

<b>Policy and Procedure</b>			
Policy Name:	Case Management and Care Coordination	Policy ID:	CL.008.01
Approved By:	Dental Director (signature on file)	Effective Date:	1/1/2013
States:	<All States>	Revision Date:	N/A
Application:	All Programs		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

### **Purpose**

To provide a description of case management services, implemented when **Premier Access**' members with multiple or complex dental problems and/or special health care needs require coordination of their dental care.

### **Policy**

Case management involves the timely coordination of dental and health care services to meet an individual's specific needs in a cost-effective manner that ensures continuity and quality of care, and promotes positive outcomes. The case manager serves as a patient advocate, while at the same time assuring appropriate use of resources. Case management is a collaborative process between the member, **Premier Access**, and providers, and requires the cooperation of all parties to achieve success.

### **Definitions**

There are currently no applicable terms to be defined for this policy

### **Procedure**

1. **Premier Access** arranges for dental care management for all enrolled members through the primary care dental home. **Premier Access** has adopted a standardized caries risk assessment tool and urges all participating primary care dentists to complete initial caries risk assessments and ongoing reevaluation during recall and periodic dental visits.
2. Children with Special Health Care Needs are identified through Primary Care Dentists (PCDs), specialist referral, care coordination points, and/or upon contact from the family. Identification of Members with Special Health Care Needs can occur through member contact with the Customer Service Department or through dental provider contact with the Care Coordination or Utilization Management processes. Upon identification, care coordinators work with the family to ensure appropriate specialist referrals.
3. **Premier Access** contracted primary care dental providers shall identify children with special health care needs upon assignment and in conjunction with appropriate treatment planning, including the recommended completion of the standardized caries risk assessment for all patients at the initial exam and during periodic exams.
4. All complex and special needs cases will be referred to the Referral/Case Management Coordinator for case management.
5. Complex cases are defined as those cases where the dental condition is compromised by a medical condition, and either the care needs to be coordinated between medical and dental providers, or between the PCD and a specialty dental provider.
6. Special needs cases are described as those members with physical and/or mental disabilities in need of dental care from providers who have special experience working with these patients.

7. The Referral/Case Management Coordinator will conduct the following case management activities for complex and special needs cases:
  - In conjunction with the Dental Director, PCD, and primary care medical provider, develop a dental treatment plan.
  - In conjunction with the Dental Director, PCD, and primary care medical provider, assist with coordinating delivery of dental care with the most appropriate general or specialty dentist.
  - Assist with coordinating communication between medical providers and dental providers to ensure that dental treatments do not interfere with medical treatments.
  - Monitor and reevaluate the progress of the dental treatment plan to ensure effectiveness.
  - In conjunction with the Dental Director, PCD, and primary care medical provider, modify the dental treatment plan, as indicated by updated information.
  - Report any issues affecting access, availability, and coordination of care to the Dental Director for referral to the QM committee.
8. Activities include contact and coordination with medical plans for complex dental services delivered in a hospital or ambulatory surgical center setting and/or to ensure collaboration in medical plan care coordination planning. Care coordination services will also include coordination within the health care providers and oral health care providers to ensure that appropriate dental care is included within the overall treatment planning, including increased frequency of medically necessary/ risk appropriate preventive dental services.
  - The Referral/Case Management Department will identify a designated liaison for member health plans, which will be made available to programs to facilitate coordination activities between the dental and health plan.
9. Documentation is maintained through the specialty referral processes. Written authorizations or referrals are provided to the member, Primary Care Dentist, and specialist dental provider. Premier Access' confidentiality guidelines govern all communications between the Care Coordinator, Member, and Providers, as necessary to coordinate the care. All HIPAA and document security policies are followed to ensure privacy and confidentiality. Disclosures of member specific information is made only to authorized persons and Premier Access staff must follow release of information guidelines.
10. Case management activities are to be reported quarterly to the Utilization Management subcommittee and QM committee, and must be included in quarterly and annual reports of QM program activities to the Board of Directors.
11. Quality issues identified through case management activities will be reported to the Dental Director and QM committee.
12. Dental services for children with special health care needs that can be delivered in the dental office are coordinated for referral to a contracted dental specialist with the primary care dentist through the Specialty Referral Department. Ongoing treatment needs can be facilitated through standing authorizations to specialists based on the treatment needs of the patient.
13. Premier Access recruits and contracts with specialty dentists that treat children with special health care needs in their offices, including necessary anesthesia services when medically indicated.
14. When hospital dentistry is required, Premier Access has access to contracted specialty dentists and general dentists that maintain hospital privileges and care can be readily coordinated with the Medical Plan to be delivered at local hospitals or surgi-centers.
15. Premier Access facilitates non-contracted dental services as needed to schedule and coordinate care at other facilities based on dental operatory scheduling and/or Medical Plan facility limitations. When the dental provider determines that the treatment plan must be delivered in a hospital setting, the Care Coordinator engages in the process.
  - Dental care coordination primarily occurs when hospital dentistry is part of the necessary treatment plan. The Care Coordinator facilitates the coordination of the services through the applicable medical plan, the hospital, and the dental provider. Hospital dentistry can be complex to coordinate:
  - all medical facilities (hospitals and ambulatory surgical centers) do not offer hospital dentistry services,
  - those that do frequently have few operatory days devoted to dentistry;
  - medical plan coverage generally limits the member to the use of a medical plan contracted/network hospital or ambulatory surgical center; and
  - The treating dental provider must have practice privileges at the hospital or ambulatory surgical center.
16. In the event that medical plan/hospital scheduling cannot be achieved within timelines necessary to meet the treatment needs of the patient, the Care Coordinator escalates the case to the Dental Director and Plan Administrator to initiate intervention with the medical plan and program, as needed.

