

Dentegra Insurance Company Network Access Plan
Dentegra PPO Network and Collective Bargaining Network

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Introduction

Dentegra Insurance Company (“Dentegra”) is licensed by the West Virginia Offices of the Insurance Commissioner (“WV OIC”) as an Accident and Sickness insurance company. We offer stand-alone dental products to West Virginia residents using the Dentegra PPO Network (“PPO Network”) and the Collective Bargaining Network. The WV OIC requires Us to provide and make public this Network Access Plan for each dental product We offer.

This Access Plan describes the PPO Network and Collective Bargaining Network and is available to any Enrollee, Contractholder, Dentist or other interested party by visiting dentegra.com using the *Contact Us* feature or by request by contacting Our Customer Service Center at 877-280-4204. Our online Dentist directory includes a link to this Network Access Plan and will accompany any printed requests.

Terms such as “We,” “Us” and “Our” refers to Dentegra. Additional terms have specific meanings and are described in the *Definitions* section of this Network Access Plan.

We offer the following stand-alone dental products in West Virginia using the PPO Network:

- Dentegra Group PPO Plan

We offer the following stand-alone dental product in West Virginia using the Collective Bargaining Network:

- Dentegra Group Dental Exclusive Dentist Benefit Insurance Plan

Network Adequacy

Dentist Selection and Criteria – How We Build Our Networks

We select Dentists through a consistently applied application procedure which evaluates established credentialing criteria and is focused on the safety and quality-of-care given to Enrollees.

Our PPO Dentist network contracts directly with General Dentists, Oral Surgeons and Pediatric Dentists and non-Dentegra Dentist specialists are made available via Our Network Adequacy Exception process described in this Access Plan for:

- Orthodontists, Periodontists and Prosthodontists

The Collective Bargaining Network contracts directly with General Dentists and Orthodontists, and non-Dentegra Dentist specialists are made available via Our Network Adequacy Exception process described in this Access Plan for:

- Oral Surgeons, Pediatric Dentists, Periodontists and Prosthodontists

1 Our recruitment efforts are open to all Dentists interested in joining Our networks, and who agree to
2 Our contracting terms and meet credentialing and recurring re-credentialing requirements. Our Network
3 Development team’s outreach efforts include various forms of continuous recruitment approaches,
4 including, but not limited to, Our dentegra.com website, field research, mailers, cold calls, contracted
5 Dentist referrals, Enrollee communications, and onsite visits made to provide interested Dentists with
6 recruitment information.

7 Factors used to build Our networks include:

- 8 • Number and type of Dentists needed to service where Our Enrollees live and work
- 9 • Professional training, experience, and licensure
- 10 • Facilities and equipment
- 11 • Medical malpractice and other liability insurance
- 12 • Time and distance
- 13 • Negotiated reimbursement/contracted rates
- 14 • Network adequacy needs

15 To assure high quality care is delivered by Our Dentists, We validate credentials through a
16 credentialing procedure which is applied to all Our network/contracted Dentists.

17 We conduct initial credentialing efforts to determine whether Dentists have the appropriate
18 professional licensing and relevant training and experience to provide quality oral healthcare. Our
19 initial credential application evaluates Dentists using the following criteria: state dental licensure,
20 education and training, board certification (if applicable), verification of Systems Award
21 Management (“SAM”), Office of Inspector General and OFAC, DEA and CDS certificate (if applicable),
22 malpractice claims history, and NPI verification via the NPPES NPI registry. Ongoing monitoring
23 efforts by Our credentialing unit works in coordination with Our Quality Program to identify any
24 issues that may impact the safety of Enrollees and to take any actions as needed. The Quality
25 Program informs this unit of Dentists with excessive Enrollee grievances and potential quality issue
26 scores.

27 We recredential all contracted Dentists within thirty-six (36) months of their initial credentialing or
28 their last credentialing date, on a recurring basis.

29 **Dentist Access and Availability**

30 We adhere to Our Access and Availability policy standards for network adequacy that comply with
31 West Virginia regulations. This is to monitor Our networks to make sure there are sufficient Dentists
32 available to meet Enrollee needs.

33
34 We recruit and manage Our networks in sufficient numbers to provide timely access to care and
35 accessibility to Dentists. We endeavor to ensure dental office locations provide dental care within a
36 reasonable proximity of the personal residences of Enrollees and are so located as to not result in
37 unreasonable barriers to accessibility.

38
39 We have established access and availability standards and mechanisms to assure the accessibility of
40 primary dental care and specialty dental care. Standards include, but are not limited to:

- 1 • Enrollee proximity to Dentists
- 2 • Reasonable access to preventive care appointments, regular and routine care appointments,
- 3 and Urgent Care appointments
- 4 • Emergency Care access twenty-four (24) hours a day, seven (7) days week, including
- 5 vacations and holidays
- 6 • Follow up on missed/broken appointments
- 7 • Patient recall systems
- 8 • In office wait times
- 9 • Answering and telephone services/systems
- 10 • A defined process that allows Enrollees to obtain Specialty Services from Non-Dentegra
- 11 Dentist specialists when no participating PPO Dentist specialist or Collective Bargaining
- 12 Dentist specialist are contracted within a reasonable proximity to their personal residences.

13
 14 **Appendix II** of this Network Access Plan provides a breakdown of Our Dentists by West Virginia
 15 county for each network.

