ODS	Policy & Procedure		
Company:	ODS Community Dental	**Reference Number:**	QI-635
Department:	Dental Services		
Business unit:	Dental Medicaid	Category:	Dental Case Management
Title:	Transitions of Care		
Origination Date:	12/2019	Original Effective Date:	12/2019
Revision Effective Date:	8/11/2023	Published Date:	12/13/2019
Revision Published Date:	8/11/2023	**Next Annual Review Date:**	8/25

State (select all boxes applicable to this policy)
☐ Alaska ☒ Oregon ☐ Washington

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

Type of Business (check all boxes applicable to this policy)
☐ Commercial Group ☐ Commercial Individual ☐ Exchange Business ☐ EOCCO ☒ OHP ☐ Medicare
☐ ASO/ Self-funded ☐ Other _____

I. Policy Statement and Purpose

ODS Community Dental (ODS) will ensure continued access to care to dentally necessary covered services and honor prior authorized care, referrals when applicable, and care coordination for members that are transitioning from their coordinated care organization (CCO) to another, from CCO to Fee-For-Service or vice versa or members transitioning from one Dental Care Organization (DCO) to another DCO.

II. Definitions

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

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

"Continued Access to Services" means making available to the member services, prescriptions, and prescription drug coverage consistent with the access they previously had including permitting the member to retain their current provider, even if that provider is not in the ODS network.

III. Procedures

A. Applicable Persons

a. A member who is enrolled in a CCO/DCO (the "receiving CCO/DCO") immediately after they are disenrolled from another CCO/DCO (including disenrollment resulting from termination of the predecessor CCO's contract) or from Medicaid fee-for-service (FFS).

B. No Applicable Persons

a. A member who is disenrolled from Medicaid or who has a gap in coverage following disenrollment from the predecessor plan.

C. Process

ODS will ensure that any member in transition of care receive access to covered services and ODS will honor prior authorized care and referrals made until the member's treatment plan is reviewed by a new PCD. ODS will work with the predecessor plan when necessary to get this information to ensure a successful transition for the member during the transition of care period. This includes ensuring member dental records are obtained by new providers as appropriate for continuum of care. ODS will also work to establish members with the same or new providers who can review their treatment plan.

If ODS is the DCO previously serving an enrollee, ODS will fully and timely comply with requests for historical utilization data for the new DCO. ODS will also request historical utilization data from previously serving DCO's as necessary. ODS engages in electronic exchanges of dental records for new or current members with the approval and at the direction of a current or former member or the member's personal representative. ODS will receive all data for a current member from any other payer that has provided coverage to the member within the preceding 5 years. At any time, the member is currently enrolled with ODS and up to 5 years beyond disenrollment, ODS will send all such data in the electronic form and format it was received to any other payer that currently covers the member or a payer the member or the member's personal representative specifically requests receive the data.

Members in a transition of care will be provided with:

- Continued Access to Services and supports necessary to access the services needed, such as NEMT.
- Continuation of receiving services from the member's previous provider, regardless of whether the provider participates in the ODS network.
- Referrals to appropriate providers of services that are in the network at the duration of the TOC period.

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

IV. Related Policies & Procedures, Forms and References

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

V. Revision Activity

New P & P /Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
New policy	DQIC	12/13/2019	12/1/2019
Annual review includes specification of transition of care in policy statement, reformatting of procedure sections, inclusion of related CFR	DQIC	4/9/2021	4/9/2021
Annual Review- updated specification to mirror new requirements in OAR 410-141-3850 per OHA feedback Specifically added definition for "Continued Access to Services" and added language to section C regarding ODS complying with the provision of historical utilization data and outlining what members in transition will be provided with.	DQIC	04/07/2022	04/07/2022
Annual Review- Removed the discontinued OAR, deleted the outdated example, and only referenced the active OAR in the Related Policies & Procedures, Forms, and Reference section.	DQIC	8/11/2023	8/11/2023
Annual Review- No Changes required	DQIC	8/9/2024	8/9/2024

VI. Affected Departments:

Dental Network Operations
Dental Claims and Appeals