



## New Dental Provider Orientation Packet 2025

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## Chapter 1 CareOregon Dental Website

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Welcome as part of the CareOregon Dental Provider Network!

The CareOregon Dental Website is host to valuable [provider resources](#) and support:

### Provider Manual

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Your [provider manual](#) is a detailed, searchable reference document to guide you through fulfilling contractual obligations, areas where we can provide you support, and how, together, we can provide the best possible service to our members.

### Provider Portal

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Our website houses a link to CareOregon Connect, our [provider portal](#), wherein you can:

- Check detailed claim status
- Review remittance advices
- Submit and view authorizations on the detailed, line level
- Check detailed eligibility and member information, including PCP assignment, other insurance and benefits
- Create and print PCP rosters
- Search and verify ICD-10, CPT, HCPC, revenue codes and modifiers

### Provider Support and Resources

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The [provider support and resources](#) section lists common forms used by CareOregon Dental providers, as well as fact sheets and other information helpful to service our members. It also includes procedural outlines for:

- Referrals and prior authorizations
- Billing and Payment
- Free transportation for your patients
- CMS Fraud, Waste and Abuse Training
- Clinical practice guidelines
- Evidence-based guidelines and best practices
- CareOregon Dental adopted guidelines.

## Chapter 2 The Oregon Health Plan (OHP)

### Introduction

#### WHAT IS THE OREGON HEALTH PLAN?

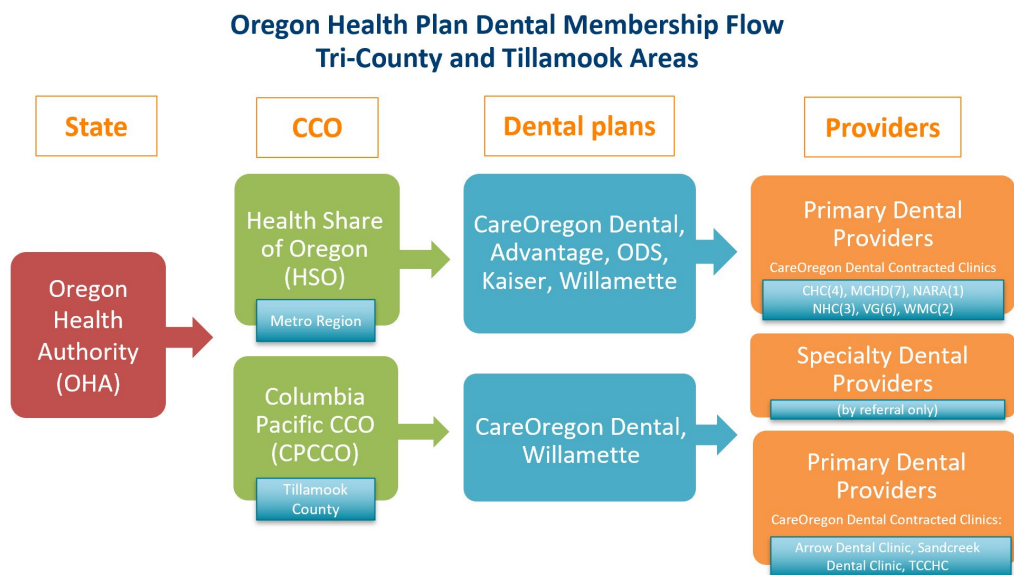
The Oregon Health Plan (OHP) is the state's Medicaid program paid for by federal and state dollars. Benefits and coverage are determined by the state, based on budget decisions made by the legislature. The Oregon Health Plan is administered by the Division of Medical Assistance Programs (DMAP) which is a department of the Oregon Health Authority (OHA). The OHP provides health care coverage to local communities through Coordinated Care Organizations across the state.

#### WHAT ARE COORDINATED CARE ORGANIZATIONS (CCOs) and DENTAL PLAN PARTNERS?

CCOs are community-based health plans that roll all OHP health services (physical, mental, dental) into one. CCOs partner with Dental Plan Partners that are contracted with the Oregon Health Plan to provide dental care services to OHP members. The state currently has 15 CCOs and 6 Dental Plan Partners.

#### WHO IS CAREOREGON DENTAL?

CareOregon Dental is a dental plan owned by CareOregon that partners with Health Share of Oregon CCO in the Tri-county Metro area (Clackamas, Multnomah, and Washington counties) and with Columbia Pacific CCO in Tillamook County.



