



**GEHA Policies & Procedures
Connection Dental Network
State Specific Policies & Procedures - State of Ohio**

The below policies and procedures are in addition to the contractual requirements and the GEHA Policies & Procedures for the CONNECTION Dental Network. In the event the below terms conflict with the contractual requirements or the GEHA Policies & Procedures for the CONNECTION Dental Network, the terms below shall supersede.

Appeal and Grievance Procedures

Please see Network Appeals/Grievances Policies and Procedures, which is located in the Provider Manual on the website at connectiondental.com under the Dentist Info tab.

Termination Procedures

If a participating provider refuses to accept any future product offering that the contracting entity makes, the contracting entity may terminate the health care contract based on the participating provider's refusal upon written notice to the participating provider no sooner than one hundred eighty days after the refusal.

R.C. § 3963.02(B)(3)(b)

If within fifteen days after receiving a material amendment and notice described in applicable law, the participating provider objects in writing to the material amendment, and there is no resolution of the objection, either party may terminate the health care contract upon written notice of termination provided to the other party not later than sixty days prior to the effective date of the material amendment.

R.C. 3963.04(A)(3)

Dispute Resolution Process

Please see Network Appeals/Grievances, which is located in the Provider Manual on the website at connectiondental.com under the Dentist Info tab.

Network Participation Procedures

Whenever an insurance policy or certificate provides for reimbursement for any service that may be legally performed by a person licensed in this state for the practice of dentistry, reimbursement under such policy or certificate shall not be denied when such service is rendered by a person so licensed.

R.C. § 3923.232

Quality of Care Procedures

No state-specific requirements.

Claims Procedures

All remittance notices sent by a payor, whether written or electronic, shall include: 1) the name of the payor issuing the payment to the participating provider; and 2) the name of the contracting entity through which the payment rate and any discount are claimed, if the contracting entity is different from the payor.

R.C. § 3963.07

The U.S. Office of Personnel Management (OPM) has contracting authority for both the Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Employees Health Benefits (FEHB) plans. GEHA is contracted with the OPM for both its Connection Dental Federal FEDVIP plan and GEHA Health FEHB plans.

5 U.S.C.A. § 8902

The terms of GEHA's contracts with the OPM which relate to the nature, provision, or extent of coverage or benefits (including payment with respect to benefits) shall supersede and preempt any State or local law, or any regulation issued thereunder, which relate to health insurance or plans.

5 U.S.C.A. §8902(m)(1)

The GEHA Health plan, like other FEHB medical plans, offers limited dental coverage to its members and, by law, the FEHB plans are the first Payor (before FEDVIP plans) for dental coverage provided to FEDVIP Covered Enrollees.

5 U.S.C.A. § 8954(e)

To ensure consistency in the coordination of benefits among the FEDVIP carriers, the OPM has amended its contract with GEHA to state that when treating a FEDVIP Covered Enrollee, the Plan Allowance (which, for Connection Dental Federal is defined as the amount we allow for a specific procedure) is the maximum amount that may be charged to a FEDVIP Covered Enrollee. Neither GEHA nor any FEDVIP Covered Enrollee shall be held responsible or liable for any amounts greater than the FEDVIP allowable amount for services rendered by a Participating Provider to a FEDVIP Covered Enrollee. FEDVIP Covered Enrollees cannot be billed the difference between FEDVIP Plan Allowance and the first Payor's allowance, when the first Payor's allowance is greater than the FEDVIP allowable amount. Thus, FEDVIP Covered Enrollees will only be responsible for payment of the balance of the FEDVIP Plan Allowance minus all payments made by the first Payor and GEHA. FEDVIP Covered Enrollees and GEHA will not be responsible for increased out-of-pocket costs when Covered Enrollees utilize the services of a Connection Dental Participating Provider that also participates in another Payor's PPO network. This is applicable to GEHA Connection Dental Federal and the GEHA Health Plan.

FEDVIP Technical Guidance, Amendment 0005

Provider-Patient Relationship

No state-specific requirements.

Required Content in Contract

The website address to obtain information about the effect of procedure codes on payment or compensation for GEHA is connectiondental.com. Go to the Payor Info tab and select Ohio Payor Policies.

R.C. § 3963.03(A)(1)(a)(iii)

To obtain specific information about claims appeals or claim edit programs for any other entities responsible for processing health care providers' claims in the State of Ohio, please call GEHA's Client Relations Department at (877) 277-6872, and you will be directed to the entity's toll free telephone number, email address or website information.

R.C. § 3963.03(A)(1)(c)

The products for which the participating provider is to provide services are fee-for-service products that include: Commercial Plans or Contracts that are not Health Maintenance Organization Plans.

R.C. § 3963.03(A)(2)

The website address to find the identity of the contracting entity or payor responsible for the processing of the participating provider's compensation or payment is connectiondental.com. Go to the Payor Info tab, select Ohio Payor Policies and then click on the link to the contracting entities or payors at the bottom of the page.

R.C. § 3963.03(A)(4)

The website address to obtain information about the internal mechanism provided by GEHA to resolve disputes concerning the interpretation or application of the terms and conditions of the contract is connectiondental.com. Go to the Dentist Info tab, select Provider Manual and then go to page 25 of the Provider Manual.

R.C. § 3963.03(A)(5)

There are no addenda to the Participating Provider Agreement.

R.C. § 3963.03(A)(6)

If an amendment to a health care contract is not a material amendment, the contracting entity shall provide the participating provider notice of the amendment at least fifteen days prior to the effective date of the amendment. The contracting entity shall provide all other notices to the participating provider pursuant to the health care contract.

R.C. 3963.04(A)(1)

A material amendment to a health care contract shall occur only if the contracting entity provides to the participating provider the material amendment in writing and notice of the material amendment not later than ninety days prior to the effective date of the material amendment. The notice shall be conspicuously entitled "Notice of Material Amendment to Contract."

R.C. 3963.04(A)(2)

If the participating provider does not object to the material amendment within fifteen days after receiving the material amendment and notice described in applicable law, the material amendment shall be effective.

R.C. 3963.04(A)(4)

Contract notices for which a delay would cause imminent harm to an enrollee; that are required by state or federal law, rule or regulation; or for which have been affirmatively accepted in writing by the provider and agreed upon to be effective at an earlier date, are exceptions to the timeframes outlined herein. Other exceptions include fee schedule changes that are based on current Medicaid or Medicare compensation amounts; changes to service codes, procedure codes, reporting codes or pricing changes made by third party sources; and amendments required by operation of law as required by applicable state or federal law, rule, or regulation.

R.C. 3963.04(B)(1)

These policies and procedures are subject to change without notification as permitted by law. Any changes in state and/or federal laws that are applicable to the GEHA Participating Provider Agreements or the CONNECTION Dental Network are hereby incorporated into these policies and procedures.

Please note: Government Employees Health Association, Inc.'s Federal Employee Health Benefits Plans are not subject to state law. GEHA owns and operates the CONNECTION Dental Network, which is a non-risk bearing PPO network. The above policies and procedures may or may not be applicable to the CONNECTION Dental Network, depending on whether the network is included within the state-specific definitions that are applicable to state laws, rules and regulations.

GEHA Covered Persons are participants in the Federal Employees Health Benefits Program, and benefit matters for such participants shall be resolved by the United States Office of Personnel Management ("OPM") in accordance with the disputed claims procedures in the Federal Employees Health Benefits Act and the regulations of the OPM.

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