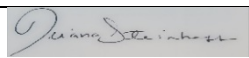


ARGUS DENTAL & VISION, INC. Referral Process			
Title:	Care Coordination Referral Process	Number:	GA_18
Department:	Care Coordination	Original Issue Date:	4/1/2017
Originator:	Melinda Clesca	Effective Date:	4/1/2017
Last Reviewed By:	Debra Lawrence	Last Revised By	Debra Lawrence
Last Reviewed Date:	04/20/2021	Last Revised Date:	04/20/2021
Attachments:		Supersedes:	CC_01
Reference:	AHCA SMMC Core Contract, Medicare Manual Chapter 13 section 30, 42 CFR §456, 42 CFR §438.400, 42 CFR §438.206 ; AAAHC Chapter 06; Title VI of the Civil Rights Act of 1964; 42 CFR 438.206.		
Approved By:	Diana Steinhoff	Signature:	

POLICY:

Care Coordination includes the evaluation of general dentistry requests for specialist referral by determining member eligibility, benefit coverage and provider availability. Care Coordination also includes coordinating special requests and services for members.

A request for treatment by a specialist (a referral) may be requested or required when a provider with further expertise is needed to facilitate treatment to the member to align the member's health care needs with the appropriate health plan benefits for the most positive outcomes.

In support of the Argus Dental & Vision, Inc. (Argus) Care Coordination Program, this policy delineates the processes, procedures and timeframes used during the request for referral process for Argus' health plan clients.

Under the terms of our health plan agreements, Argus has been delegated responsibility for rendering determinations on provider requests for specialist referrals.

DEFINITIONS:

Care Coordinator: Argus staff member with the responsibility to ensure the referral guidelines and processes are applied uniformly to all referral requests.

Benefit Coverage Determination: A denial of a requested referral for a service that is specifically excluded from a member's benefit plan. Benefit determinations include the following:

1. Decisions about services that are limited by number, duration, or frequency in the member's benefit plan.
2. Denials for extension of treatments beyond the specific limitations and restrictions imposed in the member's benefit plan.

3. Approval of Single Case Agreements (SCA) for non-participating providers to fill a need that our network providers are unable to deliver.

Referral Types: In accordance with existing regulatory requirements, Argus recognizes the following types of requests.

- Urgent /Expedited
- Routine/Standard

PROCEDURE:

A. Care Coordination Staff

1. The Argus Care Coordination Team is responsible for reviewing all referral requests.
2. Argus Care Coordinators are available via a toll-free number at least eight (8) hours a day during business hours for inbound calls. Argus Care Coordinators can receive inbound communication regarding referral issues after normal business hours.
3. Argus Care Coordinators can send outbound communication regarding referral inquiries during normal business hours.
4. The Argus Care Coordination Team returns calls within one (1) business day.
5. The Argus Care Coordination Team identifies themselves by name, title, and organization name when initiating or returning calls regarding care coordination issues.
6. Argus offers TDD/TTY services for deaf, hard of hearing, or speech impaired individuals, and language assistance is available for members via the Customer Care Department.

B. Members and Authorized Representatives

The care coordination policies and procedures apply to all Argus Care Coordinator decisions directly related to requests by members, by their authorized representative, or by their provider on their behalf for referral of health care services. This applies whether requests are based on benefits or eligibility.

C. Management Review and Reporting

As part of the general oversight of the Argus Care Coordination process, the Care Coordination Manager meets with the Care Coordination staff on a weekly basis to:

1. Review a sampling of referral requests processed in the previous week;
2. Confirm that all Care Coordination process steps were performed on the sampling;
3. Discuss trends detected and areas for improvement; and
4. Review the pending referrals for volume and status characteristics.

D. Mail Pick-Up/Delivery Times

Standard Mail: Argus staff delivers all standard mail to the USPS office at 5:30PM (17:30:00 hours) each business day.

Expedited Mail: The Care Coordination Manager will deliver all expedited mail to the Tampa Airport Post Office by 6:30PM (18:30:00 hours) each business day.

- E. Timely Access to Care:** The Argus Care Coordination Team must ensure that providers adhere to the timely access to care standards, which include:
- Emergency- immediately
 - Urgent Care- within twenty-four (24) hours
 - Routine Sick Patient Care- within seven (7) days
 - Well Care Visit- within four (4) weeks
 - Follow-up Services- within one (1) month after assessment

If a provider is not in compliance with these standards, the Argus Care Coordinator will inform the Argus Compliance Officer.

F. Referral Request Initiation

Referral Requests are accepted from providers or members in verbal or written form.

