



2018 MEMBER SERVICE GUIDE

3000 Market Street NE, Suite 228
Salem, Oregon 97301
1-800-525-6800
503-585-5205

If Deaf or Hearing Impaired
TTY/VOICE Number 1-800-735-2900

CAPITOL DENTAL CARE (CDC)

Thank you for choosing Capitol Dental Care as your dental care plan!

We are pleased to be your dental plan under the Oregon Health Plan (OHP). If you have any questions call us at 1-800-525-6800, TTY 1-800-735-2900. CDC's regular business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

www.capitoldentalcare.com

REMEMBER!

- Ⓢ **Do** take a few minutes to read this guide carefully. It will answer many questions you may have about how to use our plan.
- Ⓢ **Do** tell your Department of Human Services (DHS) worker if you move out of the County.
- Ⓢ **Do** call CDC with questions.
- Ⓢ **Do not** go to the emergency room for something that is not an emergency.

Definitions to Know

“Member” – Any person enrolled in Capitol Dental Care.

“Primary Care Dentist (PCD)” - A Dental Practitioner who is responsible for supervising and managing dental care. Primary Care Dentists make referrals for care outside of their practice.

“Service” - Any dental procedure or item provided by a dentist.

“Non-covered service” - Services that Capitol Dental Care does not pay for.

“Pre-authorization” or “Prior Authorization” – Approval from Capitol Dental Care for the dentist to perform a service.

“Action” by Capitol Dental Care

- The denial or limited authorization of a requested service.
- The limiting, suspension or stopping of an authorized service;

“Notice of Action” - A letter sent by Capitol Dental Care to the member notifying the member of an “Action” by Capitol Dental Care to deny, reduce or stop a treatment.

“Appeal” - If a member receives a **“Notice of Action”**, the member can request an appeal and review of the **“Action”** by Capitol Dental Care.

“Grievance System” – The steps to follow for member complaints, **“Appeals”** and Administrative Hearings by the state Division for Medical Assistance Programs (DMAP).

“Emergency” and **“Emergency Services”** - See pages 3-4

“Urgent Care”- See page 4

“Post Stabilization Care Services”- Services after an Emergency to keep a member stable, or to improve or resolve the member's condition.

Alternate Format of Guide

If you need our materials in another format, such as other language, large print, computer disk, Braille, audio tape or someone to read them to you, please call our Customer

Service Department at 503-585-5205, 1-800-525-6800 or for TTY 1-800-735-2900 to request the format you need.

(English)

Si ud. necesita nuestro material en español o en un formato alternativo, tal como Letra grande, Disco, Braille, Audio casete, Presentación oral, llame, por favor, al departamento de información y reclamaciones al 503-585-5205, 1-800-525-6800, o para TTY (para sordos) al 1-800-735-2900.

(Spanish)

Если вам нужны наши материалы на русском языке или в другом варианте, например Крупным шрифтом, На компьютерной дискете, Шрифтом Брайля, На аудиокассете, рассказать устнопозвоните, пожалуйста, в наш Отдел обслуживания по тел. 503-585-5205, 1-800-525-6800, для плохослышащих 1-800-735-2900.

(Russian)

Neu qui vi can nhung tai lieu cua chung toi bang tieng Viet nam hay bang mot phuong phap thay the khac, chang han nhu Chu in lon, Bang ghi hinh, Dia cua may dien toan, Trinh bay qua dam thoai, Chu danh cho nguoi khiem thi, xin qui vi goi den Van Phong Phuc Vu Khach Hang chung toi o so dien thoai mien phi 503-585-5205, 1-800-525-6800 hay so dien thoai danh cho nguoi bi diec 1-800-735-2900. (Vietnamese)

Sight Impaired

If you are sight impaired and need the guide in larger print, or on an audio tape let us know.

Interpreter Services

If you do not speak English and need help with your dental care let us know. If you

need an interpreter for a dental appointment let your dentist know. Your dentist will call us ahead of time to arrange for interpreting services.

Hearing Impaired

If you are deaf or hearing impaired and need phone relay assistance to call CDC or your dentist call the Oregon Telecommunication Relay Service. This service is offered 24 hours a day and at no cost to the caller. Dial TTY/Voice 1-800-735-2900 or 711, give the operator the number you are calling and it will be relayed. Calls are confidential. Long distance calls are billed to your phone.

If you are deaf or hearing impaired and need an ASL interpreter for a dental appointment let your dentist know. Your dentist will call us ahead of time to arrange for one.

Special Needs Assistance

If you have a special need or disability making it difficult for you to get dental care, please call Customer Service.

DMAP Medical Identification Card

The Division of Medical Assistance Programs (DMAP) will issue you a Medical Identification Card. You must keep this card with you and show it to your primary care dentist/provider (PCD) or any other provider. **If you lose your DMAP Medical Identification Card, contact your Department of Human Services (DHS) worker.**

CDC Identification Card

You will also receive a CDC Identification card with our contact information and instructions to follow in an emergency.

Dental Emergency

A dental emergency is dental care requiring treatment within 24 hours or sooner.

