient and change their dental home.

Providers may not discriminate against any eligible individual on the basis of race, sex, age (including pediatric practices or facilities in the circumstances of older patients with special cognitive needs), creed, oral health status or the need for future oral health care services. In addition, discrimination based on sexual orientation; and gender identity and expression, is prohibited under state law.

Marketing Staff

The provider must not compensate marketing staff whether they are employees, independent contractors or marketing representatives through the use of a per client/patient incentive or a similar bonus type of reimbursement. Policies and procedures must be implemented to manage actions of the

marketing staff to ensure compliance with these marketing guidelines. These guidelines must be distributed to all of a provider's offices and must require that the guidelines be followed at all offices located in Connecticut or in offices deemed to be "border town" offices or "out of state" practices. Providers may display DSS approved materials and brochures in their offices. All unapproved materials are mandated to be retracted.

Recruitment or Solicitation of New Patients

Providers or their representatives may not actively solicit new patients at other provider sites, offices or facilities. Marketing and solicitation materials may not be distributed at DSS eligibility offices, including those in hospitals or other facilities for the purpose of marketing or solicitation. Providers may provide their materials to the DSS Central Office which will distribute the materials to regional operational centers for display purposes.

Providers may not market or promote their services through any means of telemarketing, mass mailings or any other means by which they may establish unsolicited personal contact with potential CTDHP members (HUSKY Health or Covered CT Members). Providers are permitted to respond with allowed information to unsolicited phone calls from potential clients or patients and may return calls to them when they request a return call. The provider may also provide DSS-approved materials when requested by a potential patient. Providers may distribute marketing materials to its service area, but may not conduct personal, small group or face-to-face marketing meetings except as provided below.

Recruitment or Solicitation of New Patients through Events

Providers may not conduct promotional group meetings or individual solicitation with potential patients at provider offices or group offices, private clubs, private residences or employer sites. Providers may conduct outreach or market their services at events and meetings which are open to the general public including those held at public facilities, churches, health fairs, other community sites and those organized or sponsored if the provider notifies DSS in advance of such meetings by submitting to DSS on a monthly basis the schedules of educational and marketing events for the following month. The schedules must contain enough information to allow DSS to attend events and monitor for compliance. Providers must utilize DSS approved materials in the presentations and comply with DSS's marketing guidelines. Providers may only request name, address, phone number and family size from potential patients. Providers are not allowed at any time to request Social Security Number, date of birth, Client Identification Number, children's names, family member names that are related to family members or future potential patients.

Gifts, Tokens and Incentives to Patients

The provider must not under any circumstances request or require personal contact information of potential patients in return for any gift item. Providers may distribute promotional token gifts of nominal value (toothbrushes, sample dental floss, magnets, pens, bags, etc.) at approved events and

with approved materials to potential patients when DSS has approved the materials in advance of the distribution and the unit cost value of each item is less than **two dollars (\$2.00)** and the aggregate cost per potential client shall not knowingly **exceed four dollars (\$5.00)** per occasion.

Providers may provide the following materials to CTDHP members (HUSKY Health or Covered CT Members) who are patients of record when DSS has approved the items and criteria for distribution:

- Token gifts to members including magnets, phone labels, and other nominal items that promote the dental providers services to reinforce “good” dental practices or behaviors
- Welcome packets sent to new patients of record
- Oral Health education materials which include but are not limited to podcasts, videos, CDs, DVDs, and other media

Providers must not provide or sponsor incentives unless explicitly approved by DSS. Such incentives include but are not limited to:

- Cash or gifts, including gift certificates or cards, to clients, patients of record or potential patients
- Gifts of any kind to agencies including DSS or its designee that hosts meetings with clients or potential patients.
- Raffles in association with marketing related activities or for the purpose of collecting information for future marketing activities for potential patients.
- Offering free screening and/or examinations and/or other dental services to potential or future patients or soliciting referrals from patients of record.

Providers are encouraged to remind patients to utilize benefits including regular examinations and cleanings which are available and designed to promote good oral health at periodic regularly scheduled appointments. The provider may disseminate information solely regarding general oral health information materials to their patients of record without prior approval from DSS.

