

# Advantage Dental

## From DentaQuest

<b>Policy Name: Care Coordination Policy</b>	<b>Policy Number:</b>
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<b>Responsible Department: DCO Operations</b>	
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<b>Approved By: QI Committee</b>	<b>Approved Date: 11/14/18</b>
<b>PURPOSE:</b>	
<b>DEFINITIONS:</b>	
<p><b><i>Care Plan</i></b> – A Care Plan is the documented tracking and monitoring of coordination of care for members that may, but not exclusively, require multiple providers due to the extensive Special Health Care Needs or have conditions that warrant on-going care on the part of the member. Each Care Plan is individual to the member and generally require the following elements:</p> <ul style="list-style-type: none"> <li>• Assessment of individual needs through the collection of health data, either through health records, input from contacts, member interviews and/or communications with a member’s support system, including family, friends or other care providers.</li> <li>• Development of an individualized plan through identification of needed services and treatment that address the member’s supportive and therapeutic needs.</li> <li>• Monitoring services and treatments in real time to confirm consensus among providers with the goal of identifying and correcting any gaps in treatment.</li> <li>• Facilitation, implementation and coordination of providers’ services to ensure seamless integration of care.</li> <li>• Assess member satisfaction and compliance with services, providing a benefit-value snapshot to quality of life.</li> <li>• Documentation of activities, services and outcomes.</li> <li>• Report outcomes, on-going condition of care to the legally responsible parties.</li> </ul> <p>Care Plans shall reflect the member’s preferences and goals, and if applicable, family or caregiver preference and goals to ensure engagement and satisfaction and ensure authorization of services</p>	

***Special Health Care Needs*** – means individuals who have high health needs, multiple chronic conditions, mental illness or Substance Use Disorders and either 1) have functional disabilities, or 2) live with health or social conditions that place them at risk of developing functional disabilities (for example, serious chronic illnesses, or certain environmental risk factors such as homelessness or family problems that lead to the need for placement in foster care.) Advantage acknowledges that members may, but not necessarily, be non-ambulatory or they may be ambulatory but have a severe developmental disability or mental impairment that manifests itself in behavior management issues that preclude provision of dental care in an office setting.

**POLICY:**

**CARE COORDINATION POLICY:**

Advantage Dental Services, LLC (“Advantage”) is committed to providing care coordination to all its members using all appropriate benefits and resources to help members to access health across the full spectrum of health care services. Advantage maintains a formal referral and care coordination system consisting of a network of consultation and referral providers, including applicable Special Needs/Alternative Care Settings, for all services covered by Oregon Health Plan. Advantage is committed to providing care coordination across a spectrum of health care services (medical - FCHPs, mental health, and chemical dependency - CDOs) and at alternative access points (including home settings, hospitals, and alternative care facilities) in the regions where we operate and where applicable.

Case management involves the timely coordination of dental and health care services to meet an individual’s specific needs in a cost-effective manner that ensures continuity and quality of care, and promotes positive outcomes. The case manager serves as a patient advocate, while at the same time assuring appropriate use of resources. Case management is a collaborative process between the member, Advantage, and providers, and requires the cooperation of all parties to achieve success.

Advantage’s Case Management team ensures a consistent and confidential flow of information among the variety of health care services and access points to arrive at positive treatment outcomes for the vulnerable populations we serve. Advantage is committed to the use of individual care plans to the extent feasible to address the supportive, therapeutic, and cultural and linguistic oral health of each member, particularly those with intensive care coordination health needs.

Advantage provides culturally and linguistically appropriate services and supports, in locations as geographically close as possible, to where the a member resides or seeks services and offers choice of Providers (including physical health, behavioral health, including mental health and Substance Use Disorders, and oral health) within the delivery system network that are, if available, offered in non-traditional settings that are accessible to families, diverse communities, and underserved populations.

Advantage is committed to integration activities such as, but not limited to:

(1) Enhanced communication and coordination between CCOs, mental health and Substance Use Disorders Providers and dental providers;

(2) Implementation of integrated Prevention, Early Intervention and wellness activities;

(3) Development of infrastructure support for sharing information, coordinating care and monitoring results;

(4) Use of screening tools, treatment standards and guidelines that support integration;

(5) Support of a shared culture of integration across service delivery systems.

Advantage ensures that in coordinating care, the member's privacy is protected consistent with the confidentiality requirements in 45 CFR parts 160 and 164 subparts A and E, to the extent that they are applicable and consistent with State laws and federal regulations governing privacy and confidentiality of health records.

