


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Communication Services	Policy ID:	PLANCG-11
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	11/13/2023
	States:	Oregon	Last Review Date:	04/26/2024
Application:	Medicaid	Effective Date:	04/27/2024	

PURPOSE

To provide guidance for providers when enrollees need communication assistance.

POLICY

It is the Dental Care Organization’s (DCO’s) responsibility to provide communication services for enrollees who have various communication needs. When an enrollee notifies the provider that they need communication assistance, the provider can notify Member Services. The DCO will need the description of the type of communication assistance needed. For example; hearing and/or visual impairments or individuals with limited English speaking abilities.

Member Services will have someone on staff or a list of resources to find a qualified person to assist the enrollee with their communication needs if the following services are not available.

A. Telephone Services

1. Call the DCO at 1-866-268-9631 and a Member Services Representative will assist with the communication need; or

B. Onsite “In-Person” Services

1. Call the DCO at 1-866-268-9631 prior to the appointment and a Member Services Representative will assist with the onsite interpreter need. (Note: Most interpreter services require 24-hour notice for scheduling. Please give the Member Services Department as much time as possible before the appointment to allow for scheduling.)

C. Video/Teleconference Services

Call the DCO at 1-866-268-9631 prior to the appointment and a Member Services Representative will schedule a video conference for the appointment. (Note: Please give the Member Services Department as much time as possible before the appointment to allow for scheduling.)

D. Electronic Communications

1. Enrollee information will not be provided electronically by the DCO unless all of the following are met:
 - a. The recipient has requested or approved electronic transmittal;
 - b. The format is readily accessible;
 - c. The information is provided in an electronic form which can be electronically retained and printed;
 - d. The information is consistent with the content and language requirements for OHP enrollees;
 - e. The enrollee is informed that the information is available in paper form without charge upon request and is provided within 5 business days;
 - f. The information does not constitute a direct notice related to an Adverse Benefit Determination or any portion of the Grievance, Appeal, Contested Case Hearing or any other Member rights or Member protection process;

g. All HIPAA requirements are satisfied with respect to personal health information.

Revision History

Date:	Description
06/14/2012	Approval and adoption.
05/02/2014	Updates based on annual review.
12/01/2014	Updates based on CCO partner audit findings
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.
04/23/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
03/12/2020	Updates based on annual review.
05/18/2021	Updates based on annual review.
10/13/2021	Updates based on annual review.
06/02/2022	Updates based on CCO partner audit findings
08/22/2022	Updates based on CCO partner audit findings
11/13/2023	