

# Survey: 2020 Network Administration Survey

## 2020 NADP Network Administration Survey

### Contact Information

Name :

Company :

Phone :

Email Address :

### Which type of Dental benefit products does your company currently offer? (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> DHMO                                | <input type="checkbox"/> DPPO                        |
| <input type="checkbox"/> DEPO                                | <input type="checkbox"/> Dental Indemnity            |
| <input type="checkbox"/> Medicaid/CHIP                       | <input type="checkbox"/> Medicare/Medicare Advantage |
| <input type="checkbox"/> Discount Dental/Dental Savings Plan | <input type="checkbox"/> Other                       |

## Offered Networks

### \* Does your company own/manage its own proprietary network? (Please check all that apply)

- DHMO
- DPPO
- DEPO
- Discount Dental/Dental Savings Plan
- Medicaid/CHIP specific
- Medicare/Medicare Advantage
- Do not own/manage proprietary network

### For each product type listed please provide the number of individual providers on your proprietary networks and the number of individual providers that are affiliated with a DSO (Dental Service Organization)

Total Number of individual providers

Number of individual providers affiliated with a DSO

	Total Number of individual providers	Number of individual providers affiliated with a DSO
DHMO	<input type="text"/>	<input type="text"/>
DPPO	<input type="text"/>	<input type="text"/>
DEPO	<input type="text"/>	<input type="text"/>
Discount Dental/Dental Savings Plan	<input type="text"/>	<input type="text"/>
Medicaid/CHIP	<input type="text"/>	<input type="text"/>
Medicare/Medicare Advantage	<input type="text"/>	<input type="text"/>

**\* Does your company lease any provider networks from other dental plans or network management companies? (Please check all that apply)**

- DHMO
- DPPO
- DEPO
- Discount Dental/Dental Savings Plan
- Medicaid/CHIP specific
- Medicare/Medicare Advantage
- Do not lease any provider networks

**Please provide the number of networked individual providers on your leased networks are affiliated with a DSO (Dental Service Organization).**

<b>DHMO</b>	<input type="text"/>
<b>DPPO</b>	<input type="text"/>
<b>DEPO</b>	<input type="text"/>
<b>Discount Dental/Dental Savings Plan</b>	<input type="text"/>
<b>Medicaid/CHIP</b>	<input type="text"/>
<b>Medicare/Medicare Advantage</b>	<input type="text"/>

**\* Do you offer your fully insured group customers a choice of DPPO networks such as a narrow network?**

- Yes, to all groups
- Yes, but only to certain groups
- No

**Which type of groups do you allow a choice of DPPO networks like narrow networks? (i.e. fully insured/self insured, group size, etc.)**

**In which states do you offer narrow networks (Select all that apply)?**

- |                                      |                                     |                                   |
|--------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Alabama     | <input type="checkbox"/> Alaska     | <input type="checkbox"/> Arizona  |
| <input type="checkbox"/> Arkansas    | <input type="checkbox"/> California | <input type="checkbox"/> Colorado |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Delaware   | <input type="checkbox"/> Florida  |
| <input type="checkbox"/> Georgia     | <input type="checkbox"/> Hawaii     | <input type="checkbox"/> Idaho    |

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Illinois       | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Iowa           |
| <input type="checkbox"/> Kansas         | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> Louisiana      |
| <input type="checkbox"/> Maine          | <input type="checkbox"/> Maryland      | <input type="checkbox"/> Massachusetts  |
| <input type="checkbox"/> Michigan       | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Mississippi    |
| <input type="checkbox"/> Missouri       | <input type="checkbox"/> Montana       | <input type="checkbox"/> Nebraska       |
| <input type="checkbox"/> Nevada         | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey     |
| <input type="checkbox"/> New Mexico     | <input type="checkbox"/> New York      | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Ohio          | <input type="checkbox"/> Oklahoma       |
| <input type="checkbox"/> Oregon         | <input type="checkbox"/> Pennsylvania  | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota  | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Texas          | <input type="checkbox"/> Utah          | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Virginia       | <input type="checkbox"/> Washington    | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Wisconsin      | <input type="checkbox"/> Wyoming       |   |

## Credentialing

### What is your target and actual percent for the annual recredentialing of your networks?

	Target %	Actual %
DHMO	<input type="text"/>	<input type="text"/>
DPPO	<input type="text"/>	<input type="text"/>
Medicare/Medicare Advantage	<input type="text"/>	<input type="text"/>
Medicaid/CHIP	<input type="text"/>	<input type="text"/>
Discount Dental/Dental Savings Plan	<input type="text"/>	<input type="text"/>

### How often do you conduct a recredential process for your networks?

	More than twice a year	Twice a year	Once a year	Once every two years	Once every three years	Less than once every three years (10)
DHMO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DPPO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discount Dental/Dental Savings Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discount Dental/Dental Savings Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* Do you credential in house or outsource to a credentialing vendor?

