



ODS Community Dental Member Handbook

03/09/2022

You can get this document in other languages, large print, braille, or a format you prefer, free of charge.

ODS can also give resources in alternative formats to non OHP members, such as caregivers or family of members.

To get a different format for free, call ODS Community Dental at 800-342-0526 (TTY/TDD 711).

If you need an interpreter for an appointment, you can get one for free. Call your dentist's office to ask for an interpreter.

Spanish

Usted puede obtener este documento en diferentes idiomas, impreso en letra más grande, en formato electrónico o en audio. Para tener acceso a otro formato de manera gratuita, llame a ODS Community Dental al 800-342-0526 (TTY/TDD 711).

Si usted necesita un intérprete para su cita, se le proporcionará uno de manera gratuita. Llame a la clínica dental y solicite tener un intérprete.

Russian

Данный документ можно получить на другом языке, напечатанный крупным шрифтом, в электронной форме, в виде аудиозаписи или напечатанный шрифтом Брайля. Для бесплатного получения данного документа в другом

Vietnamese

Bosnian/ Bosanski

Arabic

لِيُارَبِ غَلَبَ قَبُولِكُمْ وَأُيُوصُ وَأُيُزَوِّرُ تَكْلًا قَسْنَبَ وَأُ رِيْكَ طَخَبَ وَأُ ،عَنْدُنْخَمَ غَلَبَ .
عَنْدُنْخَمَ غَلَبَ قَبُولِكُمْ وَأُيُوصُ وَأُيُزَوِّرُ تَكْلًا قَسْنَبَ وَأُ رِيْكَ طَخَبَ وَأُ ،عَنْدُنْخَمَ غَلَبَ .

ن انسل اُت امدخ زكرم بل اصل اا ى جري ODS Community Dental
ين اجم فلنخ م قسن ىلع لوصح للتنك اذا . (711 مكبل او مصل لل ى باتكلا ،
تلاصل لا زاهج/يصن لا فتا ملا) 0526-342-800 مؤرلا ىلع نوغورواب

بئناكم لاصل لال اى جري . فبالاكن يا ل م ح ن و د ه ل ا ع ل و ص ح ل ا ك ن ك م ي ، ك د ع و م
ر و ض ح ل ا ي ر و ن ا م ج ر ن م ي ل ا ة ج ا ح
ي ر و ن ا م ج ر ت م ب ة ز ا ع ن س ل ا ب ل ط ل ك ب ص ا خ ل ا ن ا ن س ل ا ب ي ب ط .

Traditional Chinese

您可獲取本文檔的不同語言版本、大字版、電子版或音訊版或盲文版。如需免費獲得其他格式的文檔，請致電 800-342-0526 (TTY/TDD 711) 聯繫 ODS Community Dental。如需口譯員協助預約事宜，我們可為您免費提供。請致電您的牙醫診所，以尋求口譯員協助。

Simplified Chinese

您可获取本文件的不同语言版本、大字版、电子版或音频版或盲文版。如需免费获得其他格式的文件，请致电 800-342-0526 (TTY/TDD 711) 联系 ODS Community Dental。如需口译员协助预约事宜，我们可为您提供。请致电您的牙医诊所，以寻求口译员协助。

Somali

Waxaad dhokomentigan ku heli kartaa luqad kale, far waaweyn, qaab elektroonik ama maqal ah, ama braille (farta indhholaha). Si aad bilaash ahaan ugu hesho qaab kale, ka wac Caafimaadka Ilkaha Dadweynaha CDS 800-342-0526 (TTY/TDD 711). Haddii aad ballanka u baahan tahay

turjumaan, waxaad bilaash u heli kartaa mid. Wac xafiiska dhakhtarkaaga ilkaha si ad u hesho turjumaan.

BURMESE / မြန်မာ

ဤစာကို အဆားဘာသာစကားမီး၊ ပုံစံမိမိလုံးဝကိန်းမီး၊
မိမိမိမိအတန်းကို ဘေးလုံး သို့မဟုတ် သင်္ချာစာသင်တန်း
ပုံစံတိုင်းဖြင့် အခမဲ့ရရှိပါသည်။ အစီအစဉ်/အဆင့်သင်တန်း -
ODS Community Dental ဖုန်းနံပါတ် - 800-342-0526

(TTY/TDD 711) တဆင့်သင်တန်း ဖုန်းနံပါတ် ၇၁၁
အားလုံးကို ကဉ်းပိုင်း လက်ခံပါသည်။ သို့မဟုတ် ၇၁၁ ကို
သင့်ကိုယ်တိုင်ပါ။

FRENCH / FRANÇAIS

Vous pouvez obtenir ce document, sans frais, en d'autres
langues, en gros caractères, en braille ou dans un format de
votre choix. Programme/contact : ODS Community Dental
Téléphone : 800-342-0526 (TTY/TDD 711) Nous acceptons
tous les appels relais, ou bien vous pouvez composez le 711.

GERMAN / DEUTSCH

Sie können dieses Dokument kostenlos in verschiedenen
Sprachen, extra großem Druck, Braille oder einem von

Ihnen bevorzugten Format bekommen. Programm/Kontakt:
ODS Community Dental Telefon: 800-342-0526 (TTY/TDD
711) Wir akzeptieren alle Relais-Anrufe oder Sie können
711 wählen. **POHNPEIAN / LOKAIA EN POHNPEI**

Komwi kak alehda doaropwe wet ni lokaia tohrohr akan, ni
nting laud, braille (preili: nting ohng me masukun), de ni
ehu mwohmw tohrohr me komw kupwurki, ni soh
pweipwei oh soh isipe. Pwurokirahm/koandak: ODS
Community Dental Nempehn Delepwohn: 800-342-0526
(TTY/TDD 711)
Se kin alehda koahl karos me lelohng reht de komw kak
eker 711.

JAPANESE / 日本語

この資料は、他の言語に翻訳されたもの、大型活字、
点字、その他ご希望の様式で、無料で入手可能です。
プログラム / 連絡先 ODS Community Dental 電話番号:
800-342-0526 (TTY/TDD 711): 全ての電話リレーサービ
スを受け付けていますが、711にお電話いただいても
結構です。

POHNPEIAN / LOKAIA EN POHNPEI

Komwi kak alehda doaropwe wet ni lokaia tohrohr akan, ni
nting laud, braille (preili: nting ohng me masukun), de ni
ehu mwohmw tohrohr me komw kupwurki, ni soh
pweipwei oh soh isipe. Pwurokirahm/koandak: ODS

Community Dental Nempehn Delepwohn: 800-342-0526
(TTY/TDD 711)

Se kin alehda koahl karos me lelohng reht de komw kak
eker 711.

ROMANIAN / ROMÂNĂ

Puteți obține acest document în alte limbi, într-un font
mărit, în limbajul Braille sau într-un alt format preferat, în
mod gratuit. Program/contact: ODS Community Dental
Telefon: 800-342-0526 (TTY/TDD 711) Acceptăm toate
apelurile prin serviciu de releu sau puteți suna la 711.

KOREAN/한국어

본 문서는 다른 언어로도 제공되며, 큰 활자, 점자 등
귀하가 선호하시는 형식의 문서를 무료로 받아보실 수
있습니다. 프로그램/연락처: ODS Community Dental
전화번호: 800-342-0526 (TTY/TDD 711) 청각/언어
장애인을 위한 통신중계 서비스 (relay calls)를 지원하고
있습니다. 또는 711 번으로 전화 주시기 바랍니다

UKRAINIAN / УКРАЇНСЬКА

Ви можете отримати цей документ іншими мовами,
великим шрифтом, шрифтом Брайля або в будь-якому
форматі, якому ви надаєте перевагу.
Програма/контактна особа: ODS Community Dental
Телефон: 800-342-0526 (TTY/TDD 711) Ми приймаємо всі

виклики через службу комутованих повідомлень або ви можете набрати 711.**LAO / ລາວ**

ທ່ານ ສາມາດ ໄດ້ ຮັບ ເອກະ ສານນີ້ ເປັນ ພາສາ ອື່ນ,
ຕົວພິມຂະໜາດ ໃຫຍ່, ຫຼັກສູດ ໂພງສຳລັບ ຄົນ ຕາບອດ ຫຼື ໃນຮູບ
ແບບທີ່ ທ່ານຕ້ອງການ ໄດ້ ໂດຍບໍ່ເສັຍຄ່າ. ໂຄງການ/ຕິດຕໍ່: ODS
Community Dental ໂທຮະສັບ: 800-342-0526 (TTY/TDD 711)
ພວ ກ ເຮົາ ຍອມຮັບ ການ ໂທສຳລັບ ຄົນພິການ ຫຼື ທ່ານ ສາມາດ
ໂທ ຫາ 711 ໄດ້.

MARSHALLESE / KAJIN MAJEL.

Kwomaroñ bõ k peba in ilo kajin ko jet, jeje kõ n leta ko
rekil.ep, ilo braille ak ilo bar juon wã ween em. m. anl.o. k
ippam. ejjel.o. k wo.n̄ ā ā n. Kõ jel.ā in
program/kepaake: ODS Community Dental Telpon.: 800-
342-0526 (TTY/TDD 711) Kõ mij bõ k aolep kal.l .o.k in
relay ak kwomaroñ jiburi 711.