16
 17 **Network Adequacy Exception:**

18 Enrollees may obtain benefits from any Dentist including a Non-Dentegra Dentist or non-Collective
 19 Bargaining Dentist (as appropriate) and We will treat the benefits as if the services were obtained
 20 from a PPO Dentist or Collective Bargaining Dentist when:

- 21 • a PPO Dentist or Collective Bargaining Dentist is not within reasonable proximity
- 22 • an Enrollee is diagnosed with a condition or disease that requires specialized health care
 23 services or medical services, and We:
 - 24 ○ do not have a PPO Dentist or Collective Bargaining Dentist with the required
 25 specialty, training, or expertise; or
 - 26 ○ cannot provide reasonable access to a PPO Dentist or Collective Bargaining Dentist
 27 with the required specialty, training or expertise without unreasonable travel or
 28 delay.

29 To receive the in-network benefit level, the Enrollee or Non-Dentegra Dentist or Non-Collective
 30 Bargaining Dentist (as appropriate) must contact Our Customer Service Center at 877-280-4204 to
 31 request authorization to receive the in-network benefit level:

- 32 • For Dentegra PPO Enrollees to obtain authorization to a Non-Dentegra Dentist
- 33 • For Exclusive Provider Benefit Enrollees to obtain authorization to a Non-Collective Bargaining
 34 Dentist or other Dentegra contracted Dentist

35
 36 We will:

- 37 • Upon receipt of a claim form:
 - 38 ○ Pay the Non-Dentegra Dentist their submitted fee on behalf of a Dentegra PPO Enrollee;
 - 39 ○ Pay the Non-Collective Bargaining Dentist or Non-Dentegra Dentist their submitted fee
 40 on behalf of an Exclusive Benefit Plan Enrollee
 - 41 ○ Reimburse the Enrollee up to the Non-Dentegra or Non-Collective Bargaining Dentist's
 42 submitted fee

43
 44 **Enrollee Responsibility:**

- 45 • For Dentegra PPO Enrollees, determine the Enrollee responsibility taking into consideration any

1 coinsurance or other cost sharing amounts including, but not limited to annual maximums and
2 deductibles, calculated by using the in-network benefit level based on the PPO Maximum
3 Allowance for Our in-network Dentists.

- 4 • For Collective Bargaining Enrollees, determine the Enrollee responsibility taking into
5 consideration any copayment or other cost sharing amounts, including, but not limited to
6 annual maximums and deductibles, calculated by using the in-network benefit level based on
7 the Network Contracted Fees for Our in-network Dentists.

8
9 **Plan Accumulators:**

- 10 • Calculate the Dentegra PPO Enrollee plan accumulators based on the in-network Dentist PPO
11 Maximum Allowance and for the Exclusive Provider Benefit Enrollees calculate the plan
12 accumulators based on the in-network Network Contracted Fee.
- 13 • For either plan type, the remainder of the Dentist’s submitted fee paid by Us will not be
14 included in any of the Enrollee’s applicable plan accumulator(s).

15
16 **Monitoring and Assuring Network Sufficiency**

17 We have established a Quality Program (“Program”) to advance dental health and access through
18 exceptional care, benefits, service, and professional support.

19
20 The purpose of the Quality Program is to:

- 21
22 • Optimize the dental health and well-being of Our Enrollees
- 23 • Continuously monitor and improve quality in administering the networks and support
24 services

25
26 Our Program goals include quality outcome anchors to deliver quality care and services that are:

- 27
28 • Effective to provide Enrollees with the best treatment and care based on scientific
29 knowledge and best practices of standard care
- 30 • Safe practices to avoid harm to Enrollees from the care intended to help them
- 31 • Efficient by providing affordable cost of care that is free from fraud, waste, and abuse
- 32 • Timely by reducing waits and delays for services
- 33 • Equitable to provide care and service that is easily accessible and does not vary in quality
34 because of personal characteristics, gender, ethnicity, geographic location, or socio-
35 economic status

36
37 The Program also monitors and evaluates the quality and appropriateness of care/services delivered
38 to Our Enrollees, objectively and systematically. In addition, the Program has mechanisms that
39 continuously pursue opportunities for improvement and problem resolution. Monitoring consists of:

40
41 **Enrollee Satisfaction Surveys:** We record and assess enrollee satisfaction survey results to build
42 programs and action plans that address any issues raised.

43 **Dentist Satisfaction Surveys:** We assess and monitor Dentist satisfaction with Our delivery of
44 services and to identify and pursue opportunities for improvement.

1 **Ongoing Monitoring:** The Quality Management Committee (QMC) monitors the Quality Program
2 through quarterly reports that are reviewed by the QMC and Our Board of Directors.

3 **Annual Evaluation:** the QMC performs an annual formal evaluation of the Quality Program.
4 These professional teams are responsible for the implementation, monitoring, and reporting on
5 the quality improvement activities. Status and progress are tracked to goal reporting and
6 delivered to the QMC on a quarterly basis.

7 **Quality Assurance**

8 We use a Quality Improvement Process to identify opportunities to improve both the quality of care
9 and quality of service, continuity of care and access for all Enrollees. Quantitative and qualitative
10 methods of data collection are helpful in quality improvement efforts. Examples of quantitative data
11 include:

- 12
- 13 • Finding the average number of procedures performed per office visit and calculating the
14 frequencies of timely access to care
- 15 • Valuable information about patterns and relationships between systems. Examples in a
16 dental setting include Enrollee satisfaction surveys and grievances and independent
17 observations.
- 18

19 Standards and measurements such as clinical guidelines, criteria, quality screens and other
20 standards against which quality of care, access, and service are adopted and maintained. Our
21 monitoring includes a variety of methods, including, but not limited to:

- 22 • Standards of dental practice, standards used to evaluate quality of care of Dentists, and
23 standards incorporated into Our policies and procedures;
- 24 • Thresholds and targets derived from the standards/norms will be
 - 25 ○ Measurable, achievable, and consistent with national/community standards
 - 26 ○ Consistent with regulatory agencies and legal guidelines
 - 27 ○ Valuable to the assessment of quality and the potential improvement of quality for Our
28 Enrollee population; and
- 29 • Communication of Our standards to Dentists via Our Dentist Handbook, notification
30 mailings, online posts and a Dentist blog

31 **Dentist Directory**

32 We maintain a Dentist directory on Our [dentegra.com](https://www.dentegra.com) website that supports Our dental products.
33 The website includes a “Find A Dentist” feature where Enrollees are prompted to submit their
34 location by address, city or ZIP code and select their plan’s network to view the Dentists available
35 under their plan.

