


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Network Adequacy	Policy ID:	PLANCG-34
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	01/20/2026
	States:	Oregon	Last Review Date:	04/06/2026
Application:	Medicaid	Effective Date:	04/07/2026	

PURPOSE

To ensure the Dental Subcontractor has a network that meets the adequacy requirements set forth in the applicable rules and regulations.

POLICY

The Dental Subcontractor’s Network Adequacy Workgroup, which includes the Vice President of Clinical Services or their designee, who are licensed dentists, and members of the Plan Leadership team, is responsible for determination of network needs. The Network Adequacy Workgroup shall monitor the network of participating providers to ensure it is sufficient in number, provider type, and geographic distribution and to ensure adequate service capacity and availability to provide available and timely access to dentally appropriate and culturally responsive covered services to current and future enrollees. This workgroup will strategize, develop, and implement operational processes to improve enrollee access and provider satisfaction for the dental plan.

All Network Provider Types

It is the policy of the Dental Subcontractor to ensure all enrollees have access to the following provider types within acceptable travel time and distance: denturist; endodontists; expanded practice dental hygienists; orthodontists and dentofacial orthopedics; oral and maxillofacial pathologists; oral and maxillofacial surgeons; periodontists; primary care dentists, adult; primary care dentists, pediatric; primary care dentist, both (adult and pediatric), prosthodontics; registered dental hygienists; emergency dental services clinics; federally qualified health centers; Indian Health Services and Tribal Health Services; Public/County Health Departments; Rural Health Centers; and additional provider types when it promotes the objectives of the plan’s contractual partners and the OHA.

On a monthly basis, the Network Adequacy Workgroup reviews a summary of each region by CCO, which may include: 1) Review all areas of the network by region, provider type and capacity. 2) Review access to care trends by region, including third next available appointment reports, secret shopper reporting, and access grievances by REALD category. 3) Discuss provider recruitment efforts by region. 4) Discuss operational process and procedure changes needed to support the growth of the network. 5) Strategize on improvements to the overall network by region. 6) Review requests from Utilization Management Workgroup. 7) Review Care Coordination Cases for Out of Network Services by region and specialty. 8) Review anticipated Medicaid enrollment and anticipated utilization. 9) Compliance with time and distance standards.

The Dental Subcontractor reviews and monitors acceptable travel times and distances and assesses the geographic distribution of providers relative to enrollees and calculates driving time and distance from the enrollee’s physical address to the provider’s location through the use of geocoding software or other

mapping applications. The Dental Subcontractor will ensure that at 95% of enrollees are assigned to a PCD within acceptable travel time or distance standards as detailed.

Distance and time and distance standards may not exceed the following, unless otherwise approved by the OHA:

	Large Urban	Urban	Rural	County with Extreme Access Considerations
Time and Distance Standards	5 miles or 10 minutes	15 miles or 25 minutes	20 miles or 30 minutes	30 miles or 40 minutes

- County with Extreme Access Considerations– Counties with 10 or fewer people per square mile.
- Rural– More than 10 miles from the center of an urban area.
- Urban – More than 40,000 people in a 10-mile radius.
- Large Urban Areas– Connected urban areas with 1 million people or with more than 1,000 people per square mile.

Primary Care Dentists:

The Dental Subcontractor establishes a Primary Care Dentist (PCD) dental home for all enrollees. The standard assignment methodology is 1,000 enrollees per dentist day. The Dental Subcontractor derives capacity per full time equivalent (FTE) GP and pediatric dentists based on the following assumptions: 1) 50-week work year; 2) 4-day a week GP/PEDO = 1 FTE; 3) Dentist and dental team encounters per day = 20 (GP/PEDO = 15, Dental Team: Community Care/Telehealth/Hygiene = 5); 4) 50% of assigned enrollees receive at least one encounter. The Dental Subcontractor utilizes its Network Adequacy Workgroup to monitor capacity on a monthly basis. Monthly, the Network Adequacy Workgroup reviews the geographic access reports for each CCO and verifies that the ratios of enrollees to dental care providers are within the established Dental Subcontractor standard or 1,000 enrollees per dentist day.

When a provider shows interest in becoming a PCD, a similar analysis is performed to determine if there is a need for an additional PCD in the applicable region.

If the Dental Subcontractor notices an increase in PCD complaints or unsatisfactory utilization trends by a PCD, the Dental Subcontractor will work with the PCD on a corrective action plan. If the PCD is not able to remediate the concerns timely, the Dental Subcontractor will reassign enrollees to a new PCD.

Specialists:

While most covered dental services can be performed by PCDs within their practices, some dental services require a referral to a specialist. Specialist need is reviewed by geographical region and coverage for services under the Oregon Health Authority (OHA) (ex. periodontics, orthodontics, endodontics, oral surgery, or pediatric dentistry). Specialties that have a higher coverage level under the OHA require a larger number of available specialists for those services.

If the Dental Subcontractor is in need of a specialist in a particular region, the provider recruitment team will contact specialists to attempt contracting. If a network gap is not able to be addressed due to no providers in a needed specialty in the geographic area or a provider’s refusal to contract with Dental Subcontractor, the attempts to address the network gap will be documented by the Network Adequacy Workgroup. In cases where the Dental Subcontractor is not able to contract with a specialist in a particular region, special arrangements will be made with non-contracted specialists on a case-by-case basis.

REFERENCES

- 410-141-3515 Network Adequacy

FORMS AND OTHER RELATED DOCUMENTS

None

Revision History

Date:	Description
06/01/2015	Approval and adoption.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
07/12/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
05/20/2019	Updates based on annual review.
12/9/2019	Conversion to revised policy and procedure format and naming convention.
11/23/2020	Updates based on annual review.
9/30/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
04/15/2024	Updates based on annual review.
01/09/2025	Updates based on annual review.
01/20/2026	Updates based on annual review.