OROMO [CUSHITE] / AFAAN OROMOO

Galmee kana afaanoota biraatiin, barreefama qube
gurguddaatiin, bireelii ykn barreefana warra qaroo
dhabeeyyii ykn haala atii barbaadduun kanfaltii malee
argachu ni dandeessa. Sagantaa/kontoraata: ODS
Community Dental Bilbila: 800-342-0526 (TTY/TDD
711)Waamicha bilbilaa hunda ni fudhanna ykn 711 irratti
bilbilu ni dandeessa.

CHUUKese / CHUUKese

Ke tongeni omw kopwe angei noum kapin ei taropwe, ese kamo, non fosun fonuom, ika non “large print” (weiweita ika mak mei kan mese watte), ika non “braille” (faniten ekewe mei chun), ika ren pwan ekoch sakkun pisekin ika angangen awewe. Meeni pirokram/io kopwe poporaus ngeni: ODS Community Dental Fon: 800-342-0526 (TTY/TDD 711) Aipwe etiwa “relay calls”, ika ke tongeni pwisin kori 7-1-1.

THAI

คุณสามารถรับเอกสารนี้ในภาษาอื่น ๆ
การพิมพ์ขนาดใหญ่อักษรเบรลล์หรือรูปแบบที่คุณต้องการได้โดยไม่
เสียค่าใช้จ่าย ODS ยังสามารถจัดหาทรัพยากรให้กับสมาชิกที่ไม่ใช่
OHP เช่นผู้ดูแลหรือครอบครัวของสมาชิกในรูปแบบอื่น
หากต้องการรับรูปแบบอื่นฟรีโทร ODS Community Dental ที่
800-342-0526 (TTY / TDD 711)
หากคุณต้องการล่ามสำหรับการนัดหมายคุณสามารถขอรับได้ฟรี
โทรติดต่อสำนักงานทันตแพทย์ของคุณเพื่อขอล่าม

CAMBODIAN/KHMER

អ្នកអាចទទួលបានឯកសារនេះជាភាសាផ្សេងទៀតការបោះ
ពុម្ពផ្សាយប្រើប្រាស់ប្រព័ន្ធនៃអ្នកពេញចិត្តដោយឥតគិតថ្លៃ។
អ្នកក៏អាចផ្តល់ធនធានដល់សមាជិកដែលមិនមែនជាស

មាជិក OHP

ដូចជាអ្នកមើលថែទាំក្រុមគ្រួសារនៃសមាជិកក្នុងទម្រង់ជំនួស
។

ដើម្បីទទួលបានទំរង់ផ្សេងដោយឥតគិតថ្លៃសូមទូរស័ព្ទមក
ពេទ្យផ្ទេញសហគមន៍អូឌីអេសតាមលេខ ៨០០-៣៤២-
០២០២៦ (ជី។ ជី។ ជី។ ជី។ ស៊ី។ ៧១១)

ប្រសិនបើអ្នកត្រូវការអ្នកបកប្រែភាសាសម្រាប់ការណាត់ជួប
អ្នកអាចទទួលបានដោយឥតគិតថ្លៃ។

ទូរស័ព្ទទៅការិយាល័យពេទ្យផ្ទេញរបស់អ្នកដើម្បីស្នើសុំអ្នកបក
ប្រែភាសា

FARSI

این سند را می توانید به زبان های دیگر ، چاپ بزرگ ، بریل یا قالبی که
همچنین می تواند ODS ترجیح می دهید به صورت رایگان دریافت کنید.
مانند مراقبان یا خانواده اعضای OHP منابعی را در اختیار اعضای غیر
دیگر در قالب های جایگزین قرار دهد. برای دریافت قالب متفاوت به صورت
(ODS) با TTY / TDD 711 رایگان ، با شماره تلفن 0526-342-800)
تماس بگیرید. اگر برای قرار ملاقات به مترجم Community Dental
نیاز دارید می توانید یکی را به صورت رایگان تهیه کنید. برای درخواست
مترجم با مطب دندانپزشک تماس بگیرید

Non-Discrimination Policy

ODS Community Dental follows federal civil rights laws. We cannot treat people unfairly or deny benefits to them because of their:

- Age
- Race
- Color
- National origin
- Religion
- Sex
- Sexual orientation
- Gender identity/orientation
- Protected veteran's status
- Marital or familial status
- Genetic information
- Disability

Members have a right to get information in a way they understand. You should be able to understand written material given to you. This means getting materials in large print, audio, Braille, or other formats that fit your needs. If you don't speak or understand English, this also includes free interpretation services. You can get written information and materials in the language you understand.

If you think we did not offer these services, or you feel discriminated against, you can file a written complaint, called a grievance. Please mail or fax it to:

ODS Community Dental, Attn: Grievance & Appeal Unit
601 SW Second Ave., Portland, OR 97204
Phone: 800-342-0526 (TDD/TTY: 711), Fax: 1-503-412-4003

Oregon Health Authority (OHA) Civil Rights
Web: www.oregon.gov/OHA/OEI | Email: OHA.PublicCivilRights@state.or.us
Phone: (844) 882-7889, 711 TTY
Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750,
Portland, OR 97204

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)
Email: OCRComplaint@hhs.gov
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint forms: hhs.gov/ocr/office/file/index.html.

Bureau of Labor and Industries Civil Rights Division

Phone: (971) 673-0764

Email: crdemail@boli.state.or.us

*Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St.,
Suite 1045, Portland, OR 97232*

We can help you file a complaint

For help, contact ODS customer service. Call 888-788-9821 (TDD/TTY 711).

You can also file a complaint using the form found here:

<https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Member-resources/Member-grievance.pdf>

Nick Gross coordinates ODS' nondiscrimination work:

Nick Gross

Chief Compliance Officer

601 SW Second Avenue

Portland, OR 97204

503-952-5033

compliance@modahealth.com

Welcome to ODS Community Dental

About us

ODS Community Dental (ODS) is your dental plan with the Oregon Health Plan (OHP).

We work with OHP to coordinate your dental care. As your dental plan, we are here to help make sure you understand your benefits and get the dental care you need.

Call ODS Community Dental to:

- Get help finding a dentist
- Learn about your dental benefits
- Ask questions about your dental plan

Call OHP customer service at 800-699-9075 (TTY 711) if you:

- Change your address, email address, phone number, or name
- Become pregnant or have a baby

Call OHP Client Services at 800-273-0557 (TTY 711) if you:

- Need a new Oregon Health ID card or client handbook

My primary care dentist is:

Name: _____

Phone: _____

Address: _____

Office hours: _____

Notes: _____

ODS Community Dental Customer Service

www.odscommunitydental.com

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

Our office is located at:
10505 SE 17th Ave.
Milwaukie, OR 97222

Our office is wheelchair
accessible.

Open Monday – Friday
7:30 a.m. to 5:30 p.m.

Closed for the following holidays:

New Year's Day
Martin Luther King Jr. Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day After Thanksgiving
Christmas Eve Day
Christmas Day

Contents

Non-Discrimination Policy	11
Getting Started	16
What is the Oregon Health Plan (OHP)?	16
ODS Community Dental Member Handbook	16
OHP Member Handbook	16
Your ODS Community Dental ID card	17
Your Oregon Health ID Card	17
OHP Coverage Letter	17
ODS Community Dental - How Your Dental Plan Works	17
Getting Dental Care	18
Step 1: Find a Primary Care Dentist (PCD)	18
Step 2: Make an Appointment	19
Step 3: Gather Important Documents	19
Step 4: Go to Your Appointment	19
How to Find a Dentist on our Website:	20
Take Control of Your Care	21
Special Health Care Needs (SHCN)	21
Get Language and Interpreter Help	22
Changing your Primary Care Dentist (PCD)	22
American Indian/Alaska Native Providers	23
Ask for a Second Opinion	23
Access to Care Standards	23
Getting Care in the Right Place	24
After-Hours Dental Care	24
Urgent Dental Care	25
Emergency Dental Care	25
Emergency Dental Care When Away from Home	26
Dental Services After an Emergency	26
Referrals for Specialty Care	26
Pre-Approvals	26
Telehealth	27

Covered Dental Benefits.....	28
Other Important Information	30
Dental Health Risk Screening	30
Paying for Care	30
Other Insurance	32
Care Coordination	32
Missed Appointments	33
Changes to Your Address or Phone Number	33
Change Your Dental Care Plan (Member Disenrollment Request)	33
DCO Disenrollment Request	34
Losing Coverage (Plan Disenrollment Request)	34
Getting Care as a New Member.....	35
Care While You Change Plans	35
Changes in Access to Benefits.....	36
Dental Case Management.....	36
Non-Emergency Medical Transportation	36
If you Become Pregnant.....	36
Help Quitting Tobacco.....	37
No Limitations to Counseling or Referral Services.....	37
Advance Directives.....	37
Privacy and Confidentiality	38
Fraud, Waste, and Abuse	39
Getting Copies of Your Dental Records	40
Clinical Practice Guidelines	40
Provider Payments (Reimbursements)	40
Member Rights and Responsibilities	41
Complaints and Appeals	44
Complaints	45
Appeals.....	46
Administrative Hearings.....	47

Getting Started

What is the Oregon Health Plan (OHP)?