36

37 The Dentist directory includes disclosure information indicating the most recent directory update
38 and a statement indicating the information included in the directory is accurate to the best of Our
39 knowledge as of a certain date and includes a telephone number to obtain the most current
40 directory information as well as to report inaccurate Dentist information. The Dentist directory is
41 updated every business day with updated listings appearing each week Tuesday through Saturday.

1 Requests for printed copies of the Dentist directory are fulfilled within five (5) business days of the
2 request. Printed copies of the directory will also include a copy of this Network Access Plan. Our
3 Customer Service Center handles requests for printed copies of the Dentist directory and Network
4 Access plan.

5 We perform Dentist directory audits no less frequently than three (3) times a year by conducting a
6 self-audit through a random sampling of 50% of the locations within the current directory at the
7 time of the audit. Network Dentists are audited at least once (1) during each plan year. At least once
8 every eighteen (18) months, all directory entries are subject to audits. We maintain a Dentist
9 Directory policy that documents the audit process and maintains findings of all audits and
10 information for no less than thirty-six (36) months. Audit results are available to the WV OIC upon
11 request.

12 **Network Access Plan Standards**

13 **Overview**

14 Enrollee plan documents, enrollment information, and Our website dentegra.com include details
15 for the chosen dental plan. Plan documents include an *Evidence of Coverage* for Enrollees covered
16 under a group plan, or a *Policy* for Enrollees who have purchased individual coverage. Enrollees
17 may also contact Our Customer Service Center at 877-280-4204 for additional dental plan
18 information.

19 **Teledentistry**

20 We provide the same benefit for covered services whether Enrollees see a PPO Dentist or a
21 Collective Bargaining Dentist in a dental office setting or consult via Teledentistry. We do not use
22 non-contracted Teledentistry Dentists to supplement Our networks.

23 **Referrals In Network and Out of Network**

24 Our plans allow Enrollees to seek dental care and services from any Dentist at any time, including
25 emergent-urgent and specialized care. Enrollees do not have to obtain a referral to receive benefits
26 covered under the Enrollee's plan. However, We do recommend Enrollees obtain a Pre-Treatment
27 estimate for an estimate of allowable Benefits under their dental plan for the services proposed;
28 however, it is not a guarantee of payment as requested services are subject to annual deductibles
29 and maximums in addition to other limitations and exclusions outlined in the Enrollee's plan
30 documents.
31

32 **Grievance and Appeals Procedure**

33 Enrollees are informed about complaint, grievance and appeal rights in enrollment materials, their
34 plan documents, and Our dentegra.com website. Enrollees may also contact Our Customer Service
35 Center at 877-280-4204 for assistance. Enrollee plan documents include a process for Enrollees to
36 express their concerns or complaints, and to request fair resolution that will correct perceived
37 wrongs. The grievance and appeals process review and resolves Enrollee grievances and appeals in a
38 manner that is timely, equitable and sensitive to the Enrollee's individual needs, including cultural,
39 linguistic, and disability-related needs.
40
41

1 We support the linguistic and cultural needs of Enrollees, as well as the needs of Enrollees with
2 disabilities. We ensure Enrollees have access to, and can fully participate in, the complaint,
3 grievance, and appeal process by aiding Enrollees with limited English proficiency or with a visual or
4 other communicative impairment, regardless of their medical condition. Assistance can be provided
5 in multiple ways by translating plan documents, complaint, grievance, and appeal procedures,
6 forms, and responses to enrollees; access to interpreters; as well as telephone relay systems and
7 other devices that aid disabled individuals.

8 **Choosing and Changing Dentists**

9 Enrollee plan documents include information about how to choose a Dentist and allow Enrollees to
10 change their Dentist at any time.

11
12 To locate a network Dentist Enrollees may access Dentist participation information by visiting Our
13 Dentist directory available through Our website at [dentegra.com](https://www.dentegra.com) and selecting the *Find A Dentist*
14 feature or by contacting Our Customer Service Center at 877-280-4204. A disclosure in the Dentist
15 directory informs Enrollees that it is updated every business day with updated listings appearing
16 each week Tuesday through Saturday.

17 18 **Plan Features**

19 Enrollee plan documents contain information regarding the Enrollee's network options, plan
20 benefits, any cost sharing features such as deductibles, annual maximums and waiting periods, and
21 limitations and exclusions applicable to their plan benefits. Any preventive care services offered are
22 described in the Enrollee's plan documents (e.g., *Evidence of Coverage*). Preventive dental services
23 are not a mandated benefit in West Virginia.

24 When services are obtained from a Non-Dentegra Dentist, We cannot limit the amount charged to
25 Enrollees. An Enrollee's out-of-pocket costs may be significantly higher when choosing a Non-
26 Dentegra Dentist.

