

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 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 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; and be it further

Resolved, that the task force 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; and be it further

1 **Resolved**, that the task force review credentialing standards already in use in the medical field,
2 and consider best practices for dental-specific provisional credentialing guidelines, such as a 15-
3 day eligibility window with completion within 60 days; and be it further

4 **Resolved**, that the task force explore whether the ADA can create or facilitate credentialing
5 support services—such as background checks, licensure and liability insurance verification, or
6 pre-submission data screening—to assist both payers and ADA members, and whether such a
7 program could 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

9 **Resolved**, that upon review and approval by the Council on Dental Benefit Programs, any
10 resulting framework may be adopted **immediately** as ADA policy and used to guide formal
11 advocacy with third-party payers for its national implementation; and be it further

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

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