The Oregon Health Plan (OHP) is a health insurance program for people in Oregon with low-income. The state of Oregon and the US Medicaid program pay for this. OHP pays for doctor visits, prescriptions, hospital stays, and addiction help. It also pays for dental care and mental health services. If you qualify, OHP can give you hearing aids, medical equipment, home health care, and rides to appointments.

OHP is called other names in different states. In Washington their program is called Apple Health and in California it's called MediCal.

ODS Community Dental Member Handbook

This handbook has important information. It tells you how to get the dental care you need with ODS. Please read it and keep it in a safe place.

You, someone who represents you, or a caregiver can get this handbook in different languages and formats within 5 business days. To access this free service please call ODS at: 800-342-0526 (TDD/TTY: 711).

If you need another printed or electronic handbook, we can send you one for free. Please call ODS at: 800-342-0526 (TDD/TTY: 711). You will get it within 5 business days.

You can also get this handbook online at:

<https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Member-resources/ODSCD-Member-Handbook.pdf>

You can also go to [odscommunitydental.com](https://www.odscommunitydental.com) click on "Resources" in the upper right-hand corner and under "Your Member Handbook" section click "Member Handbook."

OHP Member Handbook

You can get a member handbook from the OHP. The OHP member handbook has information about OHP medical, dental, and behavioral health care coverage. It has helpful information that this handbook might not have.

To get an OHP member handbook, call OHP Client Services at 800-273-0557 (TTY/TDD 711).

The OHP member handbook is also available online at:

oregon.gov/oha/HSD/OHP/Pages/Benefits.aspx

Your ODS Community Dental ID card

When you become an ODS member, we will send you an ODS ID card. Take this card with you when you go to the dentist. If you lose your ID card, or need a new one, call ODS at: 800-342-0526 (TDD/TTY: 711).

You can still go to the dentist before you get your ID card. ODS will still pay for covered services. Call us and we can help you find a dentist and get you the care you need.

Your Oregon Health ID Card

You will also get an ID card from the OHP. This is called your Oregon Health ID card. Take this card with you when you go to the dentist. If you lose your Oregon Health ID card, or need a new one, call OHP Client Services at 800-273-0557 (TTY/TDD 711).

OHP Coverage Letter

OHP will send a coverage letter for everyone in your family. This letter tells you your:

- Caseworker's name and phone number
- Benefit package
- Your assigned plan such as ODS

This letter is for your records. You should keep it in a safe place. You do not need to take it with you to your appointments.

You will get a coverage letter for these reasons:

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

ODS Community Dental - How Your Dental Plan Works

ODS Community Dental is a dental care organization also known as a managed care dental plan. Managed care dental plans work to better the quality of care by working directly with dentists.

ODS dentists offer all services paid for under your plan. This includes preventive, restorative, pain relief, and emergency dental services. ODS Community Dental pays providers in two ways, either by the number of members they are willing to see or by the number of services they provide. We pay dentists in different ways to improve how you receive care and to encourage dentists to focus on improving your overall health. Members have a right to ask for information about dental payment arrangements. Dentist payments or incentives will not impact your access to benefits or the quality of care. To find out more information, call ODS at 800-342-0526 (TDD/TTY:711)

Your ODS dentist will work with you to make sure you get quality dental care that is as close as possible to you and that meets your cultural and linguistic needs. We work with general and specialty dentists to get you the right type of dental care. Your care begins with a primary care dentist.

Getting Dental Care

Going to the dentist is an important part of staying healthy. For most people, that means getting a dental cleaning once a year. It also means getting a routine exam once a year. Your dentist can tell you if you need more visits.

Step 1: Find a Primary Care Dentist (PCD)

The first step to dental care is finding a primary care dentist. This is the dentist you usually go to. They help take care of your teeth and gums. Your dentist will help you with:

- Routine and primary dental care
- Dental emergencies
- Getting specialty care if you need it
- Dental prescriptions
 - If your dentist gives you a prescription, take it to your pharmacy and show them your OHP ID card and ODS ID card. The pharmacy will help you get the drug you need.
- Keeping track of your dental records

To find a primary care dentist, you can:

- Call ODS at: 800-342-0526 (TTY/TDD: 711).
- Be assigned to one by ODS (this assignment can be changed at a later time)
- Use the Provider Search tool on our website at: odscommunitydental.com
 - For instructions on how to use this tool, see page 15 of this handbook.

For the most part, you must use dental health care providers that are in our provider network. Our provider network is the group of dentists and other dental health care providers that we work with.

You can choose from any provider in our provider network. This is called your freedom of choice. If you use a health care provider that is not in our network, you may have to pay for that appointment or service. You will find a list of providers that are in our network in our provider directory. The provider list will tell you if the provider is taking new patients.

If you already have a dentist, please call ODS. You can ask to be assigned to that dentist if they work with ODS. You can also call ODS to get a free printed copy of our provider directory or get it in another format (such as other languages, large print, or braille) at no cost.

Step 2: Make an Appointment

Once you know who your dentist is, call them to make an appointment. Tell them that you are an ODS member and have picked them as your dentist. Do not wait until you are in pain to make an appointment.

When you call your dentist:

- Ask for their office hours
- Ask what their missed appointment rule is
- Let them know if you need an interpreter for your appointment. They can help schedule one for free.

If you need help getting to your appointment, you might be able to get a ride for free. To find your local ride service, go to:

<https://www.oregon.gov/oha/HSD/OHP/Pages/NEMT.aspx>

Step 3: Gather Important Documents

Be prepared for your dental appointment. Remember to take these things with you to your appointment:

- Your ODS Community Dental ID card
- Your Oregon Health ID card

Before your appointment, write down:

- Questions you have for your dentist
- History of family health problems
- Prescriptions, over-the-counter drugs, vitamins, or supplements you take

Step 4: Go to Your Appointment

- Keep your dental appointments. If you can't make it to your appointment, call your dentist as soon as you know you will not be able to go to your appointment. They can help you reschedule.
- Know your rights. As an OHP and ODS Community Dental member, you have member rights and responsibilities. Read through this ODS member handbook and your OHP member handbook to learn more.

Need to see a dentist sooner?

If you are new to ODS and haven't gotten your ID cards yet, you can still go to the dentist. Call ODS customer service at 800-342-0526 (TDD/TTY: 711). We can help you find a dentist and get the care you need. We can also help you get any services and supplies that you may need.

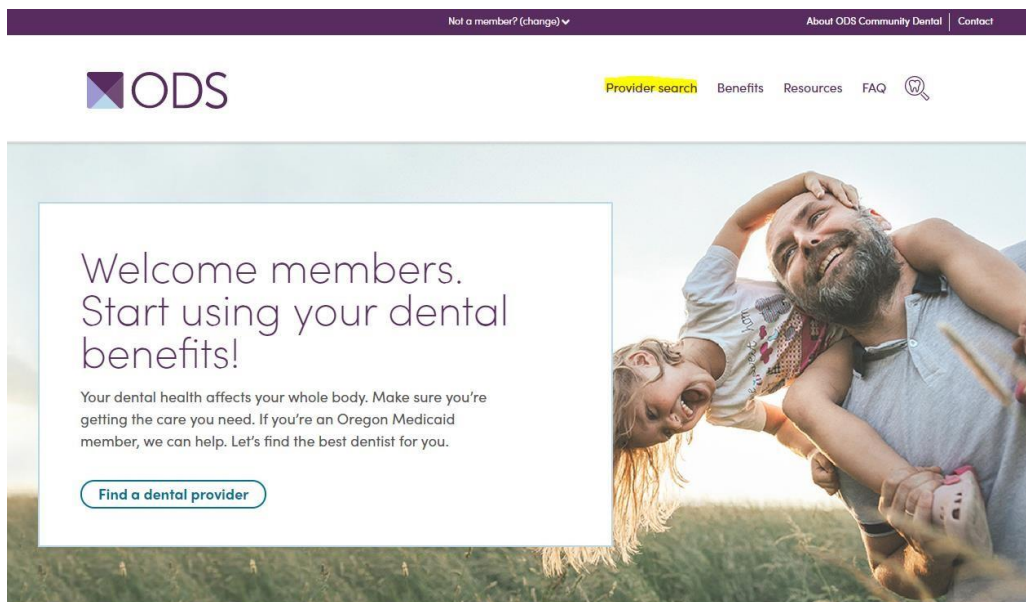
How to Find a Dentist on our Website:

- Go to odscommunitydental.com and click “Provider search” on the top of the home page.
- Scroll down and click the “Find a dentist” button. This will open our provider search tool so you can find a dentist near you.
- Under “Specialty,” pick “General Practice.”
- Type in your zip code and select the distance you want from the drop-down list (for example, 10 miles).
- Check the box that says, “Accepting new patients” and then click “Search.”

This will bring up a list of dentists close to your zip code. For more information about each dentist, click on “See details” at the bottom corner of each dentist’s listing.