## Chapter 3 Referrals and Prior-Authorizations

### Dental Referrals

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CareOregon Dental members are able to see specialists on a referral basis only, post-visit with their assigned primary dental provider (PDP).

The CareOregon Dental Referral Form can be found on our website at [www.careoregondental.org](http://www.careoregondental.org). Select *Providers* in the top ribbon and then select *Provider Support and Resources*. The icon is in a blur Box on the left side of the page. The Dental Referral Form is the first listed under *Provider Forms*.

Please include appropriate documentation and pertinent information along with the referral which includes:

- Chart notes
- Dental charting
- Current radiographs
- Medical history
- Recent periodontal charting
- Treatment plan

If an urgent determination is requested, CareOregon Dental requires the request to be submitted within 24 hours of the member's visit. For routine requests, CareOregon Dental requires the request to be submitted within five (5) business days of seeing the member. Urgent referrals are processed within 72 hours and routine referrals are processed within 14 days. However, routine referrals can take up to an additional 14 days if more information is required or if further review is needed.

Referrals can be submitted via the CareOregon Connect Provider Portal or via secure email to the Dental Access Team at [dentalaccessteam@careoregon.org](mailto:dentalaccessteam@careoregon.org).

### Prior-Authorizations

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Prior-Authorization is not required for dental services covered under the Oregon Health Plan (OHP). However, authorization may be needed for proposed treatment of non-covered dental services or when requesting to provide dental services that have restrictions and/or limitations outlined in the Oregon Administrative Rules (OARs).

You may use the same form for Referrals and Prior-Authorization requests. Please also include appropriate documentation and pertinent information from the list above. These can also be submitted via the CareOregon Connect Provider Portal or via secure email to the Dental Access Team at [dentalaccessteam@careoregon.org](mailto:dentalaccessteam@careoregon.org).

## Chapter 4 Endodontic Treatment and Resin Removable Partial Denture Referral Documentation

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In order to maintain clinical standards of care, the following documents shall be included in the member's chart when referring/authorizing endodontic treatment and removable partial dentures:

### Endodontics

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- Restorative treatment plan (final restoration for tooth/teeth needing endodontic treatment)
- Recent periapical radiograph(s); must meet 50:50 crown-to-root ratio or better
- Evidence of recent cleaning or periodontal therapy
- Recent periodontal charting of the tooth

### Resin Partial Dentures

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- Evidence that restorative treatment for retained teeth has been completed
- Completion of recent cleaning or periodontal therapy
- Recent periodontal charting – full arch
- Recent radiograph(s) of all remaining teeth
- If member is also eligible for prosthesis in opposing arch (partial or complete denture), referral or prior-authorization request shall be done simultaneously once all the criteria above has been met regardless of maxillary or mandibular arch.

## Chapter 5 Hygiene Services Information

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To assist with appropriate coding, the following information is for dental hygiene treatment planning.

### CDT 2025 Dental Procedure Code, Nomenclature and Descriptor

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**D1110 prophylaxis- adult:** Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors. The updated CDT definition of prophylaxis removed language limiting the procedure to coronal surfaces only.

**D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation:** The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

**D4355 full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.** The updated CDT nomenclature indicates this service may be a preliminary procedure to a comprehensive *periodontal* evaluation on a subsequent visit.

**D4910 periodontal maintenance:** This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

### Oregon Administrative Rules (Periodontic Services)

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#### Scaling and Root Planing (SRP):

- **D4341 periodontal scaling and root planing – four or more teeth per quadrant:**  
Allowed for quadrants with at least four or more teeth with pockets 5 mm or greater. Single implants may be covered by counting the implant as an additional tooth.



- **D4342 periodontal scaling and root planing – one to three teeth per quadrant:**  
Allowed for quadrants with at least two teeth with pocket depths of 5 mm or greater. Single implants may be covered by counting the implant as an additional tooth.
- Quadrants are not limited to physical area but are further defined by the number of teeth with pockets of 5 mm or greater.
- **Periodontal Maintenance (D4910):** Limited to following periodontal therapy (surgical or non-surgical) that is documented to have occurred within the past three years.

