



**FAMILY DENTAL CARE, INC.**

**DENTAL CARE ORGANIZATION**

**MEMBER HANDBOOK**

September 2019

In Partnership With



## ENGLISH

This document can be provided in other languages. You can download a copy in English, Spanish, Vietnamese, Chinese, and Russian by going to our website at [www.familydentalcareinc.com](http://www.familydentalcareinc.com). You can also request a copy by phone or email, please call **Customer Service** at 503-644-2663, or Toll Free at 1-888-350-0996/TTY 711, or [quality@familydentalcareinc.com](mailto:quality@familydentalcareinc.com).

## SPANISH

Este documento puede ser proporcionado en otros idiomas. Puede descargar una copia en inglés, español, vietnamita, chino y ruso visitando nuestro sitio web en [www.familydentalcareinc.com](http://www.familydentalcareinc.com). También puede solicitar una copia por teléfono o correo electrónico, comuníquese con el Servicio de atención al cliente de **FDCi** al 503-644-2663, o llame gratis al 1-888-350-0996 / TTY 711, o a [quality@familydentalcareinc.com](mailto:quality@familydentalcareinc.com).

## VIETNAMESE

Tài liệu này có thể được cung cấp bằng các ngôn ngữ khác. Bạn có thể tải về một bản bằng tiếng Anh, tiếng Tây Ban Nha, tiếng Việt, tiếng Trung, và tiếng Nga bằng cách truy cập trang web của chúng tôi tại [www.familydentalcareinc.com](http://www.familydentalcareinc.com). Bạn cũng có thể yêu cầu một bản sao bằng điện thoại hoặc email, vui lòng liên hệ với Dịch vụ Khách hàng của FDCi theo số 503-644-2663, hoặc Toll Free theo số 1-888-350-0996 / TTY 711, hoặc [quality@familydentalcareinc.com](mailto:quality@familydentalcareinc.com).

## CHINESE

本文档可以用其他语言提供。您可以通过访问我们的网站[www.familydentalcareinc.com](http://www.familydentalcareinc.com)下载英文、西班牙文、越南文、中文和俄文的副本。您还可以通过电话或电子邮件请求副本，请联系FDCi客户服务部503-644-2663或免费电话1-888-350-0996 / TTY 711或[quality@familydentalcareinc.com](mailto:quality@familydentalcareinc.com)。

## RUSSIAN

Этот документ может быть представлен на других языках. Вы можете скачать копию на английском, испанском, вьетнамском, китайском и русском языках, перейдя на наш сайт по адресу [www.familydentalcareinc.com](http://www.familydentalcareinc.com). Вы также можете запросить копию по телефону или электронной почте, обратитесь в службу поддержки **FDCi** по телефону 503-644-2663 или бесплатно по телефону 1-888-350-0996 / TTY 711 или по адресу [quality@familydentalcareinc.com](mailto:quality@familydentalcareinc.com).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 503-644-1110 x3 (телетайп: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 503-644-1110 x3 (TTY/TDD: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 503-644-1110 x3 (TTY/TDD: 711)。

تنبيه: إذا كنت تتحدث [أدخل لغة]، خدمات المساعدة اللغوية، مجاناً، متاحة لك. اتصل بالرقم 503-644-1110 x3 (تي: 711).

주의: 한국어를사용하시는경우, 언어지원서비스를무료로이용하실수있습니다. 503-644-1110 x3 (TTY/TDD: 711) 번으로전화해주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ជូរ ជូរស័ព្ទ 503-644-1110 x3 (TTY/TDD: 711)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 503-644-1110 x3 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 503-644-1110 x3 (TTY/TDD: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。503-644-1110 x3 (TTY/TDD: 711) まで、お電話にてご連絡ください。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 503-644-1110 x3 (TTY/TDD: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 503-644-1110 x3 (TTY/TDD: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 503-644-1110 x3 (TTY/TDD: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 503-644-1110 x3 (телетайп: 711).

## OTHER FORMS OF THIS HANDBOOK

**Family Dental Care Inc.** wants all members to know how to use our dental plan. If you need this handbook in another format let us know. It comes in different forms, such as:

- Multiple Languages
- Large print
- Verbal presentation in person or over the phone
- Audio

Please call **Customer Service** to request the format you need. We are happy to help you in any way we can at any time.

