

# Advantage Dental

## From DentaQuest

<b>Policy Name: Emergency Services</b>	<b>Policy Number:</b>
<b>Type of Policy: DCO</b>	<b>Effective Date: 03/20/2019</b>
<b>Responsible Department: DCO Operations</b>	
<b>Page Number (s): 5</b>	<b>Revised Date: 03/05/2019</b>
<b>Approved By: Clinical and Credentialing Subcommittee</b>	<b>Approved Date: 03/22/2018</b>
<b>SCOPE:</b> Advantage Dental Services, LLC	
<b>PURPOSE:</b> To establish guidelines for the Dental Care Organization's (DCO's) emergency call system.	
<p><b>POLICY:</b></p> <p><b>Definitions:</b></p> <p>Dental Emergency – A condition manifesting itself by acute symptoms of sufficient severity requiring immediate treatment such as acute infection, acute abscesses, severe tooth pain, unusual swelling of the face or gums, or a tooth that has been avulsed (knocked out).</p> <p>Dental Urgency - Manageable pain, broken tooth, broken denture and similar issues that indicate an urgent need.</p> <p>Emergency Medical Condition – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:</p> <ul style="list-style-type: none"> <li>○ Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.</li> <li>○ Serious impairment to bodily functions.</li> <li>○ Serious dysfunction of any bodily organ or part.</li> </ul> <p>Medical Emergency Services – Covered inpatient and outpatient services that are:</p> <ul style="list-style-type: none"> <li>○ Furnished by a provider that is qualified to furnish these services.</li> <li>○ Needed to evaluate or stabilize an emergency medical condition.</li> </ul> <p>Post stabilization Care Services – covered services related to an emergency medical condition that are provided after an enrollee is stabilized to maintain the stabilized condition or to improve or resolve the enrollee's condition. These services are</p>	

provided in the facility prior to discharge.

**Forms:** n/a

**References:** 42 CFR 438.100; 42 CFR 438.114; OAR 410-141-3140

**Policy:**

1. DCO Emergency Call System

- A. During normal working hours, enrollees can call their Primary Care Dentist (PCD). If the PCD cannot be reached, the enrollee can call the DCO's Customer Service Department at 1-866-268-9631. The number will be answered 24 hours a day, seven days a week by a Customer Service Representative.
- 1) In the event of a dental concern when the PCD cannot be reached, the Customer Service Representative will contact an on-call dentist if it meets the emergency or urgency guidelines. If the Customer Service Representative cannot reach the on-call dentist, they will contact the following, in this order, until a provider can be reached: (1) the back-up on call provider; (2) the Dental Director; (3) each provider that participates in the on-call rotation; and (4) Vice President of Dental Services.
  - 2) The Vice President of Dental Services or their designee, who are licensed dentists and the QI/UR Committee of the DCO, will monitor the emergency call system. The Vice President of Dental Services or their designee, who are licensed dentists, will supervise training in the emergency call system for the DCO employees.
  - 3) Each enrollee will be given a Welcome Packet and will be assisted by their assigned PCD and the DCO's Customer Service Department on how to access the emergency system and encouraged and instructed in how to prevent dental emergencies.
  - 4) All Medical Emergencies will be referred to either call 911 or go to the nearest facility providing Medical Emergency Services. Medical Emergency and Medical Post stabilization services are not provided or covered by the DCO. However Dental services provided for the purposes of post stabilization are provided by a DCO provider and are covered by the DCO.
- B. When an enrollee is seen by the on-call dentist and the on-call dentist is not the enrollee's PCD, a fee is assessed. The fee that is assessed will come out of the PCD's withhold if the enrollee is seen by the on-call dentist for an emergency. The on-call dentist will need to fill out an emergency call log to accompany his or her American Dental Association (ADA) claim form in order to be paid for the emergency call.
- C. The DCO pays the on-call provider up to \$150 per date of service, per enrollee, for Dental Emergency care. If the on-call provider sees a "patient of record" of another PCD who is in the midst of treatment, and it was a procedure the on-call provider would have done at no charge for one of their own patients, as a courtesy, please

consider doing it at no charge for the other provider.

- D. Unless instructed otherwise by the PCD, the Customer Service Department always attempts to contact the PCD before the on-call provider is contacted, so the PCD has the opportunity to take care of their own Dental Emergencies.

