


PLAN	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Out of Network Services	Policy ID:	PLANCG-38
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	11/08/2021
	States:	Oregon	Last Review Date:	11/15/2021
Application:	Medicaid	Effective Date:	11/16/2021	

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.

1. The DCO is obligated to pay for dental emergency services performed outside the service area if:
 - A. Treating provider submits a claim to the DCO within 12 months of the date service.
 - B. Treating provider completes the “Non-Contracted Provider Credentialing Application” so the encounter can be submitted to the Oregon Health Authority (OHA).
2. 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:
 - A. 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.
3. The DCO will comply with and implement any OHA hearing decision, subject to any further rights to appeal.

OUT OF NETWORK EMERGENCY POST STABILIZATION

1. Out of network Medical Emergency and Medical Post stabilization services are not provided or covered by the DCO. However, Post-Stabilization dental services are covered by the DCO. The DCO is financially responsible for such post-stabilization services obtained within or outside of its provider network. The DCO shall limit charges to enrollees for post-stabilization services to an amount no greater than what the DCO would have charged the enrollee had the services been provided by one of the DCO’s participating providers. For purposes of cost-sharing, post-stabilization care services begin upon inpatient admission.

OUT OF NETWORK SERVICES MONITORING

1. 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

1. 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
OHA DCO 2021 Core Contract Exhibit B Part 4 (2)(n)

DEFINITIONS

“Dental Post Stabilization Services” means Covered Services related to an Emergency Dental Condition that are provided after a Member is stabilized in order to maintain the stabilized condition or to improve or resolve the Member’s condition, the Contractor cannot be contacted, or the Contractor’s representative and the treating dentist cannot reach an agreement concerning the Member’s care and a Contractor Dentist is not available for consultation. To the extent that services required to treat an emergency medical condition fall within the scope of the services for which the DCO is responsible, the rules under CFR 438.11 apply.

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.