

## NADP Network Administration Survey

\* 1. Your Name

\* 2. Company Name

\* 3. Your Phone Number

\* 4. Your Email Address

5. Can we identify your company as a participant in this study?

- Yes.
- No. Prefer to be listed as an anonymous participant.

## NADP Network Administration Survey

Please use the following definitions for this survey:

**Dental HMO (DHMO)** refers to a company which provides comprehensive dental benefits to a defined population of enrollees in exchange for a fixed monthly premium and pays for general dentistry services primarily under capitation arrangements with a contracted network of dentists. In some circumstances services may be available outside of the network of dentists on a fee for service basis.

**Dental In Network Only (DINO) or Exclusive Provider Organizations (DEPO)** refers to dental benefit plans where the risk for claims incurred is transferred from the enrollee to a third party insurer for a specified premium. The plans provide discounted fee-for-service coverage to members, but only when they visit a participating dentist. There is no out-of-network coverage, other than emergency care.

**Dental Indemnity** plan refers to dental benefit plans where the risk for claims incurred is transferred from enrollee to a third party insurer for a specified premium. Providers or members are reimbursed on a fee-for-service basis, up to a specified amount, and there are no discounted provider contract arrangements whereby the provider agrees to accept a fee below their customary fee (see definition of Fee-for-Service--FFS).

**Dental PPO (DPPO)** refers to a dental benefit plan where the risk for claims incurred is transferred from the enrollee to a third party insurer for a specified premium. Dental PPOs have two key characteristics. Dental plans enter into contracts with providers for the expressed purpose of obtaining a discount from overall fees. Discounts may be negotiated on a provider practice basis or through use of a schedule of fees. Enrollees receive value from these discounts when using contracted providers and providers agree to not balance bill the insured for an amount over the negotiated rate. In addition to the in network benefit described above, a Dental PPO will also provide a benefit for service provided by dentists outside of the contracted provider network.

**Dental Savings (Discount Dental) Plans** - previously referred to as dental Referral plans - are non-insured programs in which a panel of dentists agrees to perform services for enrollees at a specified discounted price, or discount off their usual charge. No payment is made by the referral plan to the dentists; dentists are paid the negotiated fee directly by the enrollee.

**Medicaid** is a government insurance program for persons of all ages whose income and resources are insufficient to pay for health care; Medicaid is state administered and financed by both the states and the federal government. Limited dental is provided universally under Medicaid for children and in many states for adults as well.

**CHIP** is a government insurance program for children who live in households whose income and resources are insufficient to pay for health care services. CHIP is state administered and financed by the states and federal government. Limited dental benefits are usually provided for children under 12, but may include older children as well.

**Medicare** is a government program that provides hospital benefits (Medicare Part A), medical benefits (Medicare Part B), and pharmacy benefits (Medicare Part D) to persons age 65 or older and to some others. Dental care is rarely covered under Medicare Supplemental plans, but may be covered in **Medicare Advantage** policies administered by private companies.

Dental Support Organizations (DSOs) are independent business support centers that contract with dental practices in the United States. They provide business management and support to dental practices, including non-clinical operations

## NADP Network Administration Survey

### DHMO

\* 6. Does your company offer **DHMO** plans?

Yes  No

\* 7. Does your company manage its own **DHMO** provider network?

Yes  No

## NADP Network Administration Survey

### DHMO

8. Please provide the total number of individual providers for the **DHMO** networks your company manages (do not include any leased networks).

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

\* 9. Does your company lease a **DHMO** provider network?

Yes  No

## NADP Network Administration Survey

### DHMO

10. Please provide the total number of individual providers for the **DHMO** networks your company leases.

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

## NADP Network Administration Survey

### DPPO

\* 11. Does your company offer **DPPO (including DEPO and DINO)** plans?

Yes  No

\* 12. Does your company manage its own **DPPO** provider network?

Yes  No

## NADP Network Administration Survey

### DPPO

13. Please provide the total number of individual providers for the **DPPO** networks your company manages (do not include any leased networks).

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

\* 14. Does your company lease a **DPPO** provider network?

