

# Advantage Dental

## From DentaQuest

<b>Policy Name: Care Coordination</b>	<b>Policy Number: PL007- Care Coordination- CARE</b>
<b>Type of Policy: DCO</b>	<b>Effective Date: 12/17/2018</b>
<b>Responsible Department: Plan Operations</b>	
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<b>Approved By: Clinical and Credentialing Sub-Committee</b>	<b>Approved Date: 7/17/2019</b>
<b>PURPOSE:</b> To ensure effective care coordination for all enrollees and provide direction for DCOs Care Coordination Department.	
<b>FORMS: Care Plan Form</b>	
<b>DEFINITIONS:</b>	
<p><b>Care Plan</b> – A Care Plan is the documented tracking and monitoring of coordination of care for enrollees 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 enrollee.</p> <p><b>Special Health Care Needs</b> – 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.) The DCO acknowledges that enrollees may, but not necessarily, be nonambulatory 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.</p> <p><b>Care coordination</b>- is the deliberate organization of patient care activities between two or more participants (including the enrollee) involved in an enrollee'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.</p>	
<b>POLICY:</b>	
<p>The DCO is committed to providing care coordination to all its enrollees using all appropriate benefits and resources to help enrollees access health across the full spectrum of health care services. The DCO 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. The DCO 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.</p> <p>Case Management involves the timely coordination of dental and health care services to meet an</p>	

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 enrollee, the DCO, and providers, and requires the cooperation of all parties to achieve success.

The DCO'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. The DCO 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 enrollee, particularly those with intensive care coordination health needs.

The DCO provides culturally and linguistically appropriate services and supports, in locations as geographically close as possible, to where the enrollee resides or seeks services. The DCO offers coordination of access to providers (including physical health, behavioral health, 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.

The DCO 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.

The DCO ensures that in coordinating care, the enrollee'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.

The DCO'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 Authority (OHA) covered services to enrollees. In the event the DCO's network does not offer providers that can meet the needs of enrollees, it will refer its enrollees to a qualified non-participating provider.

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

1. A dental hygienist notifying a medical provider when discussions with the enrollee indicate he or she is symptomatic of diabetes.

2. A dentist's discussion and/or discussion plus hand-off of the enrollee to a tobacco cessation counselor.
3. A referral to an oral surgeon when an oral health exam identifies possible disease of the mouth, including cancerous lesions.
4. A case manager ensuring that the primary care dentist is informed of the outcome of his or her patient's hospital surgery so that the dentist can support the patient's recovery.

The DCO's Case Management Department will be responsible for managing the care coordination process and will work with the DCO's VP of Clinical Services, or their designee who is a licensed dentist, on all clinical issues. The team documents methods and findings to ensure that there is documentation of the delivery system.

### **Intensive Care Coordination for Enrollees with Special Health Care Needs**

Care coordination can exist as a single referral or may be more expansive in scope, especially in circumstances where the enrollee has been identified and/or assessed as having "special health care needs". Through its Case Management Department, the DCO provides case management services in circumstances where enrollees 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. The DCO provides intensive care coordination or case management services to enrollees who are aged, blind, disabled or who have complex medical needs, consistent with ORS 414.712, including enrollees with mental illness and enrollees with severe and persistent mental illness receiving home and community based services under the State's 1915(i) State Plan Amendment.

Not all enrollees with "special health care needs" require case management services. In some situations, case management of an enrollee that had not been previously identified as exhibiting "special health care needs" may be required. The DCO prioritizes working with enrollees 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). The DCO actively engages those enrollees 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**

The DCO arranges for dental care management for all enrollees through the enrollee's primary care dental home. The DCO 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 the DCO determines that an enrollee requires an enhanced level of care, the enrollee is referred to the DCO's Case Management team. The Case Management team will work with the providers involved to develop a Care Plan for the enrollee. Case management services are provided in a consistent and confidential manner to ensure that the enrollee receives the necessary care under a Care Plan, and that the encounter between provider and enrollee results in a positive health experience.