## 2. ON-CALL PROVIDER RESPONSIBILITIES

- A. It is the on-call provider's responsibility to provide Emergency Dental services to enrollees during their scheduled on-call time.
- B. The on-call provider is required to respond to all emergency calls received by the DCO's Customer Service Department within 1 hour. The on-call provider then has 24 hours to address the enrollee's Dental Emergency (relieve the enrollee's emergency). This is for true emergencies (bleeding, swelling, infection, trauma and severe pain). An avulsed tooth needs to be re-implanted within 30 minutes.
- C. If the on-call provider does not reach the enrollee when the provider calls the enrollee back to address the enrollee's dental concern, the on-call provider will leave the enrollee a message to call the on-call provider back if the enrollee has not gotten the dental concern addressed. This process puts the responsibility back to the enrollee to call back if the dental concern has not been addressed.
- D. All providers are furnished with an emergency on-call log book (three parts). The on-call provider needs to fill this form out each time an emergency call is received. The yellow copy must be sent to the DCO and the pink copy must be sent to the PCD.
- E. The on-call provider is responsible for calling in prescriptions. The DCO's Customer Service Staff will not call in prescriptions.
- F. DCO providers do not provide Medical Emergency Services. Enrollees needing these services will be referred to call 911 or the nearest facility that provides Medical Emergency Services.

## 3. OUTSIDE THE AREA EMERGENCY SERVICES

- A. The DCO is obligated to pay for Dental Emergency services performed outside the service area if:
  - 1) Providers of the emergency services submit a claim to the DCO within 12 months of the date service.
  - 2) If an enrollee is out of the area and needs Dental Emergency services the enrollee must contact their PCD to authorize the out of town provider to perform the emergency services. If the enrollee is unable to contact their PCD, the enrollee must contact the DCO Customer Service Department. The DCO Customer Service Department will contact the on-call provider, who will have the authority to give authorization for the emergency services. The DCO reserves the right to

authorize out of area Dental Emergency services.

- B. If the DCO has a reasonable basis to believe that the claim submitted was not for emergency services, the DCO may deny payment if the DCO notifies:
  - 1) The treating provider and the enrollee of the decision to deny, the basis for that decision, and the right to contest that decision under the appeal and grievance process.
- C. The DCO will comply with and implement any MAP hearing decision, subject to any further rights to appeal.

4. Transportation Issues:

- A. When an enrollee is calling for Dental Emergency services and/or request for a prescription refill and the PCD is not available, the Customer Service Department will forward the information to the on-call provider. The Customer Service Representative will to inform the provider of the enrollee's transportation situation and let provider know they are not comfortable advising the enrollee that they need to have transportation before the enrollee is sent to the on-call provider. The on-call provider will make the determination if they can assist the enrollee.

5. Ongoing Monitoring:

- A. In order to monitor access for emergent and urgent access to care, it will also be the process to complete an audit of a random sampling of 1% of the emergency calls routed to the emergency call system in the previous month. The DCO Operations staff shall review the emergency call log and request chart notes from the PCD for the next date of service following the date of the emergency call log, along with a printout of the date the appointment was scheduled and any information related to changes made to the appointment and justification for the changes.

If the PCD office does not meet the scheduling timeframes for emergent/urgent appointments as defined in the DCO's Appointment Scheduling Policy, the DCO shall follow up with the PCD office via a phone call and track the following:

- 1) Office explanation for scheduling past threshold
- 2) Office plan to resolve scheduling issues
- 3) Timeframe in which the DCO may expect the issue to be resolved

The DCO shall continue to monitor performance and follow up with the office after the expected resolution to ensure compliance. If the issue is not corrected by the established resolution date, the staff shall report this to the DCO's Clinical and Credentialing Subcommittee so that they may suggest the next steps, which may include a Corrective Action Plan. A Corrective Action Plan could result in a reduction in membership assignment or even termination if the office cannot meet the

timeframes set by the Oregon Health Authority.

- B. In order to ensure enrollees have access to care in the event of a dental concern, the DCO shall conduct monthly monitoring of the PCD afterhours message lines.

On a monthly basis, the DCO Operations staff shall call 1/3 of the PCD offices to verify their message line directs enrollees on what to do in case of a dental concern. If the provider does not have directions for afterhours care the DCO's Provider Relations Department will follow up with the office during business hours and instruct them to add an afterhours option for dental concerns which can be the DCO's Customer Service phone number.

The provider shall be added to the following month's list of 1/3 of the PCDs to survey to ensure compliance. The DCO shall continue to monitor performance and follow up with the office after the expected resolution to ensure compliance. If the issue is not corrected, the staff shall report this to the DCO's Clinical and Credentialing Subcommittee so that they may suggest the next steps, which may include a Corrective Action Plan. A Corrective Action Plan could result in a reduction in membership assignment or even termination if the office cannot meet the timeframes set by the Oregon Health Authority.

Reviewed and Revised

10/11/2013	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
07/12/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
07/27/2017	QI/UR Committee			
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak
03/06/2019	Missy Mitchell	Rosa Pedraza		