



# Network Leasing



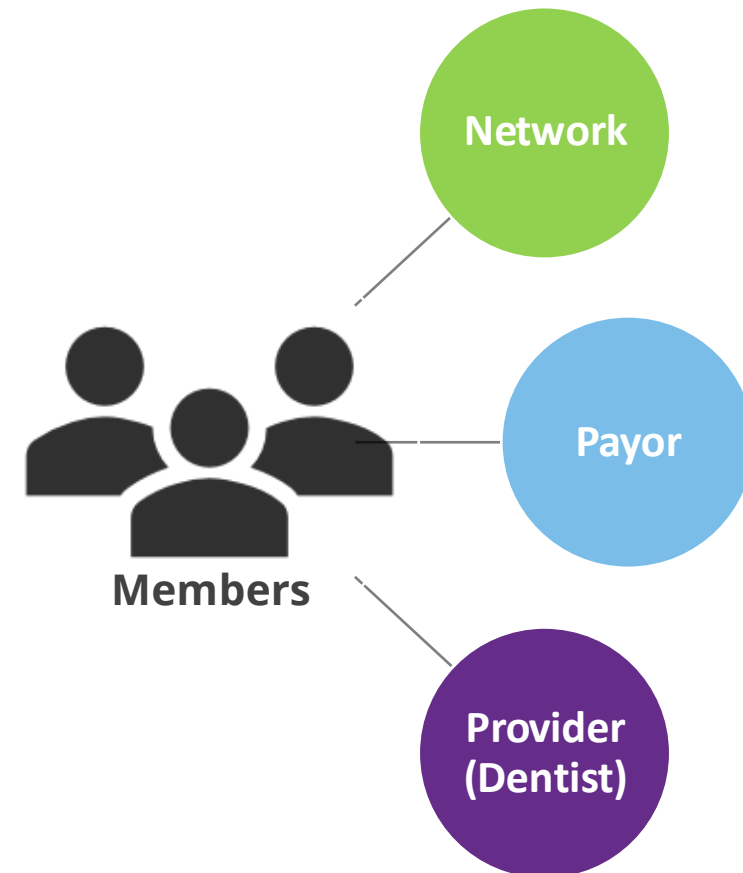
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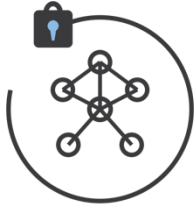
## Networks: Who Are the Stakeholders?

- Networks
- Payors
- Providers (“Dentists”)
- **Members (“Patients”)**

*Effective legislation and regulation are critical to ensuring that all stakeholders are protected.*



# Two Types of Networks



**Proprietary** – Networks owned and operated by a payor



**Independent** – Networks built for leasing to payors

Both types are required to perform network management services, including:

- Provider credentialing
- Provider contracting
- Maintenance of the provider information

## Did you know?

There are currently 8 states that separately license independent dental PPO networks?

GA, IL, IN, ME, NJ, PA, SD, WA

# Why Do Providers Join Networks?



**Value for Patients** – Patients are more likely to try to see in-network dentists to realize the 100% vs 80% coverage for PPO plans. Additionally, members may recommend a provider for network participation if they are a loyal patient for a particular provider.



**Value for Providers** – Providers gain access to many carriers through one network agreement; Payors leasing the network have members (“patients”), the network can move those members to in-network dentists



**Value for Payors** – Network contracted providers are managed through network contracts alleviating administrative burden.

## Did you know?

Approximately 42% of dentists in the U.S. participate in at least one network?

## Why do Networks “Stack?”

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**Broader networks** increase patient **access** to care

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**Independent networks** combine to give members access to providers who are **unique** to a given network and different concentration areas (i.e., some networks have different provider agreements in rural areas based on their client base).

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**Payors benefit** by being able to demonstrate an adequate and accessible panel of providers. This is especially important for ACA plans who must meet stringent network access standards.

# Bigger Networks are Still “Better” According to Consumers



Buyers in the market still prioritize and value “choice.” When it comes to dental insurance, **broad PPO networks are often synonymous with “choice”.**



Brokers, consultants, and employers still index on stats like Total access points and member-to-provider ratios.



To facilitate these large networks, **plans frequently utilize network lease or swap arrangements (“You use my network and I’ll use yours.”)**

# How Dental Networks Create a “Win” for Members and All Stakeholders



- Credentialed
- Accurate Demographic Data
- Claims Paid

**Provider**



- Credentialing / Recredentialing
- Contracting
- Build Network/Lease
- Maintenance of Provider Data

**Network(s)**



- Lease Network – Decrease Administrative Spend
- Maintain Provider Directory
- Pay Claims Independently or through TPA

**Payor**



Member has access to fully credentialed network through their payor and claims are paid accurately.