27 **Dentegra PPO Plans**

28 PPO Dentists provide services under Our PPO plans and are reimbursed based on the Maximum
29 Contract Allowance. PPO Network Dentists have agreed to accept the Maximum Contract
30 Allowance as payment in full for covered services and Enrollees are responsible for any coinsurance
31 amount and any cost-sharing features of their plan. Enrollees are encouraged to visit a PPO Network
32 Dentist to reduce out-of-pocket costs.

33 Enrollees seeking emergent-urgent care should consult their Dentist or contact Our Customer
34 Service Center at 877-280-4204 for assistance in locating a Dentist.

35 See also Our *Network Adequacy Exception* section.

36 **Exclusive Dentist Benefit Plans**

37 Collective Bargaining Network Dentists provide services under Our Exclusive Dentist Benefit
38 insurance plans. These Dentists have agreed to accept the Network Contracted Fee, in addition to
39 the Enrollee's Copayment, as payment in full for covered services under the Enrollee's plan. Benefits
40 must be obtained from a Collective Bargaining Network Dentist except for an Emergent/Urgent Care

1 service occurring more than 50 miles from the Enrollee’s primary residence or if an Enrollee lives or
2 works more than 20 miles or 30 minutes from a Collective Bargaining Network Dentist.

3 Enrollees seeking emergent-urgent care should consult their Dentist or contact Our Customer
4 Service Center at 877-280-4204 for assistance in locating a Dentist. Under any plan option, if there is
5 no network Dentist available, and in accordance with *Our Network Adequacy Exception*, We will
6 treat the services as in-network and Enrollees will not be subject to balance billing. However,
7 services may be subject to coinsurance and other terms of the Enrollee’s plan.

8 **Emergent/Urgent Care**

9
10 PPO Plan documents inform Enrollees they may seek Emergent/Urgent treatment from a Dentist
11 other than a Dentegra PPO Network Dentist with no referral. Benefits provided for Emergent/Urgent
12 Care provided by a Non-Dentegra Dentist are subject to the Enrollee’s coinsurance amount, if
13 applicable, and other cost-sharing terms of their plan. Enrollees seeking emergent-urgent care
14 should consult their Dentist or contact Our Customer Service Center at 877-280-4204 for assistance
15 in locating a Dentist.

16 Dentegra Exclusive Dentist Benefit plan documents explain that benefits must be obtained from a
17 Collective Bargaining Network Dentist except for Emergency Services occurring more than fifty (50)
18 miles from the Enrollee’s primary residence. Enrollees are reimbursed for dental expenses relating
19 to minor procedures for the palliative relief of pain up to \$50 per occurrence. In these instances,
20 benefits will be provided for dental services relating to the emergency performed by a Non-
21 Dentegra Dentist if such services are a covered service. Our reimbursement amount to the Non-
22 Dentegra Dentist will be the submitted fee minus the Enrollee’s Copayment for covered services.

23
24 Enrollees seeking emergent-urgent care should consult their Dentist or contact Our Customer
25 Service Center at 877-280-4204 for assistance in locating a Dentist.

26 See also *Our Network Adequacy Exception* section.

27 **Specialty Care**

28 Dentegra PPO plan documents explain that Enrollees have a free choice of Dentist for all services,
29 including specialty services. Enrollees do not have to obtain a referral for specialty care. Enrollees
30 seeking specialty care should consult their Dentist or contact Our Customer Service Center at 877-
31 280-4204 for assistance in locating a specialty care Dentist.

32
33 Dentegra’s Exclusive Dentist Benefit plan documents explain that specialty care benefits must be
34 obtained from a Collective Bargaining Network Dentist. If an Enrollee has been diagnosed with a
35 condition or disease that requires a specialist and there is no Collective Bargaining Network Dentist
36 specialist with the dental training and expertise to treat the condition or disease, or We cannot
37 provide reasonable access to a Collective Bargaining Network Dentist specialist without unreasonable
38 delay or travel, Enrollees may see treatment from a Non-Dentegra Dentist specialist on their own. For
39 purposes of calculating any Copayment amount payable by the Enrollee, the specialist will be
40 considered a Collective Bargaining Network Dentist for the treatment.

1 Enrollees seeking specialty care should consult their Dentist or contact Our Customer Service Center
2 at 877-280-4204 for assistance in locating a Dentist.

3 When necessary, and as detailed under the *Network Adequacy Exception* section, We will treat
4 specialty care from a Non-Dentegra Dentist as if the service was obtained from a from an in network
5 Dentist subject to Coinsurance or Copayments, as applicable, and other terms of the Enrollee’s plan.

6 **Continuity of Care Plan**

7 The Quality Program outlines Our approach to the continuity of care that Our Enrollees receive. The
8 Program utilizes routine dental record reviews, potential quality referrals, potential quality issue
9 scoring, grievance reviews, medical necessity reviews, and Enrollee satisfaction surveys to measure
10 continuity of care. The Program tracks and analyzes this information to identify opportunities for
11 improvement.

12
13 **Enrollee Contract/Policy Termination**

14 Our contracts with Our Dentists ensure a seamless transition in the event the Enrollee’s group
15 contract or policy ends. Our Dentists agree to continue in-process dental services to Enrollees
16 for a limited time following termination for dental treatment initiated while coverage is still in
17 place.

18
19 **Dentist Termination**

20 In the event a Dentist contract terminates, We will assist Enrollees in selecting a new Dentist.
21 Our Dentist directory is updated with the termination information in a timely fashion, and Our
22 Dentists have contractually agreed to notify all Enrollees of their termination for a period of up
23 to one (1) year. Our Customer Service Center at 877-280-4204 acts as resource for informing
24 Enrollees about Dentist participation and will assist with locating a new Dentist.