## WAYS to GET HANDBOOK

When you become a new member, a handbook will be mailed to you. It is available on our website at <http://www.familydentalcareinc.com/>. You can also call **Customer Service** and ask that one be mailed to you.

## CUSTOMER SERVICE CONTACT INFORMATION

### **Family Dental Care, Inc.**

6700 SW 105<sup>th</sup> Ave., Suite 210  
Beaverton, OR 97008

**Telephone:** 503-644-2663

**Toll Free:** 1-888-350-0996

**TTY:** 711

**Fax:** 503-644-6488

Our Customer Service department hours are Monday through Friday 9:00 AM to 5 PM (Pacific time). We are happy to answer your questions or respond to concerns. Give us a call if you have questions about: • OHP Dental Benefits • Choosing a Primary Care Dentist (PCD) • Making an appointment • Filing a complaint • Wanting the status of a referral or prior authorization.

## **CASE MANAGEMENT**

Sometimes our members need help finding the dental care that is right for them. This might be due to a special health care need or other reasons. If you need help getting the dental care you need give **Customer Service** a call.

## **NOTICE OF NONDISCRIMINATION**

**Family Dental Care, Inc.** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or sexual orientation.

We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Family Dental Care, Inc.** can:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **Customer Service** at (503) 644-2663 or Toll Free at 1-888-350-0996/TTY 711.

Should you believe **Family Dental Care, Inc.** (FDCi) has failed to provide these services, or discriminated against you, a complaint can be filed with our **Compliance Officer**. You can file a complaint in person, by calling, mail, or fax. If you need help filing a complaint, help is available to you. Our contact information is **Family Dental Care, Inc.**, 6700 SW 105<sup>th</sup> Ave., Suite 210, Beaverton, OR 97008, (503) 644-2663, Fax: (503) 644-6488.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## WELCOME

**Family Dental Care, Inc.** is pleased to have you as a member of our dental plan. It is important that you know how to use your benefits and our plan. This handbook tells you about us and how you can get dental care. We'll also give you tips on getting the most out of your dental plan. **Family Dental Care, Inc.** and its providers want to give you the best possible care.

Your **Family Dental Care, Inc. Member Handbook** is not complete without the **Oregon Health Plan Member Handbook**. It gives you important information that may not be covered here. To ask for a copy, call 800-273-0557 (TDD/TTY: 711). You can read it online at <http://www.oregon.gov/oha/HSD/OHP/Pages/New-OHP.aspx>.

## ABOUT US

We are a managed care dental plan who serves members covered by the Oregon Health Plan (OHP). Our service areas include Clackamas, Multnomah, and Washington counties. Members received their dental care from the **Family Dental Care, Inc.** participating provider network. It includes providers and clinics located throughout the counties and communities we serve.

## PROVIDER INCENTIVES

You have the right to ask **Family Dental Care, Inc.** if we have financial arrangements with our providers that could affect the number of referrals or other services they use. To get this information, call **Customer Service** and ask us for information about provider incentives.

## PRACTICE GUIDELINES

We advise our network providers to follow nationally accepted dental practice guidelines. If you would like a copy of the **Family Dental Care Inc.** practice guidelines, please contact **Customer Service**. These practice guidelines are used by us and providers in making decisions about treatment and care.

## CULTURALLY SENSITIVE HEALTH EDUCATION

**Family Dental Care, Inc.** respects the dignity and cultural diversity of our members and the communities where they live. We have culturally sensitive health education materials available on home care, prevention and disease management. Please call **Customer Service** for more information.

## CHANGES to BENEFITS

If your OHP dental benefits change, you will be notified 30 days before the change takes place, or as soon as possible. For questions about benefit changes, contact Customer Service.

## GETTING STARTED

### OREGON HEALTH PLAN

Coverage for low-income Oregonians, the Oregon Health Plan (OHP) provides health care coverage for Oregonians from all walks of life. This includes families, children, pregnant women, single adults and seniors.