Once you find a dentist, call them to schedule an appointment. Let them know that you are an ODS Community Dental member and want them to be your primary care dentist.

If you need to see a provider or get a service that is not included in our provider network, we will help you find a provider that is outside of our provider network to get the dental care you need. Call ODS Community Dental at 800-342-0526 for help.



Take Control of Your Care

Special Health Care Needs (SHCN)

ODS Community Dental will work to get services for members who need extra help getting care. Members with special health care needs may have:

- High health care needs
- Chronic conditions
- Mental illness
- Substance abuse disorders
- Disabilities
- Long term services and support (LTSS)
- Live with health or social conditions that may cause disabilities

Social conditions may be:

- Serious chronic illnesses
- Homelessness
- Family problems. For example, children placed in foster care

ODS works as a team to help plan the services needed for members with special healthcare needs. Our team includes the OHP member/ member's family or caregiver, a provider, and ODS staff. We work together to give members information about programs, services, providers, and other tools. We also work together to get you the appointments you need.

There are a few ways we find out if a member has special health care needs. We look at the information in the member's file or from the member, their family, provider, or caregiver. We also look at results from member's Dental Health Risk Screening. This screening is given to all ODS members every year once they join the plan.

ODS' OHP Coordinators will review your member information and make sure you get dental care that meets your needs.

If you have special health care needs and need help with your care, call ODS customer service at 800-342-0526 (TDD/TTY: 711).

If you are a Fee-For-Service member you can call KEPRO Care Coordination Team at (800)562-4620 for any Intensive Care Coordination Services (ICCS). ICCS is like coordinated care services, but it is for the highest-need and most vulnerable members. This includes members who have special health care needs, high health care needs or

multiple chronic conditions. For example, you may benefit from ICCS if you have a high-risk pregnancy, HIV/AIDS or tuberculosis or if you're a veteran.

ICSS can help OHP members who are older or have special needs or disabilities to:

- Understand how your health plan works
- Find a provider who can help you with your special health care needs
- Get a timely appointment with your PCP, specialist or other health care provider
- Get needed equipment, supplies or services
- Coordinate care among your doctors, other providers, community support agencies and social service organizations

Get Language and Interpreter Help

It is your right to have an interpreter at any of your appointments. An interpreter is free for you or anyone going to the appointment with you. You can also have a phone interpreter help you make an appointment.

When you call to make your dental appointment, tell your dentist office that you would like an interpreter. Let them know what language you need, or if you need a sign-language interpreter.

You have access to the following interpreter and translation services:

- Language translation
- Sign language translation
- Written translation
- Braille
- Large Print
- Audio assistance
- Other formats that will work for you

ODS members, caregivers, and member representatives can access free support services that help members with hearing loss or blindness.

If you need any help, call ODS Community Dental customer service at: 800-342-0526 (TDD/TTY: 711).

Changing your Primary Care Dentist (PCD)

You can change your dentist up to two times a year. If you want a new dentist, we can help. You can also use our website's provider search tool to find a new one. If you want a printed copy of our provider list, call us. We can send you one for free. Our ODS Community Dental customer service team can help you change your PCD. Call 800-342-0526.

Each person in your family with ODS Community Dental can pick a dentist. Your family can go to the same dentist, or each person can have their own. It's up to you.

If you need a provider or service that is not in our network, you may see a provider outside of our network to get the dental care you need at no cost.

American Indian/Alaska Native Providers

Are you American Indian or Alaska Native? We have Indian Health Care Providers (IHCP). If you want an IHCP as your primary care dentist, you can call ODS customer service at 800-342-0526 (TDD/TTY: 711). To become a patient of an Indian Health Care Provider, they must be accepting new OHP patients. They must also be able to provide the dental care you need. Members can see IHCP providers that are in or outside of the ODS provider network.

Ask for a Second Opinion

If you would like to get a second opinion for your dental care, you can ask to see a second dentist for free. This second opinion should be from a provider in the ODS network. If there is not an in-network provider available, you can see one that is not in network. This is free for all OHP members.

To ask for a second opinion, call our customer service at: 800-342-0526 (TDD/TTY: 711).

Access to Care Standards

OHP has access to care rules to make sure members get the care they need at the right time. ODS must make sure dental services are within 30 miles or 30 minutes from members living in city areas. Dental services must be within 60 miles or 60 minutes from members living in rural areas. No matter where you live, you should have access to care within these time and distance standards.

You can access care 24 hours a day, 7 days a week when needed. Network providers must offer OHP members the same hours of operation offered to non-OHP members. OHP Members must have timely access to services based on the urgency of their need. As such OHP members must be seen, treated, or referred within the timeframes listed below for dental care

- Emergency Care for all individuals/populations: Seen or treated within 24 hours
- Urgent Care: Seen within 2 week or 14 days or as indicated in the initial screening.
- Routine Care: Seen within 8 weeks or 56 days
- Pregnant women Routine Care: within 4 weeks or 28 days, unless there is a documented special clinical reason that would make access longer than 4 weeks appropriate.
- Pregnant women Urgent Care: within 1 week or 7 days

You can also have direct access to a dental specialist. Please call customer service at 800-342-0526 (TDD/TTY: 711) to get connected with one. You can also check out a list of ODS providers here: <https://www.odscommunitydental.com/dohpprovidersearch/results>

ODS must also make sure that members have physical access and reasonable accommodations and accessible equipment for members with physical and mental disabilities. ODS must also prioritize and make sure there is timely access to care for the below higher risk populations:

- Members who are pregnant.
- Members with Special Health care Needs such as:
 - Older adults
 - Members who are blind
 - Members who are deaf
 - Members who are hard of hearing
 - Members who have other disabilities
- Members with complex dental health needs
- Members with high health care needs
- Members with multiple chronic conditions
- Members with behavioral health issues, such as:
 - Members with substance abuse disorder
- Members with Medicaid Funded Long-term Services and Supports.

ODS helps members with Special Health Care Needs or Long-Term Services Supports get the care they need. We will call you to make sure you have a say in care decisions. We will use the Dental Health Risk Screening, information given to us by you and your family or representatives, and your files to connect you to the right providers that will work for your needs.

The access to care standards can be found in Oregon Administrative Rule 410-141-3515 and in Oregon Administrative Rule 410-123-1510. You can go online to sos.oregon.gov to look up Oregon Administrative Rules.

Getting Care in the Right Place

After-Hours Dental Care

Your dentist can help you get urgent and emergency dental care, even if their office is closed. Call your dentist if you have an emergent or urgent dental care need. Dental clinics that see OHP patients have an after-hours call-in system that will help direct you during an emergent or urgent dental need.

If you get an answering machine, leave a message with details about your issue. You will get a call back from your dental clinic. You might also get instruction for how to talk to a dentist in an emergency.

If you need urgent or emergency care, you will get advice, a referral, or treatment at your dental clinic right away. Clinics will return calls based on the urgency of the call, but in no event more than 30 minutes after the call is received. If there is not enough information to determine if the call is urgent, the clinic will call you back within 60 minutes to fully understand the reason for the call. For routine advice or to make an appointment, call your dentist when their office is open.

Please call 911 if you are having a life-threatening emergency or go to the nearest hospital.

Urgent Dental Care

An urgent dental condition is something that needs to be taken care of soon but is not an emergency. Examples of urgent dental conditions include:

- A toothache.
- Swollen gums.
- A lost filling.

Approvals are not required before getting urgent dental care. Your provider will listen to what is wrong and make sure you get timely access to services based on the urgency of your dental needs.

You should be treated within a week for urgent care. When you call or visit your dentist, they will tell you how soon you need to be seen. They will help you make an appointment. If you need to be seen for an urgent matter, call your regular dental clinic.

If you are not home, look at our list of providers (<https://www.odscommunitydental.com/dohpprovidersearch/>) to find a dentist near you.

If you are out of state, please call our customer service line to help you find a location that is covered: 800-342-0526.

Emergency Dental Care

If you have a dental emergency, you can call your dentist at any time. You do not need approval from ODS before seeing your dentist for an emergency visit. You may visit any hospital or emergency care setting in the United States for emergency dental care. If you are having a life-threatening emergency, call 911 or go to the nearest hospital.

A dental emergency needs treatment right away. Examples of an emergency can be:

- A knocked-out tooth.
- Severe swelling or infection in your mouth
- Severe tooth pain (pain that doesn't let you sleep or that does not stop when you take over-the-counter medicine like aspirin or Tylenol)

Emergency Dental Care When Away from Home

If you are far away from home and have a dental emergency, try to call ODS before you get care.

Steps to take if you have an emergency visit out-of-state:

- 1) Make sure you have your OHP ID card with you when you travel outside of Oregon.
- 2) Show your card as soon as you can and ask if they can bill Medicaid.
- 3) Contact OHP, tell them the situation and ask for advice on what to do.
- 4) Do not sign any paperwork until you know the provider can bill Medicaid.
- 5) If at all possible, have OHP speak with the providers office while you are there.
- 6) Ask the dentist that you saw to send ODS Community Dental a bill with details and chart notes. These documents show us that you had a dental emergency. These documents also tell us that an ODS dentist was not able to give you dental care. We might be able to pay for your emergency care if it is a service that OHP pays for.