Referral Requests

1. Referring provider submits a request to Argus to obtain a specialist referral for the member (**See Argus Referral Request Form**). Paper submissions are time and date stamped upon receipt by Argus.
2. If member submits a request for a referral (oral or written), the Argus department receiving the request will route it through the Argus system to the Argus Care Coordination Team. Paper submissions are time and date stamped upon receipt by Argus.
3. The Argus Care Coordinator will analyze the request. If the member is eligible and benefits are available, the Argus Care Coordinator will proceed with the referral review.
4. The criteria is applied based on individual needs and an assessment of the local delivery system.
5. When appropriate, the Argus Care Coordinator consults with the requesting provider to identify specific member needs or requirements.
6. **Timeframes for referral decisions can be found in Table 1 below.**

Table 1			
Request/Review Type	Decision Timeframe	Verbal/Email Notification to provider & member	Written notification to provider & member
Non-urgent Standard	No later than 10 calendar days after receipt	No later than 14 calendar days after receipt	No later than 14 calendar days after receipt*

Urgent	No later than 72 hours after receipt	Same day as decision, but no later than 72 hours after receipt (document notification)	If oral notification is not completed, written notification is required within 72 hours of receipt of request.
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* For member, within one business day (1) day of decision, not to exceed fourteen (14) days after receipt.

7. Once a provider has been found, the Argus Care Coordinator will schedule the first available appointment for the member with the specialist and notify both the referring provider and the member. It is up to the member's discretion to reschedule their appointment if the first available appointment is not convenient.
8. When a referral is approved/denied, the Argus Care Coordinator will contact the member verbally and document the communication in the member's file. In particular circumstances a letter will be issued to the member advising the member of the decision. The requesting provider is informed by email of the referral decision. This communication is also saved in the member's file.
9. If the referred specialist is non-participating with the Argus network, a SCA is drafted and signed by the provider. **(Please PR_05 Single Case Agreement Process)**

G. Specific Requests

Special Needs

When the Argus Care Coordination Team receives a referral or special request to assist a child with special needs, the Argus Care Coordination Team will follow the process listed below:

- Verify the needs of the child and the type of provider specialty they are requesting.
- Look up providers within the Argus network.
- Contact the office to confirm they are able to service the member's needs.
- In the case of a referral, if the provider can service the member's needs then the Argus Care Coordinator will generate the referral form and send a copy to the referred provider and the member.
- For referrals and special requests, the Argus Care Coordinator will also coordinate the appointment with the referred provider.
- The Argus Care Coordinator will contact the member and advise verbally of the referred provider information and appointment.
- If no in-network provider is found, the Argus Care Coordinator will escalate the request to the Provider Relations (PR) department for assistance in locating an out-of-network provider.
- PR will complete a SCA to coordinate the services and provide a copy of the SCA to the referred provider.

- Once the SCA is completed, PR will route the case back to the Argus Care Coordination Team so they can contact the member and provide the referred provider's information and coordinate appointment.

Language Assistance

If a member's primary language is a language other than English and the member requires an interpreter at the provider office, the Argus Care Coordination Team will contact the provider's office to coordinate the interpreter services for the member. There is no charge to the member for translation services. Argus will also coordinate ASL assistance for members who are deaf, hard of hearing, and speech impaired.

Revision Record			
Date	Version Number	Revised By	Summary of Revisions
2/7/2018	V.2	Carole Davids	2018 Annual Review.
1/15/19	V.3	Javier Soto	2019 Annual Review.
08/01/2019	V.4	Maggie Garrett	Updated Language Assistance verbiage to include ASL
02/03/2020	V.5	Ann E. Rast	2020 Annual Review.
04/20/2021	V.6	Debra Lawrence	2021 Annual Review.

SPECIALTY REFERRAL FORM



Please send completed form to: casemanagement@argusdentalvision.com or via Argus Provider Portal ***DO NOT SEND XRAYS***				
SPECIALIST TYPE (CHECK ONE):				
☐ Oral Surgeon	☐ Endodontist	☐ Periodontist ☐ Prosthodontist	☐ Pediatric Dentist (sedation only)	☐ Orthodontist
REFERRAL TYPE: Clinical status, not administrative				
☐ Standard	☐ Urgent		☐ Emergency (same day only)	
Non-urgent care needed	Non life threatening, but could result in serious injury or disability unless attention received		Requires immediate attention for the relief of pain, hemorrhage, acute infection or traumatic injury to the teeth, jaw supporting structure and tissue of oral cavity.	
REFERRING PROVIDER: (PLEASE Check best way to contact you if you want to receive confirmation of referral)				
Dental Office/ Dentist Name:				
Contact Person:				
☐ MAILING Address:				
☐ Phone:	☐ Fax:	☐ Email:		
PATIENT INFORMATION: (PLEASE check best way to contact)				
Patient Name:		Parent, if child:		
☐ Mailing address:		Plan Name:		
		Patient ID#:		
☐ Phone		☐ Email:		
Description of Referral Request (Narrative):				
Date requested:		Signature:		
FOR ARGUS USE ONLY				
Member ID#		Ticket#	Approved for:	
Specialist:				
Location:		Phone:		
		Fax:		
Email:		Date:	Case manager:	