Alternate Formats

The Member Handbook is available in different languages, large print, computer disk, Braille, and audio tape. If you would like to request a different format or need assistance with the handbook, please call our Member Service Department at 503-585-5205. The toll free number is 1-800-525-6800, TTY 1-800-735-2900.

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.

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

Interpreter Services

If you need an interpreter let your dentist know or call CDC Member Services so one can be arranged for you.

Special Assistance

If have a special need or disability making it difficult for you to get dental care, call CDC Member Services.
Sight Impaired
If you are sight impaired and need the guide in larger print, or in an audio file let us know.

Hearing Impaired
If you are deaf or hearing impaired and need phone relay assistance 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 need an ASL interpreter for a dental appointment let your dentist know or call CDC member services so one can be arranged for you.

Welcome to
CAPITOL DENTAL CARE

Capitol Dental Care (CDC) is a dental care organization (DCO). As a DCO, we contract with the Oregon Health Authority (OHS) and multiple coordinated care organizations (CCO). CDC delivers dental care to members covered under the Oregon Health Plan. CDC has served members of the Oregon Health Plan (OHP) since its inception in 1994. CDC has a track record of being "user friendly" and doing the right thing for our members.

Mission Statement
Capitol Dental Care is committed to preventing dental disease and improving the oral and systemic health of children and low income patients. We create access to quality care, use evidence-based methods and provide dental leadership within the communities we serve.
**Contact Information**  
Capitol Dental Care  
3000 Market St. NE, Suite 228  
Salem, OR 97301  
Phone: (800) 525-6800  
TTY: (800) 735-2900  
Fax: 503-581-0043  
www.capitoldentalcare.com  
Office Hours: Monday–Friday from 7:00 a.m. to 6:00 p.m.

Email:  
Member Services – members@capitoldentalcare.com  
Provider Services – providers@capitoldentalcare.com  
Compliance – compliance@capitoldentalcare.com  
Other – admin@capitoldentalcare.com

**IMPORTANT:** Please do not submit any personal information such as social security number, Oregon Health Plan member number or any personal health information through email. Email is not secure and has the potential to be seen by others. Please call, fax or ensure you are using secure email before sending confidential or protected data.

You can request information on the structure and operation of CDC by contacting member services.

**Dental Self Care Plan**

Guidelines from the American Dental Association say your oral health plan should include:

1. Brushing your teeth twice a day with fluoride toothpaste.
2. Flossing between teeth daily.
3. Eating a balanced diet and limit between-meal snacks.
4. Visiting your dentist regularly for oral exams.
5. Getting your teeth professionally cleaned.
Getting Dental Care

The basic elements for using your dental benefits are:

1. Eligibility as shown on your Oregon Health ID or CDC Identification Card,
2. Finding a participating dental provider and
3. Getting an appointment for services.

Oregon Health Identification Card

The Oregon Health Authority (OHA) will send you an OHP Identification Card. You should keep this card with you and show it to your primary care dentist (PCD) or any other provider. If you lose your Oregon Health ID, contact your Department of Human Services (DHS) worker.

CCO or CDC Identification Card

CDC or your CCO will also send you an Identification card. It contains our contact information. This card can be used at the dental office to make sure you are on OHP.

Renewing Your Eligibility

You need to renew your OHP membership every year. You should be reassigned to the health care networks that have been providing your care. If not, contact OHP Client Services and request to be transferred back to the provider of your choice. You can renew your benefit over the phone at 1-800-699-9075 (TTY 711) or visit OregonHealthCare.gov to find a community partner in your area.
**Disenrollment**

You may be removed from your dental plan for changes in your personal situation. Moving and getting private insurance are changes that may cause you to no longer be eligible for the Oregon Health Plan.

CDC or your provider may also ask to remove you from participation if you are abusive to providers or staff; you miss too many appointments; or you commit fraud such as letting someone else use your benefits.

**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). Your PCD will provide or refer you to specialists for your dental care.