In times of emergency the steps above are not always possible. However, being prepared and knowing what steps to take during an emergency can solve billing issues while you are still at the provider's office. Taking these steps can avoid the stress of getting billed for services that OHP will cover, even when the provider won't bill OHP.

If you need care after your emergency, call your dentist. ODS will NOT pay for follow-up care if it is out of the area. For assistance with billing please call ODS customer service.

Dental Services After an Emergency

OHP will cover services you get after an emergency that help you recover. Even if the needed services were not given to you by an ODS provider, they can still be covered under OHP. These services do not need approval before you get the care.

Referrals for Specialty Care

If you think you need to see a provider other than your primary care dentist, ask your dentist first. They will tell you if you need to see someone else (like a specialist). Your dentist can then write you a referral.

Pre-Approvals

A pre-approval or prior authorization is a document that says ODS will pay for a service. ODS does not ask for pre-approvals for any dental services. For some specialty dental care services, such as oral surgery or wisdom teeth extractions, we may require you be seen by a dentist to get a referral before you can get the service.

Telehealth

If you do not want to go into the clinic for a visit, ODS will pay for a secure and private telephone or video visit with your provider. This is called a telehealth visit. You can use your personal cell phone or other electronics to speak with your provider from your home. You can use this free service from anywhere that has internet or phone connection.

Telehealth lets you visit your provider using a:

- Phone (audio).
- Smartphone (audio/video).
- Tablet (audio/video).
- Computer (audio/video).

These connections are free. If you do not have internet or video access, ask your PCD what will work for you. Not all providers have telehealth options. You should ask about telehealth when you call to make your appointment.

Look at our list of providers to find out which ones have telehealth. If you do not have access to electronics, call ODS customer service at 800-342-0526. We can help you find places in your community with the right supplies.

Telehealth Covered Services

You have the right to get dental services that meet your needs.

Some examples of when you can use telehealth are:

- Follow up after an in-person visit.
- When you have questions about dental pain or your dental health.
- If you are staying home or away from others because of COVID-19.
- If you are not sure if you need to go into the clinic.

This is not a whole list of telehealth services. Each provider has different services. Call your provider to find out more about what services they have. Some providers might have technology you can use for a telehealth visit. Telehealth services offered by your provider are secure. This means your information will be kept private.

Telehealth and in Person Visits

You can have both telehealth and in person visits. Before your telehealth appointment, the clinic will look at your information to make sure you can use the services. Our ODS team and providers will work to make sure you have access to telehealth options. Providers must make sure they are meeting your cultural needs in a telehealth visit. If you need an interpreter or other help getting a telehealth visit, please call ODS customer service. Their number is 800-342-0526. If you would rather not have a telehealth visit and see your dentist in person, your dentist cannot make you have a telehealth visit. They will see you in person if they are open.

Covered Dental Benefits

OHP dental benefits are covered according to your benefit package and the Oregon Health Authority's Prioritized List of Health Services. The benefits in the chart below are available to most members free of charge. For us to pay for a service, you need to be seen by an ODS provider. If your benefits change, ODS will make a good faith effort to send written notice about providers who are no longer in-network 30 days before the change or within 15 days of notice from the provider. Letters will be sent to members who had the provider as their PCD or who were seen by the provider on a regular basis.

The prioritized list of services is a listing of all oral health services. Any services listed above the line of funding are available to members, but some may require that certain criteria be met. Above the line of funding means services listed between 1 and 471 of the list. Any services listed below the funding line are not covered. You can access the list of prioritized health services here: <https://www.oregon.gov/OHA/HPA/DSI-HERC/Pages/Prioritized-List.aspx>

Some services you get through OHP may require pre-approval and/or a referral from a general dentist or assigned dental office. To find out if you have a certain benefit, call ODS customer service at: 800-342-0526 (TDD/TTY: 711).

Covered Services without Charge	Amount, duration, and scope of benefits
Checkups/Exams	All members No pre-approval/referral required
Cleaning	All members No pre-approval/referral required
Fluoride	All members No pre-approval/referral required
X-rays	All members No pre-approval/referral required
Sealants	Children only (members aged 15 and under) Pre-approval required
Endodontic Services	Covered on first molar teeth for members under age 21 and/or pregnant Pre-approval required
Denture relines, adjustments and repairs	Relines on upper full or partial dentures are allowed once every 3 years for members under age 21.

	<p>Relines on full or partial dentures are allowed once every 5 years for members age 21 and older.</p> <p>Pre-approval required</p>
Dentures - full and partial	<p>Complete or Immediate full dentures once every ten (10) years and only if dentally appropriate for members age 16 and older. Resin partial dentures once every five (5) years for members age 21 and older. Only covered if one or more front teeth or six (6) or more back teeth are missing per arch.</p> <p>Pre-approval required</p>
Oral Surgery	<p>All members</p> <p>No pre-approval required. Specialist may require a referral from the general dentist/dental office.</p>
Periodontal Services	<p>All members</p> <p>No pre-approval. Referral may be required.</p>
Emergency and Urgent Care	<p>All members</p> <p>No pre-approval/referral required</p>
Tobacco Cessation	<p>All members</p> <p>No pre-approval/referral required</p>
Specialist Care	<p>All members</p> <p>No pre-approval. Referral may be required.</p>
Fillings	<p>All members</p> <p>No pre-approval/referral required</p>
Extractions	<p>All members Specialist may require a referral from the general dentist/dentist office. Wisdom teeth extraction are by review for dental necessity.</p> <p>Pre-approval required</p>
Crowns	<p>Stainless steel crowns are a benefit once per tooth every five (5) years for primary front teeth and back teeth.</p> <p>Pre-approval required</p>
Root Canals	<p>Covered on first molar teeth for members under age 21 and/or pregnant.</p> <p>Pre-approval required</p>
Care Coordination	<p>All members</p> <p>No pre-approval/referral required</p>

Other Important Information

Dental Health Risk Screening

As an ODS member, you will be contacted by mail or phone to complete a Dental Health Risk Screening as quickly as your health requires but no more than 90 days after your enrollment with ODS. This will be used to see if you need special or immediate dental care. The screening will ask about your dental health, behaviors, living conditions, family history and if you have any pain. ODS Community Dental will use this information to connect you to a dentist to get you the care and support you need. We will also use this information to make a care plan for you. Lastly, we will also share this information with your dentist and other providers or clinics to prevent duplicate services. If your health changes, call ODS customer service. You will need to fill out a new dental health risk screening.

Paying for Care

When you call your dentist to make your first appointment, tell them that you are an ODS Community Dental member.

ODS does not charge you a copay for your dental visit. A copay is an amount of money that a member of a health plan must pay to get health services. Oregon Health Plan (OHP) members do not have copays. Sometimes private health insurance and Medicare have copays.

If your dentist asks you to pay a copay for your visit or a service, don't pay it. Ask your dentist to call ODS customer service at: 800-342-0526 (TDD/TTY: 711).

Providers are NOT allowed to bill you for OHP services unless you have signed an "OHP Client Agreement to Pay for Health Services" form. This form is a document where you agree to pay for services not covered by OHP, OHA, or OHA-contracted managed care organizations. If you complete an "OHP Client Agreement to Pay for Health Services" form you must get the service(s) you signed for within 30 days from the date of your signature on the form. Additionally, the form is only valid if the estimated fees of the service(s) you get do not change from the time you sign the form to when you get the service.

ODS will pay for all covered services. Members cannot be billed for:

- Missed appointments
- Services or treatments that were denied because the provider did not follow processes

If your dentist sends you a bill, don't pay it. You should:

- 1) Call ODS customer service right away at 800-342-0526 (TDD/TTY:711). We will help get the bill taken care of. Do not wait until you get more bills or ignore the bill. Some

providers send unpaid bills to collection agencies. Some may even sue in court to get paid. It is harder to fix the problem once that happens.

- 2) You may be able to appeal or disagree with a bill, in whole or in part. You can do this by sending a letter saying that you disagree with the bill because you were on OHP at the time of service. Keep a copy of the letter for your record.
- 3) Follow up to make sure we paid the bill.
- 4) If you get court papers, call ODS customer service right away. You may also call an attorney or the Public Benefits Hotline at 800-520-5292 for legal help. There are laws that can help you when you are wrongfully billed while on OHP.

If you get care from an out-of-network provider, we may not pay for the entire out-of-network cost. If the out-of-network provider tries to bill you for any additional cost ODS did not pay for, this is called “balance billing” or a “surprise bill.” This is not allowed, do not pay this.

Exceptions

Most of the time you will not have to pay any bills for dental care. However, you will have to pay if:

- You get dental care outside of our area and it is not an emergency. You choose to get dental care that your dentist and ODS told you we do not pay for. If you want to get care that we do not pay for, your dentist must:
 - Tell you how much each service will cost and how much you will have to pay.
 - Ask you to sign an “OHP Client Agreement to Pay for Health Services” form from OHA that says that you were told this information. This form also says that you agree to pay for the services that we do not pay for.
 - Give you this information in your primary language.