### COVERAGE LETTER

When joining the Oregon Health Plan (OHP) you will get a coverage letter from the Oregon Health Authority (OHA). The letter shows the OHP identification (ID) number and benefit package for each covered person in your household. Along with the letter OHA provides each person an OHP identification card. If you did not get a letter or an ID card or need a replacement call OHP Client Services at 800-273-0557 (TTY 711).

### MEMBER ID NUMBER

**Family Dental Care, Inc.** providers use your OHP ID number when checking eligibility. Take your OHP identification card with you to all your dental appointments.

If you need dental care before you receive your OHP identification card, your dentist can verify your eligibility by phone. Please call **Customer Service** at 503-644-2663 and we will help you find a dentist to get the care you need.

### CHOOSING a PRIMARY CARE DENTIST (PCD)

As a **Family Dental Care, Inc.** member you may choose a clinic or dentist from our list of participating providers. It is important to choose a PCD soon after becoming enrolled in our dental plan. Be sure to have each eligible member of your family choose a PCD. Each person can have a different provider.

Once you see the clinic or dentist you chose, they become your PCD.

- You can find a current list of clinics and providers on our website <http://www.familydentalcareinc.com/>. In addition, they are listed in our **Provider Directory**. If you need a copy of the directory mailed to you call **Customer Service** and ask. You can also call **Customer Service** and they can give you the names and contact information for clinics and providers near where you live or work.

Your PCD will work with you to take care of your dental needs. He/she will:

- Provide all your routine and primary dental care.
- Arrange for specialty care when needed.
- Write prescriptions (only for dental needs).
- Keep your dental records.
- Submit requests for prior authorizations and referrals.

Call your chosen PCD's office to make an appointment. Tell them you covered by **Family Dental Care, Inc.** and they will get you scheduled. Ask about office hours and how to get help after hours when you have an emergency. Do not wait until you are in pain to make an appointment.

## **CHANGING YOUR PCD**

If you need to change your PCD, use our **Provider Directory** or website at <http://www.familydentalcareinc.com/>. The same process when you initially chose a PCD can be used again.

## **NATIVE RIGHTS**

If you are a Native American or Alaska native, you can get your dental care from a tribal provider. Your tribal provider will need to follow **Family Dental Care, Inc.** provider requirements and the OHP rules. We will only pay for covered benefits.

## **OUT-OF-NETWORK DENTAL CARE**

There may be a time **Family Dental Care, Inc.** is unable to provide you with the dental care needed within our network. If you need dentally appropriate services not available in our network call **Customer Service**. We can help. Out-of-network dental services other than those to stabilize an emergency need to be prior authorized beforehand.

## **WHILE YOU ARE AWAY**

While you are away and outside our service area, **Family Dental Care, Inc.** covers some emergency care. This would include covered dental services to stabilize your emergency until you can get treatment by your PCD. If you are away from home and need emergency dental care call **Customer Service**. We can help you find a dentist near you willing to accept **OHP**.

In order to be paid under OHP, a provider must meet certain requirements. Unfortunately, not all out of the service area providers are willing or able to meet those requirements. We will try our best to work with an outside dentist willing to see you for an emergency, so he/she is able to do so.

If you see an outside dentist without calling us first, please let us know as soon as you can. There are steps we can take to help get some or all the bill covered.

## **EMERGENCY or URGENT DENTAL CARE NEEDED BEFORE YOU HAVE a PCD**

If you need emergency or urgent dental services, contact your PCD. If you don't have one yet, or you are unable to reach your PCD call **Customer Service**. We can help you obtain dentally appropriate: • Prescriptions • Services • Supplies • Other Necessary Items.

## **HOW TO MAKE AN APPOINTMENT**

- Call your dental provider.
- Tell the clinic or dentist you are a **Family Dental Care, Inc.** member.
- Let them know why you need to see a dentist.
- If possible, give them a phone number where you can be reached.
- Remember to take your ID card and a photo ID with you to your appointment.
- If you need a translator or sign language interpreter tell the clinic staff. They can arrange for an interpreter to come to your appointment.



## **IF YOU CANNOT KEEP YOUR APPOINTMENT**

Call your clinic as soon as you can and tell them you need to reschedule. The office will reschedule you and make the cancelled time available for someone else. Some clinics may dismiss a patient if you miss more than one appointment, or do not cancel with at least 24 hours-notice.

