ODS		**Policy & Procedure**	
Company:	ODS Community Dental	**Reference Number:**	QI-607
Department:	Dental Services		
Business unit:	Dental Medicaid	**Category:**	Quality Improvement
Title:	Providers		
Origination Date:	12/96	**Original Effective Date:**	12/96
Revision Effective Date:	**06/97, 08/97, 06/98, 07/98, 06/00, 12/02, 10/03, 10/04, 12/05, 12/06, 08/07, 4/08, 6/09, 6/10, 6/11, 6/12, 6/13, 6/14**	**Published Date:**	12/96
Revision Published Date:	**06/97, 08/97, 06/98, 07/98, 06/00, 12/02, 10/03, 10/04, 12/05, 12/06, 08/07, 4/08, 6/09, 6/10, 6/11, 6/12, 6/13, 6/14, 6/15, 6/16, 6/17, 6/18, 8/19**	**Next Annual Review Date:**	6/20

State (select all boxes applicable to this policy)

☐ Alaska ☒ Oregon ☐ Washington

Product (check all boxes applicable to this policy)
☒ Dental ☐ Medical ☐ Pharmacy ☐ Vision ☐ Other

Type of Business (check all boxes applicable to this policy)

☐ Commercial Group ☐ Commercial Individual ☐ Exchange Business ☐ EOCCO ☒ OHP ☐ Medicare

☐ ASO/ Self-funded   ☐ Other

I. **Policy Statement and Purpose**
ODS Community Dental ensures Oregon Health Plan (OHP) members may select a dental provider from the ODS Community Dental panel of participating dentists/denturists to receive dental benefits as outlined in the Oregon Health Authority Dental Services Rulebook 410-123-1000 through 410-123-1670.

II. **Procedures**
   A. New Members
      1. Members receive a welcome letter, member handbook, and a provider directory within two weeks of enrollment. Members are responsible for contacting a participating provider and scheduling a dental appointment. ODS Community Dental issues the member handbook and provider directory to members

not enrolled with a CCO. Members enrolled with a CCO receive their handbook and provider directory from the CCO.
   a. Members not in capitated service areas may select a provider from the list of participating providers.
   b. Members in capitated service areas are assigned to a specific clinic for their dental care.

III.   **Assistance in Finding a Provider for New and Existing Members**
   A. Members who are not assigned to a provider may access any participating dental provider for dental care. When members have difficulty finding a participating provider, the member handbook instructs them to call the OHP dental customer service department.
   B. Members who would like to be unassigned from their capitated provider may call the OHP dental customer service department to be unassigned and assisted with finding another participating providers in their area.
   C. The customer service representative:
      1. Provides members with names of participating providers who are located:
         a. Within 30 miles, 30 minutes or the community standard, whichever is greater, travel time for members living in urban areas
         b. Within 60 miles, 60 minutes or the community standard, whichever is greater, travel time for members living in rural areas
      2. Assists members in locating participating providers by calling local dental offices.
      3. Refers members to the non-emergent transportation service for assistance in obtaining transportation when they have none.
      4. Locates a non-participating provider when participating providers are not available.
         a. See the Access Plan policy for more details regarding non-participating provider contracting.

   D. Customer service utilizes the online provider directory to locate providers for non-English speaking members with any providers who speak the member's primary, preferred or spoken language. The downloadable provider directory lists providers who self-identify their practice as handicap accessible.

IV.   **Monitoring Provider Access**
   The ODS Dental Quality Improvement Committee reviews member complaints quarterly for persistent or significant problems regarding access to dental providers. The committee identifies areas for improvement and implements appropriate interventions.

V.   **Related Policies & Procedures, Forms and References**
   OHP Dental Access Policies and Procedures

   References:
   OAR: 410-141-0220 (1) (a) (A) (B) & (b) (B), 410-141-3220

VI.   **Revision Activity**

Modification Date	Change or Revision and Rationale	Effective Date of Policy Change
08/10/07	Added non-participating language.	08/01/07
03/19/08	Annual review	04/01/08
05/27/09	Annual review	06/01/09
05/26/10	Annual review	06/01/10
06/29/11	Annual review	06/01/11
05/29/12	Annual review – no changes	06/01/12
5/10/13	Annual review - added bullet C	6/1/13

5/30/14	Annual review		6/1/14

New P & P /Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
Annual review – updated on new company policy	DQIC	6/12/15	6/1/15
Annual review	DQIC	6/10/16	6/1/16
Annual review	DQIC	6/9/17	6/1/17
Annual review	DQIC	6/8/18	6/1/2018
Annual review, updated with minor edits that included replacing "practitioner" with "provider" in the policy title and throughout the policy; new template.	DQIC	8/9/19	7/1/19

VII. **Affected Departments:**