25
26 If, for any reason, the Dentist is unable to complete treatment, We will make reasonable and
27 appropriate provisions for the completion of such dental treatment by another Dentist.

28
29 **Insolvency/Inability to Continue Operations**

30 We have implemented and maintain a Business Continuity Global Standard policy that addresses
31 a disaster recovery plan designed to ensure the restoration of critical business operations to
32 affected company locations and functions (e.g., information technology) within targeted
33 timeframes in the event of Our inability to continue operations. Should such an event occur, We
34 will provide messaging to Enrollees and Dentists about continued access to care though Our
35 Customer Service Center and any other communication means available during the business
36 disruption event.

37
38 As a licensed West Virginia Accident and Sickness insurance company, Dentegra is a member of
39 the West Virginia Life and Health Insurance Guaranty Association (“Guaranty Association”). The
40 purpose of this association is to assure that Enrollees will be protected, within limits, in the
41 unlikely event that We become financially unable to meet Our obligations. If this should happen,
42 the Guaranty Association’s fund will assess other West Virginia member insurance companies

1 for monies to pay Enrollee claims subject to the Guaranty Associations terms and, in certain
2 instances, keep coverage in force.

3 4 **Enrollees with Special communication needs**

5 We recognize the cultural, racial, and ethnic diversity of Our Enrollees. Since a diverse population
6 may also have different language needs, vital documents and significant communications are
7 translated into non-English languages to facilitate communication. regardless of the Enrollee's
8 medical condition whether serious, chronic, or complex to facilitate the following:

- 9 • Communicate their dental needs to Dentists using face-to face interpretative services (e.g.,
10 sign language, large print, audio, and accessible electronic formats)
- 11 • Understand plan documents and Enrollee communications by providing free documentation
12 translation services, including:
 - 13 ○ Our dentegra.com web portal displays multiple links to Language Assistance Program
14 ("LAP") information.
 - 15 ○ We provide a LAP notice in multiple languages in all plan documents and on Our
16 website
 - 17 ○ Our *Find a Dentist* website portal at dentegra.com includes a convenient link to the
18 LAP notice and is available in multiple languages
- 19 • Enhance Dentist-chair LAP experiences by PPO Network Dentists or Collective Bargaining
20 Network Dentists who have self-reported they or their staff speak languages other than
21 English and can assist with language assistance. Self-reported language information is
22 displayed on the *Find a Dentist* on-line directory available at dentegra.com

23
24 Our language assistance program ("LAP") notice is attached to Enrollee plan documents and is
25 available online at dentegra.com landing page and conveniently located on our *Find a Dentist* online
26 dentist directory portal page.

27 Additionally, the dentegra.com landing page includes a disclosure under *Support – Language*
28 *Assistance* that provides Enrollees with a listing of available LAP services. Language assistance
29 interpretive services are also available for documents distributed to Enrollees, for Enrollee calls to
30 Our Customer Service Center at 877-280-4204, and during visits to dental offices.

31 We also provide free aids and services to people with disabilities to communicate effectively with
32 Us, such as qualified sign language interpreters and written information in other formats (e.g., sign
33 language, large print, audio, and accessible electronic formats).

34 We aim to foster cultural competency among Our Dentists by promoting effective Dentist/Enrollee
35 communications. We create educational materials for Dentists and incorporate these into Our
36 Dentist training presentations.

37 Our Dentist directory includes language spoken by Our Dentists. Because we acknowledge the
38 importance of communication between the Enrollee and Dentist, Dentists are asked to self-report
39 languages spoken in the office; however, We do not certify the Dentist's proficiency in reported
40 languages. Written notification of changes to Dentist office languages are updated and published on
41 Our online Dentist directory.

1 **Enrollee Satisfaction**

2 We regularly assess Enrollee satisfaction with the plan, Our Dentists, benefits, and plan operations.
3 We send satisfaction surveys to randomly selected Enrollees on a quarterly basis and record and
4 assess the results to build programs and action plans to address any identified issues. To preserve
5 confidentiality, individual Enrollees are not identified in any Enrollee satisfaction report.

6 We assess Enrollee satisfaction in the following categories:

- 7 • The quality of care received
- 8 • The information the dental office gave the Enrollee concerning needed treatment and its
9 cost
- 10 • Appointment availability at the dental office
- 11 • Office wait-times
- 12 • The appearance, cleanliness, and maintenance of the dental office
- 13 • Wheelchair access or other needed accommodations
- 14 • The current Network Dentist, overall
- 15 • The range of dental benefits available to the Enrollee
- 16 • Service from Our Customer Service Center
- 17 • Printed Enrollee materials furnished by Us
- 18 • The choice of Dentists available to the Enrollee

19 **Network Access Plan Disclosures**

20
21 We disclose to Enrollees, through enrollment materials, Our website dentegra.com, and plan
22 documents (*Evidence of Coverage* for Enrollees covered under a group plan) and by contacting Our
23 Customer Service Center at 877-280-4204 of the following plan features:

- 24 • Grievance and appeals procedures
- 25 • Procedures for providing and approving emergency and non-emergency care
- 26 • Process for choosing and changing network Dentists
- 27 • Process to address the needs, including access and availability of services, of covered
28 persons with limited English proficiency and illiteracy, with diverse cultural and ethnic
29 backgrounds, and with physical or mental disabilities
- 30 • Documented process to identify the potential needs of special populations via Our Language
31 Assistance Program (LAP) notice provided upon enrollment and on an
32 annual basis

33 **Definitions:**

34 **Collective Bargaining Network Dentist:** a Dentist who contracts with Us to participate in Our
35 Collective Bargaining Network and agrees to accept Our Network Contracted Fees as payment in full
36 for services provided.