**The following codes may be denied if performed on the same day of service:**

- D1110, D1120, D4341, D4342, D4355, D4346, D4910
- A two-quadrant maximum of SRP on one date of service is payable, except in extraordinary circumstances.

**CareOregon Dental allows:**

- D1110 1 x 12 rolling months; an additional prophylaxis may be used as a strategy to decrease caries or periodontal disease risk if supported by clinical justification in the chart notes.
- D4346 1 x 2 years for all ages.
- D4341 and D4342 1 x 2 years for all ages
- D4910 1 x 6 rolling months for all ages; may be used quarterly for age 21+ if the chart notes contain clinical justification supporting additional periodontal maintenance as a strategy to support systemic chronic disease management or to support health during pregnancy.

## Case Study

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1. A patient has not had dental care for 5 years and presents as a New Patient with a diagnosis of Stage II, Grade B Periodontitis. The exam reveals probing depths of 2-3 mm, CAL 15-33%, moderate supragingival and subgingival calculus, and localized bleeding on probing. The recommended treatment plan is D1110 Adult Prophylaxis. Treatment not indicated: D4341-4342 SRP, D4910 Periodontal Maintenance, D4346 Scaling in the presence of moderate to severe gingival inflammation (no pocket depths 5 mm or greater, no history of periodontal therapy in the last 3 years, localized gingival inflammation).

2. A patient presents for a periodic exam with a history of adult prophylaxis and a diagnosis of biofilm-induced gingivitis. The exam reveals probing depths of 4-5 mm pseudo-pocketing, severe bleeding on probing, generalized moderate inflammation, but no attachment loss or radiographic bone loss. The recommended treatment plan is D4346 Scaling in the presence of gingival inflammation with a recall for D1110 Adult Prophylaxis. The D1110 recall frequency is dependent upon charting to support a 6- or 12-month prophylaxis as a strategy to decrease caries or periodontal disease risk.

## Chapter 6 Dental Benefit Overview, 2025.01

### Oregon Health Plan (OHP) Resources

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#### Full OHP Dental/Denturist Services Oregon Administrative Rules (OARs) and Oregon.Gov

**Covered Dental Codes list** available at: <http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Dental.aspx>.

Additional benefits are also available for clients under age 21 under Early, Periodic Screening, Diagnosis, and Treatment (EPSDT).

#### Excluded Services:

Not all inclusive; refer to Oregon Administrative Rules and Prioritized List of Health Services

- **Diagnostic:** cone beam CT (except for surgical planning for cleft lip/cleft palate/specific craniofacial anomalies and handicapping malocclusion), MRI, ultrasound, diagnostic casts, cephalometric image (acquisition, measurement, and analysis), and genetic testing
- **Surgical:** osseous surgery, bone replacement or grafting, alveoloplasty in conjunction with extractions, provisional splinting, gingival flap, and bleaching
- **Restorative/Prosthetic:** pontic/retainers, inlays, onlay, veneers, implants or any services related to an implant (except for implant removal in cases of advanced peri-implantitis), aids for speech or feeding, and prosthesis for face, nose, eye, ear, or head as well as the replacement and/or repair of prosthesis

#### Exceptional Needs Dental Services (E.N.D.S)

E.N.D.S. provides services to Oregon Health Plan clients who are non-ambulatory or who have severe developmental disability or mental impairment.

- Patients must be unable to obtain dental care in an office setting, and without mobile dental services would otherwise have no access to dental care. Clients must live in a care facility.
- Providers, members or their representative can **call CareOregon Dental Customer Service at 503-416-1444** to request a referral for the E.N.D.S. program. Dental Access Coordinators will review referrals for this program.

## Quick Reference Guide for Most Frequently Used Services

Full OHP Oregon Administrative Rules (OARs) and Oregon.Gov Covered Dental Codes list available at

