

DIVISION 011
ANNUAL STATEMENTS AND REPORTS BY INSURERS

836-011-0600 (NEW)

Report on Services Provided by Expanded Practice Dental Hygienists

(1) As used in this rule:

(a) "Expanded practice dental hygienist" has the meaning given in ORS 679.010.

(b) "Health insurer" includes:

(A) An insurer authorized to transact health insurance in Oregon;

(B) A health care service contractor as defined in ORS 750.005;

(C) A multiple employer welfare arrangement as defined in ORS 750.301;

(D) A coordinated care organization as defined in ORS 414.025, or a dental care organization or governed by the Oregon Health Authority;

(E) A third party administrator licensed under ORS 744.702; and

(F) Federally qualified health centers governed by the United States Department of Health and Human Services.

(2) A health insurer authorized to transact health insurance that provides coverage for dental services in Oregon shall, by August 1 of every even-numbered year, report to the Department of Consumer and Business Services information pertaining to reimbursement for those dental services provided by Expanded Practice Dental Hygienists (EPDH) to Oregon residents for the 24-month period ending June 30 of the reporting year. For each dental service provided during the period under review the information shall include:

(a) The Current Dental Terminology code denoting the type of service provided;

(b) The provider's National Provider Identifier number; and

(c) The following information, which the department will aggregate prior to providing the information to the Board of Dentistry:

(A) The amount billed by the EPDH to the insurer for the service provided;

(B) The amount allowed for the service under the insurance plan;

(C) The amount of benefit paid by the insurer for the dental service (i.e. the amount of the benefit subtracting any deductible, copay, coinsurance or other cost-sharing);

(D) The amount owed by the insured for the service (i.e. deductible, copay, coinsurance or other cost-sharing);

(E) The amount of excluded charges owed by the insured; and

(F) The amount of excluded charges, if any, that the provider is not allowed to collect from the insured due to their provider agreement with the insurer.

(3) A health insurer subject to this rule shall provide the report required in section (2) of this rule electronically, as requested by the Director.

Stat. Auth.: ORS 731.244 and Section 12, chapter 716, Oregon Laws 2011.

Stats. Implemented: Sections 11 and 12, Chapter 716, Oregon Laws 2011.