Members with both Medicaid and Other Insurance

You may be a dual eligible member if you have both Medicaid and Medicare. Dual eligible members are enrolled in OHP and may have other plans through their job, retirement plan and/or individual plans. Not all dual eligible members have other coverage plans. For members with multiple plans, OHP will pay for services after other insurances. Sometimes OHP will cover benefits that are not covered in other insurances, but that will depend on the plan. It is your responsibility to give all plan coverage information to dental offices you visit for care. If you do not tell dental offices, your claims may not be paid in time or at all. Please call ODS customer service with questions or to tell us of any other insurances you have.

Other Insurance

Some people have more than one type of insurance. You can have both private insurance and OHP. Private insurance is other insurance such as plans you buy on your own or get from your job. As a member of ODS you must let us, and your dental providers know about other insurance. This information is needed if a third party (someone that isn't you or OHP) must legally pay part or all the cost for your dental care. We will use this information to make sure the correct insurance is billed. As an ODS member you must share the information below with ODS and your dental providers:

- The name of the other responsible payer or policy holder. For example, a health plan other than OHP.
- Your relationship to the third-party payer or policy holder
- The social security number of the third-party payer or the insurance company
- The policy holder's policy number for the insurance company
- The name and address of any third-party that is responsible to pay for your injury
- The name and address of any third-party who injured the member.

Care Coordination

Care Coordination is when your care is coordinated with other providers and clinics to make sure your care is centered around you and getting positive health results. As an ODS member you have access to free care coordination services.

Organizing your care involves a professional team-based approach, a teammate that is here to help you is a care coordinator. A care coordinator will:

- Become familiar with your
 - Health History and Records
 - Strengths
 - Needs & Support System
 - Providers & Legal Status
 - Care systems
- Work with the health care system
- Help you find primary care and specialty care
- Help you access community and social services
- Help you get services
- Arrange your care among your providers if you have:
 - a disability
 - several chronic conditions
 - special health care needs
 - and more

Care Coordination supports your whole-person health. That means your dental health, but also your physical and mental health, too. We will create a care plan that is based on

your needs, so you can reach your health care goals. If you have Fee-For-Service, Medicaid, receive care through a CCO or other Managed Care Entity, or from community and social support providers we can help coordinate your dental care between them. We want to make sure you get the care and services you need. No referral is needed for Care Coordination services. Call the ODS Dental Case Management phone number at: 800-342-0526 (TDD/TTY: 711). We will get you in touch with a staff member who is trained in care coordination and can help you get the care you need. Once you ask for Care Coordination services, we will let you know how to reach your Care Coordinator and give you their contact number.

Missed Appointments

If you can't go to your appointment, call your dentist as soon as possible. They can help you make a new appointment. If you miss too many appointments, your dentist can dismiss you from their office. This means you will have to find a new dentist. Ask your dentist what their missed appointment policy is.

Changes to Your Address or Phone Number

If you move or change your phone number, tell both your dentist's office and OHP customer service. This is to make sure you keep getting important information from OHP and ODS.

Change Your Dental Care Plan (Member Disenrollment Request)

Oregon Health Plan (OHP) members can ask to change plans verbally or in writing. The changes can only be made at certain times. If there is another Dental Care Organization in your area accepting new members, the times to change include:

- If you are new to the Oregon Health Plan, during the first 90 days after you enroll, or during the 90 days following the date OHA sends the member notice of that enrollment, whichever is later.
- At least once every 12 months after your first 90 days.
- If there was an error in your manual enrollment, during the first 30 days after you enroll in a DCO.
- If you have been enrolled for 6 months in your DCO, you can request a change in DCO.
- If you move to a place that your DCO doesn't serve, you can change DCO as soon as you tell OHP customer service about the move. Call 1-800-699-9075 for help.
- If you are an American Indian or Alaska Native, an FBDE member, or are also on Medicare, you can ask to change or leave your DCO anytime for a Fee-For-Service plan or a CCO plan.
- During OHP eligibility renewal, this occurs once per year.
- You change to Fee-For-Service OHP. You can choose to have Fee-For-Service OHP if you have an important OHP approved medical reason.

- Contact ODS customer service to see if you qualify for an OHP approved medical reason. Call 800-342-0526 (TDD/TTY: 711).
- If we cannot help you, contact OHP Client Services. Call 1-800-273-0557.

Members can ask to disenroll at any time if any of the following occur:

- Due to moral or religious objections the DCO does not cover the service you want
- Services you need are not available within the provider network
- You experience poor quality of care
- Lack of access to covered services and participating providers who are able to help with your specific health care needs, such as:
 - Finding services given in your preferred language
 - Finding services that are culturally appropriate
- It is detrimental to your health to be enrolled with ODS
- You do not have continuity of care

You need related services to occur at the same time, but not all services are available in the DCO's provider network, and your PCD or another provider says that getting the services separately would create unnecessary risk to your health

If approved, the change will start on the first of the month after OHA approves it. To change plans, contact OHP customer service. Call 800-699-9075.

DCO Disenrollment Request

ODS may request but may not disenroll members without OHA review and approval.

ODS may ask you to be removed from the plan if you:

- Are no longer eligible for OHP
- Act illegally
 - Commit fraud
 - Let someone else use your health care plan
- Has committed an act of, or made a credible threat of, physical violence directed at a provider, the provider's staff, other patients, or the DCO staff so that it seriously affects the DCO's ability to provide services to you or other members.
- Are uncooperative or disruptive, unless the behavior is a result of a special health care need or disability

The OHA must review and approve any DCO disenrollment requests before a DCO can disenroll a member for any of the above listed behaviors.

If you have questions, you can call OHP Client Services. Call 1-800-273-0557 or 800-699-9075.

Losing Coverage (Plan Disenrollment Request)

You can lose your coverage with ODS Community Dental for several reasons. This includes:

- Losing your eligibility through the Oregon Health Plan (OHP)
- Moving out of the ODS Community Dental service area
 - If you move out of ODS' service area, call OHP's Virtual Eligibility Center at 800-699-9075 or their Client Services Unit at 800-273-0557
- Committing fraud or illegal acts
- Being abusive to staff or property

ODS cannot disenroll members for reasons such as a member's:

- Health status changes
- Use of health services
- Disruptive or abusive behavior caused from symptoms of a mental or substance abuse disorder or any disability
- Need for substantial future dental services
- Physical, intellectual, developmental, or mental disability

Member's will get a written notice of disenrollment rights at least 60 days before the start of each enrollment period.

Getting Care as a New Member

As a new member to ODS, you can still visit a dentist before getting your ID card. We want to make sure you get all the services and supplies you need. For the first 30 days we will work to smoothly transition your care. Once you meet with your new PCD they will give you the services and treatment you need. If you need help getting services, prescriptions, or care you can call ODS customer service. Their number is 800-342-0526.

Care While You Change Plans

If you have switched over from a different OHP plan you may be able to get the same services and see the same providers with ODS. Some members who switch from OHP Fee-For-Service to a DCO may also be able to keep their providers. You are able to keep your current provider for a period of time if your provider is not in ODS' network. We will also help you find a new provider. Your new and old plans must work together to make sure you get the right care and will be referred to in-network providers who can meet your needs. If you do have to change providers, you will still have the same access to services you had with your old plan. If you have serious dental health issues, we are here to help the transition. You can call ODS Customer Service at 800-342-0526 for help. You can also ask for a copy of our Transition of Care policy for more information.

You can find a copy of this policy online here: <https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Provider-resources/ODS-Transition-of-Care.pdf>

Who can get the same care while changing plans?

Call ODS customer service if you need help. We can help you get care if you have dental health issues or special health care needs. Call 800-342-0526.

Changes in Access to Benefits

We will send you written notice of any change in provider(s), program, or service sites that change your access to care. We will send the notice 30 days before the change begins. If a provider did not tell ODS of changes 30 days before they happen, we will let members know as soon as possible. You can get notices translated as needed.

Dental Case Management

The ODS dental case management team helps members get the care they need. We work with our dentists, physical and behavioral health partners, and community organizations to:

- Coordinate specialty care for members that have special needs
- Help members get timely access to care especially if you:
 - Are an older adult, hard of hearing, deaf, blind, or have other disabilities.
 - Have complex dental health needs, have high health care needs, have multiple chronic conditions, or have behavioral health issues.
 - Are receiving Medicaid-funded long-term care services and supports (LTSS).
- Share dental health information with our members.
- Help members understand and use their dental benefits.
- Tell members about resources in the community.
- Help members manage their oral health.

ODS customer service can help you plan your care. You can call them and get in touch with our dental case management team. Call 800-342-0526 for help.

Non-Emergency Medical Transportation

Non-Emergent Medical Transport (NEMT) services can give you free rides to dental appointments. If you want to find a ride service near you, call the NEMT toll-free number at 1-877-875-4657.

You can also visit: oregon.gov/oha/HSD/OHP/Pages/NEMT.aspx.

If you use your own car, you might be able to get paid for the costs of getting to and from your appointment. This pay back may need pre-approval. You can call the NEMT toll free number to learn if you can get this pay back. You should call the toll-free number before your appointment to see if you can get this pay back.