Advantage's care coordination efforts include a care management assessment and the development of a care plan which are described in more detail below. The care plan may include access to a comprehensive directory of network providers, referral providers, staff affiliated clinic dentists, community providers and alternative care settings necessary for the delivery of Oregon Health Plan (OHP) covered services to members. In the event Advantage's network does not offer providers that can meet the needs of members, it will refer its members to a qualified non-participating provider.

Examples of care coordination may include but are not necessarily limited, to:

- A dental hygienist notifying a medical provider when discussions with the member/patient indicate he or she is symptomatic of diabetes.
- A dentist's discussion and/or discussion plus hand-off of the patient/member to a tobacco cessation counselor.
- A referral to an oral surgeon when an oral health exam identifies possible disease of the mouth, including cancerous lesions.
- A case manager ensuring that the primary care dentist is apprised of the outcome of his or her patient's hospital surgery so that the dentist can support the patient's recovery.

Advantage's Case Management Team will be responsible for managing the care coordination process and will work with Advantage's Dental Director and VP of Clinical Services on all clinical issues. The team documents methods and findings to ensure across the organization and the network of providers that there is documentation of the delivery system.

### **Intensive Care Coordination for Special Health Members**

Care coordination can exist as a single referral or may be more expansive in scope, especially in circumstances where the member has been identified and/or assessed as having “special health care needs”. Through its Case Management team, Advantage provides case management services in circumstances where members with “special health care needs” require enhanced oversight of services and/or care, which may or may not include integration of care with other care providers beyond oral health care. Advantage provides intensive care coordination or Case Management Services to members who are aged, blind, disabled or who have complex medical needs, consistent with ORS 414.712, including members with mental illness and members with severe and persistent mental illness receiving home and community based services under the State’s 1915(i) State Plan Amendment. Not all members with “special health care needs” require case management services. In some situations, case management may be required of a member that had not been previously identified as exhibiting “special health care needs.” Advantage prioritizes working with members who have high health care needs, multiple chronic conditions, mental illness or Substance Use Disorders and communities experiencing health disparities (as identified in the community health assessment). Advantage actively engages those members in accessing and managing appropriate preventive, remedial and supportive care and services to reduce the use of avoidable emergency room visits and hospital admissions.

### **CASE MANAGEMENT AND THE CARE PLAN**

Advantage arranges for dental care management for all enrolled members through the member’s primary care dental home. Advantage has adopted a standardized caries risk assessment tool and urges all Primary Care Dentists (PCDs) to complete initial caries risk assessments and ongoing reevaluation during recall and periodic dental visits. When Advantage determines that a member requires an enhanced level of care, the member is referred to Advantage’s Case Management team. The Case Management team will work with the providers involved to develop a Care Plan for the member. Case management services are provided in a consistent and confidential manner to ensure that the member receives the necessary care under a Care Plan, and that the encounter between provider and member results in a positive health experience.

### **PROCEDURES:**

#### **CARE COORDINATION PROCEDURES:**

##### **CARE COORDINATION ASSESSMENT AND INTERVENTION:**

Care coordination is the deliberate organization of patient care activities between two or more participants (including the member/patient) involved in a member's care to facilitate the appropriate delivery of health care services. Organizing care involves personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care.

Care Coordination services are provided in a consistent and confidential manner with a focus on ensuring that the member receives the necessary care under the Care Plan, and that the encounter between provider and member results in a positive health experience. Advantage prioritizes working with members who have high health care needs, multiple chronic conditions, mental illness or Substance Use Disorders and communities experiencing health disparities (as identified in the community health assessment).

**Assessment and Interventions** - Advantage's Case Management team is responsible for the care coordination and monitoring of a member's dental needs. When Advantage learns that a member may require an enhanced level of care, Advantage's Case Management team will begin the assessment. An assessment is conducted to identify potential medical, mental health, chemical dependency, oral health and social service needs and members with Special Health Care Needs.

**Care Plan Implementation** - The Case Management team is in place to provide coordination of integrated care services including the implementation of a Care Plan using the form attached to this Policy and follow up on the member's treatment, services and referrals as set forth in the Care Plan. The Case Management team is responsible for the overall case management of the Care Plan as it relates to dental services for those members identified with Special Health Care Needs.

**Identification of Members with Special Health Care Needs** - Members with Special Health Care Needs are identified through CCO health assessments, PCDs, specialist referrals, care coordination points, and/or upon contact from the member's family or representative. Identification of members with Special Health Care Needs can occur through member contact with the Customer Service Department or through dental provider contact during the care coordination or utilization management processes. Upon identification, Advantage's Case Management team works with the family or member representative to ensure appropriate specialist referrals.