<http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Dental.aspx>

| Preventive Services                                             |                                                                                                |                                                                |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Service                                                         | Frequency/Ages                                                                                 | Teeth or CDT                                                   |
| Periodic Oral Evaluation                                        | 2 x in 12 rolling months – under 21<br>2 x in 12 rolling months – 21+, if clinically indicated | D0120                                                          |
| Prophylaxis                                                     | 2 x in 12 rolling months – under 21<br>2 x in 12 rolling months – 21+, if clinically indicated | D1120 (Child)<br>D1110 (Adult)                                 |
| Fluoride Treatment                                              | 4 x in 12 rolling months – all ages                                                            | D1208                                                          |
| Fluoride Varnish                                                | No limitations – under age 3<br>4 x in 12 rolling months – age 3+                              | D1206                                                          |
| Sealants                                                        | 1 per permanent molar every 5 rolling years – under age 16                                     | D1351<br><b>Permanent molars only</b>                          |
| Panoramic film or Intraoral complete series including bitewings | 1 x every 5 years                                                                              | D0210 or D0330<br><b>Benefit is for one or other, not both</b> |
| Periapical and bitewing x-rays                                  | Routine x-rays allowed 1 x in 12 rolling months; urgent care x-rays as needed                  | D0220-D0270, D0272-D0274, D0277                                |

| Restorative and Periodontal Services                                                    |                                                                                                                                          |                                                                                |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Service                                                                                 | Frequency/Ages                                                                                                                           | Teeth or CDT                                                                   |
| Fillings                                                                                | Amalgam and composite (anterior or posterior) fillings are covered for all ages<br><br>Replacement of posterior composites every 5 years | D2140-D2161, D2330-D2335, D2391-D2394                                          |
| Permanent Crown – Resin based composite, porcelain fused to metal, or porcelain/ceramic | Limited to ages 16-20 or pregnant, specific anterior teeth only; replacement every 7 years; must meet clinical criteria                  | D2710, D2712, D2751, D2752, and D2740<br><br><b>Teeth 6-11, 22 and 27 only</b> |

|                                                                        |                                                                              |                                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Crown – Prefabricated stainless steel                                  | Covered for all ages                                                         | D2930 & D2931 <b>Limited to permanent posterior teeth and all primary teeth</b> |
| Periodontal Services: Full Mouth Debridement, Scaling and Root Planing | 1 x every 2 rolling years – all ages                                         | D4355<br>D4341 and D4342                                                        |
| Periodontal Maintenance                                                | 1 x every 6 rolling months – all ages; more frequent if clinically indicated | D4910                                                                           |

### Prosthetic Services

| Service                                                                        | Frequency/Ages                                                                                                                                                                                                                          | Teeth or CDT                                             |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Denture<br>(Includes adjustments for first 6 months)                           | 1 x per arch in 10 rolling years, if dentally appropriate – age 16+                                                                                                                                                                     | D5110, D5120, D5130, D5140                               |
| Acrylic Partial Denture<br>(Includes adjustments for first 6 months)           | 1 x per arch in 5 rolling years, if dentally appropriate – age 16+<br><br>Must be missing 1 or more anterior teeth or missing 6+ posterior teeth (missing 4+ posterior teeth ages 16-20)<br><br><b>May be limited by D5820 or D5821</b> | D5211, D5212, D5221, D5222                               |
| Interim Partial Denture (Flipper)<br>(Includes adjustments for first 6 months) | 1 x in 5 rolling years – age 16+<br><br>Must be missing 1 or more anterior teeth<br><br><b>May be limited by D5211, D5212, D5221, D5222</b>                                                                                             | D5820 or D5821                                           |
| Adjustment of Partial or Denture (6+ months after initial placement)           | No limitations – age 16-20<br><br>4 x in 12 rolling months – age 21+                                                                                                                                                                    | D5410, D5411, D5421 & D5422                              |
| Repair of Resin Base/Framework of Partial or Denture; Repair/Add/Replace Clasp | No limitations – age 16-20<br><br>2 x in 12 rolling months – age 21+                                                                                                                                                                    | D5511, D5512, D5611, D5612, D5621, D5622, D5630 or D5660 |

|                                                                                      |                                                                                       |                                                            |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------|
| Repair, Add or Replace broken teeth for denture or partial                           | No limitations – age 16-20<br>4 x in 12 rolling months – age 21+                      | D5520, D5640, D5650                                        |
| Rebase or Reline of Partial or Denture – rebase requires evidence of relines failure | 1 x in 3 rolling years – age 16-20<br>1 x in 5 rolling years – age 21+                | D5710-11, D5720-21, D5730-31, D5740-41, D5750-51, D5760-61 |
| Tissue Conditioning of Denture                                                       | 1 x per denture unit with immediate dentures<br>1 x prior to new prosthetic placement | D5850 or D5851                                             |
| Replace teeth/acrylic on cast metal frame                                            | 1 x every 10 years instead of new acrylic partial                                     | D5670 or D5671                                             |

