EIBERTY DENTAL PLAN.		
Appendix A CONTINUITY AND COORDINATION OF CARE		
NJ FAMILYCARE		
Issue Date: 7/1/2018	Approval Date: 8/5/2020	

PURPOSE/SCOPE:

To ensure the appropriate and timely continuity and coordination of care for all LIBERTY Dental Plan NJ FamilyCare members.

It is the further intent to establish flexible procedures, which do not create burdens that will discourage LIBERTY Dental Plan members from achieving continuity of care.

POLICY:

- 1. LIBERTY Dental Plan shall establish and operate a system to assure that a comprehensive treatment plan for every enrollee will progress to completion in a timely manner without unreasonable interruption.
- 2. LIBERTY Dental Plan shall construct and maintain this policy and procedure to ensure continuity of care by each provider in its network.
- 3. An enrollee shall not suffer unreasonable interruption of his/her active treatment plan. Any interruptions beyond the control of the provider will not be deemed a violation of this policy.
- 4. If a change in Managed Care Organization or Fee-for-Service enrollment occurs, approved dental services on an active prior authorization will be honored with a new prior authorization for the services given by LIBERTY Dental Plan even if the services have not been initiated unless there is a change in the treatment plan by the treating dentist. This prior authorization shall be honored for as long as it is active, or for a period of six (6) months, whichever is longer. If the prior authorization has expired, a new request for prior authorization will be required.
- 5. If an enrollee has already had a dental treatment procedure initiated prior to his/her enrollment in LIBERTY Dental's plan, the initiating treating provider must complete that procedure (not the entire treatment plan).

PROCESS/PROCEDURE:

LIBERTY Dental Plan ("LIBERTY") ensures that a comprehensive treatment plan for every enrollee will progress to completion in a timely manner without unreasonable interruption honoring approved dental

services on an active prior authorization from another NJ FamilyCare Managed Care organization, for as long as it is active, or for a period of six (6) months, whichever is longer even if the services have not been initiated, except for a change in the treatment plan. Additionally, LIBERTY Dental Plan will submit notification to the NJ FamilyCare network of the above policy.

Appendix/For	rm	Name/Title	
Appendix/Form		Name/Title	
RESOURCE/REFERENCE:			
New Jersey	Contract Between State of New Jersey Department of Human Services Division of Medical Assistance and Health Services and Contractor 1/2020 Article 4- Page 101		

Related Information/Appendix:

LIBERTY Dental Plan