

2025 NADP Network Administration Survey*

* 1. Your Name

* 2. Company Name

* 3. Your Email Address

4. Can we identify your company as a participant in this study? If left blank, NADP will assume a Yes response.

☐ Yes.

☐ No. Prefer to be listed as an anonymous participant.

2025 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

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DHMO

* 5. Does your company offer **DHMO** plans?

☐ Yes ☐ No

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

☐ Yes ☐ No

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DHMO

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

General Dentists

Pediatric Dentists

All other specialists

Number of Dentists
affiliated with DSOs

* 8. Does your company lease a **DHMO** provider network from another organization?

☐

Yes

☐

No

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DHMO

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

General Dentists

Pediatric Dentists

All other specialists

Number of Dentists
affiliated with DSOs

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DPPO

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

☐ Yes ☐ No

* 11. Does your company manage its own **DPPO** (including DEPO and DINO) provider network?

☐ Yes ☐ No

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DPPO

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

General Dentists

Pediatric Dentists

All other specialists

Number of Dentists
affiliated with DSOs

* 13. Does your company lease a DPPO provider network from another organization?

☐

Yes

☐

No

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DPPO

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

General Dentists

Pediatric Dentists

All other specialists

Number of Dentists
affiliated with DSOs

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Discount Dental

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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Discount Dental

17. 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"/>

* 18. Does your company lease a **Discount Dental (Dental Savings)** provider network from another organization?

☐ Yes ☐ No

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Discount Dental

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

General Dentists

Pediatric Dentists

All other specialists

Number of Dentists
affiliated with DSOs

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Medicare Supplemental and Medicare Advantage

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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Medicare

22. 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"/>

* 23. Does your company lease a **Medicare Supplemental** or **Medicare Advantage** provider network from another organization?

☐ Yes ☐ No

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Medicare

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

General Dentists

Pediatric Dentists

All other specialists

Number of Dentists
affiliated with DSOs

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Medicaid & CHIP

* 25. Does your company offer **Medicaid or CHIP** plans?

☐ Yes ☐ No

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

☐ Yes ☐ No

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Medicaid & CHIP (cont.)

27. 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

Pediatric Dentists

All other specialists

Number of Dentists
affiliated with DSOs

* 28. Does your company lease a **Medicaid or CHIP** dental provider network from another organization?

☐

Yes

☐

No

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Medicaid

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

General Dentists

Pediatric Dentists

All other specialists

Number of Dentists
affiliated with DSOs

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Narrow Networks

30. 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)

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Narrow Networks (cont.)

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Maine | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Maryland | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> California | <input type="checkbox"/> Michigan | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Minnesota | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Missouri | <input type="checkbox"/> Texas |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Montana | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Nevada | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> New Jersey | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> New York | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> North Carolina | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> North Dakota | |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> Ohio | |

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Credentialing - Vendor

* 32. Do you credential in house or outsource to a credentialing vendor? Please select all that apply.

☐ In House

☐ Credentialing vendor

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Credentialing - Vendor (cont.)

33. Please describe the services your credentialing vendor performs

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Credentialing

34. For which of the following network types, do you require credentialing documents on all associates in a practice if they are all under one Tax Identification Number (TIN)? Please select all that apply.

- ☐ DHMO
- ☐ DPPO
- ☐ Discount Dental
- ☐ Medicare/Medicare Advantage
- ☐ Medicaid

35. How do you validate documents required for credentialing (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)

36. 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)

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

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

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

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

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Credentialing - Electronic Onboarding

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

☐ Yes

☐ No

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Credentialing - Expansion, Standards, Training

41. 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

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

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

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

- ☐ Portal
- ☐ Claim Submission
- ☐ Other (please specify)

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Credentialing - CAQH

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

- ☐ Yes
- ☐ No
- ☐ Don't Know

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Recredentialing

45. For which of the following network types, do you require recredentialing documents on all associates in a practice if they are all under one Tax Identification Number (TIN)? Please select all that apply.

- ☐ DHMO
- ☐ DPPO
- ☐ Discount Dental
- ☐ Medicare/Medicare Advantage
- ☐ Medicaid

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Recredentialing - DHMO

46. Approximately what percentage of your company's **DHMO** provider networks are recredentialed each year. Please report as a percentage for each provider network type. (Please leave blank if not applicable.)

47. 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)

48. Of the **DHMO** providers you attempted to recredential for 2025, what percentage actually completed the recredentialing process?

49. 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)

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Recredentialing - DPPO

50. Approximately what percentage of your company's **DPPO** provider networks are recredentialed each year. Please report as a percentage for each provider network type. (Please leave blank if not applicable.)

51. 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)

52. Of the **DPPO** providers you attempted to recredential for 2025, what percentage actually completed the recredentialing process?

53. 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)

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Recredentialing - Discount Dental

54. Approximately what percentage of your company's **Discount Dental** provider networks are recredentialed each year. Please report as a percentage for each provider network type. (Please leave blank if not applicable.)

55. 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)

56. Of the **Discount Dental** providers you attempted to recredential for 2025, what percentage actually completed the recredentialing process?

57. 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)

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Recredentialing - Medicare Supplemental and Medicare Advantage

58. Approximately what percentage of your company's **Medicare Supplemental and Medicare Advantage** provider networks are recredentialed each year. Please report as a percentage for each provider network type. (Please leave blank if not applicable.)

59. What documents do you require to recredential a provider on your **Medicare Supplemental and Medicare Advantage** networks? 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)

60. Of the **Medicare Supplemental and Medicare Advantage** providers you attempted to recredential for 2025, what percentage actually completed the recredentialing process?

61. What documents do you require to recredential a provider on your **Medicare Supplemental and 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)

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Recredentialing - Medicaid and CHIP

62. Approximately what percentage of your company's **Medicaid and CHIP** provider networks are recredentialed each year. Please report as a percentage for each provider network type. (Please leave blank if not applicable.)

63. What documents do you require to recredential a provider on your **Medicaid and CHIP** networks? 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)

64. Of the **Medicaid and CHIP** providers you attempted to recredential for 2025, what percentage actually completed the recredentialing process?

65. What documents do you require to recredential a provider on your **Medicaid and CHIP** 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)

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Contracting

66. What is the most common duration of your provider contracts on your commercial networks?

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

- ☐ By letter
- ☐ By email
- ☐ By phone
- ☐ By fax
- ☐ Other (please specify)

68. 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

DPPO

Discount Dental

Medicare/Medicare
Advantage

Medicaid & CHIP

69. 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)

70. If an associate is added or removed at a location, what type of notification do you require to implement that **change to an existing contract**? Check all that apply.

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

71. 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)

72. 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)

73. 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)

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

75. 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"/>

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Payments and Discounts

76. What percent of claims filed for services provided in 2024 are in your **DHMO** networks?

Proprietary

Leased

77. What percent of claims filed for services provided in 2024 are in your **DPPO** networks?

Proprietary

Leased

78. 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
- ☐ Other (please describe)

79. 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

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

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

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Providers

82. 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

83. 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

84. 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

85. What percentage of all participating providers were utilized by your members in 2024?

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