**Choosing a PCD**

Use the provider directory on our website for a list of dentists in your area. CDC will send you a printed list of the providers if you ask. Call the provider and let them know you are covered by CDC and would like to be a patient in their office. If the PCD you called is not accepting new patients, select another PCD. If you have difficulty finding a PCD, call us for help.

**Changing PCD**

Although CDC allows members to change providers twice a year, changes during treatment can be difficult so carefully consider what could happen before requesting a change in your PCD. If you want to change call CDC for approval. If CDC has changes which will affect your access to benefits through your PCD we will notify you. The notice will be 30 days prior to the change or as soon as possible.

**Appointments**

When you are ready to make an appointment, call your PCD. You may call us for assistance if needed. Keep your appointment and arrive on time. If you must cancel an appointment call the day before. If you miss
too many appointments a provider might decide to no longer see you. If you need help getting to an appointment, call your OHP free ride service.

**Rides to Appointments**

OHP pays for rides to OHP services. If you cannot get to an appointment on your own, you are likely eligible for non-emergent medical transportation or NEMT. Go to OHP.Oregon.gov and click Rides to appointments or call CDC member services for assistance.

**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.

Specialty care providers are not readily available so keeping your appointment with them is important. A missed appointment could mean a long wait or the specialist will not see you.

**Care Coordination**

If you are older or have special needs or disabilities you may be eligible for Intensive Care Coordination Services. This service can help you understand the OHP program. A care coordinator can find a provider best suited for your special needs. They also can coordinate your care among all your healthcare providers.

**Second Opinions**

You are entitled to a second opinion if you want one. Let your provider know or call CDC member services.

**Rights of Minors (under age 18)**

There is a booklet available to learn about the rights of minors who want or need to get health care services on their own. The booklet “Minor Rights: Access and Consent to Health Care” is online at
OHP.Oregon.gov. It tells you the types of services young people can get on their own. It explains how minors’ health care information may be shared.

**Dental Emergency**

**If you are having trouble breathing or swallowing, or other medical emergency dial 911.**

A dental emergency is dental care requiring treatment the same day. A dental emergency might be an infection in your mouth, unusual swelling, severe tooth pain that keeps you awake at night or makes it hard to eat, or a tooth that has been knocked out. Pre-approval for emergency services is not required if it will delay treatment.

Although you have the right to use any emergency center it is generally best to call your primary care dentist. If you cannot reach your primary dentist or you do not know who they are 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.

**Emergency While Away**

If you are away from home but still in Oregon, contact CDC. We can help with finding a provider in most of the state. If you are out of state, find a dentist nearby and have them call CDC. We will speak to the dental provider to let him/her know what services are covered. If you cannot find a dentist or reach CDC, dial 911 or go to the nearest hospital emergency room.

**After an Emergency**

Call your dentist as soon as possible after you receive emergency dental care. Tell them where you were treated and why. Your PCD can help manage your follow-up care.
**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 and lost fillings. For urgent dental care call your primary care dentist (PCD). If you cannot reach your PCD call CDC.

**Your Dental Benefits**

<table>
<thead>
<tr>
<th>Dental Benefits</th>
<th>Limits to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams, cleanings, x-rays</td>
<td>Once per year for adults</td>
</tr>
<tr>
<td></td>
<td>Twice a year for pregnant women and members under 21</td>
</tr>
<tr>
<td>Basic restorative care (Fillings)</td>
<td>No limit</td>
</tr>
<tr>
<td>Dentures and Partialis</td>
<td>Only available for qualifying members or incidents. Call for details.</td>
</tr>
<tr>
<td>Sealants</td>
<td>Every 5 years for children (16 and under) with permanent molars</td>
</tr>
<tr>
<td>Stainless Steel Crowns</td>
<td>For molars (back teeth) only, may require approval</td>
</tr>
<tr>
<td>Extractions (removing teeth)</td>
<td>Extractions for orthodontics are not covered. Wisdom teeth and some other extractions may require approval. This benefit does not apply to orthodontics, which is not covered.</td>
</tr>
<tr>
<td>Emergency or Urgent Care</td>
<td>No limit</td>
</tr>
</tbody>
</table>
Please call CDC member services if you have questions about covered services and which ones require prior authorization. Your PCD will discuss your treatment plan with you at the time of your visit.