Emergencies include:

- Ⓢ A severe toothache
 - Ⓢ Dental pain keeping you awake, not relieved by over the counter medications
 - Ⓢ Infection in gums or a tooth
 - Ⓢ Severe swelling of the gums around a tooth
 - Ⓢ A tooth that has been knocked out
- If you are having trouble breathing or swallowing, that is a medical emergency dial 911.*

For a dental emergency please call your primary care dentist. If you cannot reach your primary dentist or you do not have one call CDC. CDC will help you find emergency dental care. Our toll free number 1-800-525-6800 is available 24 hours a day, 7 days a week. If deaf or hearing impaired you can call TTY/Voice number 1-800-735-2900. If you cannot reach your PCD or CDC, dial 911 or go to the nearest hospital emergency room

Some dental services require our Dental Director's approval before they can be performed. These are called pre-authorizations. Emergency or urgent services will not require a pre-authorization that will delay treatment. You have the right to use any emergency center in a true emergency.

Do not call after hours unless you have a dental emergency. Routine or urgent dental care calls should be made during regular business hours. If you aren't sure if it is an emergency, go ahead and call.

Emergency While Away

For a dental emergency while you are away from home, find a dentist nearby and call CDC if you can. We will speak to the dental provider to let him/her know what services are covered. We will cover services to stabilize the emergency. If you cannot find a dentist or reach CDC, dial 911 or go to the nearest hospital emergency room

Follow-up care is **NOT** an emergency. Call your primary care dentist or CDC for follow-up care if needed.

Urgent Dental Care

Urgent dental care is dental care that needs **prompt** but not immediate treatment. Examples of urgent dental care are:

- Ⓢ A toothache
- Ⓢ Swollen gums
- Ⓢ Lost filling

For urgent dental care call your primary care dentist (PCD). If you cannot reach your PCD or you do not have a PCD call CDC. Generally you will be seen within 1-2 weeks depending on your condition.

Primary Care Dentist

CDC is a managed care dental plan. This means each member of your family needs to have a primary care dentist (PCD) to manage dental care. In selecting a PCD you need to choose a participating provider with our plan. Your PCD will take care of most of your dental care needs.

Choosing a PCD

When you are ready to make an appointment you may call us for names of PCDs open to new patients. Or use the PCD list to call providers in your area. Let the provider know you are covered by CDC and would like to make an appointment. A provider may not accept new CDC patients. So if the PCD you called is not accepting new patients, select another PCD on the list to call. If you have difficulty finding a PCD call us for help.

Only members without live teeth may select a dentist as a PCD. All members with live teeth **MUST** select a primary care dentist as a PCD.

Changing PCD

It is important to develop a relationship with your PCD. Only go to a different PCD if you have to. CDC allows a member to change providers twice. If you want a third change you must have a very good reason and ask CDC for our approval.

Keeping Appointments

Your choices affect not only you, but others. The number one reason dental providers give for not wanting to see OHP members is missed or late cancelled appointments. Arrive at your appointment on time. Keep all of your appointments. If you must cancel an appointment give at least 24 hours notice. If you need help with child care or getting to an appointment, contact your caseworker. You may be able to get help.

If you miss too many appointments a provider can refuse to see you and your family. It can result in CDC asking the state to remove you and your family from our plan. Or a provider might decide to no

longer see any future CDC members.

Specialty Care

Your PCD, if necessary, may request a referral to a specialist. If you go to a specialist without a referral from CDC you may have to pay the bill.

Keeping appointments is important with any dental provider, even more so with a specialty care provider. There are few specialty care providers available. A missed appointment can mean the specialty care provider will not be willing to see you for a future appointment.

Changing Plans

Contact your DHS worker to change your dental plan.

Disenrollment

You may be removed from a dental plan for several reasons. You might move outside of the service area of the dental plan. Your personal situation may change and you are no longer eligible for the Oregon Health Plan (OHP). You could also be asked to leave a dental plan because you missed too many appointments.

Phased Treatment Planning

Under the OHP non-emergency restorative treatment (fillings, crowns, dentures) in the *Plus* package is limited. Treatment must be dentally appropriate, have a good outcome, be cost effective and practical.

The cause of dental disease is almost always preventable. It can be prevented with twice a day brushing, flossing, a low-sugar diet,

and regular dental check-ups. CDC promotes phased treatment planning. Phased treatment planning is an order of doing dental services to get the best outcome. Pain and infection is treated. Next a routine visit, cleaning, or gum care as needed is done. Non-emergency restorative services are considered.

Services in the PLUS Package

If you are on the *PLUS* Plan basic dental care is covered. Many services have limits and not all treatment is covered.

PLUS Benefit Package services include:

- Ⓢ Exams, cleanings and x-rays
- Ⓢ Basic Restorative care like a filling
- Ⓢ Extractions
- Ⓢ Complex Restorative care like a denture (requires a pre-authorization)

Please call CDC for more information about covered services and which ones require prior authorization. Your PCD will discuss your treatment plan with you at the time of your visit.

