



Policy & Procedure

Company:	ODS Community Dental	Reference Number:	QI-634
Department:	Dental Services		
Business unit:	Dental Medicaid	Category:	Quality Improvement
Title:	Dental Case Management (website)		
Origination Date:	08/2019	Original Effective Date:	08/2019
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Revision Published Date:	6/14/2024	Next Annual Review Date:	6/2025
State (select all boxes applicable to this policy) <input type="checkbox"/> Alaska <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington			
Product (check all boxes applicable to this policy) <input checked="" type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Vision <input type="checkbox"/> Other _____			
Type of Business (check all boxes applicable to this policy) <input type="checkbox"/> Commercial Group <input type="checkbox"/> Commercial Individual <input type="checkbox"/> Exchange Business <input type="checkbox"/> EOCCO <input checked="" type="checkbox"/> OHP <input type="checkbox"/> Medicare <input type="checkbox"/> ASO/ Self-funded <input type="checkbox"/> Other _____			

I. Policy Statement and Purpose

ODS Community Dental is committed to providing all members with the appropriate benefits, resources, and support needed to access dental services. The ODS dental case management team does this by working closely with members, providers, and coordinated care organizations (CCOs) to educate members, coordinate care, provide necessary follow-up, and ensure cultural and linguistic appropriateness for all communication methods and services. ODS complies with the Americans with Disabilities (ADA) Act of 1990 to have written policies and procedures that ensure access to covered services for all OHP members and shall arrange for culturally appropriate services by referral, when necessary, from non-participating providers.

II. Definitions

ADA- Americans with Disabilities

Capitation – A payment arrangement for health care service providers, such as dentists, that pays the provider a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care. Capitated plans provide benefits only to a specific provider; the capitated provider must refer the member out to a specialist in order for them to use benefits for services by any other provider/office.

CCO – Coordinated Care Organization

CSR- Customer Service Representative

DCS- Dental Customer Service

DCO – Dental Care Organization

DQIC - Dental Quality Improvement Committee

MMIS (Medical Management Information System)- The web portal used to verify Oregon Medicaid coverage

OHA – Oregon Health Authority

OHP- Oregon Health Plan

PHP- Primary Health Plan

Special Health Care Needs- Having complex or high health care needs; multiple chronic conditions, mental illness or Substance Abuse Disorders and have a functional disability such as being aged, blind, or disabled; living with health or social conditions that place them at risk for developing functional disabilities (e.g., serious chronic illnesses or certain environmental risk factors, such as houselessness or family problems, that may lead to the need for placement in foster care) or are part of the prioritized populations as defined in 410-141-3870.

III. Procedures

The member and their primary care dentist (PCD) work together to develop and implement a treatment plan to ensure that the member obtains capitated services and follow up, as appropriate including a comprehensive, ongoing assessment of the member's dental needs. When required or desired, the PCD submits the treatment plan to ODS Community Dental for timely approval of covered services. When ODS identifies a member with complex medical needs ODS will share that information with other PHP's serving the member so that health activities are not duplicated.

A. Care coordination

1. The ODS Community Dental Case Management team provides care coordination for members, and regularly engages with members' providers and CCOs, to ensure member needs are addressed both proactively and as they come up. The case management team monitors providers' care coordination through follow-up calls with providers as appropriate. Care coordination strategies and activities include, but are not limited to:
 - a. Working with providers and/or CCO case management teams to discuss care for members with co-morbid conditions that require intensive case management
 - b. Outreaching to diabetic members to assist them in establishing care with a dental provider
 - c. Responding to provider requests to assist their diabetic members with primary care, if the member is unestablished
 - d. Exploring options for members with consistent patterns of missing appointments that may need physical or behavioral interventions
 - e. Documenting care coordination activities in an internal database and using it for developing tailored care coordination approaches
 - f. Assisting physical and dental health providers with information exchange (e.g., outreaching to dental providers when member information, like treatment plans, is needed)

B. Specialty referrals

1. Oral surgery, endodontics, pediatric dentistry, or denturist referrals
 - a. *Non-capitated providers* do not need written referrals to refer to specialty care. If you need help finding a specialist, you can contact ODS Community Dental Customer Service at 800-342-0526 or use the Find Care tool on our website.
 - b. *Capitated providers* needing to refer to specialty care must send a written referral request to ensure appropriate claims processes for the specialty office.
2. **Special needs, periodontal, and second opinion referrals**
 - a. For patients with special needs, periodontal needs, or when a second opinion is needed, you must submit a written referral form request (see form available on ODS Community Dental website).

