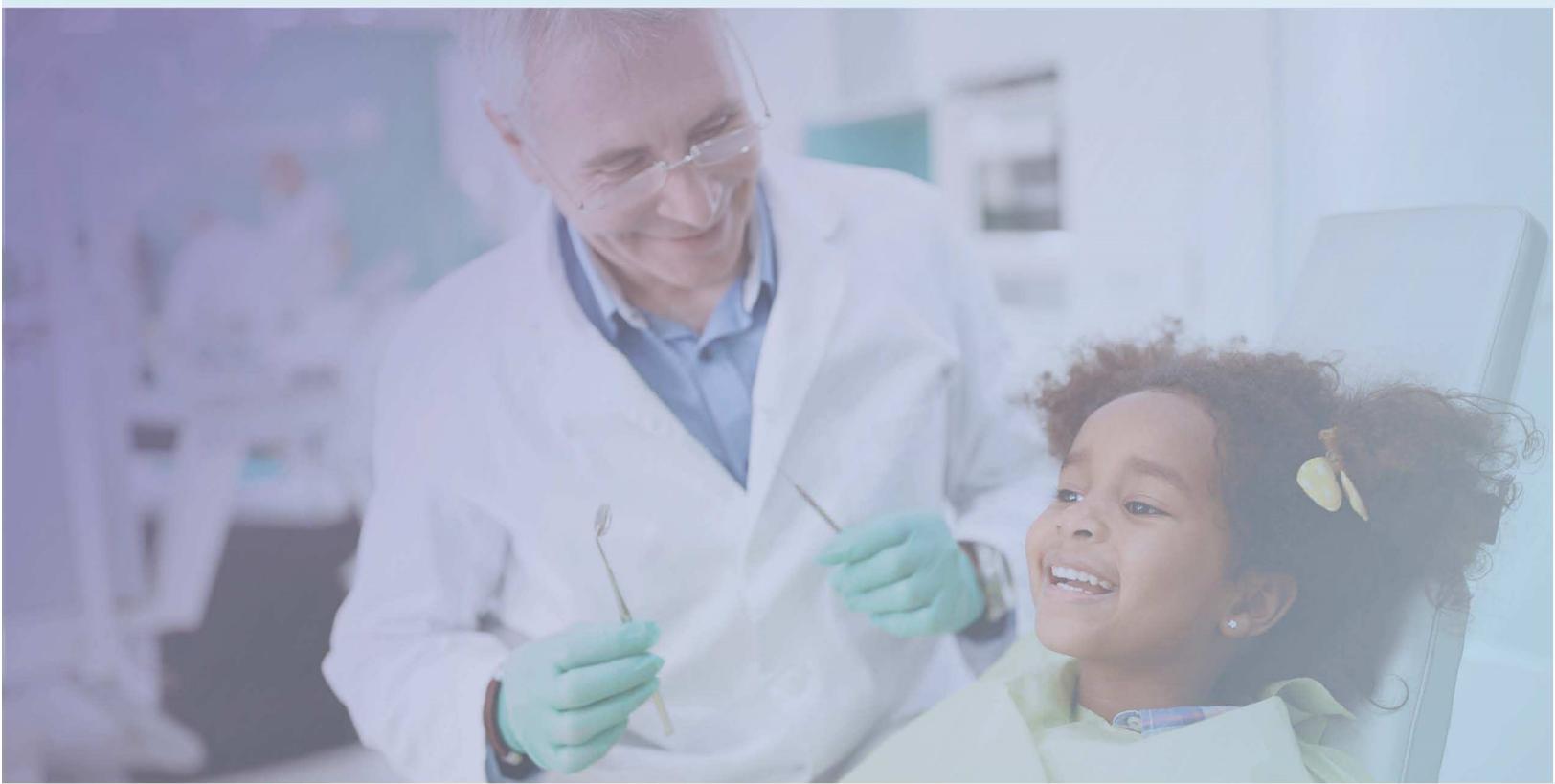




# 2019 ODS Member Handbook & Provider Directory

A guide for ODS members



## WELCOME

We are pleased you have selected ODS as your Oregon Health Plan (OHP) managed dental plan. ODS and its providers want to give you the best possible care.

