Official House Resolution and Board Comments Attached

Resolution 305 — Provisional Credentialing to Support Patients, Early-Career Dentists, Practice Owners, and ADA Membership Growth

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the creation of a task force to develop a model framework for provisional credentialing of dentists. It directs the ADA to work with insurers, regulators, and technology partners to allow licensed, insured dentists to begin treating patients at in-network rates while full credentialing is completed. A YES vote helps patients avoid surprise out-of-pocket costs, supports early-career dentists who face career delays, and strengthens ADA membership value through practical solutions.

IF YOU VOTE NO

A NO vote maintains long, inefficient credentialing delays that harm patients and slow down dental practices. It keeps new dentists trapped in months-long waiting periods before they can see patients under insurance plans and forces practices to lose revenue and staff productivity. Voting NO means accepting that insurance companies—not the ADA or its members—will continue to control the pace of credentialing.

SUMMARY

This resolution calls for a one-year ADA task force to design a provisional credentialing model similar to what exists in the medical field. It would ensure dentists with valid licenses and malpractice coverage can provide care at in-network rates while their full credentialing is pending. The resolution also directs the ADA to explore offering credentialing support services—such as background checks, license verification, and secure document exchange—as a member benefit. It emphasizes voluntary, non-binding collaboration with insurers and full compliance with antitrust laws.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board agreed with the intent and referred the matter to the Council on Dental Benefit Programs (CDBP). We appreciate the Board's recognition that credentialing delays are a serious burden on both patients and providers. The referral must lead to action. Dentists need practical tools, not just evaluation. We trust the ADA will use this referral to expedite solutions that deliver real, measurable improvements for members and their patients.

TALKING POINTS

- A YES vote moves credentialing from months to days—helping both dentists and patients.
- Provisional credentialing is already standard in medicine; dentistry deserves the same efficiency.
- This supports young dentists entering the workforce and practice owners hiring associates.
- The ADA can deliver real membership value by leading on this issue.
- Referral should not be a stall—it must result in swift, actionable progress.

Prepared by Dentistry in General Advocacy Coalition

https://dentistryingeneral.com/digac

Resolution No. 305 New

Report: N/A Date Submitted: 07/28/2025

Submitted By: Dr. Steve Saxe, delegate, Nevada

Reference Committee: B (Dental Benefits, Practice, Science, Health and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time: Amount On-going:

ADA Strategic Forecast Outcome: Tripartite: Align member value across the Tripartite.

PROVISIONAL CREDENTIALING TO SUPPORT PATIENTS, EARLY-CAREER DENTISTS, PRACTICE OWNERS, AND ADA MEMBERSHIP GROWTH

The following resolution was submitted on Sunday, July 27, 2025, by Dr. Steven Saxe, delegate, Nevada.

Background: Dentists entering insurance networks often face credentialing delays ranging from six weeks to six months, during which they cannot bill under in-network rates. This causes significant confusion and unexpected out-of-pocket costs for patients, disrupts access to care, and creates operational challenges for dental practices.

Despite insurers expressing a desire to expand their provider networks, many continue to experience internal backlogs, labor shortages, and slow manual processing that delay credentialing. Third-party platforms such as **CAQH ProView** were introduced to streamline data collection, and the ADA has promoted their use for many years. However, these tools remain dependent on insurer-side responsiveness, and delays persist even when applications are complete.

More recently, the ADA has partnered with (or possibly acquired) a private company called LightSpun, which claims to use artificial intelligence (AI) to speed up credentialing and enrollment. LightSpun's platform is advertised as being able to reduce processing time from months to days. While automation can improve data accuracy and submission speed, insurer-side bottlenecks continue to cause significant delays. The ADA's partnership with LightSpun does not imply that its platform has resolved the core administrative lag, nor does this resolution constitute an endorsement of any specific commercial solution.

These delays are especially harmful to younger dentists, who often change practices in search of better opportunities. Having to start the credentialing process from scratch every time they switch offices discourages mobility, makes it harder to leave toxic or exploitative work environments, and creates barriers to success. Streamlining credentialing—or allowing provisional participation while enrollment is completed—would give young professionals greater freedom and reduce career stagnation.

Practice owners also experience significant burdens when hiring associate dentists due to the time-consuming nature of credentialing, which delays the new dentist's ability to see patients and slows office growth. By providing credentialing tools or provisional clearance pathways, the ADA could offer meaningful support not only to associate dentists but also to practice owners, creating an attractive reason to join or maintain ADA membership.