Yes  No

## NADP Network Administration Survey

### DPPO

15. Please provide the total number of individual providers for the **DPPO** networks your company leases.

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

## NADP Network Administration Survey

### Discount Dental

\* 16. Does your company offer **Discount Dental (Dental Savings)** plans?

Yes  No

\* 17. Does your company manage its own **Discount Dental (Dental Savings)** provider network?

Yes  No

## NADP Network Administration Survey

### Discount Dental

18. Please provide the total number of individual providers for the **Discount Dental (Dental Savings)** networks your company manages (do not include any leased networks).

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

\* 19. Does your company lease a **Discount Dental (Dental Savings)** provider network?

Yes  No

## NADP Network Administration Survey

### Discount Dental

20. Please provide the total number of individual providers for the **Discount Dental (Dental Savings)** networks your company leases.

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

## NADP Network Administration Survey

### Medicare

\* 21. Does your company offer **Medicare Supplemental** or **Medicare Advantage** dental plans?

Yes  No

\* 22. Does your company manage its own **Medicare Supplemental** or **Medicare Advantage** provider network?

Yes  No

## NADP Network Administration Survey

### Medicare

23. Please provide the total number of individual providers for the **Medicare Supplemental** or **Medicare Advantage** networks your company manages (do not include any leased networks).

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

\* 24. Does your company lease a **Medicare Supplemental** or **Medicare Advantage** provider network?

Yes  No

## NADP Network Administration Survey

### Medicare

25. Please provide the total number of individual providers for the **Medicare Supplemental** or **Medicare Advantage** networks your company leases.

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

## NADP Network Administration Survey

### Medicaid & CHIP

\* 26. Does your company offer **Medicaid or CHIP** plans?

Yes  No

\* 27. Does your company manage its own **Medicaid or CHIP** dental provider network?

Yes  No

## NADP Network Administration Survey

28. Please provide the total number of individual providers for the **Medicaid or CHIP** networks your company manages (do not include any leased networks).

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

\* 29. Does your company lease a **Medicaid or CHIP** dental provider network?

- Yes  No

## NADP Network Administration Survey

### Medicaid

30. Please provide the total number of individual providers for the **Medicaid or CHIP** networks your company leases.

General Dentists	<input type="text"/>
Pediatric Dentists	<input type="text"/>
All other specialists	<input type="text"/>
Number of Dentists affiliated with DSOs	<input type="text"/>

## NADP Network Administration Survey

### Narrow Networks

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

- No  
 Yes, to all groups  
 Yes, but only to certain groups (please describe)

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

52. In which states do you offer narrow networks (select all that apply)?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio



- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- None of the above

## NADP Network Administration Survey

### Recredentialing

33. Please provide the annual recredentialing rate as a percentage for each provider network type. (Please leave blank if not applicable.)

DHMO	<input type="text"/>
DPPO	<input type="text"/>
Discount Dental	<input type="text"/>
Medicaid & CHIP	<input type="text"/>
Medicare/Medicare Advantage	<input type="text"/>
ALL Networks	<input type="text"/>

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

	Annually or more frequently	Once every 2 years	Once every 3 years	Less than once every 3 years	Not Applicable
DHMO	<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"/>
Discount Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare/Medicare Advantage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid & CHIP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. What documents do you require to recredential a provider on your **DHMO** network?

Check all that apply.

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)

36. What documents do you require to recredential a provider on your **DPPO** network? Check all that apply.

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)

37. What documents do you require to recredential a provider on your **Discount Dental** network? Check all that apply.

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)

38. What documents do you require to recredential a provider on your **Medicare Advantage** network? Check all that apply.

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)

39. What documents do you require to recredential a provider on your **Medicaid** network? Check all that apply.

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)

40. Of the providers you attempted to recredential for 2022, what percentage actually completed the recredentialing process?