**Procedures for Referral of Members with Special Health Care Needs and General Care Coordination Cases** - All complex and special needs cases will be referred to the Case Management Department for case management and care coordination. Complex cases are defined as those cases where the dental condition is compromised by a medical condition, and either the care needs to be coordinated between medical and dental providers, or between the PCD and a specialty dental provider. Special needs cases are described as those members with Special Health Care Needs.

Referral for Care Coordination between Service Providers:

1. PCDs initiate a request for case management/care coordination by completing the request form online using ADIN and by attaching all necessary information (x-rays, chart notes, treatment plans). All types of requests for care coordination cases (including participating specialist, out of network providers, special needs request, and Hospital) are to be submitted in this format.

2. PCDs will ensure that the request is documented in the member's dental record, along with appropriate entries in member's chart notes identifying the dental procedure to be performed and the clinical basis for the procedure.
3. PCD will maintain a comprehensive medication list, which includes all prescription medications the member is taking and their medication allergies, including medications prescribed by the members PCP or specialists.
4. Case Management and care coordination cases are to be processed within the timeframes set in the Advantage Dental Referral Policy, based on the urgency level of the case as set by the provider. This can be between 24 hours to 7 days after PCD has requested the services from Advantage, dependent on the urgency of the referral.

Referral for Care Coordination between for Behavioral Concerns:

1. PCDs initiate a request for case management/care coordination by completing the request form online using the secure provider portal and by attach all necessary information (x-rays, chart notes, treatment plans). All types of requests for care coordination cases (including behavioral issues, suspected acts of fraud, waste or abuse, and threats or acts of violence) are to be submitted in this format.
2. PCDs will ensure that the request is documented in the member's dental record, along with appropriate entries in member's chart notes identifying the behavioral concern.
3. Case Management and care coordination cases are to be processed within 24 to 84 hours after PCD has requested the services from Advantage, dependent on the urgency of the referral.

**CASE MANAGEMENT'S ADMINISTRATIVE PROCEDURES:**

When Advantage Dental's Case Management team receives the referral for care coordination or case management, it will verify the member's eligibility using the ADIN systems. Case Management is responsible for maintaining official documentation for all cases management or care coordination requests. In cases where extensive treatment is required over multiple visits, Case Management will ensure Advantage receives provider progress reports for additional visits beyond initial approval.

Case Management may conduct the following case management activities for complex and special needs cases:

- In conjunction with the Dental Director, VP of Clinical Services, PCD, primary care medical provider, and mental health provider, as applicable, develop a dental treatment Care Plan.

- In conjunction with the Dental Director, VP of Clinical Services, PCD, primary care medical provider, and mental health provider, as applicable, assist with coordinating delivery of dental care with the most appropriate general or specialty dentist.
- Assist with coordinating communication between medical providers and dental providers to ensure that dental treatments do not interfere with medical treatments.
- Monitor and reevaluate the progress of the dental treatment Care Plan to ensure effectiveness.
- In conjunction with the Dental Director, VP of Clinical Services, PCD, primary care medical provider, and mental health provider, as applicable, modify the dental treatment Care Plan, as indicated by updated information.
- Report any issues affecting access, availability, and coordination of care to the Dental Director or VP of Clinical Services for referral to the QI committee.

Care Coordination may also include contact and coordination with medical plans for complex dental services delivered in a hospital or ambulatory surgical center setting and/or to ensure collaboration in medical plan care coordination planning. Care coordination services will also include coordination within the health care providers and oral health care providers to ensure that appropriate dental care is included within the overall treatment planning, including increased frequency of medically necessary/risk appropriate preventive dental services.

**REFERRALS - Case Management**, in conjunction with the Dental Director or VP of Clinical Services, approves or denies referrals based on guidelines contained in the DMAP Dental Services Rulebook and comorbidity conditions. Requests for services outside of standard guidelines and to out-of-network providers will be reviewed by the Dental Director or VP of Clinical Services for exceptional approval. Referrals will be processed per Advantage's Referral policy.

If approved, the initiating PCD office will be responsible to contact patient and ensure continuity of care is provided. If referral is made to an alternative care facility or special need specialist, Case Management will ensure the facility or special needs specialist understand Advantage's policies and procedures. Upon treatment completion, the specialist office will report the services completed to the PCD and Advantage through ADIN.

The goal of the care coordination and case management program is to provide access to comprehensive dental services, which include annual oral health assessment, and treatment as needed, by dentist, dental hygienist, and dental specialists as appropriate for the member.