Utilization Management Programs

Utilization Management (UM) is a set of processes which seeks to ensure that eligible members receive the appropriate, least restrictive and most cost-effective treatment to meet their identified oral health needs within the prevailing standards of care. Utilization Management as used in this context includes practices such as, prior authorization, concurrent claims review, retrospective medical necessity review and retrospective utilization review.

Prior authorization includes prospective and concurrent claims review to ensure that services are delivered in accordance with the programs coverage guidelines, benefit rules and prevailing community standards of care. Retroactive medical necessity review may include provider chart reviews to ensure that documentation supports medical necessity and medical appropriateness of services and treatments rendered and that the documentation is consistent with the provider's claims. These chart reviews may be random or targeted based on information produced during the utilization management process.

BeneCare has developed a sophisticated proprietary, multi-variable statistical approach to utilization management which seeks to explain an individual dentist or practice's divergence from the average activity of all participating dentists by client group. The algorithm includes consideration of such factors as the age and gender mix of patients seen, the doctor's year of licensure, specialization or general practice, the socio-economics of the practice's location and other variables. Utilization reports are generated for each dentist or practice that compares the dentist's profile with the group norm. Expected procedure frequencies are tabulated for every category of care, against which each dentist is measured. The profile highlights instances of both under and over-treatment when compared to the expected norm for the group using standard statistical measurement techniques.

Utilization management analyses are conducted periodically. Practitioners' average care costs per patient are compared to the average cost of care for all patients under each dental specialty to further inform service distribution and practice pattern profiles. When a dentist's utilization patterns are outside of the confidence interval limits calculated in the statistical model or their average costs per patient are in variance to the average costs per patient generally, a more detailed utilization management investigation may be conducted.

Based upon these findings, communications from CTDHP detailing the variance in practice patterns or care costs and detailing the areas of concern will be sent to practitioners requesting a response that either explains the variance from expected norms or affirms an understanding of the areas of concern and agreement to modify practice patterns which led to the observed outcomes.

Non-compliance with these communications efforts may lead to further corrective action being initiated, which may include:

- Random or selected chart audits
- Referral to the Department of Social Services Quality Assurance Unit
- Practitioner specific modifications to future prior authorization and claims review requirements
- Terminating the dentist from the network

Sample UM Reporting

SUMMARY UTILIZATION AND PROCEDURES REPORT
FOR PERIOD FROM 3/01/2010 TO 8/31/2010
SPONSOR NUMBER: XXXXXX
SPONSOR NAME: GROUP ABC

DR. DENTIST ID: 123456789 Specialty: Pediatric Avg. Care Cost Per Patient: \$239.88

	Number	Num of	Num	Num of	Patient Counts			Ave	Patient Counts							
	of	Patient	Married	Male	By Relationship			Family	By Age				Ave	Median		
	Patients	Visits	Pats	Pat	Parts	Spouses	Child	Size	0-14	15-34	35-54	55+	Age	Age		
Dr's Activity	4,278	5,503	0	2,145	4,278	0	0	1	3,785	492	1	0	8	8		
Sponsor's Activity	96,379	146,482	2	39,937	96,379	0	0	1	54,277	27,931	13,446	725	13	11		