- Credential in house
- Outsource to credential vendor

### Who do you use as your outsourced credential vendor?

**What documents do you require to credential a dentist on your network? Check all that apply.**

	DHMO	DPPO	Discount Dental/Dental Savings Plan	Medicaid/CHIP	Medicare/Medicare Advantage
License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEA (Drug Enforcement Administration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malpractice report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA (Quality Assurance) certification for office standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you require credentialing documents on all associates in a practice if they are all under one Tax Identification Number (TIN)?**

- Yes
- No

**How do you validate the credential documents (Select all that apply)?**

- Request information via a phone call to the dentist's office
- Request information through an email
- Request information by mail due to the state regulations
- Request information by mail even if it is not required by the state regulations
- Other

**On average, how long does it take to verify credentials of a new contract?**

- Within 5 business days
- Within 10 business days
- Within 15 business days
- Other

**On average, what percent of provider applications have missing information?**

**If you are missing documents in an application, how do you obtain them (Select all the apply)?**

- Request information via a phone call to the dentist's office
- Request information through an email
- Request information by mail
- Other

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**What is the average percent of applications that are denied?**

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**What percent of the network contracts are terminated based on recredentialing?**

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**Of the providers you attempted to recredential for 2019, what percentage actually completed the recredentialing process?**

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**Do you currently offer paperless electronic onboarding for network dentists?**

- Yes
- No

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**When are you planning to offer electronic onboarding for network dentists?**

- In the next 6 months
- In the nex 12 months
- In the next 2 - 5 years
- Not planning to offer

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**What type of a system are you planning to implement and how will it be integrated?**

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**What percentage of dentists are onboarded this way?**

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**Have you expanded your credentialing to include hygienists (affiliated hygienists)?**

- Yes
- No, and we do not plan to include hygienists

- No, but we plan to include hygienists
- 

**When are you planning to include dental hygienists in your credentialing process?**

- In the next 6 months
- In the next 12 months
- In the next 2 - 5 years
- Not planning to offer
- 

**Are you utilizing NCQA standards for commercial DPPO network provider credentialing?**

- Yes
- No
- Don't Know
- 

**What types of additional or ongoing training do you provide your participating providers?**

- Portal
- Claim Submission
- Other

## Contracting

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**What is your primary duration of your provider contracts?**

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years or longer
- 

**If a provider wishes to terminate his/her contract, what method of notification do you require? Check all that apply.**

- By letter
- By email
- By fax
- By phone
- Other
-

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**How many days do you require providers to give notice of termination?**

- 0 - 15 days
- 16-30 days
- 31-60 days
- 61-90 days
- longer than 90 days

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**DHMO**

**DPPO**

**Discount Dental/Dental Savings Plan**

**Medicaid/CHIP**

**Medicare/Medicare Advantage**

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**If an associate is added or terminated at a location, what type of notification do you require to make changes in your system? Check all that apply.**

- Written notification
- Notification by email
- Notification by phone
- Other

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**To add a new contract**

**To add a new associate to an old contract**

**To add a new location to an old contract**

**To remove a terminated contract**

**To make file changes (for example, address or TIN)**

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**What are you doing to comply with the growing attestation needs within the industry ?**

## Directories

**How frequently is your online provider search updated? Check all that apply.**

- On demand
- Daily
- Once per week
- Once a month
- Once every 3 months
- Other

**To add a new contract once it is activated within the system**

**To make file changes once they are processed within the system**

**To remove terminated contracts once the providers' terminations have been processed within the system**

## Staffing

**Do your recruiters recruit for ?**

- all products
- product specific segments
- Other

**Please provide the total number of field recruiters that focus on: (enter 0 if you don't have field recruiters)**

	New recruiters only	Retention only	Both new recruitment & retention
DHMO	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPPO	<input type="text"/>	<input type="text"/>	<input type="text"/>
Discount Dental/Dental Savings Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicaid/CHIP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicare/Medicare Advantage	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please provide the total number of telephone-based recruiters that focus on: (enter 0 if you don't have telephone-based recruiters)**

	New recruitment only	Retention only	Both new recruitment & retention
DHMO	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPPO	<input type="text"/>	<input type="text"/>	<input type="text"/>
Discount Dental/Dental Savings Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicaid/CHIP	<input type="text"/>	<input type="text"/>	<input type="text"/>



Medicare/Medicare Advantage

**What is your compensation strategy for new business recruiters and retention recruiters?**

- Salary
- Incentive
- Salary + Incentive

## Payments and Discounts

**How do you calculate discounts for DPPO networks**

	Proprietary Networks	Leased Networks
Based on Usual and Customary Fees	<input type="checkbox"/>	<input type="checkbox"/>
Based on a Schedule of Fees	<input type="checkbox"/>	<input type="checkbox"/>

**What percentage of your proprietary DPPO network is set at a standard fee schedule**

**What percentage of your proprietary DPPO network is set at a custom fee schedule?**

**What percent of claims filed for services provided in 2019 are in each of the following networks? (Do not include Medicaid, CHIP, Medicare or Medicare Advantage claims)**

	Proprietary network(s)	All Leased networks	N/A
DHMO	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPPO	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEPO	<input type="text"/>	<input type="text"/>	<input type="text"/>

**If you have government business, do the following programs have fee discounts that are the same, less than or greater than your commercial business:**

	Greater	Same	Lower	N/A
Medicare/Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEDVIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VADIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid/CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How do your members identify the provider network they are to be using for in-network benefits? (check all that apply)**

	DPPO	DHMO
ID Cards	<input type="checkbox"/>	<input type="checkbox"/>
Initial Benefit packet	<input type="checkbox"/>	<input type="checkbox"/>
Website member portal	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**What percentage of all participating providers were utilized by your members in 2019?**

**DHMO**

**DPPO**

**DEPO**

**Medicaid/CHIP**

**Medicare/Medicare  
Advantage**