## All stakeholders win!



# What If There's a Glitch?

- Credentialed
- Listed in the Provider Directory

**What if the Network doesn't get updated provider information?**

**Provider**



- Credentialing/Recredentialing
- Contracting
- Build Network/Lease
- Send Provider Data to Payors

**Network(s)**



- Lease Network – Decrease Administrative Spend
- Broad and accurate networks

**Payor**



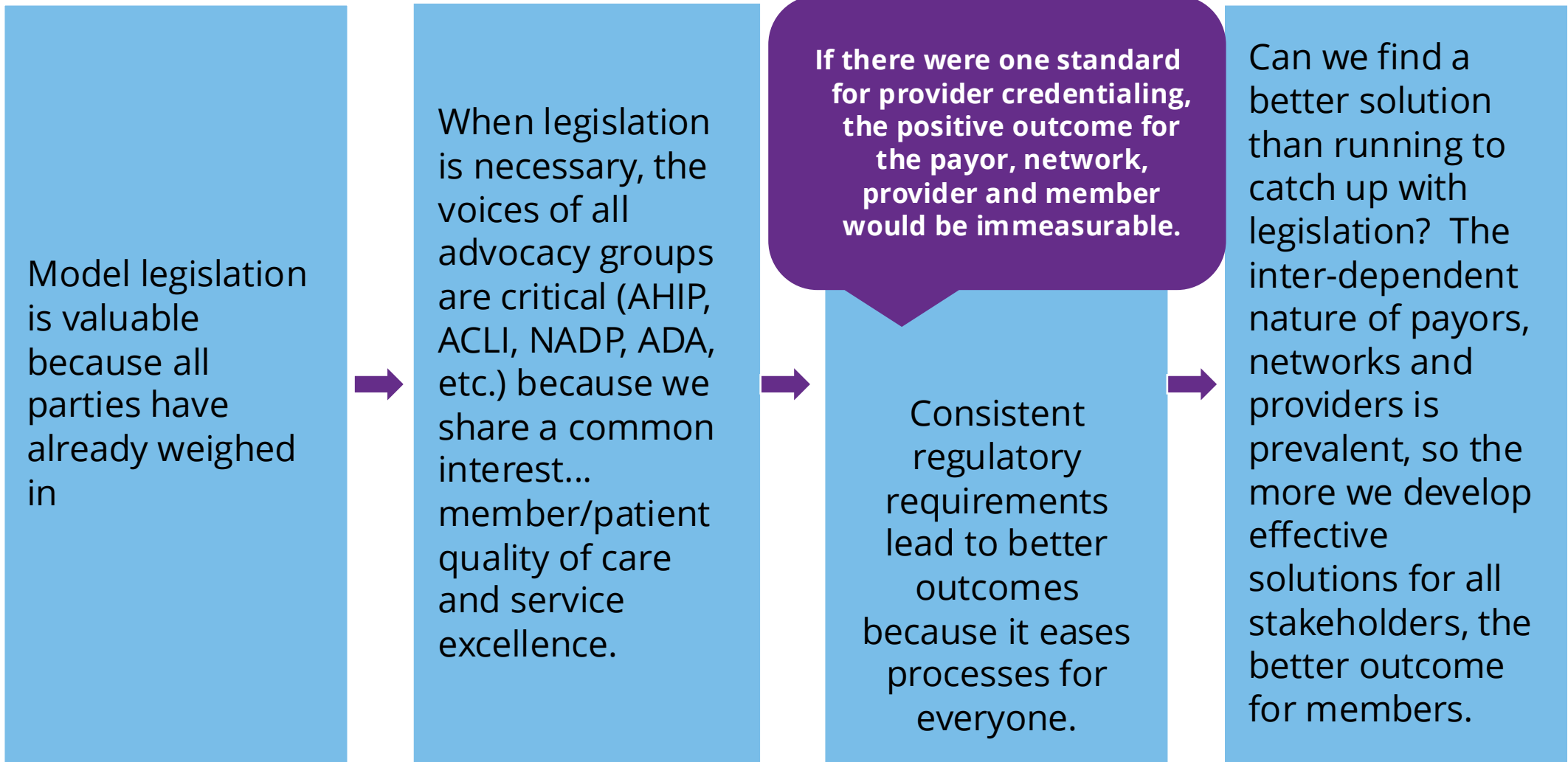
## **Member/Patient Outcome**

- Less access to care
- Inaccurate insurance quotes
- Inaccurate claims

**All stakeholders lose!**



# Partnering is Key



Questions?

