



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)		
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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 of our members with the appropriate benefits, resources, and supports that they need to access dental services. Our 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 of outreaches.

II. Procedures

A. 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. Requests can be faxed to 503-952-5259 (see form in the back of the OHP Provider Handbook).
 - b. If a member requires a special needs provider, the team will complete the following:
 - i. Verify eligibility using MMIS and the CCO portal.

- ii. Verify the member's coverage code. If the member does not have a special needs coverage 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.
 - 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.
 - v. Send a copy of the referral to the member, the referring provider, and the special needs provider.
 - vi. If member needs intensive case management, the request for outreach will be fulfilled within one business day.
 - vii. Once a specialist has been found, the member or their representative may contact the specialist directly to make an appointment.
 - viii. In instances where a member needs care and there is not a participating provider available, a non-participating provider is contacted and approved to perform the care.
 - ix. To ensure proper claim and encounter processing, ODS Community Dental enters into a one-time or specific member agreement with the provider.
- c. For additional details on the referral process, please see your ODS Community Dental OHP Provider Handbook.
3. Honoring prior authorizations
- a. ODS will honor prior authorizations when member is switching to our DCO because their CCO discontinued their contract with OHA.

B. 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)

C. Emergency department visit follow-up

1. Inappropriate utilization of emergency departments is identified with alerts from PreManage. When ODS Community Dental is notified by PreManage that a member has accessed emergency care for a dental related issue, the following procedures apply:
 - a. The OHP dental coordinator calls the member to educate them on their dental benefits and resources for dental needs. The coordinator also assists the member 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.

D. Member-specific outreach

1. All members: We provide educational materials and care coordination for all members based on their specific needs. This includes 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.

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, 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 can assist providers with requesting 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. State-wide presence

1. ODS Community Dental is represented at the OHP regional meetings by our OHP Quality Improvement Specialist.

III. Monitoring and Reporting

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 the contracted entity the member is assigned to ODS by.

ODS Dental Case Management shares reports of case management activities with the appropriate entities, including contracted coordinated care organization partners, the Oregon Health Authority, and the ODS Dental Quality Improvement Committee (DQIC). 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.

IV. Related Policies & Procedures, Forms and References

OHP Dental Case Management – provides additional detail on internal case management processes

V. 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
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

VI. Affected Departments: