NOD:	NODS		Policy & Procedure			
Company:	ODS Community Dental	Reference Number:	QI-607			
Department:	Dental Services					
Business unit:	Dental Medicaid	Category:	Quality Improvement			
Title:	Providers					
Origination Date:	12/96	Original Effective Date:	12/96			
Revision Effective Date:	06/97, 08/97, 06/98, 07/98, 06/00, 12/02, 10/03, 10/04, 12/05, 12/06, 08/07, 4/08, 6/09, 6/10, 6/11, 6/12, 6/13, 6/146/15, 6/16, 6/17, 6/18, 8/19, 4/21, 6/2024	Published Date:	12/96			
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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)						
<ul><li>☐ Commercial Group</li><li>☐ Commercial Individual</li><li>☐ Exchange Business</li><li>☐ EOCCO</li><li>☐ OHP</li><li>☐ Medicare</li><li>☐ Medicare</li></ul>						

## I. Policy Statement and Purpose

ODS Community Dental ensures Oregon Health Plan (OHP) members select a dental provider from the ODS Community Dental panel of participating dentists/denturists to receive dental benefits as outlined in the Oregon Health Authority Dental Services Rulebook 410-123-1000 through 410-123-1660.

#### II. Procedures

A. New Members

Members enrolled with a CCO receive their handbook and provider directory from the CCO.

a. Members not in capitated service may select a provider from the list of participating providers.

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b. Members in capitated service areas are assigned to a Primary Care Dentist or Dental office for their dental care.

### III. Assistance in Finding a Provider for New and Existing Members

- A. Members who are not assigned to a dental home may access an ODS participating dental provider for dental care. When members have difficulty finding an ODS participating provider, the member handbook instructs them to call the ODS dental customer service department for assistance locating a dentist in their area.
  - B. Members who would like to be unassigned from their Primary Caer Dentist or Dental Office may call the ODS dental customer service department to request unassignment and assistance finding a participating provider in their area.
- C. The customer service representative:

Provides members with names of participating providers who are located:

- a. Within 5 miles, 10 minutes, travel time for members living in large urban areas
- b. Within 15 miles, 25 minutes travel time for members living in urban areas
- c. Within 20 miles, 30 minutes travel time for members living in rural areas.
- d. Within 30 miles, 40 minutes travel time for members living in counties with extreme access considerations (CEAC).

Assists members in locating participating providers by calling local dental offices.

Refers members to the non-emergent transportation service for assistance in obtaining transportation when they have none.

If a participating provider is not available, the ODS dental customer service representative sends an email to the OHP coordinator team to review the option of contracting with a non-participating ODS provider.

- a. See the Access Plan policy (QI-602) for more details regarding non-participating provider contracting.
- D. Customer service utilizes the online provider directory to locate providers for non-English speaking members by identifying providers who speak the member's primary, preferred or spoken language. The directory indicates languages spoken by each provider. Additionally, the provider directory lists providers who self-assess their practice as accessible for members with disabilities. Thus, ODS customer service and members who are handicapped are able to locate a practice with appropriate accessibility.

#### IV. Monitoring Provider Access

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

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

**References:** 

42 CFR 438.206, 438.028, OAR 410-141-3515, 410-141-3585, 410-141-3860. 410-141-3920

#### VI. Revision Activity

Modification Date	Change or Revision and Rationale	Effective Date of Policy Change
08/10/07	Added non-participating language.	08/01/07
Annual Review-	DQIC	6/11/2021
Added personnel		
specifications and		

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addition of quality withhold and incentive programs under sections III.		
B. 1-2		
05/27/09	Annual review	06/01/09
05/26/10	Annual review	06/01/10
06/29/11	Annual review	06/01/11
05/29/12	Annual review – no changes	06/01/12
5/10/13	Annual review - added bullet C	6/1/13
5/30/14	Annual review	6/1/14

New P & P / Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
Annual review – updated on new company policy	DQIC	6/12/15	6/1/15
Annual review	DQIC	6/10/16	6/1/16
Annual review	DQIC	6/9/17	6/1/17
Annual review	DQIC	6/8/18	6/1/2018
Annual review updated with minor edits that included replacing "practitioner" with "provider" in the policy title and throughout the policy; new template.	DQIC	8/9/19	7/1/19
Annual review includes clarification of provider directory access sent to members with handbook, adjusted wording of handicap accessibility of clinics	DQIC	4/9/2021	4/9/2021
Annual Review- updated process for finding a provider to align with current operations.	DQIC	4/8/2022	4/15/22
Annual Review- Remove Section from Procedure A. 1 as it pertains ODS-OHA direct contract that ended effective 1/1/23. Updated CFR's & OAR's	DQIC	10/13/2023	
Annual Review- Section III. C. Updated time and distance to meet the current Network Adequacy standards. Minor edits made throughout policies.	DQIC	6/14/2024	6/14/2024

# VII. Affected Departments:

Dental Network Operations Customer Service

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