### Oral Surgery, Endodontic and Orthodontic Services

| Service                                         | Frequency/Ages                                                                                                                                                                                             | Teeth or CDT                                                                                         |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Non-IV Conscious Sedation (oral pre-med)        | 4 x in 12 rolling months – under age 13                                                                                                                                                                    | D9248                                                                                                |
| General Anesthesia/Deep or Moderate IV Sedation | Must meet very limited clinical criteria                                                                                                                                                                   | D9222 (first 15 mins) and D9223,<br><br>D9239 (first 15 mins) and D9243                              |
| Nitrous Oxide                                   | No limitations                                                                                                                                                                                             | D9230                                                                                                |
| Extractions                                     | Impacted teeth must meet clinical criteria                                                                                                                                                                 | D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251                                        |
| Root Canal – anterior, bicuspid                 | Must meet clinical criteria                                                                                                                                                                                | D3310 & D3320 - <b>Permanent anterior &amp; premolar teeth only</b>                                  |
| Root Canal – molar                              | Under 21 – 1 <sup>st</sup> and 2 <sup>nd</sup> molar only – must meet clinical criteria<br><br>Pregnant – 1 <sup>st</sup> molar only – must meet clinical criteria<br><br>Non-pregnant adult – Not covered | D3330 – Under 21: <b>Teeth 2, 3, 14, 15, 18, 19, 30, 31;</b><br>Pregnant: <b>Teeth 3, 14, 19, 30</b> |

|                                                                                                  |                                      |                          |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| Orthodontia <b>Cleft palate/lip, craniofacial anomalies &amp; handicapping malocclusion only</b> | Treatment must begin prior to age 21 | D8010-D8690, D8696-D8704 |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|

## Chapter 7 CareOregon Dental Expanded Periodicity and Benefits

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CareOregon Dental has chosen to expand the OHP benefit package for the following services. The augmented frequency limitations and approved services, along with any requirements necessary to qualify for the expanded benefits, are described below.

*Prior authorization for the expanded benefits is not required, however, clinical justification must be present in the member's chart. Additional benefits are also available for clients under age 21 under Early, Periodic Screening, Diagnosis, and Treatment (EPSDT). Under EPSDT, CCOs and OHA must cover all services deemed medically necessary and dentally appropriate for children and youth under age 21. Prior authorization must be conducted on a case-by-case basis, evaluating each child's needs individually.*

***CareOregon Dental will conduct periodic, random chart audits to ensure adequate supporting documentation is present in the member's chart.***

### Exams

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#### **D0120 Recall Exam:**

21+ years - 2x/12 rolling months

- Clinical justification must be present in the member's chart notes
  - Periodic chart audits will be performed

### Preventive Services

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#### **D1110 Prophylaxis – Adult:**

2x/12 rolling months

- An additional prophylaxis may be used as a strategy to decrease caries or periodontal disease risk if clinical justification is documented and supported in member's chart notes
- Periodic chart audits will be performed

### Periodontics

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#### **D4910 Periodontal Maintenance:**

21+ years - 1x/3 months

- Charting must support additional periodontal maintenance as a strategy to support systemic chronic disease management or to support health during pregnancy
  - Periodic chart audits will be performed

