


<b>PLAN OPERATIONS</b>	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	<b>Assigning of DCO Enrollees</b>	Policy ID:	<b>PLANCG-05</b>
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	03/28/2024
	States:	Oregon	Last Review Date:	04/26/2024
Application:	Medicaid	Effective Date:	04/27/2024	

**PURPOSE**

To establish the Dental Care Organization’s (DCO) process for assigning and reassigning enrollees to a Primary Care Dentist (PCD). This policy also establishes a framework for managing membership records.

**POLICY**

**Assignment:**

The DCO shall assign each of its enrollees to a PCD for purposes of establishing a dental home. It is also the DCO’s policy to ensure that new and updated membership data is received and processed as required by statutory and contractual standards and that policies and procedures are in place to audit and review processed data as required to meet those standards. The process for assigning DCO enrollees to PCDs is as follows:

1. When the enrollee becomes eligible through the daily or monthly file, they are assigned to a PCD to provide their routine and emergency dental needs.
2. The DCO identifies the enrollee’s PCD by sending the enrollee a welcome packet listing their assigned PCD and information on how to change their PCD. All enrollees are notified in the enrollee welcome packet that they have the option to choose a new PCD if they are unsatisfied with their assigned PCD. The welcome packet also includes instructions on how to obtain a listing of all DCO providers.
3. The DCO will ensure that at 95% of enrollees are assigned to a PCD within acceptable travel time or distance standards as detailed below:

	Large Urban	Urban	Rural	County with Extreme Access Considerations
Time and Distance Standards	5 miles or 10 minutes	15 miles or 25 minutes	20 miles or 30 minutes	30 miles or 40 minutes

- County with Extreme Access Considerations– Counties with 10 or fewer people per square mile.
- Rural– More than 10 miles from the center of an urban area.
- Urban – More than 40,000 people in a 10-mile radius.
- Large Urban Areas– Connected urban areas with 1 million people or with more than 1,000 people per square mile.

If the DCO has knowledge of an enrollee’s disability, the DCO will assign that enrollee to a PCD with the appropriate accessibility. Provided that the above listed geographic and time standards are met, the DCO shall maintain sole discretion for member assignment.

4. The DCO will ensure that all enrollees are assigned to a PCD where travel time and distance to the location does not exceed the applicable community standard and will monitor to assess the

geographic distribution of providers relative to members and will calculate driving time and distance from the member's physical address to the provider's location through the use of geocoding software or other mapping applications. Assignments will be monitored by the Network Adequacy Workgroup on a bimonthly basis to ensure compliance with this.

5. If the enrollee becomes ineligible with the DCO, and is later reinstated, the enrollee will remain assigned to their previous PCD whenever possible. Upon notification of an address change, from the enrollee, the enrollee will be reassigned to a PCD in compliance with the time and distance guidelines listed above effective immediately.
6. Based on PCD age specifications, enrollees will be reassigned/"graduated" to a new PCD one month prior to the date that the enrollee would no longer meet the PCD's age specifications. On a monthly basis, all affected PCDs will receive a report of all enrollees pending reassignment. If the enrollee is in the middle of a treatment plan or should stay with the provider outside of their normal age restrictions due to a health condition, the PCD will notify the DCO's Member Services Department prior to the effective date of the change.
7. If a PCD terminates their agreement to accept assignment of enrollees, the enrollee will be given at least 30 days' notice of the change from the DCO. The enrollee will be able to continue uninterrupted care for any active treatment plans with their new assigned PCD. This will ensure continuation of treatment for any enrollees undergoing active treatment for chronic or acute medical condition.

### **Reassignment**

1. The DCO may reassign a large number of enrollees to a new PCD. When this occurs;
  - A. All affected PCDs will receive a report of all enrollees pending reassignment with the date of the reassignment. Prior to the effective date of the reassignment, the PCD may request to retain assignment of individual enrollees for continuity of care.
  - B. Enrollees are sent a PCD reassignment letter 30 days prior to the assignment date (unless there are extenuating circumstances) notifying them of the change.
2. When an enrollee calls the DCO's Member Services Department and requests a PCD change effective immediately, the PCD change can be made if one of the following criteria is met:
  - A. Initial PCD selection is within 30 days of assignment to DCO.
  - B. Location of current PCD is within the time and distance standards detailed in number 3, unless authorized by CCO exception.
  - C. If the enrollee requests a change effective immediately due to a complaint, the enrollee will be referred to the Case Management Department.
3. Enrollees are allowed two PCD changes within a 12 month period.
4. If an enrollee requests a PCD change for any of the following reasons, the Member Services Representative will educate the enrollee on appointment scheduling guidelines.
  - A. Unhappy with how long wait is for urgent concern
  - B. Unhappy with how long wait is for routine appointment
  - C. Unhappy with office staff or PCD
5. If the request is due to an urgent dental concern that is not being addressed, the Member Services Representative will contact the current PCD to help with the communication between the enrollee and the PCD. If Member Services is able to resolve the enrollee's concern it will be tracked through the DCO's one-call resolution grievance process.
6. If Member Services is unable to resolve the enrollee's concern it will be referred to the Grievances and Appeals Department to process as a formal grievance.

### **REFERENCES**

42 CFR 438.100;  
OAR 410-141-3515 Network Adequacy

***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.
03/19/2019	Updates based on annual review.
04/23/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
11/18/2020	Updates based on annual review.
12/30/2020	Updates based on retirement of PCD Assignment Policy. Applicable language from said policy has been added to this policy.
10/5/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
03/28/2024	Updates based on annual review.