Confidentiality

Your records are kept private by CDC and your PCD. CDC and its contracted dentists follow the rules set forth in the Health Insurance Portability and Accountability Act (HIPAA). Information in your records will not be released without your permission, except as needed by DHS/DMAP. Adults must give their providers permission to talk to family members about their health information.

You can get copies of your dental records by asking your PCD in writing. You can also

ask to have your dental records corrected if you see an error. Your PCD may charge you a fee for copies of your record. CDC will help you ask for your dental records if you need help.

Complaints, Appeals and Hearings

CDC and the dentists on our Plan try to give you the best dental care possible.

If you have a complaint with any part of your treatment contact your provider or CDC by phone or in writing. All complaints, both dental and non-dental are investigated and information is confidential.

You will need to give us permission to look into your complaint. You will receive a response from CDC about your complaint within 5 days. If we can't respond in that time CDC will let you know in writing of the delay.

Should a service be denied, you may ask for an appeal and a DHS administrative hearing within 60 days from the date on the Notice of Action. In an appeal CDC will review our decision. In an administrative hearing DHS holds a formal review of the decision with a judge.

CDC will send a written appeal decision within 16 days of your request. Or we may need more time to get information, and could take up to 30 days. We will give you the reasons for our decision. If you disagree with it you may ask for an administrative hearing within 60 days of the notice.

If at any step in this process, your problem is solved, please contact the DMAP Hearings Representative.

If you believe your dental complaint or

appeal is an emergency and cannot wait for a regular review let CDC know or call your DHS worker. You can ask for a fast (expedited) appeal or hearing.

You can ask to have your benefits continue until your Administrative Hearing is over. This means you can have the services performed before the Administrative Hearing process is finished. How it works:

- 1) You must ask for an Administrative Hearing on time; if you wait too long you could lose your right to a hearing.
- 2) You need to ask for a continuation of benefits by contacting Capitol Dental Care at **1-800-525-6800** or **TTY (hearing impaired) 800-735-2900**.

The dental treatment that is the reason for the Administrative Hearing will be performed. However, if the appeal decision is a denial of the treatment, Capitol Dental Care can bill you for the services.

If you ask for an administrative hearing, you may have another person speak for you or have an attorney represent you. DMAP cannot pay for the costs of an attorney or witnesses.

Your PCD also has the right to appeal denied or limited services if they feel that Capitol Dental Care's denial or limitation of the services is not correct.

If you need help with filing a complaint, an appeal or a DHS administrative hearing request, please call CDC Member Services at 1-800-525-6800, TTY 1-800-735-2900, your caseworker, or the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292, TTY 711, for advice and

possible representation. Legal Aid information can also be found at: www.oregonlawhelp.org.

Member Rights and Responsibilities

The OHP Client Handbook lists member rights. CDC has listed a few that are very important. You have a right to:

- Ⓢ Be treated with dignity and respect
- Ⓢ Be involved in the development of your treatment plan.
- Ⓢ Ask to see and copy your medical information.
- Ⓢ Ask that incorrect or incomplete information in your medical information be corrected.
- Ⓢ Ask for a list of the places we have sent your information unless it was sent with your permission for payment, treatment or health care operations,
- Ⓢ Ask that we limit the information we use or share for treatment, payment or healthcare operations or the information we share with family members or others involved in your care. We are not required to agree to your request.
- Ⓢ Communicate to you that the clinic has experienced a breach that may compromise your health information
- Ⓢ Ask that we communicate with you in a confidential manner,
- Ⓢ Be notified in the event of a breach of unsecured, protected health information,
- Ⓢ File a complaint if you think your privacy rights have been violated,
- Ⓢ Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider.

Right to a Second Opinion

Upon member request, CDC will provide a member with a second opinion from a qualified participating provider at no cost to the member. CDC may limit that second opinion to a participating provider in the same office, if available. If not available, DCD will help the member get their dental records so they can be sent to the “second opinion” dentist.

The OHP Client Handbook lists member responsibilities. CDC has listed a few that are very important. You have a responsibility to:

- ④ To treat the plan’s providers and clinic’s staff with respect.
- ④ Be on time for appointments made with providers. Call if you are going to be late; or to cancel if unable to keep the appointment. (*See CDC’s Member Guide on Keeping Appointments for more information*).
- ④ Show your Medical Care Identification Card and photo I.D. at every appointment.

- ④ Ask your provider if a service is covered under OHP, before getting the service.
- ④ Use urgent and emergency care appropriately.
- ④ Follow prescribed, agreed-upon treatment plans.
- ④ Pay for non-covered services you receive.

For a complete list of member rights and responsibilities, please refer to the Oregon Health Plan Client Handbook. You can ask for a copy by calling 800-237-0557,

TTY 711.

Information Available Upon Request

As a member of Capitol Dental Care, you can request the following information:

- Information on the structure and operation of Capitol Dental Care.
- Information on any incentive plans between Capitol Dental Care and the PCDs who have contracts to provide services to Capitol Dental Care members.