You can view a map of the Coordinated Care Organizations (CCOs) with ride services and the ride services direct contact information here:

<https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Member-resources/Transportation-help.pdf>

If you Become Pregnant

If you become pregnant, contact OHP customer service right away. Call 800-699-9075. They will make sure that you do not lose your coverage.

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 OHP customer service or your DHS caseworker as soon as your baby is born. They will help get your baby enrolled with OHP.

Help Quitting Tobacco

Using tobacco can lead to disease and disability. Tobacco hurts almost every organ in our bodies. Smoking causes cancer, heart disease, stroke, lung disease, diabetes, and other diseases. Smoking also increases the risk of tuberculosis, certain eye diseases and problems of the immune system. If you are pregnant or nursing, tobacco can cause health risks and hurt your growing baby.

Tobacco use can also affect your oral health. Cigarettes, smokeless tobacco, and other forms of tobacco cause dental health problems such as oral cancer and gum disease.

If you need help quitting tobacco, you can get help for free. All Oregon Health Plan (OHP) members can get help through their OHP medical plan. ODS Community Dental can give you tobacco counseling services, referrals to your OHP medical plan and the tobacco quit line. You can also call the quit line directly without a referral.

The Oregon Quit Line is also available to help. Call:

English: 800-QUIT-NOW (800-784-8669)

Spanish: 855-DEJELO-YA (855-335-35692)

TTY: 877-777-6534

Or visit: QuitNow.net/Oregon

No Limitations to Counseling or Referral Services

ODS does not have any moral or religious influences that limit counseling or referral services to members.

Advance Directives

You have the right to make decisions about your own care. This means the right to accept and refuse medical or surgical treatment and the right to formulate advanced directives. ODS does not have any limitations for advance directives. We will listen to what is written in your advance directive and make sure your providers do too.

If you would like, you have the right to get written information on advance directive policies that include your rights and limitations.

If you are awake and can speak for yourself, your providers will always listen to what you want. If you get sick or injured, you may not be able to tell your doctor and family members what care you want to get. Oregon law allows you to state your wishes before that situation happens. The form for this is called an advance directive. It can also be called a living will. You have the right to fill out an advance directive if you want one.

Filling out an advance directive is your choice. You can choose to fill out and sign or not fill out the form. Your coverage and access to care will stay the same either way. You can get an advance directive form at most hospitals and from many providers. You also can find one online at: <https://www.oregon.gov/oha/PH/ABOUT/Documents/Advance-Directive.pdf>

If you don't have an advance directive, your providers may ask your family what to do. If your family can't or won't decide, your providers will take the usual steps in treating your conditions.

If you write an advance directive, be sure to talk to your providers and your family about it and give them copies. They can only follow your wishes if they have them. If you change your mind, you can cancel your advance directive anytime. To cancel your advance directive, ask for the copies back and rip them up, or write "cancelled" in large letters, and sign and date them. If you feel the instructions in your advance directive have not been followed, you may file a complaint with the agency below:

Oregon Public Health Division
Health Care Regulation and Quality Improvement
P.O. Box 14450 Portland, OR 97293
Phone: 971-673-0540 (TTY 971-673-0372); Fax: 971-673-0556
Email: mailbox.hclrc@state.or.us

Information on the complaint process and complaint forms is available at this website: <https://www.oregon.gov/oha/HSD/OHP/Pages/Complaints-Appeals.aspx>

A business called Oregon Health Decisions can give you more information about advance directives. They can help you get a paper copy advance directive. They are open Monday's-Thursday's from 9am to 3pm. You can call them at 503-692-0894 or 800-422-4805. You can also visit their website oregonhealthdecisions.org.

Privacy and Confidentiality

ODS works to keep your information private in a responsible way. A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. HIPAA calls information that states what services you used or care you received "protected health information." A document called Notice of Privacy Practices explains your right to keep your personal information private. It also talks about how your personal information is used. To get a copy of this policy, call ODS customer service at 800-342-0526.

We keep all your information private. This includes:

- The information ODS has
- What is written in your dental office record
- Anything you talk about with your dentist, their staff, and ODS

Fraud, Waste, and Abuse

At ODS, we are committed to preventing fraud, waste, and abuse. This includes following all related laws including the state and federal False Claims Act. Fraud, waste, and abuse affect all of us and increases the cost of health care.

- **Fraud** is when someone knows that they are doing something dishonest to make more money. This could be a doctor charging someone for a service they did not get. It could also be someone using an ID that is not theirs to get OHP benefits
- **Waste** is when someone spends money or resources in a way that is thoughtless. This can include buying medical supplies or equipment that are not needed.
- **Abuse** is something that results in an unneeded cost. This can include charging for services that are not needed.

Please tell ODS Community Dental if you see or know about any fraud, waste, or abuse. The law protects people that report fraud, waste, and abuse. You cannot lose your job or coverage for reporting it. You also cannot be treated unfairly.

ODS will report all suspected fraud, waste, and abuse by providers, members, or subcontractors to the appropriate agencies listed below.

To report fraud, waste, and abuse:

Call the ODS Fraud Hotline at: 855-801-2991. You do not need to tell us who you are.

To report provider fraud:

1) Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice

100 SW Market Street

Portland, OR 97201

Phone: 971-673-1880

Fax: 971-673-1890

2) OHA Office of Program Integrity (OPI)

3406 Cherry Ave. NE

Salem, OR 97303-4924

Fax: 503-378-2577

Hotline: 1-888-FRAUD01 (888-372-8301)

<https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>

To report member fraud:

DHS/OHA Investigations Unit

P.O. Box 14150

Salem, OR 97309

Phone: 888-372-8301

Fax: 503-373-1525

Hotline: 1-888-FRAUD01 (888-372-8301)

Fax: 503-373-1525 Attn: Hotline

<https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>

A member has the right to report fraud, waste, and abuse anonymously and to be protected under applicable Whistleblower laws.

Getting Copies of Your Dental Records

Your provider will keep a copy of your dental record. This record has:

- Your dental conditions
- Services provided
- Referrals

ODS makes sure providers keep records in accordance with professional standards. You have the right to ask for copies of your dental records. You also have the right to have your records fixed if you find something wrong. Call your dental provider if you would like copies of your records or need something fixed. Your provider may have a small fee to print the record copies. If you need help you can call ODS customer service at 800-342-0526.

Clinical Practice Guidelines

At ODS, we want you to get dental care that works. Our providers have all agreed to follow the same dental guidelines. These are called clinical practice guidelines. These guidelines make sure that you get needed care and that it works. A team of ODS employees goes over these guidelines and makes changes when needed.

To look at our clinical practice guidelines policy, go to:

<https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Provider-resources/ODS-Community-Dental-Clinical-Guidelines.pdf> or call ODS customer service at 800-342-0526.

Provider Payments (Reimbursements)

ODS Community Dental pays providers in two ways, either by the number of members they are willing to see or by the number of services they provide. Your access to quality oral health care is not affected by how we pay our providers. You can call ODS customer service to learn more about how we pay our dentists. We want to make sure you are getting the best care for the right reasons.

Member Rights and Responsibilities

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

- Be treated with dignity and respect, and with consideration for your privacy;
- Have providers that treat you the same as they would treat other people looking for health care benefits;
- Pick or change your dentist;
- Refer yourself directly to mental health, chemical dependency, or family planning services without a referral from a provider.
- Have a friend, family member or advocate with you during appointments or other times needed within clinical guidelines;
- Be actively involved in making your treatment plan;
- Be given information about your condition and covered and non-covered services in a language and format you understand. This is so you can make an informed decision about proposed treatments.
- Consent to treatment or refuse services and be told what will happen because of that decision, except for court ordered services;
- Get written documents about your rights, benefits, how to access services, and what to do in an emergency;
- Have written materials explained in a way that you understand. This includes education on how coordinated care works and services in the coordinated health care system;
- Get help getting the cultural and linguistic care you need in places as close as possible to where you live or seek services; and pick providers that are in non-traditional settings, if available in the network, that are accessible to families, diverse communities, and underserved populations;
- Get oversight, care coordination, transition and planning management from ODS to ensure culturally and linguistically appropriate community-based care is provided in the best way for you.
- Get the services needed to diagnose your conditions;
- Get integrated, person-centered care and services that provide choice, independence, and dignity; and meet generally accepted standards of practice and are medically appropriate.
- Have a consistent and stable relationship with a team that manages your care;
- Get help navigating the health care delivery system and accessing community and social support services, and statewide resources. This includes but is not limited to the use of certified or qualified health care interpreters, certified traditional health care workers including community health workers, peer wellness specialists, peer support specialists, doulas, and personal health navigators who are part of your care team to provide cultural and linguistic help you need to access appropriate services and participate in processes affecting your care and services.
- Get covered preventive services;
- Access urgent and emergency services 24 hours a day, seven days a week without prior authorization;
- Get a referral to specialty providers for appropriate covered services;
- Have a clinical record that lists conditions, services received, and referrals made;
- Have access to your own clinical record, unless restricted by statute;
- Send a copy of your clinical record to another provider;
- Have your clinical record corrected or changed to be more accurate;

- Write a statement of wishes for treatment. This includes the right to accept or refuse medical, surgical, dental, or behavioral health treatment, and the right to execute directives and powers of attorney for health care established under ORS 127;
- Get written notices before a denial of, or change in, a benefit or service level is made, unless a notice is not required by federal or state regulations;
- Be able to make a complaint or appeal with ODS and receive a response;
- Ask for an administrative hearing;
- Get free qualified or certified health care interpreter services, including sign language interpretation;
- Get told in a timely manner if your appointment will be cancelled;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion
- Be treated fairly and file a complaint of discrimination if you feel you have been treated unfairly because of your age, color, disability, gender identity, marital status, race, religion, sex, or sexual orientation.
- Share information with ODS electronically if you wish to.

