



ODS

ODS Community Dental

Provider onboarding 2022

Welcome to ODS Community Dental

First and most importantly, thank you for participating in the ODS Community Dental Medicaid program. The services you provide ODS members directly impact and improve the health of Oregonians. You help our members achieve healthy mouths and bodies.

We're committed to partnering with dentists to make sure our members receive the best possible experience with eligibility, claims payment accuracy, timely claims processing and customer service.

We are here to help you in person or by phone, email and web-based tools, including Benefit Tracker.

ODS services

ODS Customer Service

800-342-0526

Benefits, eligibility, claim inquiry, general questions, referral assistance, second opinion requests, missed appointments and patient dismissals

ODS Dental Case Management

844-274-9124

dentalcasemanagement@modahealth.com

Coordination for members with special needs and/or special treatment requests

Dental Professional Relations

888-374-8905

dpr@modahealth.com

Assistance with contracting, credentialing or updating office information



Provider Handbook

You can access the ODS Community Dental Provider Handbook online at odscommunitydental.com/providers/contracting.

The Provider Handbook is an extension of your participating contract. Please review the handbook thoroughly and often, as it is subject to change.

We will also post any major updates in the ODS newsletter, “Smiles Matter.” To sign up for the newsletter, contact Dental Professional Relations at 888-374-8905 or dpr@modahealth.com.

Billing for ODS OHP

- Timely filing for OHP is four (4) months from the date services are rendered
- You must submit a claim form for all services performed, even if there was no charge to the member
- There are no copays or deductibles for ODS OHP members
- OHP members cannot be billed for covered services
- Balance billing an ODS member for covered services is prohibited

If a member agrees to pay for treatment not covered under the ODS OHP plan, the approved OHP Client Agreement to Pay for Health Services (financial waiver) must be completed and signed by the member before the services are rendered. An office waiver cannot replace the OHP waiver unless it is an exact facsimile of the OHP form.

OHA Patient Responsibility Waiver

ODS Community Dental providers must inform OHP members of any charges for noncovered services before they deliver the services. If a member chooses to receive a specific service that is not covered by ODS Community Dental, arrangements must be made between the provider and the member before rendering the service. You are required to:

- ✓ Inform the member that the service is not covered
- ✓ Provide an estimate of the service cost
- ✓ Explain to the member what their financial responsibility is for the service
- ✓ Complete the required OHP Client Agreement to Pay for Health Services (OHP 3165 or OHP 3166 form) in its entirety. You can find this form in the back of your Provider Handbook or on our website: odscommunitydental.com/providers/resources.

You and the member must document your agreement to pursue noncovered treatment by using the OHP Client Agreement to Pay for Health Services form (OHP 3165 or 3166). **Both the member and the treating provider must physically sign the form** before rendering and receiving the noncovered services. This agreement is valid only if the estimated fees do not change and the service is scheduled within 30 days of the member's signature.

This is an agreement between a *Client* and a *Provider*, as defined in OAR 410-120-0000. The client agrees to pay for service(s) not covered by the Oregon Health Plan (OHP), the Oregon Health Authority (OHA) or OHA-contracted managed care entities (MCEs).

Provider section

① Provider completing this form is (check one):

<input type="checkbox"/> Rendering provider (the person providing the service)	<input type="checkbox"/> Prescribing provider
<input type="checkbox"/> Hospital	<input type="checkbox"/> Ancillary (other) provider:
<input type="checkbox"/> Pharmacy	

② Services requested. These include, but are not limited to, treatment, equipment, supplies and medications.

Service codes (CDT/CPT/HCPCS/NDC):

③ Expected date(s) of service (if services will occur over several months, please say how often, with start and end dates):

④ Condition being treated:

⑤ Estimated fees \$ To \$. Check one of the following statements about these fees:

There are no other costs that are part of the service(s).

There may be other costs. You may have to pay for them, too. Other costs may be for (check all that apply):

Lab X-ray Hospital Anesthesia Other:

⑥ As the rendering or prescribing provider:

- I tried all reasonable covered treatments for your condition.
- I confirmed that the proposed service(s) are not covered for your condition.
- I informed you of covered treatments for your condition, and you chose a treatment that is not covered.

As any other provider (check one of the following statements):

I understand that your provider has talked with you about other choices and completed a separate *Agreement to Pay* form.

Please see your provider to ask about other choices and to complete a separate *Agreement to Pay* form.

Provider name: NPI:

Provider signature: Date:

OHP client section

⑦ Client name: DOB: Client ID#:

⑧ I understand the following, and still choose to get the service(s) listed above:

- The services listed above are not covered for payment by OHP or my plan.
- If I get the services I agree to pay the costs. After having the services, I will get bills for them that I must pay.
- My other options, which are written on the back of this form and were explained by my provider.
- The medically appropriate treatment I can have, including services that OHA or my MCE may pay for.

Client (or representative's) signature – Representative must have proof of legal authority to sign for this client Date

If signed by the client's representative, print their name here:

⑨ Witness signature: Date:

Witness name:

This agreement is valid only if the estimated fees listed above do not change and the services are scheduled within 30 days of the member's signature.

Access to Care Standards

The Oregon Administrative Rule (OAR) access to care standards ensure all OHP members receive timely access to appointments. Member must be scheduled according to these timeframes-

- **Emergent care:** Schedule within one day (24 hours)
- **Urgent care:** Schedule within one week (seven days)
- **Routine care:** Schedule within eight weeks (56 days)
- **Pregnant members:** Schedule within four weeks (28 days)

To ensure our providers are compliant with access standards, the ODS quality team conducts third next available appointment (TNAA) surveys.

After-hours access

After-hours access to care

Per OAR 410-141-0220, OHP providers must have one of the following:

- An answering service that is able to reach the patient's primary dentist or an on-call ODS OHP dentist
- The patient's primary dentist office message will instruct an established patient to call a listed after-hours telephone number that will reach the primary dentist or an on-call dentist. The after-hours number is also called to determine whether the patient can leave a message.



2021 Oral health incentive measures

We are committed to meeting or exceeding the 2022 Oregon Health Authority quality measures for oral health. We encourage our providers to take note of these measures, discuss them at staff meetings and partner with us to reach our goals. To learn about our quality bonus share program and to request a list of your established patients in need of these services, please contact Dental Case Management at 844-274-9124 or dentalcasemanagement@modahealth.com.

- **Oral evaluation for adults with diabetes**. Provide an oral evaluation for identified members with a diabetic diagnosis. The CDT codes for this measure are D0120, D0150 and D0180.
- **Preventive dental services — children (1-5)**. Percentage of assigned members ages 1-5 who have received a preventive dental service (CDT code range D1000-D1999) as measured by administrative (encounter) data
- **Preventive dental services — children (6-14)**. Percentage of assigned members ages 6-14 who have received a preventive dental service (CDT code range D1000-D1999) as measured by administrative (encounter) data

The logo for Oregonone eligibility, featuring the word "Oregonone" in orange and blue, followed by "eligibility" in blue.The logo for Oregon Health Authority, featuring the word "Oregon" in orange, "Health" in blue, and "Authority" in orange below it.

Does your OHP patient need to update their information with the OHA?

The state of Oregon's ONE site was designed to allow Oregon residents, and/or authorized community partner agencies on behalf of Oregon residents, to **apply** for Oregon medical programs and to report changes through their account.

The lack of accurate contact information is one of the biggest barriers in maintaining member retention with the Medicaid population. If you notice an address discrepancy, please refer your patient to the below site for easy updating of incorrect information.

one.oregon.gov/UserRegistration/LoginCA

ODS Community Dental member assignment

Member assignment is an option for connecting Medicaid members with dental care. The dental plan assigns members who do not have an established dentist to a dental home located close to their residence. **Members can only receive dental care at this dental office.**

Capitated clinic locations

Arrow Dental – Astoria

433 30th St.
Astoria, OR 97103
503-338-6000

Arrow Dental – Salem

1880 Lancaster Drive N.E.
Suite 121
Salem, OR 97305
971-600-3498

Arrow Dental– Milwaukie

10505 SE 17th Ave.
Milwaukie, OR 97222
503-653-4093

Arrow Dental – Eugene

890 Seneca Road
Suite 100
Eugene, OR 97402
541-653-8610

Arrow Dental – Clatskanie

400 S.W. Bel Air Drive
Clatskanie, OR 97016
503-728-2114

OHSU Health Dental Clinics

2730 S.W. Moody Ave.
Portland, OR 97201
503-494-8867

Family Dental Care, Inc.

Locations may vary - Please
contact 503-644-2663 or
888-350-0996 for
member assignment

Gentle Dental

Locations may vary - Please
contact 503-644-2663 or
888-350-0996 for
member assignment

James Klusmier

165 N.W. First Ave.
John Day, OR 97845
541-575-0363

Elisha B Mayes

1400 Division St.
Elgin, OR 97827
541-437-6321

SmileKeepers

Locations may vary - Please
contact 503-644-2663 or
888-350-0996 for
member assignment

Mosaic Medical

2084 N.E. Professional Ct.
Bend, OR 97701
541-383-3005

Arrow Dental – Scappoose

51509 Columbia River Hwy
Scappoose, OR 97056
503-987-1923

Winding Waters Medical Clinic – Enterprise and Joseph

603 Medical Parkway
Enterprise, OR 97828
541-426-4502

Eastern Oregon Dental Group

1831 First St.
Baker City, OR 97814
541-523-2144

Albany Dental Group

1025 Bain St SE, Ste B
Albany, OR 97322
541-926-1303

ODS Community Dental member assignment

Request an assignment correction: The ODS member must call ODS Customer Service at 800-342-0526. If the member happens to be in your office, you may initiate the call and hand the phone to the member. The member will need to provide the customer service representative their name, subscriber ID number and the date of their next appointment.

Report a denied claim: Call ODS Dental Customer Service to report the denial. The representative will take necessary steps to validate the member's dental history in your office, remove the assignment and reprocess the claim if applicable. The representative may also speak with the member to validate their dental home preference.

ODS Community Dental member assignment

Daily eligibility verification: Simply navigate to the Group Limitations page in Benefit Tracker. Capitation assignment to a dental office will be clearly noted there. ODS has assignment agreements with several dental clinics throughout Oregon. Services performed for a capitated member by a noncapitated provider are not covered, unless there is a referral on file.

Referral on file: When an ODS-assigned member is referred out for specialty services, a referral note is entered under their record in the ODS claims processing system. This note will allow the claim to process accurately.



Eligibility verification

Follow these steps to confirm member assignment in Benefit Tracker

- Navigate to the Group Limitations page. The dialog box reminds users to check Group Limitations for the member assignment.
- Look for notes referencing a member assignment to a specific dental office
- Refer to example images below of the reminder dialog box and Group Limitations page.
- Questions about Benefit Tracker? Call 877-337-0651.

The screenshot shows the 'Benefit Tracker' interface. At the top, there are navigation links: 'Dental search', 'Documents', 'Find Care', and 'PreViser'. Below this is a 'Limits' section with tabs for 'Eligibility and Benefits', 'Procedure utilization', 'Group limitations' (highlighted with a red box), 'Claims', and 'Member handbook'. Under 'Group limitations', there is a table with member information:

ID number:	Insurance type:	Oregon Health Plan
Subscriber name:	Group number:	10009552
	Group name:	Eastern Oregon Coordinated Care Organization

Below the table, a note states: 'For limitations not listed on this page, please refer to [Standard Processing Policies](#).' A red box highlights the 'Assignment:' section, which contains the text: 'This OHP member is assigned to Eastern Oregon Dental Group.' Below this, there are two paragraphs of text: 'Benefits are provided for services only if they are performed by Eastern Oregon Dental Group. Services performed by a provider that is not an Eastern Oregon Dental Group provider are not covered, unless there is referral on file.' and 'Specialty Referrals: If an Eastern Oregon Dental Group provider cannot perform a procedure, Eastern Oregon Dental Group is required to contact ODS Community Dental to report the referral. Only services listed on the referral to the specialist will be covered.'

Important note

Oregon Health Plan

This is an Oregon Health Plan member. Please check Group Limitations for possible provider capitation assignment. Effective 06/01/2019, services performed for a capitated member by a non-capitated provider are not covered, unless there is a referral on file.

Cultural competency/ diversity-related trainings

All patients deserve to receive culturally and linguistically appropriate oral healthcare and services from culturally responsive individuals. This is why we encourage our staff and contracted providers to complete cultural responsiveness training.

Culturally responsive providers “...do not make assumptions on the basis of an individual’s actual or perceived abilities, disabilities or traits whether inherent, genetic or developmental, including: race, color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration or refugee status, marital status, socioeconomic status, veteran’s status, sexual orientation, gender identity, gender expression, gender transition status, level of formal education, physical or mental disability, medical condition or any consideration recognized under federal, state and local law” (OAR 943-090-0010).

Cultural-responsiveness training opportunities

The Oregon Health Plan (OHP) requires that all OHP providers complete an OHA-approved cultural competency training. As a result, we ask you to complete the following FREE OHA-approved Culturally and Linguistically Appropriate Oral Health Care training.

Please note that the Oregon Board of Dentistry (OBD) also requires dentists to complete two credit hours of continuing education in cultural competency. This training can be used to meet both OHP and OBD requirements.

You can access the OHP and OBD approved training course online:
oralhealth.thinkculturalhealth.hhs.gov/

Health through Oral Wellness[®] program

When it comes to oral health, we know some people need more care than others. Our Health through Oral Wellness program offers extra benefits to members who have a greater risk for oral diseases.

Members may now qualify for additional benefits if they score 3+ on their **Caries** and/or **Periodontal** risk portion of the assessment, or a 4+ on the **Periodontal Disease Severity** portion of the risk assessment.

For your patients who qualify for extra benefits and related care, this program encourages them to:

- Take charge of their oral health
- Prevent oral health issues before they happen
- Learn how to achieve and maintain better oral wellness

Please register for a **free PreViser account** so that you can conduct clinical risk assessments on ODS Community Dental (OHP) patients.

Enhanced benefits

Below are the enhanced benefits* your patient may qualify for if their risk assessment score reaches any of the following levels.

Enhanced plan	Risk levels	Enhanced benefit	CDT Codes	Frequency
High-risk: caries/ periodontitis	<ul style="list-style-type: none"> • Caries risk (3+) or • Periodontitis risk (3+) or • Periodontal disease severity (4+) 	Prophy <i>or</i> periodontal maintenance	D1110, D1120, D4346, D4910	Combination up to 1 per 3 months
		Fluoride varnish <i>or</i> topical fluoride	D1206, D1208	Combination up to 1 per 3 months
		Sealants	D1351	Once per 2 years
		Oral hygiene instruction <i>or</i> nutritional counseling	D1330, D1310	Once per 12 months
		Drugs or medicaments dispensed in the office for home use	D9630	Once per 6 months

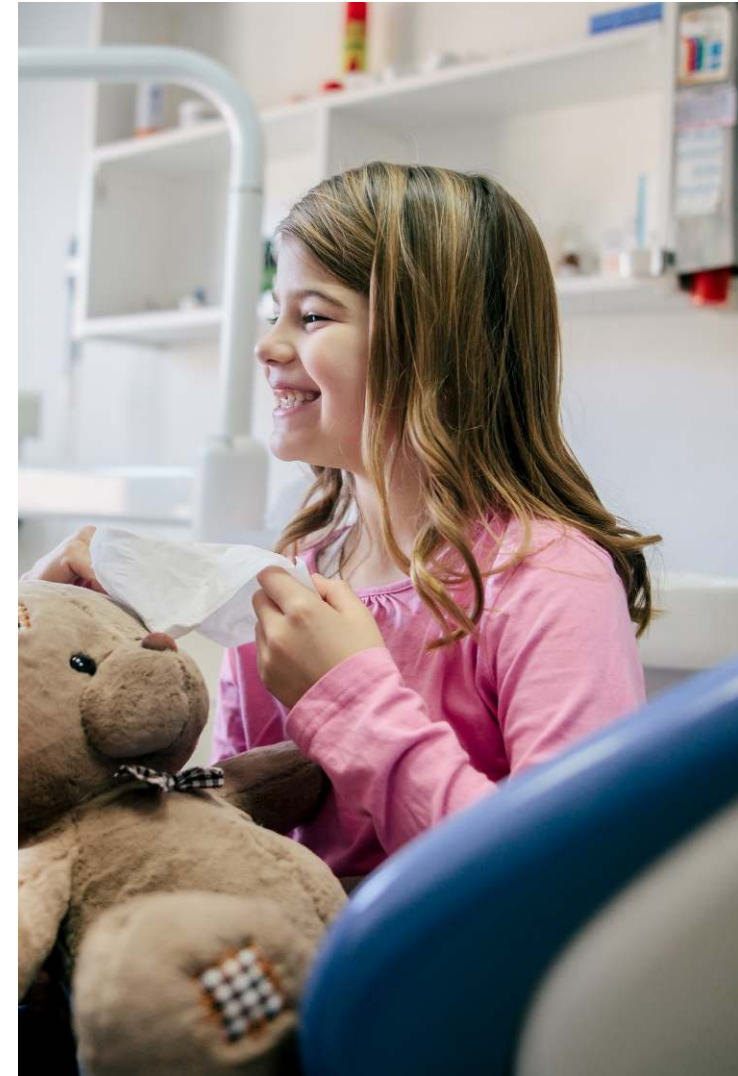
ODS Community Dental members already receive benefits for all levels of oral cancer risk. We encourage you to assess oral cancer risk as an educational opportunity for patients.

After completing the assessment and receiving your patient's scores from PreViser, you may confirm their eligibility in Benefit Tracker and inform them about their enhanced benefits.

How will this program help my patients?

Based on you patient's risk score, they may be able to qualify for:

- Extra cleanings
- Extra periodontal maintenance appointments
- In-office fluoride treatments
- Sealants
- Office-dispensed medicaments (including Chlorhexidine, MI Paste, fluoride toothpastes and fluoride gels)



How will this program help my office?



Once you are registered with your free PreViser Account:

You will be able to bill your completed PreViser risk assessments for all your ODS Community Dental (OHP) patients.

If the patient qualifies for the Health through Oral Wellness enhanced benefits, the providers will be able to schedule and give these extra services. These services help patients get the care they need while you increase your bottom line.

PreViser also gives your office real-time, detailed, printable risk assessments in English or Spanish. These assessments help explain the severity of your patient's condition and assists the patient in treatment plan acceptance.

This program offers valuable benefits for both the patient and the provider.

An example of what a PreViser risk assessment will look like:

Comprehensive Risk and Oral Health Assessment

Exam Date: 12/11/2018
 Date Submitted: 12/11/2018
 Prepared for: Bill Brady
 Prepared by: Karen RDH, PreViser Dental
 1 PreViser Drive Concord, NH 03301
 603-555-4567 www.previser.com

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PREVISER

Overview

Your Clinical Access Code: DCC8D1BD-2020-4F39-B8FE-91A1186AF3B7

<p>Tooth Decay Risk Score</p>	<p>5 out of 5</p>	<p>The tooth decay risk score describes the likelihood that without appropriate home and professional care, the health of your teeth may worsen resulting in tooth decay or breakdown of existing restorations.</p>	<p>Your Comprehensive Forecast</p>  <p><i>Showers. Your current oral health needs to improve. Your dental professional can explain the most effective strategies for gaining that improvement.</i></p> <p>Your scores can help determine what professional treatments and preventive home care strategies may benefit you.</p>
<p>Restorative Needs Score <small>pat.</small></p>	<p>1 out of 100</p>	<p>Congratulations! Your score indicates that you have no active tooth decay and no restorations.</p>	
<p>Gum Disease Risk Score <small>pat.</small></p>	<p>4 out of 5</p>	<p>The gum disease risk score describes the likelihood that without appropriate home and professional care, the health of your gums may worsen resulting in infection and inflammation and the possible loss of teeth.</p>	
<p>Gum Disease Score <small>pat.</small></p>	<p>20 out of 100</p>	<p>Your score indicates you have moderate bone loss and/or gum tissue damage typically associated with moderate periodontitis. This damage may be the result of current active disease or the results of damage you experienced in the past. Your likely treatment and on-going maintenance needs are significant.</p>	<p>Oral Disease and You.</p> <p>There are three major oral diseases:</p> <ul style="list-style-type: none"> Tooth decay Gum disease Oral cancer <p>Your dental professional is your first line of defense in helping to ensure a lifetime of oral health. With emerging research showing that the health of your mouth may have an impact on your overall health, good oral care is no longer just about a beautiful smile.</p>
<p>Gum Health Stability Score</p>	<p>0 out of 100</p>	<p>This score is an indication of how long your gum health has been stable, which is 0 at your first gum disease assessment. For subsequent assessments, your score will increase to a maximum of 100 if the condition of your gums is stable or improved. A zero stability score after treatment may mean more treatment could be beneficial.</p>	
<p>Oral Cancer Risk Score</p>	<p>1 out of 5</p>	<p>The oral cancer risk score describes an increasing probability of developing mouth cancer as a result of your individual risk factors. These can include inherited factors as well as lifestyle factors.</p>	

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March 2, 2021

Get started by registering for your free provider account with PreViser

Check out the tutorials and example reports available via PreViser University at free.previser.com or watch our online webinar at youtu.be/j0b4lrVllaE.

Ready to get started?

To help your high-risk patients get the extra dental benefits and related care they need, you must be signed up through PreViser™, a third-party dental risk and periodontal disease application.

Just follow these simple steps to get started:

- 1 Sign up at my.previser.com/signup/ddor.
- 2 Complete the request fields and click Register.
- 3 You will receive an email from PreViser asking you to validate and complete your registration by going to previser.com and selecting 'My Account.'

If you have any questions or would like to schedule a training for your office, please call the Health through Oral Wellness provider services line at 844-663-4433.