Requests and questions can be faxed to 503-952-5259, called into 844-274-9124, or e-mailed to dentalcasemanagement@modahealth.com

- b. If a member requires a special needs provider, the team will complete the following:
 - i. Verify eligibility using Facets, MMIS and the CCO portal.
 - ii. Verify the member's rate code. If the member does not have a special needs rate code, the case management team will obtain the needed information and request approval from the dental consultants.
 - iii. Identify the member's medical and dental needs, and request chart notes and health history forms, as needed.
 - iv. Reach out to the member's CCO for assistance with diagnosis, open cases, and identifying any barriers the member may have to ensure the member is seeing the correct provider, as needed.
 - v. Send copies of the referral to the member, the referring provider (if applicable), and the special needs provider.
 - vi. Once a specialist has been found, the member or their representative may contact the specialist directly to make an appointment.
 1. Depending on the requested service, the CSR may contact the specialist office to help arrange the care.
 - vii. In instances where a member needs care and there is not a participating provider available, a non-participating provider is contacted and approved to provide culturally appropriate care.
 1. To ensure proper claim and encounter processing, ODS enters into a one-time or specific member agreement with the provider
 - viii. **If a member needs intensive case management, the request for outreach will be fulfilled within one business day.**
 1. **This system is monitored for timeliness in the Dental Case Management database.**

3. Honoring prior authorizations

- a. ODS will honor prior authorizations when a member is switching to our DCO because their CCO discontinued their contract with OHA or a member changes CCO.

4. Auditing effectiveness of referrals

- a. The OHP dental coordinator audits the effectiveness of our referrals on a quarterly basis and verifies whether our OHP members who request specialty referrals actually receive the specialty care.
 - i. All the special needs referrals for the quarter are audited.
 - ii. The OHP dental coordinator compiles a spreadsheet with the following information for all of the completed referrals in the specific month.
 - Date the referral was filed
 - Date of Service
 - Patient's first & last name
 - Member's ID number
 - Referring doctor's name
 - Specialist/Provider's name the member was referred to
 - Specialty type
 - Member did attend or has a scheduled appt
 - Date of future appointment or date of future services
 - Comments
- b. Once all the member's information is entered into the spreadsheet, the coordinator verifies claim data in the ODS Community Dental operating system to check for a claim for the treatment requested

for the referral. If a claim is on file, the coordinator enters the date of service is entered on the spreadsheet.

- c. If the member does not have a claim on file, the coordinator calls the specialist's office to verify if the member has scheduled an appointment. If the provider's office verifies the member has scheduled a future appointment, the coordinator enters the appointment date in the spreadsheet. Additional information obtained from the office is also recorded (the member no showed for his/her appointment, or the member had to cancel and has not rescheduled yet.)
- d. The coordinator verifies eligibility in MMIS and CCO Web Portal for members who have not received the requested treatment or who have not scheduled an appointment. If the member's coverage with ODS Community Dental has terminated, a note is made on the spreadsheet.
- e. The coordinator calls members who do not have a claim on file and/or who have not scheduled an appointment with the specialist and who are still active members with ODS Community Dental to confirm with the member if he or she has any questions or concerns with the referral. If the member needs a new referral, the coordinator works with the member to complete a new referral to a different specialist.
- f. Once all the above data has been collected and processed, the coordinator generates a report summarizing by referral type the percentage of members referred, treated, and non-scheduled. The completed report is presented to the DQIC.

C. Emergency department visit follow-up

1. Inappropriate utilization of emergency departments is identified with alerts from PointClickCare when ODS Community Dental is notified by Pointclickcare that a member has accessed emergency care for a dental related issue, the following procedures apply:
 - a. The OHP dental coordinator calls the members to educate them on their dental benefits and resources for dental needs. The coordinator also assists the members with locating a primary care provider when necessary.
 - b. The OHP dental coordinator mails an education letter to members when they are not available by telephone. The letters outline the appropriate steps to take in a dental emergency situation.
 - c. ED utilization for dental services is reported to the Dental Quality Improvement Committee every other month.

