

## Bowen Center for Health Workforce Research & Policy

### Dentist Verification Protocol

#### Purpose

The purpose of provider verification is to validate the practice characteristics of general dentists actively practicing in Indiana.

#### Accessing REDCap™

**Step 1:** To access our provider data on Red Cap visit: <https://redcap.uits.iu.edu/>. You will log-in using you IUPUI username and passphrase and the DUO login. Once you sign in, click on the *My Projects* tab at the top of the page and then click on the project for provider data verification.

**Step 2:** On the left hand panel you will see the Add/Edit Records link under Data Collection. Click on this to be taken to the provider verification page for accessing provider data collection forms. You will see two rectangular tables with a yellow heading. **You will only work in the first table with the Incomplete, Unverified and Complete Records.**

**\*When verifying a provider's information, DO NOT edit Name, License Address or NPI Addresses.**

#### Secondary Data Collection

**Step 1:** Locate the **Incomplete Records** row and select the record that you have been assigned.

**Step 2:** Web Search verification

1. Google is the preferred search engine as it offers robust search results
  - a. Providers are entered into the search engine using the following format
    - i. First Name, Middle Initial, Last Name, [MD, DO or DDS], State of Practice
      1. The middle initial is recommended in place of the full middle name as the full middle name frequently returns invalid results.
    - ii. Middle names and initials are acceptable for distinction of common names
2. Acceptable Web Pages for use in verification:
  - a. Private Practice Websites which have been updated in the last 12 months
    - i. To determine if a website has been recently updated, look at the copyright year at the bottom of the home page.
  - b. Hospital websites with Provider lookup which has been updated in the last 12 months
    - i. Hospitals who have partnered with iTriage are not acceptable for use in verification due to the inconsistency of the iTriage application.
  - c. Provider Group Websites updated in the last 12 months
  - d. Web Pages that are not acceptable as a sole source for verification but can be used as part of the search process
    - i. Web MD
    - ii. HealthGrades
    - iii. Doximity
    - iv. Health.USnews

**Step 3:** Verification of Practice Address

1. Report the Providers address in the **Primary or Secondary practice address** section of the form.

**Step 4:** Once a Provider has been verified by the use of secondary data collection methods, select “Complete” from the drop down at the bottom of the form.

1. In the event that a provider cannot be verified by the use of secondary data collection methods, the recorded practice location of the providers should be called **immediately** in order to conduct primary data collection. The procedures for primary data collection are provided below.

### Primary Data Collection Procedures

**Step 1:** Dial the telephone number of the dentist’s practice located obtained through online search.

**Step 2:** Identify yourself and your reason for calling.

1. Hello, my name is \_\_\_\_\_ and I am a Research Assistant at Indiana University. On behalf of the Primary Care Office at the Indiana State Department of Health, we are conducting physician verification.
2. This verification process includes validating the practice location and characteristics of dentists actively practicing in Indiana.
3. Do you know who at your clinic would best be able to answer questions about one of the physicians working at this location?

*NOTE: You don’t have to talk to the physician directly. Most of the time, you will be talking to a receptionist and they should be able to answer most of the questions. If you do get the chance to talk to the physician directly, reword the introduction so that they makes sense.*

Myself: “Great! Would you have time now to complete our survey or does another time work best for you?”

Now is Fine: “Great!” – Mark provider status as a respondent and move on to 3a.

Another time: “Could you please tell me what time of day works best for you?”

-- When scheduling a time to conduct a telephone interview please put this appointment on your Outlook calendar. Mark them as a respondent at the beginning of the scheduled interview. When calling a facility for a follow-up remind them of who you are and provide a brief description of the study.

- a. “To begin, I’d like to confirm that (dentist’s name here) works at this location. Is this correct?”
  - i. Yes – “Great, now I will move on the verification questions.” Begin with verification question 1.
  - ii. No – “Okay. Would you be able to tell where he is currently practicing?”
    1. If no address is provided, mark the provider’s REDCap form as “Incomplete” and it will be reviewed by the project coordinator at a later time.
    2. If a new address is provided, include this in the primary practice address data entry fields and contact that facility to restart verification.

## Primary Data Collection: Verification Questions

1. License Number **[Pre-Populated – NO NEED TO VERIFY]**: Number of license issued by Indiana Professional Licensing Agency (IPLA)
2. National Provider Identification (NPI) Number **[Pre-Populated – NO NEED TO VERIFY]**
3. Full Name **[Pre-Populated – NO NEED TO VERIFY]**: Provider’s full name as recorded by IPLA
4. Employment Status
  - a. “What is this provider’s employment status?”
    - i. Actively providing direct patient care
    - ii. Actively working but not providing direct patient care
    - iii. Retired
    - iv. Locum Tenens

*Note:* Providers who are working in a field other than dentistry, not currently working or retired are considered ineligible for use in HPSA designations.

5. Dental Practice Type
  - a. “What is the dental practice type of Dr. [LAST NAME].”
    - i. General Dentistry
    - ii. Dental Public Health
    - iii. Endodontics
    - iv. Oral and maxillofacial pathology
    - v. Oral and Maxillofacial radiology
    - vi. Oral and Maxillofacial surgery
    - vii. Orthodontics and dentofacial orthopedics
    - viii. Pediatric Dentistry
    - ix. Periodontics
    - x. Prosthodontics

*Note:* Providers who are not general or pediatric dentists are considered ineligible for use in HPSA designations.

