

CareOregon Dental Flexible Services



Funding Request Form & Submission Guidance

Flexible services are health-related, non-State plan services intended to improve care delivery and member health. They are cost effective alternatives to traditional services, and are likely to effectively treat or prevent the dental health condition. Flexible services are unable to be reported in the conventional manner using CPT, CDT or HCPCS codes.

CareOregon Dental supports flexible services funds to be used for the benefit of members to promote dental health, prevent dental decompensation and divert from higher levels of dental care.

Eligibility requirements

To apply for CareOregon Dental flexible services all the following must be true:

1. Patient is a current CareOregon Dental member
2. Item/service is not otherwise Medicaid reimbursable (i.e. No CDT code)
3. No other funding source is available to cover the cost of the item/service
4. Item/service is clearly related to treatment goal and documented in the member's chart
5. Member has not received a flexible services item/service within the last calendar year

How to apply for services

1. Ensure eligibility
2. Complete the CareOregon Dental Flexible Services Funding Request Form
3. Secure email to DentalAccessTeam@careoregon.org or mail to: ATTN: Dental Access Team, CareOregon, 315 SW Fifth Ave, Portland, OR 97204

CareOregon Dental will review your request and will make a determination within 10 business days.

- The provider will receive the outcome letter via email
- The member will receive a hardcopy outcome letter in the mail
- If approved, the member will receive the item in the mail

CareOregon Dental will supply approved items that meet criteria directly to the member through the mail. Examples of common oral health flexible services items are electric toothbrushes, water flossers, fluoride rinse and dry mouth products. Providers are authorized to request these items for CareOregon Dental members if dentally appropriate and documented in a chart note.

A completed request form shall be provided to CareOregon Dental.

For assistance, contact a member of CareOregon Dental's Dental Access Team at DentalAccessTeam@careoregon.org or 503-416-1444.

CareOregon Dental Flexible Services Funding Request Form

Date: _____ Requested Flexible Service Item/Service: _____

Requesting Clinic: _____ Requesting Provider: _____

Email: _____ Phone: _____

Member Name: _____ Medicaid ID: _____

Member Address: _____

Member DOB: _____ Phone: _____ Email: _____

Dental Diagnosis: _____

Additional Diagnosis: _____

Incomplete request forms will be returned to the provider

The Agency/Provider acknowledges the use of these alternative funding resources as a last resort. What other sources of funding did you consider? If none, please explain why.

- Third Party Resources
- Agency/Provider Existing Programs
- Community Partners

Explanation:

Check Category in which this purchase applies

- Training/education for oral health improvement/management
- Self-help or self-care activities or products related to oral health
- Home/living environment products for improvements for oral health
- Other (describe) _____

How does this item/service support the member's oral health treatment plan?

What type of health coaching has been provided to the member regarding this item or service?

What is the sustainability plan once this item/service is paid for? What is the follow up?

Individual completing form: _____

Signature: _____

Secure email to DentalAccessTeam@careoregon.org

or mail to: ATTN: Dental Access Team

CareOregon, 315 SW Fifth Ave