**Non-Smoking Programs**

Talk to your dentist about services to help you stop smoking. You may also contact the Oregon Quit Line at 1-800-784-8669, 1-855-QUIT-NOW, TTY 1-877-777-6534 or online at [www.quitnow.net/oregon](http://www.quitnow.net/oregon).

**Not Covered Services**

Your provider should tell you if a service is not covered. Ask about your choices. There may be times when you want to receive a service that is not covered. You will be responsible to pay for this service. You will need to sign a form before you receive care indicating you will be responsible for payment. The form must be or contain the same information as the “OHP Client Agreement to Pay for Health Services”. See [https://apps.state.or.us/Forms/Served/he3165.pdf](https://apps.state.or.us/Forms/Served/he3165.pdf).

There may be services from other providers such as hospital, therapy, lab or X-ray that are necessary for the service you want. You will have to pay for these services too. Be sure to find out what these services are and what they will cost.

If you get a bill for a service that you thought was covered, contact CDC member services. You do not have to pay for covered services provided by a participating provider.

**Grievances or Complaints**

You can complain or file a grievance if you are unhappy with OHP, CDC, your dentist or the services you have received. You are also able to get help filing a complaint. Your complaint can be made to CDC by calling member services, by email or by sending a letter. Your CCO or OHP Client Services can also take your complaint.
We will write within five days that we received your complaint. Your
complaint will be addressed within 30 days. If more time is needed to
resolve the complaint, we will tell you. All information about your
complaint will be kept confidential.

**Decision Notices**

If CDC denies, stops or reduces a dental service your provider has
requested, you will receive a letter, called a Notice of Action Benefit
Denial, or Notice of Adverse Benefit Determination (NOABD). It explains
why we made the decision.

**Appeals**

If a service is denied, you may ask to appeal the decision. The NOABD
letter will explain how to appeal through CDC or by requesting a hearing
through OHP. You have the right to ask for both a CDC appeal and a
state hearing at the same time. You must make the request within 60
days from the date on the NOABD letter.

When we get an appeal, CDC will have the decision reviewed by
someone who did not participate in the original decision. You will
receive a Notice of Appeal Resolution within 16 days. It will tell you if
the reviewer agrees or disagrees with the initial decision.

If you believe your dental problem cannot wait for the regular appeal
process, you can ask for a fast (expedited) appeal. If approved, we will
give you the appeal decision in 3 business days.

**Administrative Hearings**

If you are not satisfied with the original decision or the appeal, you may
request an administrative hearing from the Oregon Health Authority.
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.
Your Notice of Adverse Benefit Determination letter will have a Hearing Request form that you can send in to ask the state for a hearing. You can also ask us to send you a Hearing Request form, or call OHP Client Services at 800-273-0557 (TTY/TDD: 711) to ask for a form. There are also instructions on the Notice of Appeal Resolution on how to request an administrative hearing with the Oregon Health Authority.

You must make your request within 120 days from the date of the decision notice (Notice of Action or Notice of Appeal Resolution, whichever is later). If you request a hearing, OHA will schedule a hearing within 90 days of your request.

If you believe your dental complaint or appeal is an emergency and cannot wait for a regular review you can ask for a fast (expedited) appeal or hearing. Tell CDC or call your DHS worker.

In an administrative hearing DHS holds a formal review of the decision with a judge. At the hearing, you can explain why you do not agree with CDC’s decision. You can tell the judge why the services you or your doctor requested should be covered.

You can name a representative who will speak for you at the hearing. The representative can be anyone you choose, including your provider. Make sure that the representative you name is willing and able to speak on your behalf at the hearing. If you wish to have a representative, complete that section of the hearing request form. You can also have witnesses speak at the hearing.

You do not need to hire a lawyer, but you can have one or someone else help you with the hearing. Neither OHA nor CDC will pay for the cost of a lawyer. You may be able to get legal help and possible representation from the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292. TTY users can dial 711. Legal aid information can also be found at www.oregonlawhelp.org.
You can ask to have the services continued before your Administrative Hearing is completed. However, if you lose the appeal you will be billed for the services.

