Name:	**Transition of Care**
Date of Origin:	**10/20/2021**
Effective Date:	**10/16/2024**
Scheduled Review Date:	**10/16/2025**

I. Policy

Capitol Dental Care (CDC) is committed to the smooth transition of care for its members. Transition of care occurs when a member is immediately enrolled with a coordinated care organization (CCO) after having been disenrolled from another CCO or from Medicaid fee-for-service (FFS), according to OAR 410-141- 3061.

Applicable to CDC, a member in such a circumstance might also be changing from one dental care organization (DCO) to another. The CCOs of the newly enrolled members—the receiving CCOs—are responsible for the identification of members in need of integration and care coordination (OAR 410-141-3160) and intensive care coordination services (OAR 410-141-3170) as well as the provision of both services as appropriate.

When CDC receives information from a CCO that one of its new members requires a transition of care, CDC is committed to taking the appropriate measures to ensure that the member's care is sustained, coordinated, and uninterrupted during the transition, i.e., that there is continued access to care.

Specifically, CDC will honor prior authorized services of the previous DCO for the member until CDC is able to develop an evidence-based, dentally appropriate care plan.

Often, a member's change in CCO can stem from a housing instability. Housing is a critical component to overall health, and CDC will take no actions that might inhibit a member from changing their housing situation as needed. That is, CDC will not provide any barriers to access in its management of members who require a transition of care.

II. Procedure

CDC will provide transition of care services to the members that the CCOs identify as needing them, in accordance with OAR 410-141-061(3).

III. Revision Activity

Modification/Review Date	Change or Revision	Effective Date
12/07/2022	Review	12/07/2022
12/06/2023	Review	12/06/2023

Transition Period
The transition period will last for (whichever comes first):

- 30 days or
- until the member's primary care dentist (PCD) reviews themember's treatment plan—whichever comes first.

For members who are dual eligible for both Medicare and Medicaid services, the transition period will last for 90 days.

Continued Access to Care
During the transition period, CDC will ensure continued access to:

- prior authorized care and
    - CDC will not delay service authorization if written documentation of prior authorization is not available in a timely manner.
        - In such instances, CDC will approve claims for which it has received no written documentation during the transition period as if the services were prior authorized.
- access to the member's previous provider (if the member so desires)

except for the following:

- after the minimum or authorized prescribed course of treatment has been completed;
- if the PCD determines that the treatment is no longer medically necessary;

Notwithstanding, for members in the following circumstances, CDC will continue the entire course of treatment with the member's previous provider:

- prenatal and postpartum care
- prescriptions with a defined minimum course of treatment that exceeds the transition period as described above

Treatment completed with nonparticipating providers will be reimbursed

according to OAR 410-120-1295 at no less than FFS rates.

CDC will follow all service authorization protocols outlined in OAR 410-141-3225 and give the member written notice of any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested or when reducing a previously authorized service authorization. The notice shall meet the requirements of 42 CFR 438.404 and OAR 410-141-3240.

Documentation
Pertinent documentation will be obtained from other DCOs as needed as well as from previous providers with the member's consent when necessary.

In the instance where CDC is the preceding DCO (not the receiving DCO) of a member who now requires a transition of care—CDC will comply with requests for complete historical utilization data for the member within 21 calendar days from receipt of such requests, including the following:

- current prior authorizations and/or preexisting orders,
- prior authorizations for any services rendered in the last 24 months,
- list of all active prescriptions

Such information will be provided in accordance with the HIPAA Privacy Rule.

IV. Version History

Date	Description	Effective Date
11/1/2019	Creation	11/1/2019
10/11/2021	Review	10/20/2021
10/16/2024	Review	10/16/2024