It is important that you know how to use your dental plan. This handbook tells you about our program and how to get dental care. We'll also give you tips on getting the most out of your dental plan.

Your ODS Dental Member Handbook is not complete without the Oregon Health Plan Client Handbook. The state of Oregon will send you the OHP Client Handbook on request. It gives you important information that may not be covered in the ODS handbook. To ask for a copy, call 800-273-0557 (TDD/TTY: 711). You can read it online at <http://www.oregon.gov/OHA/healthplan/clients/main.shtml#handbook>

If you have questions about ODS, selecting a primary care dentist (PCD) or any other information in this handbook, please contact ODS Dental Customer Service:

In Portland:	503-243-2987
Toll-free:	800-342-0526
TTY:	711

The Customer Service office is located at 10505 SE 17th Ave., Milwaukie, OR 97222.

Customer Service is open from 7:30 a.m. to 5:30 p.m. Pacific time, Monday through Friday. Physical access is available for members with disabilities.

You may also visit our website at [www.modahealth.com/ohp](http://www.modahealth.com/ohp) or e-mail us at [OHPDental@modahealth.com](mailto:OHPDental@modahealth.com).

<b>English</b>	<b>Korean</b>
This document can be provided in other formats, including large print. Call ODS at 1-800-342-0526 or TDD/TTY at 711 to request another format.	본 문서는 큰 활자체 인쇄를 포함하여 다른 형식으로도 제공됩니다. 다른 형식을 요청하시려면 1-800-342-0526번으로 ODS에 전화하시거나, 711번으로 TDD/TTY에 전화하십시오.
	<b>Lao</b>
	ເອກະສານ ສາມາດຖືກສະໜອງໃຫ້ ໃນ ຮູບແບບອື່ນ, ລວມທັງແບບຕົວໃຫຍ່ ໃຫຍ່. ໂທຫາ ODS ທີ່ເບີ 1-800-342-0526 ຫຼື ເບີຮ່ວມຮູບ ອົງການໄດ້ ຍື່ນ TDD/TTY ທີ່ເບີ 711 ເພື່ອ ສອບຮອງຂໍ ເອົາ ຮູບແບບອື່ນໃດໜຶ່ງ.
	<b>Russian</b>
	Этот документ может быть предоставлен в других форматах, в том числе и в печатном виде крупным шрифтом. Чтобы заказать этот документ в другом формате, позвоните ODS по телефону 1-800-342-0526 или телетайпу (TDD/TTY) 711.
	<b>Somali</b>
	Dokumeentigaan waxaad heli kartaa isagoo hab kale u qoran, oo ay ku jirto xarfaha waaweyn. Ka soo wac ODS 1-800-342-0526 ama TDD/TTY 711. Si aad u codsato hab kale.
	<b>Spanish</b>
	Este documento se puede proporcionar en otros formatos, incluso en letra grande. Llame a ODS al 1-800-342-0526 o TDD/TTY al 711 para solicitar otro formato.
	<b>Vietnamese</b>
	Tài liệu này có thể được cung cấp dưới các định dạng khác, bao gồm cả bản in cỡ lớn. Để yêu cầu bản định dạng khác, vui lòng gọi tới ODS theo số 1-800-342-0526 hoặc TDD/TTY theo số 711.

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This document can be provided in other formats, including large print. Call ODS at 1-800-342-0526 or TDD/TTY at 711 to request another format.

## **New members**

If you need dental care before you receive your ID card, covered services will be paid. These services may include an exam, X-rays and other necessary items. Please call Customer Service at 800-342-0526 (TDD/TTY: 711) and we will help you find a dentist and get the care you need.

Please call Customer Service to request the format you need. You will not be penalized in any way for asking for this information.

## **GETTING STARTED**

### **Choosing a primary care dentist (PCD)**

Your ODS dental plan is a managed care plan. You need to choose a clinic or dental office as your primary care dentist (PCD). Your PCD will work with you to take care of your dental needs. Call your PCD before seeking dental care. See the provider directory or call Customer Service for your PCD's phone number.

Your PCD will:

- Provide all of your routine and primary dental care
- Arrange for specialty care when needed
- Write prescriptions (only for dental needs)
- Keep your dental records

Do not wait until you are in pain to call a PCD. Call your PCD's office and tell them you are an ODS member and have selected them as your PCD. Ask about office hours and how to get help after hours when you have an emergency.

