

Resolution No. [Resolution Number] [Type]

Report: [Report] Date Submitted: 07/28/2025

Submitted By: Dr. Steve Saxe, Delegate, Nevada

Reference Committee: [Reference Committee for Worksheet]

Total Net Financial Implication: [Total Net Financial Impl.] 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

### 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.**

**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;

- 1       3. Review credentialing standards already in use in the medical field, and consider best  
2       practices for dental-specific provisional credentialing guidelines, such as a 15-day  
3       eligibility window with completion within 60 days;
- 4       4. Explore whether the ADA can create or facilitate credentialing support services—such as  
5       background checks, licensure and liability insurance verification, or pre-submission data  
6       screening—to assist both payers and ADA members, and whether such a program could  
7       serve as a meaningful membership benefit, especially for younger dentists and for  
8       practice owners seeking to streamline onboarding of new associates; and be it further

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

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

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

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