PLAN OPERATIONS	**Advantage Dental** From DentaQuest			
	Policy and Procedure			
	Policy Name:	**Referrals**	Policy ID:	**PLANCG-49**
	Approved By:	Peer Review and Credentialing Committee	Last Revision Date:	11/11/2021
	States:	Oregon	Last Review Date:	11/15/2021
	Application:	Medicaid	Effective Date:	11/16/2021

PURPOSE

To establish the Dental Care Organization's (DCO's) policy for submitting, reviewing and processing referrals for treatment.

POLICY

All referrals from a Primary Care Dentist (PCD) will be submitted to the DCO for approval before referring an enrollee to a specialist.

All referrals will be submitted using the ADIN system (for details on how to submit a referral please refer to the pre-authorization, referral, case review instruction manuals).

The DCO will review the referral and, when approved or denied, notify the PCD. If the referral is denied because a service is not covered, the PCD will be notified electronically and the enrollee will receive a Notice of Action Benefit Denial (NOABD) (See Notice of Action Benefit Denial policy). If an enrollee switches PCDs, a new referral will need to be made by the PCD. Previously approved referrals will not be honored.

The PCD office will forward the approved referral to the specialist using the ADIN system. Once the specialist receives the referral, the specialist will schedule an appointment with the enrollee. The completed referral form sent to the specialist will include the following:

1. The date;
2. Recipient ID number;
3. Enrollee's name, address and telephone number;
4. Nature of the problem;
5. Reason for referral (reason PCD cannot perform the services themselves);
6. Diagnostic tests or x-rays that have been done; and
7. Chart notes

Once the enrollee has been seen by the specialist, the specialist will fill in the Actual Services Rendered portion of the referral and mark the referral as "Treated". The referral report will then be sent back to the PCD. The PCD will review this report, take any necessary action, and document the report in the enrollee's chart.

Referrals will be recorded in the DCO's database and, when the specialty claim is received, the referral database is checked to ensure that the referral and report are completed and approved. In order to pay a specialist claim, the DCO must have a completed and approved referral form and the referral report from the specialist.

If the specialist does not understand or agree with the referral from the PCD, then the specialist should call the PCD and request that the PCD change or amend the referral. The PCD should then copy and resubmit the original referral so that this change can be approved and documented in the database.

For enrollees with special health care needs or receiving Long Term Services and Supports determined through an assessment to need a course of treatment or regular care monitoring, the DCO allows direct access to a specialist as appropriate for the enrollee's condition and identified needs. The PCD will write the referral as an open direct access referral, which is valid for one year. Upon expiration, the specialist will revisit the case with the PCD to determine if specialty services are still needed. If specialty services are needed, a new referral shall be submitted for approval.

Individuals or entities that conduct utilization management activities are not compensated in a manner so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.

REFERENCES
OAR 410-141-3515 Network Adequacy

Revision History

Date:	Description
07/10/2013	Approval and adoption.
06/06/2014	Updates based on annual review.
03/02/2015	Updates based on annual review.
04/17/2015	Updates based on CCO partner audit findings.
02/23/2016	Updates based on annual review.
02/17/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
05/20/2019	Updates based on annual review.
12/09/2019	Conversion to revised policy and procedure format and naming convention.
12/29/2020	Updates based on annual review.
11/11/2021	Updates based on annual review.