If you have not seen a dentist for more than six months, make an appointment when you first become an ODS member. After your first visit, you will be an **established** patient, or patient of record. Once you are an established patient, your PCD will provide emergency dental care 24 hours a day, seven days a week.

### **Changing your PCD**

You may change your PCD two times every year. To choose a new PCD, use the provider directory at the end of this handbook. Be sure to have each eligible member of your family choose a PCD. Each person can have a different provider.

### **Care teams**

We respect the dignity and diversity of our members. It is our goal to make sure our services meet the needs of people of all different backgrounds. We respect all cultures, languages, races, and ethnic backgrounds. You will not be judge based on ability, religion, gender identity or sexual preference. We want you to feel welcome and well-served.

### **Dental case management**

Dental case management is for when you have complex needs. It give you education, support and community resources. This assist you in managing your oral health. It also helps you navigate the health care world.

### **Oregon Health ID card**

When you enroll in OHP, you will get an Oregon health ID card. This is mailed to you from the Oregon Health Authority (OHA). Each OHP member in your household gets an ID card. Take your ID card with you to dental appointments. If you lose your ID card, contact your Department of Human Services (DHS) caseworker. They can help you get a new card. You can also call the OHA client Services unit at 1-800-

273-0557. The office is open Monday through Friday, 8:00 a.m. to 5:00 p.m. PST. TTY users, please call 711.

### **Coverage letters**

You will receive an important coverage letter from OHA that shows:

- Your caseworkers' ID and phone number
- Your OHP benefit package
- You managed care plans
- Everyone in your household who has an Oregon health ID card

You will receive a coverage letter for these reasons:

- When you first join OHP
- If there are any changes to your OHP benefits
- When you have changes to your name or household members

Please note that the letter will be the same each time, except where it says "Reason for letter."

### **Private insurance**

Some people have two types of insurance. They have both private insurance and OHP. Private insurance is insurance you can buy through the market or get from you job. On your coverage letter it is called a "third-party resource" (TPR). It is also called a "third party liability" (TPL). When the Oregon Health Authority knows that you have private insurance, it will be on your coverage letter.

**You must tell OHA when you get or lose health coverage. Such as private insurance. You must tell OHA within 30 days of the change.** To report coverage changes, please go to <http://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hig.aspx>.

You can also call the Health Insurance Group (HIG) for more information. They are open Monday through Friday, from 8 a.m. to 5 p.m. PST. Their number is: 503-378-6233.

Tell your PCD or other healthcare providers about the coverage you have. This includes private insurance and ODS.

- By law, Medicaid pays for healthcare costs last. That means that other insurances will pay for services first. ODS pays whatever costs are left when there is no other insurance.
- If you pay monthly for your private insurance, the Health Insurance Premium Payment Program (HIPP) may help pay for it. For more information or to apply for premium help, visit: <http://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hipp.aspx>

### **ODS Dental ID card**

Each ODS member also gets an ODS ID card along with your Member Handbook. This card is important because it identifies you as an ODS member and lists other information. It tells you what to do in an emergency and lists Customer Service phone numbers. Be sure to show your ODS ID card and Oregon health ID card each time you go to the dentist. If you lose your ODS ID card, call us at 800-342-0526 to request another card.

## **GETTING CARE**

### **How to make a dental appointment**

- Call your PCD during office hours (normally 9 a.m. to 5 p.m.)
- Find your PCD's phone number online in the provider directory at <https://www.odscommunitydental.com>

You can also call ODS Customer Service at 1-800-342-0526, Monday through Friday, from 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.

- Tell the office you are an ODS member and why you need to see a dentist
- If possible, give a phone number where you can be reached
- Remember to take your Oregon Health ID card and ODS ID card with you to your appointment.
- If you need language or sign language interpretation, tell the clinic staff. They can have an interpreter at your appointment free of charge.
- If you need help getting to your appointment, call your DHS caseworker in advance. Your DHS caseworker may be able to help you get transportation.

### **If you cannot keep your appointment**

- Call your PCD as soon as you can. The office will reschedule your appointment. This give someone else a chance to use your cancelled time.
- If you miss too many appointments, your PCD may dismiss you as a patient.