## **SHORT CALL LIST**

Some clinics offer patients the option to be placed on a 'Short Call List'. A short call list is for patients who have the flexibility to come in on short notice. If another patient cancels an appointment earlier than yours then the clinic will call you. Ask your clinic if you would like to be put on a short call list.

## **AFTER HOURS DENTAL CARE**

For routine advice and appointments, call your PCD during regular office hours.

If you need emergency dental care in the evenings or on the weekend call your PCD first. Each clinic has a way to reach your dentist in case of an emergency. Identify yourself as their patient and let them know your symptoms. Your dentist will decide the best course of action.

## **URGENT DENTAL CARE**

Urgent dental care should be treated quickly but does not require immediate care. If you have an urgent dental problem, call your dental provider to make an appointment. Let the clinic know your symptoms. Ask for their soonest available appointment. You can also ask to be put on a short call list.

Examples of urgent dental conditions are:

- A toothache
- Swollen gums
- A broken tooth
- A lost filling

Urgent care appointments are scheduled within 1 to 2 weeks. When you call or visit your dental provider, the dentist will decide how to treat you and make an appointment based on your needs.

## **EMERGENCY DENTAL CARE**

Symptoms of an emergency dental condition come on suddenly (acute). Due to severity of the symptoms it requires immediate dental care. Emergency dental care is covered 24 hours a day, seven (7) days a week. Prior authorization is not required for covered services to stabilize a dental emergency.

In a dental emergency you should call your dental provider day or night. Each clinic has a way to reach your dentist in case of an emergency. If your dental provider is not available call **Family Dental Care, Inc.** at 503-644-2663, **Toll Free:** 1-888-350-0996, **TTY:** 711.

**Examples of emergency dental conditions are:**

- Acute (came on suddenly) infection
- Acute abscess (pocket of pus that forms in the tooth or gums due to infection)
- Severe tooth pain (keeps you up at night and over-the-counter pain medicine does not help)
- Unusual swelling of the face or gums
- A tooth that has been knocked out



A dental emergency is best treated by a dental provider in a dental clinic. If you go to the emergency room for non-emergency services, you may be responsible for payment.

Once a dental emergency is stabilized follow-up care needed is **NOT** an emergency. Call your PCD for follow-up care, if needed.

Accidents happen and knowing what to do can help.

**Here are some tips from the American Dental Association for common dental emergency and urgent conditions:**

- For a knocked-out tooth keep it moist. If you can, try placing tooth back in the socket without touching the root. If that's not possible, place it in between your cheek and gums, or in milk. Call your PCD right away.
- For a cracked tooth, rinse mouth with warm water to clean area. Put cold pack on the face to keep any swelling down.
- If you bite your tongue or lip, clean area gently with water and apply cold pack.
- For toothaches, rinse the mouth with warm water.
- For objects stuck in the mouth, try to gently remove with floss. Do not try to remove an object with a sharp or pointed object.

## INTERPRETER SERVICES

### English

If you are hearing impaired or need help understanding English, you can get an interpreter for your dental appointments. Your dental clinic will arrange interpreter services for you. Just tell them the language that you speak when you schedule your appointments and they will take care of the rest.

You may also call **Family Dental Care, Inc. (FDCi) Customer Service** for help at 503-644-2663, or Toll Free at 1-888-350-0996/TTY 711. When calling **Customer Service** what language you speak and they will get an interpreter on the phone to help.

### Español

Si tiene problemas de audición o desea ayuda para entender inglés, puede solicitar un intérprete para sus citas dentales. Su clínica dental coordinará los servicios de intérprete para usted. Simplemente dígales el idioma que habla cuando programe sus citas y ellos se encargarán del resto.

También puede llamar al Servicio al cliente de **FDCi** para obtener ayuda llamando al 503-644-2663, o al número gratuito 1-888-350-0996 / TTY 711. Cuando llame a **FDCi**, infórmele a nuestro representante de atención al cliente qué idioma habla y ellos obtendrán un intérprete. en el teléfono para ayudar.