D. Member-specific outreach

1. All members: We make available educational materials and care coordination for all members based on their specific needs. This may include sending reminder letters to members that have not visited the dentist in the last 24 months and reminding members with dentures of the importance of an annual exam.
2. **Pregnant Members: We outreach to pregnant members with education on how dental visits during pregnancy are both safe and important. We offer tips on oral health care for infants, toddlers, and school aged children.**
3. Diabetic members: We developed an outreach program geared toward diabetic members, which includes educational materials that illustrate the oral health/overall health connection. The dental case management team outreaches to diabetic members to ensure that members are established with a dental provider.
4. Foster care: We work with foster parents to ensure that children newly placed in foster care receive a dental assessment within 60 days of placement.
5. **Children ages 1-14: We developed an outreach program focused on reaching children and their caregivers to ensure they are getting preventive care in the early stages of life by helping to establish them with a provider and schedule for an appointment.**

E. Supporting Providers

1. Serving as a resource for care coordination: The dental case management team is available to assist providers in coordinating care for members, help establish unengaged patients with care, and provide additional support when requested.
2. **Care coordination: The dental case management team provides dental providers with the contact information for other providers working with a member (such as their physical or behavioral health providers) in instances where this can help better coordinate care.**
3. Reports: We generate and distribute reports for providers, such as gap lists for diabetic members, to address the OHA quality metrics.
4. Interpreter requests: We provide on-site interpreters at no cost to the member or provider. Our dental case management team provides tools for providers to request interpreters.
5. OHP-related questions: Our dental case management team is available to both members and providers to answer OHP-related questions.
6. **Dismissals: We can assist providers with dismissing members from their clinic in instances where the dismissal guidelines outlined in the ODS Community Dental OHP Provider Handbook have been satisfied.**

F. Member Information Changes

When ODS Community Dental is made aware of changes in enrollee circumstances, the dental case management team sends the information to the contracted CCO partner or OHA, whichever contracted entity the member is assigned to ODS by.

G. Predetermination requirements

ODS Community Dental does not require predeterminations for any service.

H. Prior authorizations requirements

ODS Community Dental does not require prior authorizations for any service.

IV. Monitoring and Reporting

ODS Dental Case Management shares reports of case management activities with the appropriate entities, including CCO partners, the Oregon Health Authority, and the ODS Dental Quality Improvement Committee (DQIC). The Dental Case Management team maintains a report of all its case management activities and meets regularly to review and discuss any issues that arise. The DQIC reviews member complaints quarterly for persistent or significant problems regarding case management services. The committee identifies areas for improvement and implements appropriate interventions.

V. Confidentiality

ODS Community Dental shares information under this section in compliance with the confidentiality requirements of the OHP contract.

VI. Related Policies & Procedures, Forms and References

Policies & Procedures

Care for Members with Special Needs (QI-603)

Forms

OHP Dental Referral Request Form

References

410-141-3515

410-141-3500 (C) (66)
 410-141-3860
 410-141-3865
 410-141-3870 (2)

VII. Revision Activity

New P & P /Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
New policy	DQIC	10/11/2019	08/2019
Annual Review- Added additional detail about working with providers in section "B. Care Coordination" and added #1 and #2 to section "F. Supporting Providers", based on CCO audit feedback.	DQIC	12/13/19	12/1/19
Annual Review- Combined Dental Case Management policy information with OHP Dental Case Management Policy (QI-620). Added ADA specifics to policy statement, various definitions to section II and updated Special Health Care Needs definition. Added specific means of communication and programs utilized in providing care to members with special health care needs and referrals. Added sections on referral auditing process, ED utilization reporting to DQIC, member information changes, predetermination requirements, prior authorization requirements, and confidentiality per OHP contract. Updated section VI with appropriate document and OAR titles. OHP Dental Case Management policy QI-620 archived.	DQIC	6/11/2021	6/11/2021
Annual review – no changes	DQIC	12/9/2022	12/9/2022
Annual review – no changes	DQIC	4/14/2023	4/14/2023
Annual Review- Updated C. Emergency Room Visit and Follow up- updating name of the alert system used.	DQIC	6/14/2024	6/14/2024

VII. Affected Departments:

Dental Network Operations