

Advantage Dental

From DentaQuest

Policy Name: Case Management System	Policy Number: PL008-Case Management System-CARE
Type of Policy: DCO	Effective Date: 10/1/2012
Responsible Department: Plan Operations	
Page Number (s): 3	Revised Date: 04/23/2019
Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 7/17/2019
PURPOSE: To provide a process in which an enrollee can receive additional support in accessing dental care.	
DEFINITIONS: Special Health Care Needs - 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).	
REFERENCES: 42 CFR 438.208; OAR 410-141-3160; OAR 410-141-3170	
POLICY: <ul style="list-style-type: none"> • Establish a dental home for each enrollee, which they can access on a regular basis to: 1) develop a relationship with their Primary Care Dentist (PCD); and 2) address their dental health care needs; • Mainstream all enrollees into a dental home from the time of enrollment; and • While supporting enrollees in mainstreaming into a dental home, provide case management with dentists, staff, caseworkers, Coordinated Care Organizations (CCOs), etc., to those enrollees who may experience difficulty in their dental home. <p>New enrollees are mailed a Welcome Packet with information on: (1) how to make an appointment, (2) what to do in a dental emergency, and (3) instructions on how to obtain a listing of all DCO providers.</p> <p>The information flows to the Case Management Department through one or more of the following:</p> <ul style="list-style-type: none"> • Member Services Department • Grievances – verbal or written from enrollee • Providers – submission via DCO’s electronic Case Management System including enrollees with Special Health Care Needs • Care Facilities- which may include enrollees with Special Health Care Needs • Physician Offices 	

- CCO- which may include enrollees with Special Health Care Needs
OHP Customer Service

DCO's responsibilities are to report the following:

- Suspected child neglect or abuse, disabled abuse and elder abuse to appropriate authority (See Mandatory Reporting Policy and Procedure)
- Fraud, Waste and Abuse (See Medicaid Program Integrity Policy)
- Contact local authorities if DCO suspects someone is threatening harm to themselves, providers and their staff

DCO's Case Management System includes the following:

- Grievance/Appeal process (see Grievance & Appeal Policy and Procedure)
- Missed appointment counseling
 - Enrollees who have frequently missed appointments or exhibit behavioral issues.
 - Provider offices will continue to report enrollees who miss appointments via the DCO's secure web portal.
 - Providers are responsible to call and confirm all appointments for OHP Enrollees if they also do this for non-OHP patients. When an enrollee has three documented missed appointments, the DCO recommends that the PCD refers the enrollee to Case Management and the enrollee will only be scheduled for emergent/urgent care until Case Management contacts the enrollee and there is an agreement by the enrollee to keep their appointments.
 - Providers will also use the DCO's secure web portal to refer an enrollee to Case Management.
- Behavioral counseling
 - The goal is to help correct and educate enrollees who (1) exhibit behavioral issues, (2) have been dismissed from a dental office, (3) have special health care needs, and/or (4) commits, or threatens to commit, acts of physical violence and/or fraudulent or illegal acts.
 - The Case Management Department shall contact the enrollee either verbally or in writing, depending on the severity of the problem, to develop an agreement regarding the issues. If contact is verbal, it shall be documented in the enrollee's record. If the severity of the problem and intervention warrants, the DCO shall develop a care plan that details how the problem is going to be addressed and/or coordinate a case conference. Involvement in a case conference may include the provider, CCO, caseworkers, enrollee, family and other appropriate agencies depending on the circumstances and the enrollee's needs.
- Emergency room use for non-emergent dental concerns (See Hospital Emergencies Policy)
- Adverse outcomes (See Adverse Outcomes Policy)
- Fraud, Waste and Abuse prevention and detection (See Medicaid Program Integrity

Policy)

- Assist enrollees arrange for transportation, if needed, for a scheduled dental appointment (See Transportation Policy)
- Assist enrollees and providers arrange for interpreter services (See Communication Services)
- Dismissal of enrollee from dental practice (See Dismissal of Enrollee from Practice Policy).
- Second opinion requests (See Second Opinion Request Policy)
- Assist enrollees and providers with ongoing referrals (See Referral Policy)
- Assist enrollees with accessing services (See Accessibility of Services Policy).
- Special Health Care Needs (SHCN) - Enrollees shall be assessed to determine whether they meet the definition of SHCN. Enrollees with SHCN shall have direct access to specialists within 5 days or, if a high priority, within 1-2 business days. See Referrals Policy and Treatment Planning and Documentation Policy.

Reviewed and Revised By:

10/01/2012	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		
03/17/2017	QI/UR Committee				
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak	
04/23/2019	Missy Mitchell	Molly Johnson	Phebe Ditzler	Rosa Pedraza	