### Tiếng Việt

Nếu bạn khiếm thính hoặc muốn giúp đỡ hiểu tiếng Anh, bạn có thể yêu cầu thông dịch viên cho các cuộc hẹn nha khoa của bạn. Phòng khám nha khoa của bạn sẽ sắp xếp các dịch vụ thông ngôn cho bạn. Chỉ cần nói cho họ biết ngôn ngữ mà bạn nói khi bạn lên lịch cuộc hẹn và họ sẽ chăm sóc phần còn lại.

Quý vị cũng có thể gọi cho Dịch Vụ Khách Hàng của **FDCi** để được trợ giúp tại số 503-644-2663, hoặc Toll Free theo số 1-888-350-0996 / TTY 711. Khi gọi **FDCi**, hãy nói với Đại Diện Dịch Vụ Khách Hàng của chúng tôi về ngôn ngữ bạn nói và họ sẽ nhận thông dịch viên trên điện thoại để giúp đỡ.

### 中文

如果您听力受损或想要帮助理解英语，您可以要求口译员为您的牙医预约。您的牙科诊所将为您安排口译服务。只要告诉他们当你安排约会时你说的语言，他们会照顾其余的。

您也可以致电FDCi客户服务部门寻求帮助，电话号码为503-644-2663，或免费电话1-888-350-0996 / TTY 711。当致电FDCi时，告诉我们的客户服务代表你会说什么语言，他们会得到口译员在电话帮忙。

### Русский

Если вы страдаете слабоумием или хотите помочь понять английский, вы можете попросить переводчика для ваших стоматологических встреч. Ваша стоматологическая клиника организует для вас услуги переводчика. Просто скажите им язык, на котором вы говорите, когда планируете свои встречи, и они позаботятся обо всем остальном.

Вы также можете позвонить в службу поддержки клиентов **FDCi** по телефону 503-644-2663 или бесплатно по телефону 1-888-350-0996 / TTY 711. При звонке в **FDCi** сообщите нашему представителю службы поддержки клиентов, на каком языке вы говорите, и они получат переводчика по телефону, чтобы помочь.

## DENTAL BENEFITS

A complete listing of covered OHP dental services can be found in the OHP 'Dental Services' Administrative Rulebook'. This rulebook is posted on the OHA website link <https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Dental.aspx>.

As a **Family Dental Care, Inc.** member your OHP **covered** dental services are free. Our members do not have any out of pocket costs, deductibles, or co-payments. Providers will not collect any money from you for OHP **covered** dental services.

Services to be **covered** do need to be dentally appropriate. This means they need to be consistent with your diagnosis and standard dental practice. They also need to be cost effective and have good expected outcome.

Below is a list of some of the OHP covered dental services, they are:

Exams  
Cleanings  
Periodontal (gum) scaling and root planning  
X-rays  
Fluoride Treatment  
Fillings  
Crowns (with limitations)  
Dentures (with limitations)  
Denture repairs  
Root canals (with limitations)  
Extractions (must be diagnosed with symptoms)  
Orthodontia (member must have diagnosis of cleft palate, cleft lip, or facial deformity)

For additional information on OHP **covered** services call **Customer Service**. Although a dental service might be included in the OHP dental benefit package does not mean it is the right care for you. Your PCD will need to diagnose the dental care that you need.

OHP covers a full array of dental services, however not all dental services are covered. If you are considering a not covered service, discuss it with your PCD. There might be a covered service option that could work.

## QUIT SMOKING

OHP covers services to help members quit smoking. Your PCD can talk to you and help you with your decision to quit. Another resource is the Oregon Quit line which is free. When you're ready to quit tobacco, call 1-800-QUIT-NOW (1-800-784-8669) or go to [www.quitnow.net/oregon](http://www.quitnow.net/oregon).

## REFERRALS & PRIOR-AUTHORIZATIONS

Most services do not need a referral or prior authorization. If you do need specialty care your PCD will need to refer you.

## REFERRALS FOR SPECIALTY CARE

Should your PCD recommend you see another provider the clinic will send a referral request to **Family Dental Care, Inc.** Our dental director will review the referral and treatment requested. If approved, we will decide the best place to provide your treatment. A letter will be sent to you with the provider's contact information.

