



## Frequently Asked Questions

### What is The Children's Program?

The Children's Program is a program that the Oregon Educators Benefit Board (OEBB) and ODS created in partnership with Willamette Dental, Kaiser and Oregon dentists to ensure that uninsured children in the State of Oregon have access to dental care. The program will provide basic dental services for children between the ages of 5 and 18 years old who reside in Oregon and are not covered under any dental plan (OHP is a dental plan).

### What type of treatment will you provide?

Covered services include but are not limited to preventive, diagnostic, relief of pain and basic restorative services.

### What are requirements for treatment?

A child with a current dental need (pain -abscess or restorative-cavity) will need to be referred and then enrolled in The Children's Program. The referral and enrollment process will be a collaborative effort with the school districts and county health departments. Referrals from emergency rooms and pediatricians will also be considered. ODS staff will screen the applications to confirm they meet the program's criteria. This includes confirming if the child is insured with any commercial dental coverage and reviewing Oregon Health Plan records for coverage. Birthdates and addresses are reviewed to ensure the children are between the ages of 5 and 18 years of age and reside in Oregon. If the child meets eligibility requirements, they will be enrolled and referred to a dentist participating in The Children's Program. They will also need to complete registration forms at the dental office including an up-to-date medical history form signed by a parent or legal guardian.

### What if a child only needs preventative care?

Preventative referrals will only be accepted as space allows. Preventative referrals will NOT be confirmed back to referring organization. If space allows and child meets eligibility criteria, parent or legal guardian will receive a letter notifying them of the child's ID number and dentists name and phone number.

### How do I refer a child?

Complete The Children's Program "Dental Treatment Referral Form" and email to [childrensprogram@odscompanies.com](mailto:childrensprogram@odscompanies.com) or fax to 503-382-5342 or 888-229-7140. Referrals are on an "AS-NEEDED" basis (the program is not an open-enrollment for students without insurance) referrals must come from an authorized representative from the child's School, SBHC, County Health, ER or Pediatrician's office. Referrals from parents/legal guardians will NOT be accepted. The referring organization is responsible for notifying the parent/legal guardian that the student has been referred.



## **Where will the child be referred to for dental care?**

It is our goal to assign children to a provider within their area. To ensure a convenient travel distance and an even distribution to the provider community, each child will have a recommended dentist listed on their enrollment letter. This recommendation will be based on the address of the child. When there are multiple dentists serving an area, the members will be assigned evenly to all dentists participating in the program. The dentist recommended will also get a copy of the letter sent to the parent.

## **What are the qualifications of the dentists that will be treating children?**

All dentists participating in the program are licensed in the State of Oregon and have gone through a credentialing verification.

## **Once enrolled how long does the child have to receive treatment?**

The child is covered for a year beginning on the date indicated in the Parent Letter and all services must be completed prior to the plan end date. Services will be covered up to a \$500 maximum and no frequency limitations apply.

## **What if the dentist needs to extend care after the child's eligibility period?**

Children may be eligible to re-enroll in this program if all eligibility requirements are met. The re-enrollment process is similar to the initial enrollment process where birthdates and uninsured status is identified. In the event there are extenuating circumstances, the dentist can contact ODS Dental Customer Service.

## **How often can the child qualify for treatment?**

The child may re-enroll once per year.

## **What if the child has an immediate dental need and is in pain or experiencing a dental emergency?**

Complete The Children's Program "Dental Treatment Referral Form", selecting the appropriate box in section 2a and email to [childrensprogram@odscompanies.com](mailto:childrensprogram@odscompanies.com) or fax to 503-382-5342 or 888-229-7140. All referrals for children in pain are processed within 24-48 hours. If the child is experiencing a true dental emergency that cannot wait 48 hours, please take appropriate action in addressing the emergency.

## **What if the child needs an antibiotic?**

The need for antibiotics will be determined by the treating dentist. If an antibiotic is necessary it will be prescribed by the dentist and will be the responsibility of the parent or legal guardian to obtain and pay for the prescription.

## **Will there be any costs to the child or the child's family?**

There is no patient responsibility for covered services up to the \$500 plan maximum. In the rare situation where the patient's parent or guardian requests non-covered services or services beyond the \$500 coverage maximum, a financial waiver must be signed by the parent or legal guardian in advance to accept financial responsibility.



**Where will the patient files be kept?**

All files will be kept at the dental office where the child receives treatment.

**What if I have further questions?**

Please contact The Children's Program at 503-265-5627, toll-free at 888-393-2772 or email [childrensprogram@odscompanies.com](mailto:childrensprogram@odscompanies.com)