## Chapter 8 Directory

| For Inquiries Regarding                                                                                                                                                                                | Contact Information                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General member questions including coverage, primary care dentist assignment and updating information.                                                                                                 | <b>Member Customer Service</b> Phone: 503-416-1444 → Press 1                                                                                               |
| General provider questions including claims, member eligibility, referrals, contracting, appeals and prior- authorizations.                                                                            | <b>Provider Customer Service</b> Phone: 503-416-1444 → Press 3                                                                                             |
| Dental referral extensions, submitting dental referrals and prior-authorizations.<br><b>*This contact information is for providers and dental staff only. Please do not give this out to members.*</b> | <b>Dental Access Coordinators</b><br>Phone: 503-488-2812<br>Fax: 503-416-4108<br>dentalaccessteam@careoregon.org                                           |
| Specific billing and payment and submitting claims.                                                                                                                                                    | <b>Billing &amp; Payment</b><br>PO Box 40328<br>Portland, OR 97240-0328<br>Fax: 503-416-8115<br>claimshelp@careoregon.org                                  |
| Claims reconsideration for payment and post service provider claim appeal requests.                                                                                                                    | <b>Provider Appeals</b><br>Attn: Provider Appeals Coordinator<br>PO Box 40328<br>Portland, OR 97240-0328<br>Fax: 503-416-8112<br>claimshelp@careoregon.org |
| CareOregon Connect password resets, locked out of portal                                                                                                                                               | <b>1-877-814-9909</b>                                                                                                                                      |
| Credentialing and re-credentialing                                                                                                                                                                     | <b>Provider Customer Service</b> Phone: 503-416-1444 → Press 3                                                                                             |
| Contractual questions or escalated payment issues: (Providers & Dental Staff Only)                                                                                                                     | CODProviderSupport@careoregon.org                                                                                                                          |
| Dental Care Coordination (Providers & Dental Staff Only, COD Members Only)                                                                                                                             | <b>Care Coordination</b> Phone: 503-488-7665<br>dentalcarecoordination@careoregon.org                                                                      |



## Chapter 9 Transportation Services

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Transportation to medical, dental and behavioral health appointments is a free benefit for all OHP members.

**Multnomah, Clackamas, and Washington counties** use **Ride to Care** transportation services.  
**Tillamook County** uses **NW Rides** transportation services.

### Multnomah, Clackamas, and Washington Counties – Ride to Care

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| CCO                    | Transportation Service | Phone number                      | Website                                                    |
|------------------------|------------------------|-----------------------------------|------------------------------------------------------------|
| Health Share of Oregon | Ride to Care           | 503-416-3955 or<br>1-855-321-4899 | <a href="http://www.ridetocare.com">www.ridetocare.com</a> |

#### Ride to Care Services

Members must call Ride to Care to schedule a ride at least two business days in advance of their appointment. Members may schedule a trip up to 90 days before their appointment date.

Drivers are available to transport members to and from appointments between 7 a.m. and 7 p.m., Monday through Saturday. Members can call Ride to Care to schedule a ride 24 hours a day, seven days a week, including holidays.

**When calling to schedule**, members need to have ready:

1. Their Oregon Health Plan number
2. Time and date of appointment
3. Name, complete address and phone number of medical/dental caregiver

#### Short notice trips

If needed, Ride to Care can help provide transportation for members even with short notice. Members need to tell the operator if they have urgent transportation needs, for example, a ride to an urgent care clinic.

**Prescription pick up**

Members can tell their driver they need to get a prescription filled before they return home. The driver will stop and wait for the member to pick up medications or other items prescribed by their provider.

**Non-English-speaking members**

Ride to Care also has interpreters available for non-English speaking members. This service is free. When the call is answered, the member must say the language they speak and stay on the line. A Ride to Care representative and an interpreter will help them.

**Tillamook County – NW Rides**

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| CCO                  | Transportation Service | Phone number                 | Website                                                                 |
|----------------------|------------------------|------------------------------|-------------------------------------------------------------------------|
| Columbia Pacific CCO | NW Rides               | 503-861-0657 or 888-793-0439 | <a href="http://colpachealth.org">Transportation (colpachealth.org)</a> |

**NW Rides Services**

Members or providers must call NW Rides at least two business days in advance of their appointment to arrange the lowest cost transportation option that meets their individual needs. This may include bus fares, mileage reimbursement, or a ride. Members may schedule a trip up to 30 days before their appointment date.

Members or providers can call NW Rides Monday through Friday 8 a.m. to 5 p.m. (closed on some holidays) to arrange transportation options.

**When calling to schedule,** members need to have ready:

1. Their Oregon Health Plan number
2. Time and date of appointment
3. Physician/Facility Name, complete address, and phone number
4. Pick-up time after appointment
5. Purpose of appointment (medical, dental, mental health)
6. Any special needs such as using a wheelchair

**Short notice trips**

If needed, members can call NW Rides for help with short notice same day rides.

**Cancelling transportation arrangement**

To cancel transportation arrangement or change an appointment time, the member must call NW Rides at least two hours before their ride is scheduled for pick up, or as soon as possible. Members can call to cancel rides Monday - Friday, 8 a.m. to 5 p.m. NW Rides has 24-hour voicemail, so members can leave your cancellation and they will get to it first thing in the morning.