## SECOND OPINION/CONSULTATION

Sometimes a second opinion or consultation is needed. The most common reasons are:

- You want to know if another provider suggests alternative treatment options;
- You want to have another provider's opinion on a proposed treatment plan;
- You do not agree with your dental provider's treatment plan.

If you want a second opinion or consultation your dental provider or you can contact **Customer Service**. We will review the request and decide where the best place is for you to go. You or your PCD can also suggest where you would like to go. After deciding we will send you a letter with the contact information.

## PRIOR-AUTHORIZATIONS

Some services require a Prior Authorization before they can be covered. Your dentist will send the request to **Family Dental Care, Inc.** for these services, such as:

- Dentures
- Root canals
- Sedation
- Complex oral surgery

## NON-COVERED SERVICES

OHP does not cover all dental services. If you have questions about what your plan covers, you can talk to your PCD or call **Customer Service** at 503-644-2663.

Some examples of services that are not covered are:

- Porcelain crowns on back teeth
- Implants
- Services done for cosmetic reasons
- Buy-ups

A "Buy-Up" is when YOU pay the difference between a covered service and one that is not covered and more expensive. This is not allowed. If a non-covered service is done, **OHP** does not pay any part of it.

There may be a time you want to get a service that is **not covered**. If you receive a service that is not covered, you may have to pay for it. You will be asked to fill out the *Oregon Health Plan Client Agreement to Pay for Health Services* form.

The agreement must:

- Be signed before having any work done;
- State the non-covered service(s) you want to have done; and
- The cost you agree to pay for the service(s).

If you feel a **Family Dental Care, Inc.** provider has billed you or collected payment for a OHP covered call **Customer Service** for help at 503-644-2663, or Toll Free at 1-888-350-0996/TTY 711.

## MEMBER RIGHTS

As a member of **Family Dental Care, Inc.** you have the right:

- To be treated with dignity, respect and a consideration for privacy;
- To not be discriminated against;
- To be treated by participating providers the same as other people seeking dental services;
- To choose a Primary Care Dentist (PCD) and change to another PCD in accordance with OAR 410-141-0080;
- To obtain a second opinion;
- To have a friend, family member, or advocate with you during appointments and other times as needed within clinical guidelines;
- To be actively involved in the development of your treatment plan;
- To be given information about covered and non-covered services to make an informed decision about proposed treatment;
- To consent to treatment or refuse dental services, and to be advised of the consequences of that decision, except for court ordered services;
- To receive written materials describing rights, responsibilities, covered benefits, accessing services and what to do in an emergency;
- To have the information explained in a manner that is understandable;
- To receive necessary and reasonable services to diagnose your condition;
- To receive covered services under the **Oregon Health Plan (OHP)** that meet generally accepted standards of practice and are dentally appropriate;
- To obtain covered preventative services;
- To have access to urgent and emergency services 24 hours a day, 7 days a week;
- To ask if **Family Dental Care, Inc.** has special financial arrangements with **Family Dental care, Inc. providers** which can affect the services you may need. Call **Customer Service** to request this information;
- To receive a referral of specialty providers for dentally appropriate, covered services;
- To have a clinical record maintained which documents conditions, services you have received, and referrals made;
- To have access to your own clinical record, unless your doctor thinks it's bad for you;
- To send a copy of your record to another provider;
- To make a statement of wishes for treatment and obtain a power of attorney for dental care;
- To receive written notice before a service is denied, stopped or reduced;
- To be informed on how to make a complaint or appeal and receive a response from **Family Dental Care, Inc.**;
- To request an Administrative Hearing with the Department of Health and Human Services (DHS);
- To receive notice from your provider of an appointment cancellation in a timely manner;
- To receive interpreter services;
- To receive information on the structure and operation of our organization and whether our providers are paid to limit services. **Family Dental Care, Inc.** does not have any incentive plans with any providers;
- To be free from any form of restraint or seclusion used to force, discipline, or punish you, or to make your treatment easier, as specified in Federal regulations on the use of restraints and seclusion;

- To have written materials explained in a manner that is understandable to the member.