### **Interpreter services**

If you are hearing or sight impaired, you can get an interpreter. Your provider can get this for you. You can also get help with English. Be sure to let them know of your needs one or two days before your appointment. Services included are:

- Language interpretation
- Sign language interpretation
- Written translations
- Braille
- Large Print
- Audio
- Other preferred formats

You can also call ODS Customer Service for help. They can get translation or an interpreter. Call them at 1-800-342-0526. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. TTY users, please call 711.

### **Referrals for specialty care**

Do you think you need to see a specialist or other provider? In most cases, you must see your PCD first. Your PCD will decide if you should see another provider. Then your PCD will write a referral.

### **Prior authorization**

ODS does not require prior authorizations for any dental services.

### **Clinical practice guidelines**

We are committed to giving you effective care. Our in-network providers have agreed to follow standards. These standards make sure that the care you get is necessary. They also say that the treatment is effective. A quality group reviews these standards and changes them when needed. To review our clinic practice guidelines, please visit:

[https://www.modahealth.com/pdfs/ODS\\_Clinical\\_Practice\\_Guidelines.pdf](https://www.modahealth.com/pdfs/ODS_Clinical_Practice_Guidelines.pdf)

### **After-hours dental care**

If you need help when your PCD's office is closed, call your PCD's office phone number. You may get an answering service or details on how to reach your dentist in case of an emergency. Say you are an ODS member. You will be given advice, a referral or treatment right away.

You should call your PCD after hours for urgent dental needs. For routine advice and appointments, call your PCD's office during business hours.

### **Urgent dental care**

An urgent dental condition is serious enough to be treated right away but does not require emergency room care. If you have an urgent dental problem, call your PCD's office. Examples of urgent dental conditions are:

- A toothache
- Swollen gums
- A lost filling

It can take up to two weeks to get an appointment for an urgent condition. When you call or visit your dentist's office, the dentist will decide how to treat you and make an appointment based on your needs.

### **Emergency dental care**

Emergency care is covered 24 hours a day, seven days a week. In a dental emergency, call your dentist day or night. Speak to the dentist on call even if he or she is not your primary dentist. You don't need prior authorization to get emergency care.

A dental emergency, like the following examples, requires immediate treatment:

- A tooth has been knocked out
- You have severe swelling or infection in the mouth
- You have severe tooth pain (pain that keeps you from sleeping, or does not stop when you take over-the-counter medicine such as aspirin or Tylenol)

### **Emergency dental care away from home**

For an emergency while you are away from home, call ODS before you get services, if possible. If you receive emergency dental care out of the area have the dentist send us a detailed bill and chart notes showing a dental emergency. Information must show that a dentist on our Plan was not available to provide the dental care.

Covered OHP services to stabilize the emergency will be considered. Follow-up care is **NOT** an emergency. Call your primary care dentist for follow-up care, if needed.

## **OHP BENEFITS AND SERVICES**

### **Non-covered services**

Not all dental care is covered. When you need care, contact your PCD. If you have questions about what your plan covers, call Customer Service at 1-800-342-0526. If you receive a service that is not covered, you may have to pay the charges. You need to sign the OHA form before your dentist can bill you. The form must:

1. Be signed before having any work done.
2. State the non-covered services you want to have done.
3. The cost you agree to pay for the services.
4. Written in your primary language.

Remember, if you get non-emergency from a non-ODS provider, you may be billed for the charges.

The following services are not covered:

- Porcelain crowns on back teeth
- Buy-ups

A buy-up is when a member pays the difference between an item OHP covers and a more expensive, non-covered model. For example, OHP may cover a steel crown, but a member wants a more expensive crown that is not covered. The member tries to buy up by paying the difference between what OHP covers and what the dentist charges. This is not allowed. If a non-covered service is performed, OHP will not pay any amount on it.

*Preventive care*

Both OHP Plus plans cover preventive care. Your PCD will provide general dental care and preventive care, which includes routine exams, X-rays and cleanings. Be sure to talk to your dentist about your schedule for checkups.

*Prescription medications*

Your OHP medical plan (not your dental plan) covers required prescription medications ordered by your PCD.

See benefit information in the chart on the following pages.