**Fraud, Waste and Abuse**

We are all hurt by fraud, waste and abuse in the health care system. Every dollar that is spent on fraudulent, abusive or wasteful activities is money that can’t be spent where it is needed most. CDC will help you report suspected cases of fraud to the appropriate agency.

You can report concerns to CDC member services or the State of Oregon Department of Human Services (DHS) Fraud Investigation Hotline at 1-888-372-8301. Calls can be anonymous; you don’t have to say who you are.

The law protects people who report fraud and abuse. It is illegal for you to lose your job, lose your coverage or be threatened, harassed or discriminated against for reporting.

**Your Health Records are Private - Confidential**

A law called the “Health Insurance Portability and Accountability Act (HIPAA)” protects your medical records and keeps them confidential or private. A notice called “Notice of Privacy Practices” explains in detail your rights to keep your personal information private and how your personal information is used. To get a copy call CDC member services.

Your provider only shares your health records with those who need to see them for treatment and payment reasons. You can ask your provider for a list of everyone your provider has shared your health records with.

You can limit who sees your health records. If there is someone you don’t want to see your health records, please tell your provider in writing.
Your Right to Inspect and Copy Your Health Records

You and your legal representatives have the right to review and get a copy of your health and dental records. Your PCD has most of your records, so you can ask them for a copy. They may charge a reasonable fee for copies.

Right to Change Your Records

If you think that medical information your provider has about you is not accurate, or something is missing, you may ask your provider to make changes. Send them a letter telling them what you would like to have changed and why you want the change.

Provider Incentives

CDC does not reward staff for denying prior approval requests. We do not use financial incentives that reward providers for giving less care. You have the right to ask if there are special financial arrangements with our providers that can affect the use of referrals and other services. To find out about our payment arrangements, call CDC Member Services.

Advance Directive

An “Advance Directive” lets you decide and write down what you want for your care before you need it. You may not want certain kinds of treatment, such as a breathing machine or feeding tube that will keep you alive. You can write that in an Advance Directive. Notify your provider if you have an Advance Directive in place.

You can get a free Advance Directive form from most health care providers and hospitals. You can also find one online at https://www.oregon.gov/oha/PH/ABOUT/Documents/Advance-Directive.pdf for questions or more information; call Oregon Health Decisions at 1-800-422-4805.
Declaration for Mental Health Treatment

The “Declaration for Mental Health Treatment” tells what kind of care you want if you cannot make decisions about your mental health care. You can fill it out while you can understand and make decisions about your care. For more information contact your mental health provider or go to [https://www.oregon.gov/oha/HSD/amh/forms/declaration.pdf](https://www.oregon.gov/oha/HSD/amh/forms/declaration.pdf).

Your Rights

- To be treated with dignity and respect.
- To be treated by participating providers the same as other people seeking health care benefits.
- To choose your Primary Care Dentist and to change that choice as allowed by OHP rules.
- To have a friend, family member, or advocate present during appointments and at other times as needed.
- To be actively involved in the development of your treatment plan.
- To be given information about your condition and covered and non-covered services to allow an informed decision about proposed treatments.
- To consent to treatment or refuse services and be told the consequences of that decision.
- To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency.
- To have written materials explained in a manner that is understandable.
- To receive necessary and reasonable services to diagnose the presenting condition.
- To receive covered services under the Oregon Health Plan that meet generally accepted standards of practice and is dentally appropriate.
- To obtain covered preventive services.
- To have access to urgent and emergency services 24 hours a day, seven days a week.
- To receive a referral to specialty practitioners for dentally appropriate covered services.
- To have a clinical record maintained that documents conditions, services received, and referrals made.
• To have access to one's own clinical record.
• To transfer a copy of your clinical record to another provider.
• To execute a statement of wishes for treatment including the right to accept or refuse treatment and the right to execute directives and powers of attorney for health care.
• To receive written notices before a denial of or change in a benefit or service level is made.
• To know how to make a complaint or appeal with the PCD and receive a response.
• To request an administrative hearing.
• To receive interpreter services.
• To receive a notice of an appointment cancellation in a timely manner.

