



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

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.

Termination Procedures

If a practitioner engages in an excessive or inappropriate practice pattern for the practitioner's specialty, the entity shall inform the practitioner, in writing, as to the manner in which the practitioner's practice is excessive or inappropriate. The entity shall consult with the practitioner and provide a reasonable time period of not less than 6 months within which to modify the practitioner's practice pattern. If the excessive or inappropriate practice pattern continues, the entity may impose reasonable sanctions on the practitioner, terminate the practitioner's participating contract, or designate the practitioner as nonpayable. If considered for a sanction, termination, or nonpayable status, the affected practitioner must first be given the opportunity to be present and to be heard by a committee appointed by the entity, which must include at least 1 representative of the practitioner's specialty.

NDCC, 26.1-36-41

Either party terminating the contract without cause must provide the other party with at least 60 days' advance written notice of the termination.

NDCC, 26.1-47-02.1.g

Dispute Resolution Process

Please see Network Appeals/Grievances.

Network Participation Procedures

This preferred provider arrangement does not restrict a health care provider from entering into preferred provider arrangements or other arrangements with other health care insurers.

NDCC, 26.1-47-02.3

Quality of Care Procedures

There is no inducement under the Participating Provider Agreement to a preferred provider to provide less than medically necessary services to a covered person.

NDCC, 26.1-47-02.5

Preferred provider arrangements may not unfairly deny health benefits to persons for covered medically necessary services.

NDCC, 26.1-47-02.2

GEHA's mechanism to preserve the quality of health care with its Connection Dental Network is its Quality Assurance Program.
NDCC, 26.1-47-02.1.c

Claims Procedures

Except for fees for covered services, a preferred provider arrangement for a dental plan may not directly or indirectly set or otherwise regulate the fees charged by the preferred provider for dental care services.
NDCC, 26.1-47-02.1

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

This preferred provider arrangement does not offer an inducement to a preferred provider to provide less than medically necessary services to a Covered Person.
NDCC, 26.1-47-02.5

A health care insurer may not penalize a provider because the provider, in good faith, reports to state or federal authorities any act or practice by the health carrier that jeopardizes patient health or welfare.
NDCC, 26.1-47-02.6

Required Content in Contract

In the event a health care insurer fails to pay for health care services as set forth in the contract, the Covered Person is not liable to the provider for any sums owed by the health care insurer. NDCC, 26.1-47-02.1.e

Unless disclosed to the covered person before receiving dental care, a covered person receiving or paying for additional dental care services described in subsection 3 may not be charged a rate in excess of the preferred provider arrangement's contracted rate for covered services. NDCC 26.1-47-02.1.

In the event of the health care insurer insolvency, services for a Covered Person continue for the period for which premium payment has been made and until the Covered Person's discharge from inpatient facilities. NDCC, 26.1-47-02.1.f

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.

Last modified April 29, 2025.