**Non-English-speaking members**

NW Rides also has interpreters available for non-English speaking members. This service is free. When the call is answered, the member must say the language that they speak and stay on the line. A NW Rides representative and an interpreter will help them.

## Chapter 10 Interpretation Services

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Discussing and understanding one's health is fundamental in making decisions and giving informed consent, so it is important to provide health information to patients in their preferred language. CareOregon Dental pays for interpretation services through our contracted vendors. There is no cost to providers or members for using one of our vendors. These are our current vendors:

- **Immigrant & Refugee Community Organization (IRCO)**

Available for on-site, video and telephonic

**Online scheduling portal:** [irco.org/ilb](http://irco.org/ilb) Click create new appointment

**Email:** [interpretation@ircoilb.org](mailto:interpretation@ircoilb.org)

**Phone:** On-site: 503-234-0068

**For over-the-phone interpretation AND virtual (OPI and VRI):** 503-505-5187 (Available 24/7)

**Translation:** Email documents to [translation@ircoilb.org](mailto:translation@ircoilb.org)

- **Linguava**

Available for on-site, video and telephonic

**Web:** [linguava.com](http://linguava.com)

**Online portal:** [portal.linguava.com](http://portal.linguava.com)

**Email:** [scheduling@linguava.com](mailto:scheduling@linguava.com)

**Phone:** 503-265-8515, option 1, option 1 again

**Fax:** 503-954-1038

- **National Interpreting Service (NIS)**

**Specialty:** American Sign Language (ASL) and other sign languages

Available for on-site and video

**Online scheduling portal:** [nationalinterpretingservice.org.org](http://nationalinterpretingservice.org.org) (Please CALL 24/7 to schedule an interpreter.)

**Email:** [schedule@nationalinterpretingservice.org](mailto:schedule@nationalinterpretingservice.org)

**Phone:** 503-932-8460 Fax: 866-411-9742

- **Oregon Certified Interpreter's Network (OCIN)**

Available for on-site, video and telephonic

**Online:** [oregoncertified.interpretmanager.com/](http://oregoncertified.interpretmanager.com/)

**Email:** [carlos@oregoncertified.com](mailto:carlos@oregoncertified.com)

**Phone:** 503-213-3191, option 1

**Fax:** 971-228-2164

Our list of vendors, instructions on accessing these services, and additional language resources can be found on the [CareOregon Dental website](#). A quick reference guide is included in the Additional Resources section of this document. If you have questions, please call CareOregon Dental Provider Customer Service at 888-440-9912, option 3. Or contact the Dental Access Team at [dentalaccessteam@careoregon.org](mailto:dentalaccessteam@careoregon.org) or 503-488-2812.

## Chapter 11 CareOregon Connect Provider Portal

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CareOregon Dental providers can access patient eligibility, referrals, prior authorizations, and claims/payment information through our provider portal, CareOregon Connect.

In CareOregon Connect, providers can:

- Check detailed claim status
- Review Remittance Advices
- View referrals and authorizations on the detailed, line level
- Check detailed eligibility and member information including primary care provider (PCP) and primary dental provider (PDP) assignment, other insurance and benefits
- Create and print PCP rosters
- Search and verify CDT, ICD-10, CPT, HCPC, revenue codes and modifiers

The provider portal may be accessed and additional information, including tutorials, is available at [Provider Portal \(careoregondental.org\)](https://careoregondental.org). CareOregon Connect works best with Microsoft Edge web browser.

If providers have general questions, please call 503-416-1444 or 888-440-9912. You can also email [CareOregonConnect@CareOregon.org](mailto:CareOregonConnect@CareOregon.org).

For additional information on submitting referrals and prior authorizations through CareOregon Connect, see the Referrals and Prior-Authorizations page in your New Provider Packet.

## Chapter 12 Additional Resources

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The following pages include:

- Flyer for interpreter services (Metro and Tillamook regions)
- Opioid education materials for patients
  - Each version is printed in both English and Spanish.
  - CareOregon Dental offers complementary printed copies for our providers.
  - Please contact [oralhealth@careoregon.org](mailto:oralhealth@careoregon.org) with any inquiries or requests.