**Your Responsibilities**

• To choose or help with assignment to a PCD.
• To treat the CDC team, your dentist, and clinic staff with respect.
• To be on time for appointments and to call in advance either to cancel if unable to keep the appointment or if you expect to be late.
• To seek periodic exams and preventive services from your PCD.
• To use a PCD or clinic for diagnostic and other care except in an emergency.
• To obtain a referral to a specialist from the PCD before seeking care from a specialist.
• To use urgent and emergency services appropriately and notify the PCD within 72 hours of an emergency.
• To give accurate information for inclusion in the clinical record.
• To help the practitioner, provider, or clinic obtain clinical records from other providers that may include signing an authorization for release of information.
• To ask questions about conditions, treatments, and other issues related to your care that is not understood.
• To use information to make informed decisions about treatment before it is given.
• To help in the creation of a treatment plan with the provider.
• To follow prescribed, agreed upon treatment plans.
• To tell the practitioner or provider that your health care is covered.
under OHP before services are received and, if requested, to show the practitioner or other provider the Division Medical Care Identification card.

- To report a change of address or phone number.
- To report if you become pregnant and of the birth of your child.
- To report if any family members move in or out of the household.
- To report if there is any other insurance available.
- To pay for non-covered services.
- To assist the PCD in pursuing any third party resources available and to pay the PCD the amount of benefits it paid for an injury from any recovery received from that injury.
- To bring issues or complaints or grievances to the attention of CDC.
- To sign an authorization for release of medical information when needed to respond to an administrative hearing request.

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.
Words to Know

Appeal - To ask a plan to change a decision you disagree with about a service your doctor ordered. You can write a letter or fill out a form explaining why the plan should change its decision; this is called filing an appeal.

Copay – An amount of money that a person must pay themself for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.

Emergency medical condition – An illness or injury that needs care right away. This can be bleeding that won’t stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working right. An emergency mental health condition is feeling out of control, or feeling like hurting yourself or someone else.

Emergency transportation – Using an ambulance or Life Flight to get medical care. Emergency medical technicians (EMT) give care during the ride or flight.

ER and ED – Emergency room and emergency department, the place in a hospital where you can get care for a medical or mental health emergency.

Emergency services – care that improves or stabilizes sudden serious medical or mental health conditions.

Excluded services – things that a health plan doesn’t pay for. Services to improve your looks, like cosmetic surgery, and for things that get better on their own, like colds, are usually excluded.

Grievance – a complaint about a plan, provider or clinic. The law says CCOs must respond to each complaint.
Health insurance – a program that pays for health care. After you sign up for the program, a company or government agency pays for covered health services. Some insurance programs require monthly payments, called premiums.

Medically necessary – services and supplies that are needed to prevent, diagnose or treat a medical condition or its symptoms. It can also mean services that are accepted by the medical profession as standard treatment.

Network – The medical, mental health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.

Network provider – Any provider in a CCO’s network. If a member sees network providers, the plan pays the charges. Some network specialists require members to get a referral from their primary care provider (PCP).

Non-network provider - A provider who has not signed a contract with the CCO, and may not accept the CCO payment as payment-in-full for their services.

Physician services – Services that you get from a doctor.

Plan – a medical, dental, mental health organization or CCO that pays for its members’ health care services.

Preapproval (preauthorization, or PA) – A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually take care of this.

Prescription drugs – Drugs that your doctor tells you to take.

Primary care provider or Primary care physician– Also referred to as a “PCP,” this is a medical professional who takes care of your health. They are usually the first person you call when you have health issues.
or need care. Your PCP can be a doctor, nurse practitioner, physician’s assistant, osteopath, or sometimes a naturopath.

Primary care dentist – The dentist you usually go to who takes care of your teeth and gums.

Provider – Any person or agency that provides a health care service.

Specialist – A medical professional who has special training to care for a certain part of the body or type of illness.

Urgent care – Care that you need the same day for serious pain, to keep an injury or illness from getting much worse, or to avoid losing function in part of your body.