17. The Referral/Case Management Department ensures that oral health care/dental services are consistent with the Member's dental care needs and the Medi-Cal benefits, or, if no benefits are available through the dental plan, referrals are made to the EPSDT supplemental program and/or other community programs.
- Referrals are made to contracted providers, including specialists;
  - If contracted providers are not available for necessary, covered services, off-panel/noncontracted provider care is coordinated. Network management and recruitment efforts are maintained to ensure that an adequate number of dental specialists treating children with special health care needs and maintaining hospital privileges with the facilities of the Medi-Cal contracted medical plans.
  - Referrals are made to other community resources, including California Children's Services (CCS) or other programs that may be able to assist the Member with noncovered services.
  - Premier Access can initiate standing referrals to specialists to provide primary care services to children with special health care needs. The process is currently a manual process and is coordinated through the Referral/Case Management Department, in accordance with **Policy CL.003.02, Referrals for Specialist Dental Care**.
  - **California Specific:** When it is identified that an enrolled member has a diagnosis that may be covered by the California Children's Services (CCS) program, the member is referred to the local CCS office for a benefit eligibility determination.
18. The number of care coordination activities and the status of the cases are monitored through the Referral/Case Management Department under the oversight of the Dental Director. Key performance metrics are monitored by the Quality Management Committee.

Care Coordination – Key Performance Metrics	Performance Standard
# of Care Coordination Cases/Average turnaround time for authorization/scheduling	Count
Turn Around Time for Care Coordination	30 days except in emergencies
# of providers with admitted practice privileges at key medical facilities	Count
List of key medical facilities (contracted with community medical plans)	List
# of CCS referrals	Count

## References

This policy was previously tracked as Quality Management Program Policy and Procedure **UM-01 – Case Management**.

See also related policies:

**Policy CL.003.02, Referrals for Specialist Dental Care**

**Policy QM.001.01, Caries Risk Assessment**

**Policy QM.004.01, Dental Periodicity Schedule for Children**

**Policy QM.005.01, Dental Home**

## Revision History

Date:	Description
01/01/2013	Conversion to new policy and procedure template and policy ID naming convention. Program-specific updates required.