

Required state notice – Connecticut network adequacy information for providers

How to build a network

Dental Benefit Providers commercial network consists of providers with the following specialties: general dentist, periodontist, orthodontist, oral surgeon, endodontist, pediatric dentist and prosthodontist. To ensure members have access to a credentialed provider, we review the number of credentialed providers, and the types of services offered within a geographic area. The factors Dental Benefit Providers includes in building and maintaining its networks of providers are as follows.

Dentist must be licensed, maintain adequate professional liability insurance, operate practice in conformance with all laws and regulations, including sanitary, hygiene and emergency preparedness requirements, comply with state Board of Dentistry orders, complete all Dental Benefit Providers credentialing requirements and comply with Dental Benefit Providers participation agreements and rules and regulations. In developing and building its networks, Dental Benefit Providers also considers several factors, including geographic location of dentists to ensure it has providers in locations accessible by members, referrals from members, requests from providers to participate in networks and requests from group as to which providers it should consider including. We also collect information such as handicap accessibility, languages spoken (dentist and office staff) and office hours.

Dental Benefit Providers, Inc. (DBP) reviews provider access and availability annually to ensure that members have an adequate network of providers to meet their needs. Results are shared with appropriate committees and workgroups for further analysis and identification of opportunities for improvement. We continue to monitor the adequacy and availability of our current complement of network providers and will undertake any supplemental contracting with all provider types that is necessary to ensure continued appropriate access.

Prospective providers are identified from available competitor data, out-of-network claim submission data and member and provider nomination requests. We are also committed to ongoing research for any/all viable provider recruitment candidates. When additional providers are identified and determined to be viable recruitment candidates, we will outreach to those providers to determine their interest in participation.

DBP will negotiate rates for treatment with any available out-of-network provider for members without access on a case-by-case basis and ensure that members are held harmless from “balance-billing” or any amounts beyond the copayment, deductible and coinsurance percentage that we would have paid had the insured received services from an in-network provider.

DBP does not tier our dentists, nor do we credential or contract with facilities.

Network provider quality

All providers who are part of our network must complete our credential verification process before acceptance into the network. Initial Credentialing includes a detailed review to determine that:

- A provider's education and experience are adequate and appropriate for the services he or she provides
- A provider's license(s) are appropriate and up-to-date
- The provider maintains adequate malpractice insurance
- The provider is in good standing with the State Dental Board and Medicare/Medicaid programs with no substantive complaints, probation or sanctions filed against him or her
- Initial Site Visit review score, if applicable, falls within Quality Management standards

Re-credentialing must be conducted no later than 3 years from the original credentialing date, and at least every 3 years thereafter, according to state, federal and contractual requirements. All credentialed providers are subject to Continuous Credentialing, whereby changes in a provider's credentialing data may be reviewed at any time in order to determine that the provider continues to meet credentialing standards. The Credentialing Department, along with the Credentials Verification Organization (CVO), will monitor twice a month, including, but not limited to the following items: sanctions on licensure, Medicare/Medicaid sanctions and complaints/grievances.

Access standards

Providers must comply with our policies and each state's mandated requirements that include, but are not limited to:

- Availability and accessibility regarding time and distance standards
- Appointment wait times to get into see a provider

Connecticut state-specific standards

Availability and accessibility time and distance standards:

- Fairfield county 30 minutes and 15 miles
- All other counties 45 minutes and 30 miles

Appointment wait times:

- Urgent care within 48 hours
- Non-urgent appointments for general dentist within 10 business days
- Non-urgent appointments for specialist care within 15 business days

Cultural competency

Provide services in a culturally competent manner. This includes handling members with limited English proficiency or reading skills, diverse backgrounds and physical or mental disabilities.