37 **Copayment:** The amounts Enrollees are responsible to pay the Collective Bargaining Network Dentist.
38 Copayments must be paid at the time treatment is received.

1 **Dentegra PPO Network Dentist (PPO Network Dentist):** a Dentist who contracts with Us and agrees
2 to accept the Dentegra Contracted Fees as payment in full for services and complies with Our
3 administrative guidelines.

4 **Dentegra PPO Network Dentist’s Contracted Fee:** -- the fee for each service PPO Dentists have
5 contractually agreed to accept as payment in full.

6 **Dentist:** a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or
7 jurisdiction in which services are performed.

8 **Emergent/Urgent Care:** dental services immediately required for alleviation of severe pain, swelling
9 or bleeding, or immediately required to avoid placing Enrollees in serious jeopardy.
10 Emergent/Urgent dental care is limited to palliative treatment for the elimination of dental pain.

11 **Enrollee:** an individual eligible to receive benefits under a group plan or individual policy.

12 **Maximum Contract Allowance:** the reimbursement amount to a PPO Dentist against which We
13 calculate Our payment and the Enrollee’s financial obligation.

14 **Network Contracted Fees:** the fee for each Single Procedure that a Collective Bargaining Network
15 Dentist has contractually agreed to accept as payment in full.

16 **Non-Dentegra Dentist or Non-participating Dentist (“Non-Dentegra Dentist”):** a Dentist who is not
17 a PPO Network Dentist or a Collective Bargaining Network Dentist is not contractually bound to
18 abide by Our administrative guidelines and has not agreed to accept the contracted fees.

19 **Pre-Treatment Estimate:** an estimation of the allowable benefits for the services proposed, it is not
20 a guarantee of payment.

21 **Teledentistry:** the delivery of dental services through telehealth or telecommunications that may
22 include the use of real-time encounter; live video (synchronous) or information stored and
23 forwarded for subsequent review (asynchronous)

24

25 **Appendix I – Online Dentist Directory Screenshots**

26 **Appendix II – Dentists by West Virginia County**

27 **PPO Network - Dentists by West Virginia County**

28 **Collective Bargaining Network - Dentists by West Virginia County**

29



Appendix I - Online Dentist Directory Screenshots

[Back to search results](#)

Joel Cost

W. Va. Code 33-55-4 (b)(1)(A) Name

General Dentist

W. Va. Code 33-55-4 (b)(1)(D) Specialty, if applicable

Network [About this network](#)

W. Va. Code 33-55-4 (a)(5)(A) Name of Network Plan

Collective Bargaining Network

Accepting New Patients

W. Va. Code 33-55-4 (b)(1)(I) Whether accepting new patients

Dentist Info

Education

West Virginia University School of Dentistry, 05/2007

Gender

W. Va. Code 33-55-4 (b)(1)(B) Gender

Male

Licensing

Provider NPI: 1518160977

License: 3763, WV

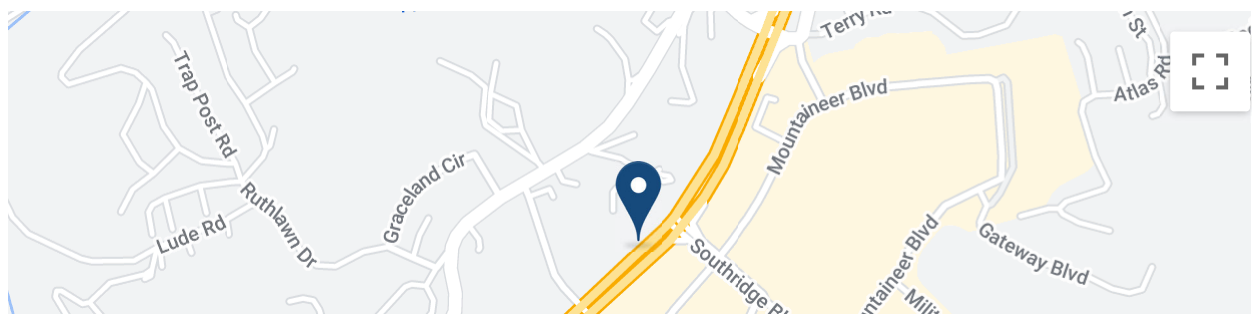
Specialized care

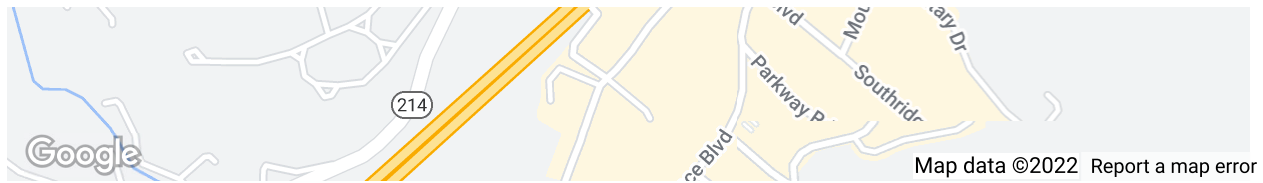
Treats children: No

Inaccurate directory information?