6. Practice Address
  - a. “Now I would like to confirm the address of this clinic. I have [Address, City, State, ZIP Code]. Is this correct?”
    - i. Yes – Move to question 7
    - ii. No – “Okay, can you give me the correct address?” Record new address in the primary practice address fields. Move to question 7.

7. Practice Setting
  - a. “What kind of practice setting is this location considered to be?”
    - i. Dental office practice – Solo Practice
    - ii. Dental office practice – Partnership
    - iii. Dental office practice – Group Practice
    - iv. Hospital/Clinic
    - v. Federal government hospital/clinic (includes military)
    - vi. Health center (CHC/FQHC/FQHC look-alike)

- vii. Long-term care/nursing home/extended care facility (non-hospital)
- viii. Home health setting
- ix. Local health department
  - x. Other public health/community health setting
- xi. School health service
- xii. Mobile unit dentistry
- xiii. Correctional facility
- xiv. Indian health service
- xv. Headstart (including early Headstart)
- xvi. Staffing organization
- xvii. Teledentistry
- xviii. Other setting

8. Practice Hours

- a. On average, how many hours per week does this provider spend in direct patient care?
  - i. 0 hours per week
  - ii. 1 – 4 hours per week
  - iii. 5 – 8 hours per week
  - iv. 9 – 12 hours per week
  - v. 13 – 16 hours per week
  - vi. 17 – 20 hours per week
  - vii. 21 – 24 hours per week
  - viii. 25 – 28 hours per week
  - ix. 29 – 32 hours per week
  - x. 33 – 36 hours per week
  - xi. 37 – 40 hours per week
  - xii. 41 or more hours per week

9. Hours per Week in Patient Care

- a. “Could you estimate the number of hours per week Dr. [LAST NAME] spends in direct patient care at this location?”
  - i. Primary FTE will be calculated from the reported hours per week in patient care.

| Hours per Week in Patient Care | FTE Conversion |
|--------------------------------|----------------|
| 0 hours per week               | 0              |
| 1 – 4 hours per week           | 0.1            |
| 5 – 8 hours per week           | 0.2            |
| 9 – 12 hours per week          | 0.3            |
| 13 – 16 hours per week         | 0.4            |
| 17 – 20 hours per week         | 0.5            |
| 21 – 24 hours per week         | 0.6            |
| 25 – 28 hours per week         | 0.7            |
| 29 – 32 hours per week         | 0.8            |
| 33 – 36 hours per week         | 0.9            |
| 37 – 40 hours per week         | 1              |
| 41 or more hours per week      | 1              |

#### 10. Medicaid and Sliding Fee Scale

- a. "Does this practice accept Medicaid as a form of payment?"
  - i. Yes – Move to 10b
  - ii. No – Record this answer and select the first option for the percentage of Indiana Medicaid patients at this location ("I do not accept Indiana Medicaid"). Move to question 10c
  
- b. "Could you estimate the percentage of patients at this location who are Indiana Medicaid recipients?"
  - i. I do not accept Indiana Medicaid
  - ii. Indiana Medicaid accounts for >0% - 5% of my practice
  - iii. Indiana Medicaid accounts for 6% - 10% of my practice
  - iv. Indiana Medicaid accounts for 11% - 20% of my practice
  - v. Indiana Medicaid accounts for 21% - 30% of my practice
  - vi. Indiana Medicaid accounts for 31% - 50% of my practice
  - vii. Indiana Medicaid accounts for greater than 50% of my practice
  
- c. "Does Dr. [LAST NAME] offer a sliding fee scale for patients?"
  - i. Yes – Record this answer and move to 10d
  - ii. No – Record this answer and select the first option for the percentage of patients on a sliding fee scale ("I do not offer a sliding fee scale"). Move to question 11.
  
- d. "Could you estimate the percentage of patients on a sliding fee scale at this location?"
  - i. I do not offer a sliding fee scale
  - ii. Sliding fee patients account for >0% - 5% of my practice
  - iii. Sliding fee patients account for 6% - 10% of my practice
  - iv. Sliding fee patients account for 11% - 20% of my practice
  - v. Sliding fee patients account for 21% - 30% of my practice
  - vi. Sliding fee patients account for 31% - 50% of my practice
  - vii. Sliding fee patients account for greater than 50% of my practice

#### 11. Auxiliaries

- a. "If Dr. [LAST NAME] has any auxiliaries working at this clinic, could you estimate the number of auxiliaries working there?"
  - i. Unknown
  - ii. None
  - iii. One
  - iv. Two
  - v. Three
  - vi. Four or more

#### 12. Second Practice Location

- a. Does this provider practice at a second location?
  - i. Yes – Record answer and repeat questions 6 – 11 for the secondary practice.
  - ii. No – Record answer and thank respondent for their time. Move to 13.

#### 13. Notes

- a. Any additional information regarding the provider can be written here in the Notes textbox.

14. Complete?

- a. Select "Complete" from the dropdown if all fields are filled out and the provider has been verified by the above protocol.
- b. ONLY select unverified by approval.

### **Attachment A: HRSA Sliding Fee Discount Guidelines**

The health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.

- This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.
- No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines.
- No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.

(Section 330(k)(3)(G) of the PHS Act, 42 CFR 51c.303(f), and 42 CFR 51c.303(u))