**OHP Dental covered and non-covered services chart**

Dental service	Pregnant women and members under 21	All other adults
<b>ROUTINE &amp; PREVENTIVE</b>		
Routine exam	Twice in 12 months	Twice in 12 months
Routine cleaning	Twice in 12 months	Twice in 12 months
Fluoride	Twice in 12 months	Twice in 12 months
Routine bitewing x-rays	Once in 12 months	Once in 12 months
Full mouth x-ray	Once in 5 years	Once in 5 years
Sealants	15 or younger, molars only, once in 2 years	No
<b>EMERGENCY</b>		
Emergency exam	Yes	Yes
Emergency x-rays	Yes	Yes
<b>RESTORATIVE</b>		
Amalgam fillings	Yes	Yes
Composite fillings	Yes	Yes
Retreat root canal therapy	For anterior teeth	For anterior teeth
Root canal therapy	For anterior, bicuspid and 1 <sup>st</sup> and 2 <sup>nd</sup> molar teeth for members age 20 and younger  For anterior, bicuspid and 1 <sup>st</sup> molar teeth for pregnant members age 21 and older	For anterior and bicuspid teeth <b>(no molars)</b>
Stainless steel crowns	For posterior teeth, once in 5 years	For posterior teeth, once in 5 years
Permanent crowns	Anterior teeth only (6, 7, 8, 9, 10, 11, 22,23,24,25,26 & 27) Limit 4 teeth in 7 years	No
Partial dentures	If missing 1+ anterior or 6+ posterior teeth	If missing 1+ anterior or 6+ posterior teeth
Partial denture replacement	Once in 5 years	Once in 5 years

<b>Dental service</b>	<b>Pregnant women and members under 21</b>	<b>All other adults</b>
Complete and immediate dentures	If over 16 years old, once every 10 years.  If you have a partial, a complete denture is covered only if it has been 5 years since receiving the partial.	If over 16 years old, once every 10 years.  If you have a partial, a complete denture is covered only if it has been 5 years since receiving the partial.
<b>EXTRACTIONS</b>		
Extraction of teeth that are abscessed or causing severe pain or swelling of face & gums	Yes	Yes

### **MEMBER RIGHTS AND RESPONSIBILITIES**

As a member of ODS, you have the right to:

- Be treated with dignity and respect
- Be treated by participating providers the same as other people seeking healthcare benefits to which they are entitled
- Select or change primary care dentists (PCD)
- Refer yourself to behavioral health, or family planning services without getting a referral from a PCP or other participating provider
- Have a friend, family member or advocate present during appointments and at other times as needed, within clinical guidelines
- Be actively involved in your treatment plans
- Be given information about your conditions and covered and non-covered services, so you can make an informed decision about treatment
- Consent to treatment or refuse services, and be told the consequences of that decision, except for court ordered services
- Receive written materials describing rights, responsibilities, benefits available, how to access services and what to do in an emergency
- Have written materials explained in a way you can understand
- Receive necessary and reasonable services to diagnose your conditions
- Receive covered services under the Oregon Health Plan that meet generally accepted standards of practice and are medically appropriate
- Receive covered preventive services
- Access urgent and emergency services 24 hours a day, seven days a week
- Receive a referral to specialty providers for appropriate covered services
- Have a clinical record that lists conditions, services received and referrals
- Have access to your own clinical record, unless restricted by statute, and request and receive a copy of your dental records and request that they be amended or corrected
- Transfer a copy of your clinical record to another provider
- Execute a statement of wishes for treatment (advance directive), including the right to accept or refuse medical, surgical, chemical dependency or mental health treatment and the right to obtain a power of attorney for healthcare
- Receive written notices before a denial of, or change in, a benefit or service, unless notice is not required by federal or state regulations
- Know how to make a complaint or appeal about care or your plan
- Request a contest case hearing

- Receive interpreter services
- Receive a notice of an appointment cancellation in a timely manner.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation and to report any violations to ODS or to the Oregon Health Plan
- Post-stabilization services after you visit an emergency department
- A second dental opinion

ODS members share have the following responsibilities:

- Choose, or help with assignment to, a provider or clinic, once enrolled
- Treat all ODS, providers and clinic staff with respect
- Be on time for appointments and call in advance to cancel an appointment or if you expect to be late
- Seek periodic health exams and preventive care from your PCD
- Use your PCD or clinic for diagnostic and other care, except in an emergency
- Obtain a referral to a specialist from your PCD before seeking care from a specialist, unless self-referral is allowed
- Use urgent and emergency services appropriately and notify ODS within 72 hours of an emergency
- Give accurate information for your clinical record.
- Help your provider get clinical records from other providers that may include signing an authorization for release of information
- Ask questions about conditions, treatments and other issues related to your care that you do not understand
- Use information to make decisions about treatment before it is given
- Help create a treatment plan with your provider
- Follow prescribed, agreed-upon treatment plans
- Tell providers that your healthcare is covered under the Oregon Health Plan before services are received and, if requested, show your provider your DHS Medical Care ID card
- Tell your DHS or OHA worker when you change your address or phone number
- Tell your DHS or OHA worker if you become pregnant and when your child is born
- Tell your DHS or OHA worker if any family members move in or out of your home
- Tell your DHS or OHA worker if you have any other insurance available
- Pay for non-covered services received under the provisions described in OAR 410-120-1200 and 410-120-1280
- Pay any monthly OHP premium on time, if so required
- Assist ODS pursue any third-party resources available and pay ODS the amount of benefits paid from any settlement received from an injury
- Bring issues or complaints or grievances to the attention of ODS

### **COMPLAINTS AND APPEALS**

If you are not happy with the care from your dental provider you can file a complaint. You can also file a complaint if you are not happy with your service from ODS. A denial is a decision to not pay for a service. If you receive a denial, you can appeal that too. If your appeal is upheld, you can request a hearing. This is called an administrative hearing.

If you need help filing a complaint, an appeal we will help you. We will also help you with a request for an administrative hearing. Your casework can help you as well.

You can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at:

1-800-520-5292  
TTY users, please calls 711

They will give you advice and may represent you. Available hours are posted in the hotline message. You can also find Legal Aid information at [www.oregonlawhelp.org](http://www.oregonlawhelp.org).

### **Complaints**

To file a complaint, call ODS Dental Customer Service or write:

ODS Community Dental  
Attn: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204

**Telephone:** 1-888-788-9821  
TTY users, please call 711  
**Fax:** 1-503-412-4003  
**Hours:** 7:30 a.m. to 5:30 p.m. PST Monday-Friday

We will tell you within five working days that we received your complaint. We will either provider our decision at that time or explain the delay.

We will respond to your complaint within 30 calendar days of receiving it. You may need to give ODS permission to request your medical records. All information about your complaint is handled confidentially.

If you are not satisfied with the response to your complaint, you can file a complaint with the state of Oregon by writing to:

Oregon Health Authority Ombudsperson  
500 Summer St. NE, E17  
Salem, OR 97310-1097  
Telephone: 1-503-947-2346 or 1-877-642-0450  
TTY: 711

### **Appeals**

To file an appeal, call ODS Dental Customer Service within 60 days of the date of the written denial. Or you may file your appeal in writing by sending us Medicaid appeal from or other written documentation. You should have received this form with your denial. If not, call or write:

ODS Health Plans  
Attn: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204

**Telephone:** 503-765-3521 or 888-788-9821  
**TDD/TTY:** 711

If you call in an appeal, you must follow up with a written, signed appeal. Use the appeal form that you received with a copy of your dental. ODS can help you write your appeal.

We will acknowledge the receipt of your appeal within five working days.

We will complete the review and respond to your appeal within 16 calendar days. If we cannot resolve your complaint within 16 calendar days, you will receive another letter explaining the delay. Your complaint will be resolved within 14 calendar days of the date the original 16 calendar days ended.

If you believe your problem is an emergency and cannot wait for a review, ask ODS for an expedited or “rush” appeal. If ODS agrees that your appeal is an emergency, we will respond to your request within three days (72 hours).

You may need to give ODS your consent to investigate the appeal and request your medical records. All information about your appeal is kept private.

You have the right to continue services during the appeal process, but you will have to pay for those services if the denial is upheld.

You have the right to have someone file an appeal and speak for you. Please give us in writing the name of the person who will represent you.