There is an opportunity for the ADA to provide a value-added member service that assists patients, dentists and payers. For example, the ADA could offer credentialing support services, such as identity verification, centralized background checks, licensure and liability insurance verification, or secure document exchange systems. By helping payers process applications more efficiently, the ADA could

improve patient care access, support its members, and grow membership by delivering services not readily available elsewhere.

Provisional credentialing is already widely used in the medical field. For example, UnitedHealthcare allows provisional credentialing of physicians in underserved areas within 14 days of receiving a complete application, evident in multiple states in the following document (use the search function for "provisional" in *UnitedHealthcare Credentialing Plan – State and Federal Regulatory Addendum)*.

Hospital systems and physician networks also routinely use provisional privileging to ensure continuity of care during credentialing (LinkedIn article: *Medical Credentialing Process: Improving Efficiency with AI – Neolytix*).

This resolution proposes a similar approach for dentistry: allowing licensed and insured dentists to begin treating patients at in-network rates while full credentialing is completed. This proposal is not intended to interfere with pricing agreements, network participation decisions, or any antitrust-sensitive matters. All recommendations will be voluntary and non-binding. This initiative aligns with the ADA Strategic Plan 2020–2025, Objective 10, page 6.

Resolution

305. Resolved, That the American Dental Association create a task force, appointed for up to one year or until its work is completed, charged with developing a model framework for provisional insurance credentialing of licensed, malpractice-insured dentists actively applying to join a network, allowing such dentists to treat patients at in-network rates while full credentialing is completed, and be it further

Resolved, that the task force be charged with the following responsibilities:

1. Work with third-party payers, regulatory stakeholders, and subject matter experts to create a system that protects patients, verifies licensure and liability insurance, and maintains payer integrity;

2. Evaluate artificial intelligence (AI)-based credentialing platforms, including but not limited to LightSpun and CAQH ProView, to determine which features can support—but not replace—provisional credentialing workflows and whether any systems can meaningfully reduce administrative lag;

3. Review credentialing standards already in use in the medical field, and consider best practices for dental-specific provisional credentialing guidelines, such as a 15-day eligibility window with completion within 60 days; and

4. Explore whether the ADA can create or facilitate credentialing support services—such as background checks, licensure and liability insurance verification, or pre-submission data screening—to assist both payers and ADA members, and whether such a program could serve as a meaningful membership benefit, especially for younger dentists and for practice owners seeking to streamline onboarding of new associates.

and be it further

Resolved, that the Council on Dental Benefit Programs review the work of the task force and, if appropriate, draft a resolution for submission to the 2026 House of Delegates for adoption as ADA policy, and in the interim, consider using the framework to guide voluntary engagement and advocacy efforts with third-party payers, and be it further

Resolved, that the task force be composed of up to seven members, including at least one early-career dentist, one member with expertise in dental benefits or credentialing, and one member of the Council on Dental Benefit Programs, and be it further

Resolved, that if in-person meetings are required, funding shall be provided in accordance with existing ADA policy, and be it further

Resolved, that the ADA ensure all activities under this resolution, including engagement with insurance carriers, remain voluntary, non-binding, and fully compliant with applicable federal and state antitrust laws.

BOARD COMMENT: The Board appreciates the sentiments expressed in Resolution 305. The Board believes that the ADA's Council on Dental Benefit Programs (CDBP) has the expertise on this matter, is more cost effective, and can certainly engage other stakeholders as needed to evaluate the issues around provisional credentialing without the need to establish a new taskforce. The Board respectfully suggests that the matters referenced in Resolution 305 be referred to the appropriate ADA agencies and the Board urges the assigned ADA agencies to not only evaluate but to also take the necessary steps to address the need to expedite the credentialing process.

BOARD RECOMMENDATION: Vote Yes on Referral.

Vote: Resolution 305

BERG	Yes	DOWD	Yes	KNAPP	Yes	STUEFEN	Yes
BOYLE	Abstain	GRAHAM	Yes	MANN	Yes	TULAK-GORECKI	Yes
BROWN	Yes	HISEL	Yes	MARKARIAN	Yes	WANAMAKER	Yes
CAMMARATA	Yes	HOWARD	Yes	MERCER	Yes		
CHOPRA	Yes	IRANI	Yes	REAVIS	Yes		
DEL VALLE-SEPÚLVEDA	Yes	KAHL	Yes	ROSATO	Yes		