Each Care Plan is individual to the enrollee and generally require the following elements:

1. Assessment of individual needs through the collection of health data, either through health records, input from contacts, enrollee interviews and/or communications with an enrollee's support system, including family, friends or other care providers.
2. Development of an individualized plan through identification of needed services and treatment that address the enrollee's supportive and therapeutic needs.
3. Monitoring services and treatments in real time to confirm consensus among providers with the goal of identifying and correcting any gaps in treatment.
4. Facilitation, implementation and coordination of providers' services to ensure seamless integration of care.
5. Assess enrollee satisfaction and compliance with services, providing a benefit value snapshot to quality of life.
6. Documentation of activities, services and outcomes.
7. Report outcomes, on-going condition of care to the legally responsible parties.

Care Plans shall reflect the enrollee's preferences and goals, and if applicable, family or caregiver preference and goals to ensure engagement and satisfaction and ensure authorization of services.

#### **PROCEDURES:**

##### **Care Coordination:**

Care Coordination services are provided in a consistent and confidential manner with a focus on ensuring that the enrollee receives the necessary care under the Care Plan, and that the encounter between provider and enrollee results in a positive health experience.

**Assessment and Interventions** - The DCO's Case Management Department is responsible for the care coordination and monitoring of an enrollee's dental needs. When the DCO learns that an enrollee may require an enhanced level of care, the DCO'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 enrollees with Special Health Care Needs.

**Care Plan Implementation** - The Case Management Department 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 enrollee'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 enrollees identified with Special Health Care Needs.

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

**Referral of Enrollees 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 enrollees 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 through the Provider Portal and by attaching all necessary information (x-rays, chart notes, treatment plans). All types of requests for care coordination cases (including participating specialists, out of network providers, special needs requests, and hospital) are to be submitted in this format.
2. PCDs will ensure that the request is documented in the enrollee's dental record, along with appropriate entries in enrollee'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 enrollee is taking and their medication allergies, including medications prescribed by the enrollee's PCP or specialists.
4. Case Management and care coordination cases are to be processed within 24 hours to 7 days after PCD has requested the services dependent on the urgency of the referral.

**Referral for Care Coordination 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 attaching 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 enrollee's dental record, along with appropriate entries in enrollee's chart notes identifying the behavioral concern.
3. Case Management and care coordination cases are to be processed within 24 to 7 days after PCD has requested the services from the DCO, dependent on the urgency of the referral.

**Case Management's Administrative Procedures:**

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 the DCO receives provider progress reports for additional visits beyond initial approval.

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

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

2. In conjunction with the 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.
3. Assist with coordinating communication between medical providers and dental providers to ensure that dental treatments do not interfere with medical treatments.
4. Monitor and reevaluate the progress of the dental treatment Care Plan to ensure effectiveness.
5. In conjunction with the 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.
6. Report any issues affecting access, availability, and coordination of care to the VP of Clinical Services for referral to the Clinical and Credentialing Sub-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-** 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 The DCO's Referral policy.

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 enrollee.

**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).

**Emergency/After-Hours Referrals** - The DCO provides emergency and after-hours services per its Emergency Services Policy.

**Hospital Dentistry Referrals-** The DCO will process hospital dentistry referrals per its Hospital Dentistry Policy.

**Second Opinion-** The DCO will provide for a second opinion through its Case Management Department per its Second Opinion Policy

**Missed Appointments-** In accordance with the DCO's Missed Appointments Policy if an enrollee misses a referral appointment, the specialist office and PCD office is responsible to follow up with enrollee. If a specialist refuses to see the enrollee due to appointment failure, Case Management will work with the enrollee and PCD to find another specialist for treatment.

**Clinical Documentation-** The referral provider will inform the PCD of the enrollee's progress and/or status of care. The DCO'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.

**MONITORING AND COMPLIANCE**

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

The Case Management Department 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 the DCO in the care coordination process. Member Services compliance will be monitored through regular quality review of phone calls and phone logs.

The DCO Clinical and Credentialing Sub-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, the DCO’s Operations Department, working in collaboration with the 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 Operations Department and VP of Clinical Services shall meet with the Department Manager and update Care Plan protocols, as necessary, to ensure on-going quality of care.

Reviewed and Revised By:

11/14/2018					
4/23/2019	Missy Mitchell	Phebe Ditzler	Rosa Pedraza		