## NADP Network Administration Survey

### Credentialing

41. Do you credential in house or outsource to a credentialing vendor?

- In House only
- Credentialing vendor only
- Both
- Neither

42. Please describe the services your credentialing vendor performs

43. Do you promote the use of CAQH ProView credentialing service to your network providers?

- Yes
- No
- Don't Know

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

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)
- Other (please specify)

- Not Applicable

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

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)
- Other (please specify)
- Not Applicable

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

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)
- Other (please specify)
- Not Applicable

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

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)
- Other (please specify)
- Not Applicable

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

- License
- DEA (Drug Enforcement Administration)
- CPR card
- W-9
- Malpractice report
- Specialty certificate
- QA (Quality Assurance) certification for office standards
- Application
- Controlled Dangerous Substances Certificate (state drug certificate)
- Other (please specify)
- Not Applicable

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

- Yes
- No

50. 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
- Primary Source Verify using an approved website
- Other (please specify)

51. 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 (please specify)

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

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

54. Do you currently offer paperless electronic onboarding for network dentists?

- No
- Yes. What percent of dentists are onboarded this way

NADP Network Administration Survey

Credentialing

55. Are you planning to offer electronic onboarding for network dentists within the next 2 years?

- Yes
- No



## NADP Network Administration Survey

### Credentialing

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

- Yes
- No, but we plan to include hygienists within the next 2 years
- No, and we do not plan to include hygienists

57. Are you utilizing NCQA and/or URAC standards for commercial DPPO network provider credentialing?

- NCQA
- URAC
- Both
- No
- Don't Know

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

- Portal
- Claim Submission
- Other (please specify)

## NADP Network Administration Survey

### Contracting

59. What is the most common duration of your provider contracts?

60. 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 phone
- By fax
- Other (please specify)



61. What is the most common number of days required for providers to give notice of termination for each type of network? (Leave blank if not applicable)

DHMO	<input type="text"/>
DPPO	<input type="text"/>
Discount Dental	<input type="text"/>
Medicare/Medicare Advantage	<input type="text"/>
Medicaid & CHIP	<input type="text"/>

62. If an associate is added or terminated at a location, what type of notification do you require to add a new contract? Check all that apply.

- Notification my mail
- Notification by email
- Notification by phone
- Other (please specify)

63. If an associate is added or terminated at a location, what type of notification do you require to add a new associate to an old contract? Check all that apply.

- Notification my mail
- Notification by email
- Notification by phone
- Other (please specify)

64. If an associate is added or terminated at a location, what type of notification do you require to add a new location to an existing contract? Check all that apply.

- Notification my mail
- Notification by email
- Notification by phone
- Other (please specify)

65. If an associate is added or terminated at a location, what type of notification do you require to remove a terminated contract? Check all that apply.

- Notification my mail
- Notification by email
- Notification by phone
- Other (please specify)

66. If an associate is added or terminated at a location, what type of notification do you require to make file changes (for example, address or TIN)? Check all that apply.

- Notification my mail
- Notification by email
- Notification by phone
- Other (please specify)

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

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

	On demand	Daily	Weekly	Monthly	Quarterly
To add a new contract once it is activated within the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To make file changes once they are processed within the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To remove terminated contracts once the providers' terminations have been processed within the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. How do you calculate discounts for your proprietary DPPO networks? Please select the most common method your company uses.

- Based on Usual and Customary Fees
- Based on a Schedule of Fees
- Based on Submitted Charges

70. How do you calculate discounts for the DPPO networks your company leases? Please select the most common method your company uses.

- Based on Usual and Customary Fees
- Based on a Schedule of Fees
- Based on Submitted Charges

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

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

73. What percent of claims filed for services provided in 2022 are in your **DHMO** networks?

Proprietary

Leased

74. What percent of claims filed for services provided in 2022 are in your **DPPO** networks?

Proprietary

Leased

75. How do your members identify the providers for in-network benefits in your **DHMO** networks? (check all that apply)

- ID Cards
- Initial Benefit packet
- Website member portal
- Customer Service
- Other

76. How do your members identify the providers for in-network benefits in your **DPPO** networks? (check all that apply)

- ID Cards
- Initial Benefit packet
- Website member portal
- Customer Service
- Other

77. How do your members identify the providers for in-network benefits in your **Discount Dental** networks? (check all that apply)

- ID Cards
- Initial Benefit packet
- Website member portal
- Customer Service
- Other

78. What percentage of all participating providers were utilized by your members in 2022?

DHMO	<input type="text"/>
DPPO	<input type="text"/>
Discount Dental	<input type="text"/>