

<b>PLAN OPERATIONS</b>	<b>Advantage Dental</b> From DentaQuest		
	<i>Policy and Procedure</i>		
	Policy Name:	<b>Out of Network Services</b>	Policy ID: <b>PLANCG-38</b>
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date: 01/09/2025
	States:	Oregon	Last Review Date: 01/22/2025
	Application:	Medicaid	Effective Date: 01/23/2025

## PURPOSE

To establish guidelines for access to and billing of out of network services.

## POLICY

### OUT OF NETWORK EMERGENCY SERVICES

An enrollee may access urgent and emergent services 24 hours a day, seven days a week without prior authorization. If an enrollee is out of the area and needs dental emergency services, the Dental Care Organization (DCO) recommends, but does not require, that the enrollee contact their Primary Care Dentist (PCD) first to inform them of the need for emergency services. If the enrollee is unable to contact their PCD, the DCO then recommends, but does not require that the enrollee contact the DCO's Member Services Department. The DCO's Member Services Department would then contact the on-call provider, who would make the arrangements with an out of network provider.

- The DCO is obligated to pay for dental emergency services performed outside the service area if:
  - Treating provider submits a claim to the DCO within 12 months of the date service.
  - Treating provider completes the "Non-Contracted Provider Credentialing Application".
- If the DCO has a reasonable basis to believe that the claim submitted was not for emergency services, the DCO may deny payment if the DCO notifies:
  - The treating provider and the enrollee of the decision to deny, the basis for that decision, and the right to contest that decision under the appeal and grievance process.
- The DCO will comply with and implement any OHA hearing decision, subject to any further rights to appeal.

### OUT OF NETWORK SERVICES MONITORING

- The DCO will monitor all out of network service requests on a case-by-case basis to ensure timely access to care.

### OUT OF NETWORK SERVICES AGREEMENTS

- The DCO will use single case agreements or letters of agreement with out of network providers to document and formalize how out of network services will be paid for and coordinated for emergency dental care. Single case agreements or letters of agreement will also be used to document and formalize how out of network services will be paid for and coordinated for routine and specialty care if an in-network provider is not available in the region and the enrollee is not able to travel. The DCO will ensure that the cost to the enrollee is no greater than it would be if the services were furnished within the network.

## REFERENCES

OAR 410-141-3840 Emergency and Urgent Care Services

## FORMS AND OTHER RELATED DOCUMENTS

Non-Contracted Provider Credentialing Application

Single Case Agreement Form

Letters of Agreement

### *Revision History*

Date:	Description
07/17/2019	Approval and adoption.
12/09/2019	Conversion to revised policy and procedure format and naming convention.
01/06/2020	Updates based on OHA audit findings.
05/20/2020	Updates based on Audit Review Findings
11/08/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
04/25/2024	Updates based on annual review.
01/09/2025	Updates based on annual review.