## **MEMBER RESPONSIBILITIES**

As a member of **Family Dental Care, Inc.** you have the responsibility:

- To choose or help with assignment to a prepaid health plan (PHP) as defined in 410-141-0060, Oregon Health Plan Enrollment Requirements and a PCD or service site;
- To treat the PCD, practitioner, and clinic staff with respect;
- To be on time for appointments made with practitioners and other providers and to call in advance either to cancel if unable to keep the appointment or if the member expects to be late;
- To seek periodic oral health exams and preventive services from a PCD or clinic;
- To use a PCD or clinic for diagnostic and other care except in an emergency;
- To obtain a referral to a specialist from the PCD or clinic before seeking care from a specialist unless self-referral to the specialist is allowed;
- To use urgent and emergency services appropriately and notify the PHP within 72 hours of an emergency;
- To give accurate information for inclusion in the clinical record;
- To help the practitioner, provider, or clinic obtain clinical records from other providers that may include signing an authorization for release of information;
- To ask questions about conditions, treatments, and other issues related to the member's care that is not understood;
- To use information to make informed decisions about treatment before it is given;
- To help in the creation of a treatment plan with the provider;
- To follow prescribed, agreed upon treatment plans;
- To tell the practitioner or provider that the member's health care is covered under OHP before services are received and, if requested, to show the practitioner or other provider the Division Medical Care Identification form;
- To tell the Authority worker of a change of address or phone number;
- To tell the Authority worker if the member becomes pregnant and to notify the Authority worker of the birth of the member's child;
- To tell the Authority worker if any family members move in or out of the household;
- To tell the Authority worker if there is any other insurance available;
- To pay for non-covered services under the provisions described in OAR 410-120-1200 and 410-120-1280;
- To pay the monthly OHP premium on time if so required;
- To assist the PHP in pursuing any third-party resources available and to pay the PHP the amount of benefits it paid for an injury from any recovery received from that injury;
- To bring issues or complaints or grievances to the attention of the PHP; and
- To sign an authorization for release of medical information so that the Authority and the PHP can get information that is pertinent and needed to respond to an administrative hearing request in an effective and efficient manner.

## **GRIEVANCES, COMPLAINTS, APPEALS, ADMINISTRATIVE HEARINGS**

If you are not satisfied with the care from your dental provider or service from **Family Dental Care, Inc.** you can file a grievance or complaint. If you receive a denial and do not agree with the decision, you

can file an appeal or request an administrative hearing. A denial is a decision to not pay for, not provide or stop paying for a service.

If you need help filing a grievance, complaint, appeal or an administrative hearing request call **Customer Service** or your caseworker. Another option is contact the **Public Benefits Hotline** (a program of **Legal Aid Services of Oregon**) at 800-520-5292 (TDD/TTY: 711) for advice. **Legal Aid Services of Oregon** information can also be found at [www.oregonlawhelp.org](http://www.oregonlawhelp.org).

## GRIEVANCES OR COMPLAINTS

As an **OHP Member**, you have the right to file a grievance or complaint. To file a complaint, call **Customer Service** or write:

### **Family Dental Care, Inc.**

Appeals and Grievances Department  
6700 SW 105<sup>th</sup> Avenue, Suite 210  
Beaverton, OR 97008

**Telephone:** 503-644-2663

**Toll Free:** 1-888-350-0996

**TTY:** 711

**Fax:** 503-644-6488

You can download the *OHP Complaint Form* from our website at:

<http://www.familydentalcareinc.com/fdci-membership-rights/>. Fill it out in your own words and mail or fax it to the address above.

Complaints over the phone can sometimes be resolved immediately. If it cannot be resolved right away the representative will make a note of the issue and send it to the **Appeals and Grievances Department**. They will get back to you in five business days to let you know that we have received your complaint.

In order to research the complaint, **Family Dental Care, Inc.** may need to request records from your PCD. If so, we will ask for permission to do so.

We work hard to resolve all complaints as quickly as possible. For more serious complaints it can take up to 30 days to be resolved.

## APPEALS

As an **OHP Member**, you or your provider may challenge a denial by filing an appeal. This must be done within 60 days of the denial. To file an appeal, you can call **Customer Service** or send in an appeal form. You should have received an appeal form with your denial letter. You can also download the *OHP Denial of Medical Services Appeal and Hearing Request* form on our website at <http://www.familydentalcareinc.com/fdci-membership-rights/>.