### **OHP administrative hearings**

You can request a hearing for dental services. Just call ODS, OHP Client Services or your DHS caseworker. Make sure to call within 120 days of the date of the denial. Call ODS at:

ODS Customer Service

800-342-0526

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

Or call OHP at:

OHP Client Services

1-800-273-0557

Hours: Monday through Friday, 8 a.m. to 5:00 p.m. PST

TTY users, please call 711

Ask for an appeal form. You should receive this form with your denial letter. Read it completely. It tells you how to ask for a faster hearing. Also it tells you how to continue services during the hearing process.

Complete the appeal form and return it to OHA. The address is listed on the form. You can also give it to your DHS caseworker. Make sure to do this within 120 days from the date of the denial.

You have the right to continue services during the hearing process. If the appeal denial is upheld then you will be responsible to pay for those services.

### **OTHER IMPORTANT INFORMATION**

#### **Changes to your address or phone number**

If you move or change your phone number, tell your PCD's office and your DHS worker to make sure you keep getting important information from ODS.

#### **Privacy**

Any information in your ODS or dental office record and anything you discuss with your provider, their staff and ODS is kept private. Information in these records will not be shared without your approval, except with DMAP.

#### **How to get copies of your dental records**

Each provider keeps a record that lists your dental conditions, services provided and referrals. You have the right to request and receive copies of your dental records (the provider may charge a reasonable copying fee). You also have the right to request that your records be amended or corrected. Call your dental provider to request your records, and call ODS if you need help getting a copy.

**If you become pregnant**

If you become pregnant, call your DHS caseworker right away. Your DHS caseworker will make sure you do not lose your coverage. If you don't have a DHS caseworker, call OHP Client Services. If you are pregnant, or think you might be, it is important that you see a healthcare provider right away. Regular check-ups are important for your baby's health.

Call your DHS worker or OHP Client Services as soon as your baby is born. They will enroll your baby in OHP

**Non-emergency transportation**

You may be able to get help with transportation if you have no way to get to a dental appointment. Call your DHS caseworker in advance to arrange for transportation.

**Help with quitting tobacco use**

Services to help you quit using tobacco are a covered benefit for all OHP members through your OHP **medical** plan. Call your primary care provider or your OHP **medical** plan customer service and tell them you would like help.

**Member disenrollment request**

OHP members may ask to change managed care plans at certain times. If approved, the change will take effect on the first of the month following DHS approval. Talk to your caseworker about changing plans.

**Plan disenrollment request**

The following may cause you to lose your ODS coverage:

- Losing your eligibility through the Oregon Health Plan
- Moving out of the ODS service area
- Committing fraudulent or illegal acts
- Being abusive to staff or property

**Oregon Health Plan Client Handbook**

Refer to the Oregon Health Plan Client Handbook for additional information on the Oregon Health Plan that may not be included in this handbook. Call the OHA Statewide Medical Processing Center at 1-800-699-9075, TTY 503-373-7800, to have a copy mailed to you. You can read it online at <http://www.oregon.gov/OHA/healthplan/clients/main.shtml#handbook>

**INFORMATION AVAILABLE UPON REQUEST****ODS Community Health, Inc.**

If you would like information about The ODS Companies' structure and operation, visit our website at [www.modahealth.com](http://www.modahealth.com) or call ODS Customer Service at 800-342-0526 (TDD/TTY: 711).

**Physician reimbursement**

You are entitled to ask if ODS has special financial arrangements with our participating dentists that can affect the use of referrals and other services. Call Customer Service for information about our physician payment arrangements.

**THE ODS PROVIDER DIRECTORY**

The following pages list the dentists who participate in the ODS dental plan.

The list includes:

- Participating general dentists (primary care dentists)

- Participating pediatric (children’s) dentists
- Participating denturists (for dentures;)

General dentists and pediatric dentists are listed in alphabetical order by county.

If you are hearing or sight impaired or have difficulty understanding or speaking English, your dentist will coordinate interpreter services for you.

ODS makes corrections, additions and deletions to its provider directory monthly. To make sure the provider you select still participates with ODS, go on online to our provider search at [www.odscommunityhealth.com](http://www.odscommunityhealth.com) and click on “Find Care” or call Customer Service at 503-243-2987 or 800-342-0526, TTY 711.



**Questions?** Visit [modahealth.com](http://modahealth.com) or contact Customer Service at 503-243-2987 or 800-342-0526. TTY users, please call 711.

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