	Sponsor's Actual Activity			Dentist Actual Activity			Dentist Estimated Activity				
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]	[12]
Procedure	Number	Percent	Number	Number	Percent	Number	Range-	Expected	Range-	Factor By	Actual
Code	of	of	Per 100	of	of	Per 100	Lower	Number	Upper	Which Act/	Compared To
Group	Procedures	Total	Patients	Procedures	Total	Patients	Limit	Procedures	Limit	Exp. Differ	Limits
PERIODIC EXAM	57,874	47.61	60.04	3,240	15.72	75.73	66.00	75.00	84.00	0.00	WITHIN
LMT ORAL EVAL	18,749	80.21	19.45	250	1.21	5.84	6.00	9.00	12.00	0.64	UNDER
COMP ORAL EVAL	26,599	13.80	27.59	662	3.21	15.47	15.00	23.00	31.00	0.00	WITHIN
RE EVAL LMT'D	7	0.02	0.00	1	0.00	0.02	25.00	34.00	43.00		N/A
COMP XRAY SERIES	3,728	15.95	3.86	13	0.06	0.30					N/A
PERIAPICAL XRAYS	79,647	40.76	82.63	558	2.70	13.04	11.00	45.00	80.00	0.00	WITHIN
OTHER XRAYS	593	2.53	0.61	43	0.20	1.00	15.00	26.00	36.00	0.03	UNDER
BW XRAYS	46,973	0.97	48.73	1,488	7.22	34.78	30.00	37.00	45.00	0.00	WITHIN
PANORAMIC XRAY	15,864	67.87	16.46	408	1.98	9.53	7.00	11.00	14.00	0.00	WITHIN
ADULT PROPHY	18,263	78.13	18.94	38	0.18	0.88					N/A
CHILD PROPHY	63,742	72.71	66.13	4,012	19.47	93.78	79.00	91.00	102.00	0.00	WITHIN
FLOURIDES	60,903	60.56	63.19	4,152	20.15	97.05	78.00	90.00	102.00	0.00	WITHIN
SEALANT TOOTH	54,467	33.03	56.51	1,765	8.56	41.25	38.00	57.00	76.00	0.00	WITHIN
SPACE MAINTAINERS	1,172	5.01	1.21	123	0.59	2.87	1.00	4.00	7.00	0.00	WITHIN
AM 1 SURF	4,550	19.46	4.72	69	0.33	1.61					N/A
AM 2 SURF	6,709	28.70	6.96	415	2.01	9.70					N/A
AM 3 SURF	2,369	10.13	2.45	110	0.53	2.57					N/A
AM 4 SURF	467	1.99	0.48	8	0.03	0.18					N/A
COMP 1 SURF	4,049	17.32	4.20	105	0.50	2.45	2.00	4.00	7.00	0.00	WITHIN
COMP 2 SURF	3,296	14.10	3.41	85	0.41	1.98	2.00	4.00	6.00	0.49	UNDER
COMP 3 SURF	4,870	20.83	5.05	128	0.62	2.99					N/A
45 RSN COM	3,940	16.85	4.08	65	0.31	1.51	1.00	5.00	9.00	0.00	WITHIN
15 RSN COM POS	32,158	37.58	33.36	521	2.52	12.17	14.00	25.00	36.00	0.48	UNDER
25 RSN COM POS	31,790	36.01	32.98	403	1.95	9.42	16.00	26.00	36.00	0.36	UNDER
35 RSN COM POS	16,640	71.19	17.26	76	0.36	1.77	2.00	9.00	16.00	0.19	UNDER
45 RSN COM POS	4,598	19.67	4.77	8	0.03	0.18					N/A
CROWNS/STNLS	5,028	21.51	5.21	270	1.31	6.31					N/A
SEDATIVE REST	1,245	5.32	1.29	11	0.05	0.25					N/A
PULP CAPS	1,441	6.16	1.49	24	0.11	0.56					N/A
PULPOTOMY	3,282	14.04	3.40	249	1.20	5.82	2.00	11.00	20.00	0.00	WITHIN
PERIO SURGICAL	137	0.58	0.14	1	0.00	0.02					N/A
SIN TOOTH EXT	15,789	67.55	16.38	527	2.55	12.31	8.00	19.00	31.00	0.00	WITHIN
EMER TREATMENT	477	2.04	0.49	4	0.01	0.09					N/A
GENERAL ANESTHESIA	6,212	26.57	6.44	772	3.74	18.04	1.00	4.00	7.00	4.51	OVER

AREAS OF CONCERN:
1.) General Anesthesia at 4.5 times the frequency for the group.