W. Va. Code 33-55-4 (5)(B) [electronic link for inaccurate information](#)

[Let us know](#)





Office Info

5.1 mi [Get directions](#)

[Joel M Cost DDS PLLC](#)

2809 Mountaineer Blvd Ste 3

Charleston, WV, 25309-9486

[\(304\) 202-3968](#)

W. Va. Code 33-55-4 (b)(1)

(E) Medical group affiliations, if applicable

(F) Facility affiliations, if applicable

(G) Participating facility affiliations, if applicable

W. Va. Code 33-55-4 (b)(1)(C) Participating office location(s)

W. Va Code 33-55-4 (d)(1)(A)(ii) Contact information

Office hours

Mon: 07:00 AM - 05:00 PM

Tue: 07:00 AM - 05:00 PM

Wed: 07:00 AM - 05:00 PM

Thurs: 10:00 AM - 08:00 PM

Fri: 08:00 AM - 01:00 PM

Sat: Closed

Sun: Closed

Office access

Free Parking: Yes

Wheelchair access: No

Public transit access: Yes

Network access: No

Languages at this office

English

W. Va. Code 33-55-4 (b)(1)(H) Languages spoken other than English, if applicable

W. Va. Code 33-55-4 (c)(1)(C) Languages spoken other than English by clinical staff, if applicable

[Timely Access to Care \(CA\)](#)

[HIPAA Notice of Privacy Practices](#)

[Contact us](#)

[Language assistance](#)

[Legal & Privacy Notices](#)

[WV Network Access Plans](#)

[W. Va. Code 33-55-4\(a\)\(7\)](#)

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[W. Va. Code 33-55-4\(a\)\(2\)](#)

The information on this page is accurate to the best of Our knowledge as of 10-14-2022. Please call 877-280-4204 to obtain the most current Dentist directory information and a copy of the WV Access Plan.

[W. Va. Code 33-55-4\(a\)\(6\)](#)

Directory information is gathered from information received from Our Dentist network credentialing data and is updated each business day with updates appearing Tuesday through Saturday.

[W. Va. Code 33-55-4\(a\)\(5\)\(B\)](#)

If You find that any of the information displayed in Our Dentist directory is inaccurate, click on “Contact Us” to email Us or contact Our Customer Service Center at 877-280-4204. If You have questions or need current Dentist directory information, You may contact Our Customer Service Center.

[W. Va. Code 33-55-4\(a\)\(4\)\(A\)](#)

[W. Va. Legislative Rule 114-100.7.2.5.a](#)

There are many factors We use to build Our networks, including the number and type of Dentists needed to service where Our Enrollees live and work; time and distance; professional licensure; training and experience; insurance; facilities and equipment; and network adequacy needs. Additional network recruiting information is available via the WV Network Access Plans link above.

[W. Va. Legislative Rule 114-100.7.2.5.b](#)

[W. Va. Code 33-55-4\(a\)\(4\)\(D\)](#)

Note: Some dental services may require a referral or authorization prior to receiving the service. Enrollees should contact Our Customer Service Center for assistance or consult their plan documents.

West Virginia Network Access Plan

In accordance with West Virginia’s Health Benefit Plan Network Access and Adequacy Act, We created Access Plans for Our Dentist networks. These Access Plans describe Our strategies, and policies and procedures to create, maintain and administer adequate Dentist networks. You can access the Access Plans via the WV Network Access Plans link provided above. Dentist participation and requests for hard copies may be made by contacting Our Customer Service Center at 877-280-4204.

[W. Va. Legislative Rule 114-100.7.2.4](#)

Dentegra PPO and Exclusive Provider Benefit plans are underwritten by Dentegra Insurance Company (Dentegra), except in New York, where it is underwritten by Dentegra Insurance Company of New England. In Texas, Dentegra provides a dental provider organization (DPO) plan.

Please note: Services from dental school clinics may be provided by students of dentistry or instructors who are not licensed by the dental board of your state. All

enrollees are entitled to full and equal access to covered services, including enrollees with disabilities as required under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.



Appendix I - Online Dentist Directory Screenshots

[Back to search results](#)

William Reynolds

W. Va. Code 33-55-4(b)(1)(A) Name

General Dentist

W. Va. Code 33-55-4(b)(1)(D) Specialty, if applicable

Networks [About these networks](#)

Dentegra PPO, Dentegra Network Access Program

Accepting New Patients

W. Va. Code 33-55-4(a)(5)(A) Name of Network Plan
NOTE: The Dentegra Network Access Program is a network for discount plans, which include Dentegra Smile Savings and Smile Club. This is not insurance. Payment is due at the time of service.

