


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Transitions of Care	Policy ID:	PLANCG-81
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	10/5/2021
	States:	Oregon	Last Review Date:	11/16/2021
Application:	Medicaid	Effective Date:	01/01/2022	

PURPOSE

To define how Advantage Dental Services, LLC (ADS), the Dental Care Organization (DCO) will ensure continued access to dental services for enrollees experiencing a transition of care as specified under the Oregon Administrative Rule 410-141-3850.

POLICY

This policy applies to care of a Medicaid enrollee who is enrolled in a Coordinated Care Organization (CCO; the “receiving CCO”) immediately after disenrollment from a “predecessor plan,” which may be another CCO or Medicaid fee-for-services (FFS) (Open Card). This policy does not apply to an enrollee who is ineligible for Medicaid or who has a gap in coverage following disenrollment from the predecessor plan.

Upon notification from the CCO or Oregon Health Authority (OHA), as applicable, the DCO will ensure continued access to dental services for enrollees in transition of care as outlined below. The transition of care period lasts for:

1. Ninety days for enrollees who are dually eligible for Medicaid and Medicare; or
2. For other enrollees, the shorter of:
 - a. Thirty days; or
 - b. Until the enrollee's new Primary Care Dentist (PCD) reviews the enrollee's treatment plan.
3. ADS as the receiving DCO must provide continued access to care to, at minimum, for any enrollees who, in the absence of continued access to services, may suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

During the transition of care period, ADS as the receiving DCO shall honor any written documentation of prior authorization of ongoing covered services and shall not delay service authorization for the covered service if written documentation of prior authorization is not available in a timely manner. In such instances, the DCO will approve claims for which it has received no written documentation during the transition of care time period, as if the covered services were prior authorized.

During the Transition of Care Period, ADS as the receiving DCO, shall ensure that any member identified:

1. Is provided with Continued Access to care Services and has support necessary to access those services such as Non-Emergency Medical Transportation (NEMT);
2. Is permitted to continue receiving services from the member’s previous provider, regardless of whether the provider participates in the receiving CCO’s network

3. Is referred to appropriate providers of services that are in the network at the duration of the Transition of Care period.

ADS, as the receiving DCO shall follow all service authorization protocols outlined in OAR 410-141-3835 and give the enrollee written notice of any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested or when reducing a previously authorized service authorization.

After the transition of care period ends, ADS as the receiving DCO remains responsible for care coordination activities as applicable.

In circumstances where ADS is the predecessor plan, it shall comply with requests from the receiving DCO for complete historical utilization data within seven calendar days of the request from the receiving DCO or CCO, as applicable. Data shall be provided in a secure method of file transfer and the minimum elements provided will include:

1. Current prior authorizations and pre-existing orders;
2. Prior authorizations for any services rendered in the last 24 months; and
3. List of all active prescriptions

PROCEDURE

The DCO’s Case Management department will facilitate all transition of care requests upon notification from the CCO or OHA. Notifications can come from the CCO via email, phone, or EDI transaction files. When acting as the predecessor plan, ADS can submit these files via EDI transaction files, or individually upon the request of the receiving DCO.

DEFINITIONS:

“Continued Access to Services” means making available to the member services and prescription drug coverage consistent with the access they previously had including permitting the member to retain their current provider, even if that provider is not in the DCO network.

“Transition of Care Period” means the period of time after the effective date of enrollment with ADS as the receiving DCO, during which ADS as the receiving DCO must provide continued access to care.

REFERENCES

**OAR 410-141-3850 Transition of Care
42 C.F.R. § 438.62**

Revision History

Date:	Description
1/20/2021	Approval and adoption.
10/5/2021	Updates based on annual review.
11/16/2021	Updates based on annual review.