SPONSOR CLAIM REVIEW: ABCDE
FOR CLAIMS PAID FROM 3/01/2010 TO 8/31/2010

PEDIATRIC DENTISTS										
DENTIST ID	DENTIST NAME	NBR OF PATIENTS	NBR OF CLAIMS	TOTAL DOLLARS	AVE PER CLAIM	AVE PER PATIENT	ACCP Compared to Limits	AMT VAR From Average	PCT VAR From Average	
983685596	DR. 983685596	1	2	\$960.00	\$480.00	\$960.00	Over	\$570.40	246.41%	
780891724	DR. 780891724	5	9	\$2,365.00	\$262.77	\$473.00	Within	\$83.40	121.41%	
922346852	DR. 922346852	33	57	\$7,611.00	\$133.52	\$230.63	Under	(\$158.97)	59.20%	
499796318	DR. 499796318	50	129	\$21,773.26	\$168.78	\$435.46	Within	\$45.86	111.77%	
438035974	DR. 438035974	64	123	\$105,557.64	\$858.19	\$1,649.33	Over	\$1,259.73	423.34%	
198810596	DR. 198810596	68	114	\$14,397.00	\$126.28	\$211.72	Under	(\$177.88)	54.34%	
642225734	DR. 642225734	86	161	\$28,165.00	\$174.93	\$327.50	Within	(\$62.10)	84.06%	
968666039	DR. 968666039	101	154	\$28,481.52	\$184.94	\$281.99	Under	(\$107.61)	72.38%	
245275678	DR. 245275678	164	264	\$63,462.80	\$240.38	\$386.96	Within	(\$2.64)	99.32%	
669169897	DR. 669169897	207	408	\$47,801.00	\$117.15	\$230.92	Under	(\$158.68)	59.27%	
799745975	DR. 799745975	248	410	\$63,327.04	\$154.45	\$255.35	Under	(\$134.25)	65.54%	
753216082	DR. 753216082	255	387	\$87,048.91	\$224.93	\$341.36	Within	(\$48.24)	87.62%	
287115402	DR. 287115402	280	583	\$116,323.17	\$199.52	\$415.43	Within	\$25.83	106.63%	
533498461	DR. 533498461	284	400	\$59,281.00	\$148.20	\$208.73	Under	(\$180.87)	53.58%	
485263065	DR. 485263065	287	466	\$87,194.00	\$187.11	\$303.81	Within	(\$85.79)	77.98%	
801031574	DR. 801031574	369	554	\$89,397.30	\$161.36	\$242.26	Under	(\$147.34)	62.18%	
776896610	DR. 776896610	385	570	\$81,277.95	\$142.59	\$211.11	Under	(\$178.49)	54.19%	
796656311	DR. 796656311	568	878	\$154,344.70	\$175.79	\$271.73	Under	(\$117.87)	69.75%	
477641548	DR. 477641548	576	862	\$135,601.07	\$157.30	\$235.41	Under	(\$154.19)	60.42%	
201563419	DR. 201563419	580	822	\$125,859.00	\$153.11	\$216.99	Under	(\$172.61)	55.70%	
222406485	DR. 222406485	585	927	\$188,704.00	\$203.56	\$322.57	Within	(\$67.03)	82.80%	
925430083	DR. 925430083	648	1,231	\$287,522.80	\$233.56	\$443.70	Within	\$54.10	113.89%	
841433100	DR. 841433100	838	1,457	\$254,795.80	\$174.87	\$304.05	Within	(\$85.55)	78.04%	
495860242	DR. 495860242	928	1,475	\$348,505.56	\$236.27	\$375.54	Within	(\$14.06)	96.39%	
112836448	DR. 112836448	1,080	1,551	\$492,117.18	\$317.29	\$455.66	Within	\$66.06	116.96%	
759562509	DR. 759562509	1,520	3,023	\$761,534.68	\$251.91	\$501.00	Over	\$111.40	128.59%	
397646964	DR. 397646964	1,541	2,517	\$546,141.68	\$216.98	\$354.40	Within	(\$35.20)	90.97%	
267086699	DR. 267086699	1,614	3,135	\$978,216.39	\$312.03	\$606.08	Over	\$216.48	155.57%	
278764809	DR. 278764809	1,757	3,137	\$663,195.00	\$211.41	\$377.45	Within	(\$12.15)	96.88%	
145947747	DR. 145947747	2,363	3,593	\$490,371.60	\$136.47	\$207.52	Under	(\$182.08)	53.27%	
326585986	DR. 326585986	4,338	6,261	\$1,040,636.49	\$166.20	\$239.88	Under	(\$149.72)	61.57%	

PARTICIPATING DENTISTS SERVICES	21,823	35,660	\$7,371,969.54	\$206.73	\$337.81
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Standard Deviation	\$279.08
Number of Providers > +/-1SD	2
Mean(Average)	\$389.60
Sample Size	31
Lower Limit (95% CI)	\$287.23
Upper Limit (95% CI)	\$491.96