


PLAN OPERATIONS	 From DentaQuest		
	<i>Policy and Procedure</i>		
	Policy Name:	<b>Dismissal of Enrollee from Practice</b>	Policy ID: <b>PLANCG-17</b>
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date: 01/09/2025
	States:	Oregon	Last Review Date: 08/04/2025
	Application:	Medicaid	Effective Date: 08/05/2025

## PURPOSE

To establish guidelines for when a Dental Care Organization (DCO) provider may dismiss an enrollee from their practice.

## POLICY

A provider may request to dismiss an enrollee from the practice for reasons including, but not limited to: fraudulent and illegal acts, credible threats of violence, and uncooperative or disruptive behavior. If an enrollee is dismissed from a dental practice for any reason, the provider must immediately notify the DCO's Care Coordination Department through the Provider Portal. The reason for the dismissal will then be noted in the DCO's enrollee record.

1. For offices that accept assignment, the provider is responsible for sending the enrollee a letter stating that they will no longer be able to care for enrollee's dental needs. The DCO recommends sending letter registered mail, return receipt requested. The provider may use the dismissal letter template for either the enrollee or the enrollee's custodial parent or legal guardian if the enrollee is a minor. The enrollee dismissal letter must be attached to the dismissal request submitted through the Provider Portal.
2. Dismissal letters should always be sent on the provider's letterhead so the enrollee will know whom the letter is from.
3. The letter should include all information as stated on the dismissal letter template. It is not necessary to include the reason for the dismissal in the letter, provided the reason for the dismissal is given verbally to the DCO.
4. The enrollee may be dismissed either effective immediately or effective the first of the following month. If the provider chooses to dismiss the enrollee effective the first of the following month, they will be responsible for providing the enrollee's care in the case of a dental emergency through the end of the current month.

## FORMS AND OTHER RELATED DOCUMENTS

Dismissal Letter Template

### *Revision History*

Date:	Description
06/14/2012	Approval and adoption.
05/02/2014	Updates based on annual review.
02/23/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.

02/14/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
04/23/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
12/09/2020	Updates based on annual review.
10/13/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
03/28/2024	Updates based on annual review.
01/09/2025	Annual review.