**OUT OF AREA EMERGENCY SERVICES** - Out of area emergency referrals will be approved services necessary to diagnose, treat and stabilize the emergency (i.e. exam, films, filling or extraction). Per Advantage's Emergency Services Policy, if the member is out of the area and in need of emergency services, the member is to contact their PCD or Advantage's

Customer Service Department. The Customer Service Department will contact the on-call provider who will have the authority to authorize emergency services. All treatment beyond those necessary to stabilize the emergency will require a pre-authorization prior to treatment. Advantage will respond to the preauthorization request within the required timeframes given the member's health condition and seek consultation immediately with its Dental Director or VP of Clinical Services when necessary.

**EMERGENCY/AFTER-HOURS REFERRALS** - Advantage provides emergency and after-hours services per its Emergency Services Policy. Members who are experiencing a dental emergency after-hours may call Advantage's Customer Services Department at 1-866-268-9361. The number will be answered 24 hours a day, seven days a week by a Customer Service Representative. Members are not required to obtain referrals if having a dental emergency. A dental emergency is when service is needed immediately, or appears to be needed immediately, because of an injury or sudden illness and can include heavy bleeding that does not stop, infection that makes it hard to breath and tooth that has been knocked out. Follow-up care is not a dental emergency and routine care, such as cavities, broken teeth, and non-emergency dental problems is not considered a dental emergency.

**HOSPITAL DENTISTRY REFERRALS** - A PCD or other specialist provider (Pedodontist) must complete a Referral through ADIN for a referral for hospital dentistry. Advantage will process such referrals per its Referral Policy.

**SECOND OPINION** - Advantage will provide for a second opinion through its Case Management Department. If a participating provider is available to see the member, but the member refuses to see the participating provider and requests to see a non-participating provider, then the member is responsible for the consultation fee. If a qualified participating provider cannot be arranged, then Advantage will arrange for the member to obtain the second opinion from a non-participating provider at no cost to the member.

When Advantage receives a request for a second opinion, the request and the reason(s) for it will be noted in ADIN. These requests will be monitored and tracked to determine the frequency and reason for second opinions requested, in an effort to ensure that member's needs are being met. Any questionable patterns noted will be addressed by the Quality Improvement Committee.

**CLINICAL DOCUMENTATION** - The referral provider will inform the PCD of the member's progress and/or status of care. Advantage's expectation for documentation from the doctor will be consistent with our general standards of documentation, and those listed by the Oregon Board of Dentistry for a specialist to send a progress and/or final report back to the PCD. The PCD will review all reports from referral providers before filing them in the dental record.

**MISSED APPOINTMENTS** - Referral to a specialist requires cooperation between organizations, and failure to keep appointments not only causes adverse outcomes for members, but also adversely reflects Advantage's relationship with referral organizations. The member is responsible to schedule appointments with the referral provider, and notify the office promptly of a cancellation or delay in arrival. If a member misses a referral appointment, the specialist office and PCD office is responsible to follow up with member. If a specialist

refuses to see the member due to appointment failure, Case Management will work with the member and PCD to find another specialist for treatment.

## **MONITORING AND COMPLIANCE**

Advantage’s Compliance Department performs monitoring and auditing to test and confirm Advantage’s compliance with Medicaid regulations and contractual agreements, internal policies and procedures intended to protect against noncompliance and potential FWA.

The Case Management Manager will perform regular monitoring of care coordination and case management files for completeness using the Care Coordination File Checklist attached to this policy. In addition, provider compliance is assessed through regular review of the referral process, chart audits, complaints, and feedback from those routinely engaged with Advantage in the care coordination process. Customer Service compliance will be monitored through regular quality review of phone calls and phone logs.

The Advantage Quality Improvement Oversight Committee will review and discuss care coordination and continuity issues, case management and Care Plan content, suggesting areas for improvement, revisions to the coordination process, alternative care settings to consider for improving dental health outcomes, and specifically addresses individual cases in light of dental outcomes.

Periodically, Advantage’s Compliance Department, working in collaboration with the Dental Director or VP of Clinical Services, shall audit findings of Care Plans, to determine whether the Care Plan(s) are dentally/medically appropriate and consistent with OHA/CMS guidelines and meet the requirements set forth on the Care Coordination Checklist. Care Plan auditing shall occur no less than twice a year. During the audit, the Compliance Department and Dental Director or VP of Clinical Services shall meet with the case manager(s) and update this policy and Care Plan protocols, as necessary, to ensure on-going quality of care.

## **REVISION HISTORY**

11/14/2018	
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