Call in, or write or fax the form to:

### **Family Dental Care, Inc.**

Appeals and Grievances Department  
6700 SW 105<sup>th</sup> Ave., Suite 210  
Beaverton, OR 97008

**Telephone:** 503-644-2663

**Toll Free:** 1-888-350-0996

**TTY:** 711

**Fax:** 503-644-6488

Our staff strive to resolve all complaints as quickly as possible. If **Family Dental Care, Inc.** cannot resolve your appeal within 16 days, we will send a letter explaining why more time is needed. All information about your appeal is private. We will not take longer than 30 days to resolve any appeal request.



If you believe your problem is an emergency, you can ask us for an expedited or “rush” appeal. Should **Family Dental Care, Inc.** agree your appeal is an emergency, we will respond to your request within 72 hours.

You have the right to continue services during the appeal process, but you will have to pay for those services if the denial is upheld.

## **ADMINISTRATIVE HEARINGS**

If you do not agree with the response to your appeal, you can ask for an administrative hearing. An administrative hearing can only be requested once an appeal has been completed.

To request an administrative hearing, you can fill out the *OHP Denial of Medical Services Appeal and Hearing Request* form. You should have received a copy of this form with your denial letter.

Complete the *OHP Denial of Medical Services Appeal and Hearing Request* form and return it to OHA, your **DHS** case worker or the nearest **DHS** office within 120 days of the date of the denial.

**You have the right to continue services during the hearing process.** If the appeal denial is upheld, you will have to pay for those services.

Please be sure to read the hearing request instruction form completely. The instructions give important information, such as how to request a “rush” hearing and how to continue services during the hearing process.

You also have the right to have a representative help you with the hearing. A representative may be your healthcare representative, guardian, spouse, family member, friend, support team or your **DHS** case worker.

## **OTHER IMPORTANT INFORMATION**

### **CHANGING YOUR DENTAL PLAN**

You may change your dental plan from **Family Dental Care, Inc.** at certain times if another is available to you. OHP may also approve a change if you have a reason, in order to do so you need to call OHP Client Services at (800) 273-0557.

### **NON-EMERGENCY TRANSPORTATION**

Some of our members might need transportation assistance to get to their dental appointment. If you need assistance call **Tri-County MedLink** at 1-866-336-2906 or **Ride to Care** at 1-855-321-4899. They may be able to help if you need a ride. They provide non-emergency transportation for OHP members such as a free bus pass or ride.

### **CHANGES TO YOUR ADDRESS OR PHONE NUMBER**

If you move or change your phone number, call **OHP Client Services** at 1-800-273-0557 to update your contact information.

### **PRIVACY**

All information in your **Family Dental Care, Inc.** file or dental office record is kept private. Information in these records will not be shared without your approval, except under approved state and federal guidelines for **OHP** and **Medicaid**.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. A paper called the 'Notice of Privacy Policies' explains how your personal information is used. If you would like us to send you a copy call **Customer Service** and ask.

## **HOW TO GET COPIES OF YOUR DENTAL RECORDS**

You have the right to request and receive copies of your dental records. You also have the right to request that your records be amended or corrected. Call your dental provider to request your records, and call **Family Dental Care, Inc.** if you need help getting a copy.

## **PLAN DISENROLLMENT**

The following may cause you to lose your **Family Dental Care, Inc.** coverage:

- Losing your eligibility through the **Oregon Health Plan**;
- Moving out of the **Family Dental Care, Inc.** service area;
- Committing fraudulent or illegal acts; and
- Being abusive to staff or property.

## **HOW TO REPORT FRAUD, WASTE OR ABUSE**

If an **FDCi Member** suspects a provider is committing fraud they can report it by calling the **FDCi** Fraud, Waste and Abuse Hotline at (503) 644-2663, option 4. This will take you directly to a voicemail which is checked daily. You can leave a message with your name and contact info, or you can choose to leave a message anonymously. You can call any time of the day or night.

You can also write a letter to the **Compliance Officer**, or go to the **Contact Us** section of our website at <http://www.familydentalcareinc.com/contact/>.