



What to look for in a Dental PPO

Network strength, quality is more than a numbers game

Like most “products” in the insurance industry, not all dental Preferred Provider Organizations (PPOs) are created equal. Dental carriers have always tried to differentiate themselves by the size of their networks. Not surprisingly, most brokers and employers automatically look at the numbers to the left of the three zeroes. The larger the network, the better, right?

Not necessarily. While numbers are always an important factor in evaluating dental PPOs, they are not the only criteria, nor do they always paint an accurate picture of network strength.

In fact, the quality story goes well beyond the numbers. In order to help brokers and employers in the selection process, we’ll discuss what to consider and which questions to ask when choosing between competing dental PPO options.

Provider Network Size — the Real Story

Nearly every dental carrier now claims to have a large number of providers and locations in its network. It’s no longer the point of differentiation it once was. Further, each carrier counts dentists and locations differently. Apples-to-apples comparisons can be difficult to make. Is the carrier counting access points, the actual number of providers or what?

Carriers can count dentists in a variety of ways — unique dentists, number of locations, or a combination of both. It’s important to understand the counting method, because too often the focus is on the number itself, rather than what it actually represents.

For example, because many dentists practice in more than one location, it’s easy to see why a network boasting 100,000 “referable locations” may not be the same as one boasting 100,000 “unique dentists.”

Fortunately, the industry seems to be moving toward using a common currency of unique dentists, because it’s a number not easily misrepresented. If the carrier in question does not list the number of unique dentists, ask for it — especially for the number in your market or region, or the percentage of all dentists in the area who participate in the network.

At the end of the day, what really matters is whether an employee in a group dental plan can find his or her dentist in the network. A number like 200,000 referable locations doesn’t mean much if that dentist isn’t one of them. Many carriers can offer a disruption analysis, which is helpful to determine how many dentists will be in-network for the employees of a group dental plan that is moving to a new carrier.

Cost savings

In a February 2019 Sun Life survey, we found that **78%** of people believe they could see cost savings from using an in-network dentist.



What Does HR Think?

Based on our interaction with and feedback from human resources professionals across the United States, a carrier's network attractiveness is determined mainly by how many providers exist where employees live. Again, the number of in-network dentists nationwide matters little if employees cannot find theirs locally.

HR personnel are usually the ones on the receiving end of complaints from dissatisfied employees. That's why so many HR managers appreciate when a carrier has an aggressive and well-funded network recruitment program, with "boots on the ground" to help add employees' dentists into the PPO.

Additionally, HR professionals tell us that customer service — both at the provider and employee level — makes a big difference in their satisfaction level with a carrier. For instance, how easy is it for employees to find their dentist? If they're sitting in the dentist's chair, how quickly can their provider find out whether something like a tooth-colored filling is covered, or if they'll be stuck with a silver filling?

In addition, more brokers and their clients are taking a closer look at the actual discounts PPOs are negotiating with providers. If the discount is minimal, the out of pocket expense incurred by the member is higher.

A Dentist's Point of View

Which brings up an interesting point from the dentist's perspective. They typically judge a PPO network by the number of potential new patients they represent and the rates at which the carrier requires discounts for services.

Michael Pink, DDS is a consulting dentist for Sun Life. As an experienced dentist with over 40 years managing his own dental practice, Dr. Pink understands the importance of researching dental networks before deciding to participate.

The decision is based upon the balance between attracting new patients and the ability to maintain profitability while providing quality dental care. "I always took the time to research the networks that I joined to understand the potential patients they may bring and to make sure the fees align with my goals for my dental practice."

Beyond the Numbers: Five Questions to Ask

As we have discussed, PPO network quality is gauged by more than numbers of dentists. A benefits broker or employer should also examine the carrier itself and how it manages and maintains the network.

Here are five important questions to ask:

1. What is the carrier's process to credential the dentists in their network?

Do they follow a standard, periodic process (check DEA reports, look for board sanctions, etc.) to review dentists that have applied to be in the network? Having a carrier confirm these data points helps ensure, among other things, that the dentists have the appropriate license, adequate insurance coverage, and that any board sanctions are reviewed prior to continued participation in the network.



2. How accurate is the carrier's online provider directory?

Does the carrier have a process to update their directory for dentists who have retired, changed locations or practices, etc.? Do they provide members access to view the directory on a mobile device? An accurate directory is important for disruption analysis on the front end, as well as minimization of member frustration if the directory is outdated. With the use of smartphones and tablets, members value having access to find a dentist on the go.



3. What is the turnover rate or rate of termination within the carrier's network?

Does the network have a high level of voluntary termination among providers? This may be an indicator of provider dissatisfaction with the carrier's network. Some turnover should be expected as dentists retire or change locations. If a carrier reports no terminations, this could be an indication that they do not keep their directories updated.



4. What is the growth plan for the network?

How many recruiters are working to grow the network? A network may be large, but if the dentists that the members see aren't in the network, find out what plans, if any, exist to help recruit those dentists and increase network size. This process can illustrate dedication to growth and can help demonstrate efforts to grow and expand the network as needed.



5. Does the carrier have a fraud and abuse program in place?

How easy is it for members or dentists to report suspected fraud or abuse. A fraud and abuse program can help to keep overall costs lower, form a better dental network and create higher overall satisfaction for dentists, patients and employers.



Time Well Spent

Not all dental PPOs are alike, even if they have numbers that may look alike. Look carefully at what the numbers mean, namely whether they represent actual dentists or simply locations, and whether they're the "right" dentists for your particular group.

Just as important are factors like the claims process, customer service, differences between in- and out-of-network costs, the credentialing process ... these mean a lot to employers, members and providers.

The best PPOs seem to satisfy all three parties. But, the only way to know up front is to take the time to evaluate the networks and the carriers behind them.