

What's New Summary - January 1, 2024 – July 2024

Document Type	Date of Change	Change Type	Summary/Red-lined Passage
GEHA/Connection Dental Network Credentialing/Recr edentialing Policies and Procedures, continued below	4/1/2024	Document Maintenance and change on Page 35 for clarification of existing procedure	Reformatted Index. Added NCQA in several sections/pages. On Page 35, added language concerning semi-annually reporting for delegated credentialing activities. Relocated North Carolina Appeals requirements.
Illinois St. Specific Policy and Procedure	6/18/2024	Page 3, text in blue was added as required by law.	The provider agrees that in no event including, but not limited to, nonpayment by the organization of amounts due the provider under this contract, insolvency of the organization or any breach of this contract by the organization, shall the provider or its assignees or subcontractors have a right to seek any type of payment from, bill, charge, collect a deposit from or have any recourse against the enrollee, persons acting on the enrollee's behalf (other than the organization), the employer or group contract holder for services provided pursuant to this contract except for the payment of applicable copayments for services covered by the organization or fees for services not covered by the organization. The requirements of this clause shall survive any termination of this contract for services rendered prior to such termination, regardless of the cause of such termination. The organization's enrollees shall be third party beneficiaries of this clause. This clause supersedes any oral or written agreement now existing or hereafter entered into between the provider and the enrollee or persons acting on the enrollee's behalf (other than the organization). 215 ILCS 130
Virginia St. Specific Policy and Procedure	6/25/2024	Page 3, text in blue was added as required by law.	If the MCHIP licensee does not have a health care provider within its network capable of providing care to covered persons, the licensee shall cover such care out of network. The covered person shall not be responsible for any additional costs incurred by the MCHIP as a result of this referral, consistent with the evidence of coverage, other than any applicable copayment, coinsurance or deductible. VA Code Ann. § §8.2-5805