As an ODS Community Dental member, it is your responsibility to:

- Help choose a dentist if needed;
- Treat all ODS Community dental staff, providers, and clinic staff with respect;
- Be on time for your appointments;
- Call ahead of time to cancel an appointment and call ahead if you expect to miss or will be late to your appointment;
- Seek periodic health exams and preventive care from your primary care dentist (PCD);
- Use your PCD or clinic for diagnostic and other care;
- Get 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 using emergency services in the manner provided by ODS' referral policy;
- Give accurate information for your clinical record so providers can give you the best care;
- Help your provider get clinical records from other providers, which 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 provided by ODS providers and care teams to make informed decisions about treatment before it is given;
- Help in the creation of a treatment plan with your provider;
- Follow prescribed, agreed-upon treatment plans and actively engage in your healthcare;
- Tell providers that your healthcare is covered under the Oregon Health Plan before you get services; and if your provider asks for it, show them your Oregon Health ID card;
- Call OHP Customer Service to tell them if:
 - You change your address or phone number
 - You become pregnant and when the baby is born
 - Any family members move in or out of your household

- You have any other insurance available
- Pay for non-covered services
- Pay any monthly OHP premium on time if required
- Help your ODS get any third-party resources available and reimburse ODS the amount of benefits it paid for an injury from any recovery received from that injury.
- Bring issues, complaints, or grievances to the attention of ODS.

You can use your rights at any time. Using your member rights will not change the way ODS, staff, providers, and others treat you. We will not discriminate against you (treat you differently) when you use your rights. We are all here to help you get the best dental care. Our team knows about policies for Enrollment, Disenrollment, Fraud, Waste and Abuse, Grievances and Appeals, Advance Directives, and Certified or Qualified Health Care Interpreter Services. We can tell you which providers have bilingual staff. If you have any questions about these policies, please call to ask. Our ODS customer service number is 800-342-052.

Complaints and Appeals

At ODS Community Dental, we want to make sure you get the best care. But if you are not happy with any part of your dental care, you can file a complaint (sometimes called a grievance). You can also file a complaint if you are not happy with the service you get from ODS.

If you submit a complaint to ODS, expect to get a written notice of receipt within 5 business days of our office getting your complaint. Please see the next page for a more detailed look into the process.

If you asked for a service and it was denied, you can appeal that decision. If we look at your appeal and still do not agree to pay for a service, you can ask for an administrative hearing.

ODS will not discourage you from making a complaint, filing an appeal or asking for an administrative hearing. Your benefits will not be affected by any complaints you make.

Need Help?

ODS can help you with filling out forms or knowing what to do next. We can help you file a complaint, appeal or an administrative hearing.

You can also get help from OHP Client Services at:
800-273-0557 (TTY 711)

Visit our Claims, Complaints and Appeals webpage:
<https://www.odscommunitydental.com/providers/claims>

For more help, you can call the Public Benefits Hotline. They will give you advice and may represent you.

Public Benefits Hotline: 800-520-5292

This is a program of Legal Aid Services of Oregon and the Oregon Law Center.

You can also find legal aid information at:
oregonlawhelp.org.

Definitions

An **administrative hearing** is when you ask the Oregon Health Authority (OHA) to review a decision that was made about paying for a health care service. Hearings are held by an administrative law judge who is not part of ODS Community Dental or the Oregon Health Plan.

A **denial** is a decision to not pay for a service.

An **appeal** is when you ask us to change a decision you disagree with about a service your dentist ordered. You can write a letter or fill out a form explaining why we should change our decision; this is called filing an appeal.

Complaints

1. You can file a complaint by calling or writing to us:

ODS Community Dental	Phone: 800-342-0526
Attn: Appeal Unit	(TDD/TTY: 711)
601 SW Second Ave.	Fax: 1-503-412-4003
Portland, OR 97204	

You can also file a complaint directly with the state of Oregon:

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

You may also use this online form to fill out your complaint:

<https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Member-resources/Member-grievance.pdf>

If you need this form in other languages or in a different format, you can contact us. Call ODS customer service at 800-342-0526.

2. We will tell you in writing within five (5) working days that we got your complaint. We will either:
 - a. Tell you how we are going to fix or respond to your complaint
 - b. Or let you know why it will take us longer to respond. We will only ask for more time if it's in your best interest. All letters will be written in your preferred language.
3. If you get a letter stating we needed more time, we will respond to your complaint within 30 calendar days of getting it.

If you are not happy with our answer to your complaint, you can file a complaint with the state of Oregon by writing to:

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

Someone else can also file the complaint for you. Please give us the name of the person who will speak for you in writing. This person can be your provider if you have a written agreement.

Appeals

1. If we deny, stop, or reduce a dental service that your provider has ordered, we will mail you a letter titled “Notice of Adverse Benefit Determination” (NOABD), within 30 days or as soon as possible before the change happens. This letter will tell you why we made that decision. You can appeal the denial. You need to call ODS customer service within 60 days of the date on the written denial letter. The denial letter will include a “Medicaid Appeal Form” in it. You can mail us your “Medicaid Appeal Form” or other written documentation. You can also call us using the contact information below.

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

Phone: 800-342-0526
(TDD/TTY: 711)
Fax: 1-503-412-4003

The online form for Denial of Medical Services Appeal and Hearing Request can be found in English here:

<https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Member-resources/Member-appeal-form-in-English.pdf>

This form is also available in other languages on our website. It can be found under “Appeals and grievances” here:

<https://www.odscommunitydental.com/members/resources>

For help getting this form in other languages or different formats contact ODS Customer Service. Call 800-342-0526.

2. We will finish the review and respond to your appeal within 16 calendar days with a letter titled, “Notice of Appeal Resolution” (NOAR). If we can’t fix your appeal in that time, we will send you a letter saying why it will take longer. We will finish with your appeal within 14 more days.

If we take a 14-day extension, you can request a hearing if you did not receive resolution to the appeal within 30 days.

If you think your problem is an emergency and cannot wait for a review, call, or write to ODS. Ask us for an expedited or “rush” appeal. If we agree that your appeal is an emergency, we will respond to your request within 72 hours. We can extend the rush appeal by up to 14 days if you request or if ODS shows the OHA that more information is needed and that the delay in the rush appeal is in the best interest of the member.

You may need to tell ODS Community Dental you want us to investigate the appeal and ask for your dental records. All information about your appeal is kept private.

You can also request a rush hearing by calling OHP Client Services at 800-273-0557 (TTY 711), and the State of Oregon will decide if they can have a fast hearing two working days after they get your request.

If you were receiving services under ODS and we stop providing those services while we review your appeal, then you can request to keep getting the service while the appeal is being looked at. You will have 10 days from the date of the NOABD or NOAR letter to request that your benefits be continued. However, you will have to pay for those services if the denial is upheld.

Someone else can file the appeal for you if you want. Please give us the name of the person who will speak for you in writing. This person can be your provider if you have a written agreement.

Verbal Denial or No Written Denial Notice Issued

You can ask to be sent a denial letter that shows a service is not paid for by your plan if you did not get one. You should ask for the denial letter if your dental care provider tells you that you will need to pay for a service that is not paid for by your plan. You can contact ODS' customer service to ask for a denial notice. Once you have that denial you can work through the appeal process with ODS. Someone else can file an appeal for you. This includes your provider. Please let ODS Community Dental know if someone else will be representing you.

Administrative Hearings

If you are not happy with the original decision for your appeal, you can ask for an administrative hearing from the Oregon Health Authority (OHA). Your provider can also ask for an administrative hearing for you.

To ask for an administrative hearing, fill out the hearing form you got with your appeal letter. If you don't have it, you can call ODS, OHP Client Services, or your DHS caseworker to ask for one. Read the whole thing. This form tells you about the hearing process and how to ask for a faster hearing. Make sure you ask for the hearing within 120 days of the date of the denial.

You can still receive services while the hearing is going on. After your administrative hearing, OHA may change the appeal decision or keep it the same. You may have to pay for the services you got during the hearing if OHA decides to not change the appeal decision.

ODS Community Dental
800-342-0526 (TDD/TTY: 711)
Monday through Friday
7:30 a.m. – 5:30 p.m.

Phone: 800-342-0526
(TDD/TTY: 711)
Fax: 1-503-412-4003
Monday through Friday
8 a.m. – 5 p.m.

You have the right to have an attorney or representative at your hearing. You also have the right to access free legal help through Legal Aid Services and Oregon Law Center. You can contact the Public Benefits Hotline for help getting these services. Call 1-800-520-5292 (TTY 711).