

Advantage Dental

From DentaQuest

Policy Name: Emergency Services	Policy Number: PL020-Emergency Services-CARE
Type of Policy: DCO	Effective Date: 10/11/2013
Responsible Department: Plan Operations	
Page Number (s): 4	Revised Date: 04/15/2019
Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 7/17/2019
PURPOSE: To establish guidelines for the Dental Care Organization's (DCO's) emergency call system.	
DEFINITIONS:	
<p>Dental Emergency –A condition manifesting itself by acute symptoms of sufficient severity requiring immediate treatment within 24 hours such as severe tooth pain that is not controlled by over-the-counter medication, unusual or rapidly progressing swelling of the face or gums, bleeding that cannot be controlled or an avulsed tooth.</p> <p>Dental Urgency – A condition manifesting itself by acute symptoms of sufficient severity requiring care within 72 hours such as persistent dental pain that is not controlled by over-the-counter medication or infection presenting as abnormal swelling around the gums.</p> <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 provided in the facility prior to discharge.</p>	
REFERENCES: 42 CFR 438.100; 42 CFR 438.114; OAR 410-141-3140	
POLICY:	
<ol style="list-style-type: none"> 1. DCO Emergency Call System <ol style="list-style-type: none"> 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 MemberMember Services Department at 1-866-268-9631. The number will be answered 24 hours a day, seven days a week by a MemberMember Services Representative. <ol style="list-style-type: none"> 1) In the event of a dental concern when the PCD cannot be reached, the Member Services Representative will contact an on-call dentist if it meets the emergency or urgency guidelines. If the Member Services 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) each provider that participates in the on-call rotation; (3) the Dental Director; and (4) Vice President of Clinical Services. 2) The Vice President of Clinical Services or their designee, who are licensed dentists and the Clinical and Credentialing Committee of the DCO, will monitor the emergency call system. The Vice President of Clinical 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 Member Services 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 to the DCO. 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.

D. Unless instructed otherwise by the PCD, the Member Services 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 Member Services Department within 1 hour. The on-call provider then has 24 hours to address/treat the enrollee's dental emergency (relieve the enrollee's emergency). 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. The on-call provider needs to fill this form out each time an emergency call is received. A copy must be sent to the DCO and the PCD.

E. The on-call provider is responsible for calling in prescriptions. The DCO's Member Services Staff will not call in prescriptions.

3. OUTSIDE THE AREA EMERGENCY SERVICES

See Out of Network Services policy.

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 Member Services Department will forward the information to the on-call provider. The Member Services Representative will 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 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

- B. 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.

- C. 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 Member Services 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 By:

10/11/2013	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
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07/27/2017	QI/UR Committee			
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