



Policy & Procedure

Company:	ODS Community Dental	Reference Number:	QI-635
Department:	Dental Services		
Business unit:	Dental Medicaid	Category:	Dental Case Management
Title:	Transitions of Care		
Origination Date:	12/2019	Original Effective Date:	12/2019
Revision Effective Date:	4/9/21	Published Date:	12/13/2019
Revision Published Date:	4/9/21	Next Annual Review Date:	4/22
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 (ODS) will ensure continued access to care to dentally necessary covered services and honor prior authorized care, referrals when applicable, and care coordination for members that are transitioning from their coordinated care organization (CCO) to another, from CCO to Fee-For-Service or vice versa or members transitioning from one Dental Care Organization (DCO) to another DCO.

II. Definitions

“Prior Authorized Care” means covered services authorized by the predecessor plan (i.e. previous CCO/DCO). CCOs/DCO are responsible for providing continued access to care during a transition of care, consistent with applicable federal and state law, to members described in section (3). The receiving CCO must cover all prior authorized care to such members for the transition of care period until the CCO/DCO is able to develop a new evidence-based, medically appropriate care plan. OAR 410-141-3061 (2)(b)

“Transition of care period” ODS Community Dental will honor prior authorizations and/or referrals for affected members for a transition of care period of thirty days, or until the enrollee’s new oral health provider reviews the member’s treatment plan, whichever comes first. For members that are dually eligible for Medicaid and Medicare, this period is ninety days. OAR 410-141-3850.

III. Procedures

A. Applicable Persons

- a. A member who is enrolled in a CCO/DCO (the “receiving CCO/DCO”) immediately after they are disenrolled from another CCO/DCO (including disenrollment resulting from termination of the predecessor CCO’s contract) or from Medicaid fee-for-service (FFS). OAR 410-141-3850 (1)

B. No Applicable Persons

- a. A member who is disenrolled from Medicaid or who has a gap in coverage following disenrollment from the predecessor plan. OAR 410-141-3850 (1)

C. Process

ODS will ensure that any member in transition of care receive access to covered services and ODS will honor prior authorized care and referrals made until the member’s treatment plan is reviewed by a new PCD. ODS will work with the predecessor plan when necessary to get this information to ensure a successful transition for the member during the transition of care period. ODS will also work to establish member with same or new provider who can review treatment plan.

- 1) Internal Process: If ODS is alerted to an authorization or referral approved by a different dental plan provider, or a member contacts customer service, a notification must be sent to the OHP coordinators in order for them to add a member note and batch edit. The approved authorization or referral should be scanned into content manager for reference.

D. Examples

- 1. Beginning January 1, 2020, OHA will no longer contract with PrimaryHealth and Willamette Valley Community Health as CCOs.
 - a. PrimaryHealth will no longer serve Josephine, Jackson and Douglas counties. As a result, those members will be transitioned to Jackson Care Connect and may consequently be assigned to a new DCO: ODS. These members would qualify for transition of care assistance. Thus, ODS would work to honor any previously prior authorized care for the transition of care period or until that member was seen by a new ODS provider.

IV. Related Policies & Procedures, Forms and References

42 CFR 438.62(b)
Oregon Administrative Rule (OAR) 410-141-3850

V. Revision Activity

New P & P /Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
New policy	DQIC	12/13/2019	12/1/2019
Annual review includes specification of transition of care in policy statement, reformatting of procedure sections, inclusion of related CFR	DQIC	4/9/2021	4/9/2021

VI. Affected Departments:

Dental Network Operations
Dental Claims and Appeals