W. Va. Code 33-55-4(b)(1)(I) Whether accepting new patients

Dentist Info

Education

West Virginia University School of Dentistry, 12/2002

Gender

Male

W. Va. Code 33-55-4(b)(1)(B) Gender

Licensing

Provider NPI: 1306910104

License: 3538, WV

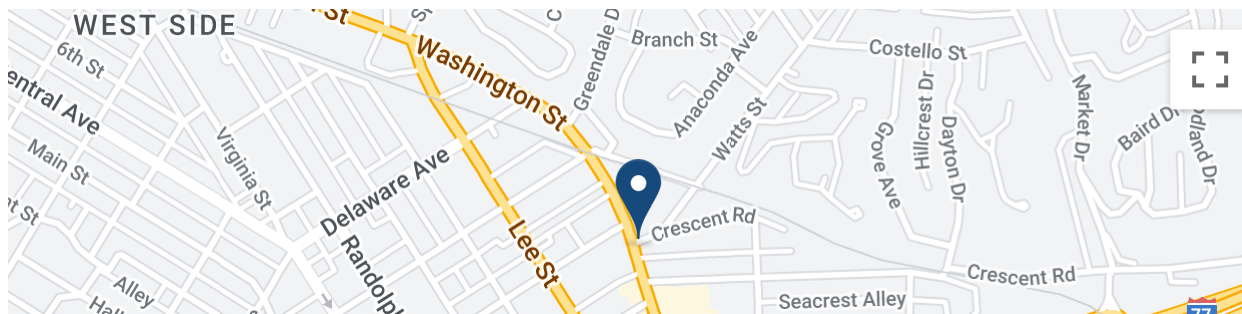
Specialized care

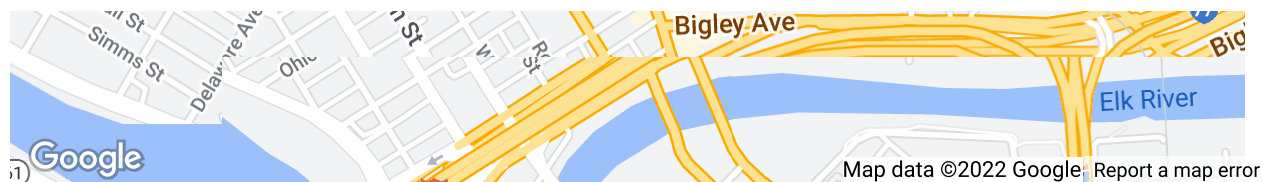
Treats children: No

Inaccurate directory information?

W. Va. Code 33-55-4(5)(B) electronic link for inaccurate information

[Let us know](#)





Office Info

0.9 mi [Get directions](#)

[Cranfill Dental WV PLLC](#)

209 Washington ST W

Charleston, WV, 25302

[\(502\) 244-2441](tel:5022442441)

Fax: (502) 254-4069

Office hours

Mon: Call For Details

Tue: Call For Details

Wed: Call For Details

Thurs: Call For Details

Fri: Call For Details

Sat: Call For Details

Sun: Call For Details

Office access

Free Parking: No

Wheelchair access: No

Public transit access: No

Network access: No

Languages at this office

W. Va. Code 33-55-4(b)(1)

(E) Medical group affiliations, if applicable

(F) Facility affiliations, if applicable

(G) Participating facility affiliations, if applicable

W. Va. Code 33-55-4(b)(1)(C) Participating office location(s)

W. Va. Code 33-55-4(d)(1)(A)(ii) Contact information

W. Va. Code 33-55-4(b)(1)(H) Languages spoken other than English, if applicable

W. Va. Code 33-55-4(c)(1)(C) Languages spoken other than English by clinical staff, if applicable

[Timely Access to Care \(CA\)](#)

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[WV Network Access Plans](#)

[W. Va. Code 33-55-4\(a\)\(7\)](#)

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[W. Va. Code 33-55-4\(a\)\(2\)](#)

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[W. Va. Code 33-55-4\(a\)\(4\)\(A\)](#)

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[W. Va. Code 33-55-4\(a\)\(4\)\(D\)](#)

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[W. Va. Legislative Rule 114-100.7.2.4](#)

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Please note: Services from dental school clinics may be provided by students of dentistry or instructors who are not licensed by the dental board of your state. All

enrollees are entitled to full and equal access to covered services, including enrollees with disabilities as required under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Appendix II - Dentists by West Virginia County
Dentegra Collective Bargaining Network

County	General Dentistry	Pediatric General Dentistry	Endodontics	Periodontics	Oral Surgery	Orthodontics	Other
Barbour							
Berkeley						Yes	
Boone							
Braxton							
Brooke							
Cabell	Yes						
Calhoun							
Clay							
Doddridge							
Fayette							
Gilmer							
Grant							
Greenbrier							
Hampshire							
Hancock							
Hardy							
Harrison	Yes						
Jackson							
Jefferson						Yes	
Kanawha	Yes						
Lewis							
Lincoln							
Logan							
Marion							
Marshall							
Mason							
McDowell							
Mercer							
Mineral	Yes						
Mingo	Yes						
Monongalia	Yes						
Monroe							
Morgan							
Nicholas							
Ohio							

County	General Dentistry	Pediatric General Dentistry	Endodontics	Periodontics	Oral Surgery	Orthodontics	Other
Pendleton							
Pleasants							
Pocahontas							
Preston							
Putnam							
Raleigh	Yes						
Randolph							
Ritchie							
Roane							
Summers							
Taylor							
Tucker							
Tyler							
Upshur							
Wayne							
Webster							
Wetzel							
Wirt							
Wood	Yes						
Wyoming							

Appendix II - Dentists by West Virginia County
Dentegra PPO Network

County	General Dentistry	Pediatric General Dentistry	Endodontics	Periodontics	Oral Surgery	Orthodontics	Other
Barbour							
Berkeley	Yes				Yes		
Boone	Yes						
Braxton							
Brooke	Yes						
Cabell	Yes						
Calhoun							
Clay							
Doddridge							
Fayette	Yes						
Gilmer							
Grant							
Greenbrier	Yes						
Hampshire							
Hancock	Yes						
Hardy	Yes						
Harrison	Yes						
Jackson							
Jefferson							
Kanawha	Yes						
Lewis							
Lincoln	Yes						
Logan	Yes						
Marion							
Marshall							
Mason							
McDowell	Yes						
Mercer							
Mineral	Yes						
Mingo	Yes						
Monongalia	Yes						
Monroe							
Morgan							
Nicholas	Yes						

County	General Dentistry	Pediatric General Dentistry	Endodontics	Periodontics	Oral Surgery	Orthodontics	Other
Ohio	Yes	Yes					
Pendleton							
Pleasants							
Pocahontas							
Preston							
Putnam	Yes						
Raleigh	Yes						
Randolph							
Ritchie							
Roane							
Summers							
Taylor							
Tucker							
Tyler							
Upshur							
Wayne	Yes						
Webster							
Wetzel							
Wirt							
Wood	Yes						
Wyoming							