


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Appointment Scheduling	Policy ID:	PLANCG-04
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	01/09/2026
	States:	Oregon	Last Review Date:	04/06/2026
Application:	Medicaid	Effective Date:	04/07/2026	

PURPOSE

To ensure Enrollees are scheduled for treatment within the required timeframes established by Oregon Administrative Rules and community standards.

POLICY

Most dental disease, caries, gingivitis, and periodontal disease is preventable if the knowledge dental professionals have today is applied. With proper preventive care, a dental disease can be controlled and/or eliminated. The Dental Subcontractor's philosophy stresses emergency triage, diagnosis, and prevention before any major restorative procedures are done.

Oral and Dental care for children and non-pregnant individuals:

Dental Emergency

- Enrollees with emergency dental conditions (such as severe tooth pain, unusual or rapidly progressing swelling of the face or gums, bleeding that cannot be controlled or an avulsed tooth) require emergency dental services. For an emergency dental service, the enrollee must be seen or treated within 24 hours.
 - After an emergency triage, enrollees are scheduled for examination and diagnosis. At that examination, a treatment plan is established.

Dental Urgency

- Enrollees with urgent dental conditions (such as persistent dental pain that is not controlled by over-the-counter medication, or infection presenting as abnormal swelling around the gums) require urgent dental care services. For an urgent dental care service, the enrollee must be seen or treated within one week, or as indicated in the initial screening.

Routine Care

- For the following routine care, and in the order set forth, enrollees are appointed within eight weeks (56 days), or the provider's community standard, whichever is less, unless there is a special clinical reason making scheduling longer than eight weeks appropriate.
 - Diagnosis and treatment planning
 - Eliminating oral pathology and periapical pathology
 - Prevention or needed restorative work

Oral and Dental Care for Special Populations:

The following populations should take priority in the dental office and should be appointed as follows for emergency, urgent, and routine care:

- Pregnant Enrollees
- Children ages birth through 5 years
- Foster Children
- Enrollees that have used the Emergency Department for dental care

Dental Emergency

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 - After an emergency triage, enrollees are scheduled for examination and diagnosis. At that examination, a treatment plan is established.

Dental Urgency

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Routine Care

- For the following routine care, and in the order set forth, these enrollees are appointed within four weeks (28 days), or the provider's community standard, whichever is less, unless there is a special clinical reason making scheduling longer than four weeks appropriate:
 - Diagnosis and treatment planning
 - Eliminating oral pathology and periapical pathology
 - Prevention or needed restorative work

Office Hours and Waiting Times

It is difficult to establish exact waiting times in the office because every enrollee's dental needs are different. Under normal circumstances enrollees should not be kept waiting longer than other patients. Wait times for scheduled appointments shall not exceed 60 minutes. After 30 minutes, enrollees must be given an update on waiting time with an option of waiting or rescheduling the appointment.

It is the responsibility of the provider's office to confirm all appointments for enrollees in the same manner the office confirms appointments for non-Medicaid patients. Enrollees may be advised by the office that if they do not confirm their appointment within 24 hours, the office may cancel or double-book the appointment considering a missed appointment results in lost time that could be used for another patient waiting to receive dental care. If an enrollee does not confirm their appointment and shows up anyway, the provider should make an attempt to see the enrollee, even if the appointment was double-booked or cancelled. If the provider does not have time, they may reschedule the appointment. If the enrollee does confirm the appointment, but shows up late, the provider should again attempt to see the enrollee. If the provider does not have time, they may reschedule the appointment.

Dental Subcontractor ensures that network providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid FFS, if the provider serves only Medicaid enrollees.

Monitoring:

The Dental Subcontractor will monitor the compliance of the Appointment Scheduling Policy through the Appeals and Grievance process, Timely Access Monitoring process, enrollee surveys, and through the enrollee's contact with Member Services. In cases where the Primary Care Dentist (PCD) is found to be non-compliant for four or more consecutive weeks in any area (emergent, urgent, or routine) the PCD may be placed on a formal Corrective Action Plan (CAP). The formal CAP may include the PCD being closed to all new assignment. The PCD's CAP will be resolved and they will be open for assignment once the office is able to maintain compliance for four consecutive weeks. Failure to comply with the CAP

could result in termination. All CAPs will be reported to the Peer Review and Credentialing Committee until the CAP is closed.

Missed Appointments

Providers cannot bill the enrollee for missed appointments under any circumstances. The Dental Subcontractor does not issue encounter data credit for missed appointments.

REFERENCES

42 CFR 438.100;
42 CFR 438.114;
42 CFR 438.206;
OAR 410-123-1060 Definition of Terms
OAR 410-120-0000 Acronyms and Definitions
OAR 410-123-1510 Dental Care Access Standards for Pregnant Women
OAR 410-141-3515 Network Adequacy

DEFINITIONS

“Dental Emergency Services” means dental services provided for severe tooth pain, unusual swelling of the face or gums, or an avulsed tooth.

“Dental Emergency Dental Condition” means any incident involving the teeth and gums which would require immediate treatment to stop ongoing tissue bleeding, alleviate severe and sudden pain or infection, treat unusual swelling of the face or gums, or to preserve an avulsed tooth.

“Urgent Dental Care” “Urgent Dental Care” means the management of conditions that require prompt attention to relieve pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These shall be treated as minimally invasively as possible. Urgent dental care is distinguished from emergency dental care in that, urgent dental care requires prompt but not immediate treatment. Examples include dull toothache, mildly swollen gums, or small chips or cracks in teeth. Pregnant members shall be seen or treated for Urgent Dental care within one week and non-pregnant members within two weeks. Urgent care treatment is limited to covered services.

FORMS AND OTHER RELATED DOCUMENTS

Revision History

Date:	Description
06/14/2012	Approval and adoption.
05/02/2014	Updates based on annual review.
02/23/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.

05/28/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
01/06/2020	Updates based on CCO partner audit findings.
12/28/2020	Updates based on annual review.
06/18/2021	Updates based on annual review.
10/13/2021	Updates based on annual review to align with DQ.
07/08/2022	Updates based on CCO partner audit findings.
08/25/2022	Updates based on CCO partner audit findings.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
03/28/2024	Updates based on annual review.
01/09/2025	Updates based on annual review.
04/14/2025	Updates based on OAR review and provider partner feedback.
01/09/2026	Updates based on annual review.