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2	Delta Dental PPO™ Network and Delta Dental Premier® Network	
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Introduction

- Delta Dental Insurance Company, ("DDIC") is licensed by the West Virginia Office of the Insurance Commissioner ("WV OIC") as an Accident and Sickness insurance company. We offer stand-alone dental fee-for-service ("PPO") products to West Virginia residents using the Delta Dental PPOTM Network ("PPO Network") and the Delta Dental Premier* Network ("Premier 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 and Premier Networks and is available to any Enrollee, Contractholder, Dentist or other interested party by visiting deltadentalins.com using the *Contact Us* feature or by request by contacting Our Customer Service Center at 800-422-4234. 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 DDIC. 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:
 - AARP Dental Insurance Plan

22 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.

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The following types of Dentists in Our networks include:

 General Dentists, Endodontists, Oral Surgeons, Orthodontists, Pediatric Dentists

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

- Factors used to build Our networks include: 1
- 2 Number and type of Dentists needed to service where Our Enrollees live and work
 - Professional training, experience, and licensure
 - Facilities and equipment
 - Medical malpractice and other liability insurance
- 7 Time and distance
 - Negotiated reimbursement/contracted rates
 - Network adequacy needs
- To assure high quality care is delivered by Our Dentists, We validate credentials 10
- 11 through a credentialing procedure which is applied to all Our network/contracted
- Dentists. 12

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- 13 We conduct initial credentialing efforts to determine whether Dentists have the
- 14 appropriate professional licensing and relevant training and experience to provide
- 15 quality oral healthcare. Our initial credential application evaluates Dentists using
- the following criteria: state dental licensure, education and training, board 16
- 17 certification (if applicable), verification of Systems Award Management ("SAM"),
- 18 Office of Inspector General and OFAC, DEA and CDS certificate (if applicable),
- 19 malpractice claims history, and NPI verification via the NPPES NPI registry.
- 20 Ongoing monitoring efforts by Our credentialing unit works in coordination with
- Our Quality Program to identify any issues that may impact the safety of 21
- 22 Enrollees and to take any actions as needed. The Quality Program informs this
- 23 unit of Dentists with excessive Enrollee grievances and potential quality issue
- 24 scores.
- 25 We recredential all contracted Dentists within thirty-six (36) months of their initial
- credentialing or their last credentialing date, on a recurring basis. 26

Dentist Access and Availability

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

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

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

- Reasonable access to preventive care appointments, regular and routine
 care appointments, and Urgent Care appointments
 Emergency Care access twenty-four (24) hours a day, seven (7) days week,
 including vacations and holidays
 - Follow up on missed/broken appointments
 - Patient recall systems
 - In office wait times

• Answering and telephone services/systems

Appendix II of this Network Access Plan provides a breakdown of Our Dentists
 by West Virginia county.

Network Adequacy Exception:

Enrollees may obtain benefits from any Dentist including a Non-Delta Dental Dentist and We will treat the benefits as if the services were obtained from a Delta Dental contracted Dentist when:

- a Delta Dental contracted Dentist is not within Reasonable Proximity;
- an Enrollee is diagnosed with a condition or disease that requires specialized health care services or medical services, and We:
 - do not have a Delta Dental contracted Dentist with the required specialty, training, or expertise; or
 - cannot provide Reasonable Access to a PPO Dentist or Premier Dentist with the required specialty, training or expertise without Unreasonable Travel or Delay.

For the purpose of this section, certain words have the following meaning:

- Reasonable Proximity:_The distance from an Enrollee's home to a general
 Dentist that is no more than 30 miles and the distance from an Enrollee's
 home to a dental specialist that is no more than 50 miles. If there are no
 licensed Dentists, including non-participating Delta Dental Dentists within
 such distance, however, Reasonable Proximity will be defined as the
 distance to next closest, licensed Dentist.
- Reasonable Access: The ability of an enrollee to obtain general and/or specialist dental care, based on the average wait time for appointment availability within a given geographical region.
- Unreasonable Travel or Delay: A situation where an Enrollee does not have a general Dentist or specialist within Reasonable Proximity or does not have Reasonable Access to such Dentist(s).

- To receive the in-network benefit level, the Enrollee or Non-Delta Dental Dentist must contact Our Customer Service Center at 800-422-4234 to request authorization to obtain services from either a Delta Dental contracted Dentist (PPO Dentist, Premier Dentist) or a Non-Delta Dental Dentist, and We will:
 - Upon receipt of a claim form:

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- Pay the Delta Dental contracted Dentist the agreed to fee for services minus any Enrollee liability
- Pay the Non-Delta Dental Dentist their submitted fee (or any otherwise negotiated fee between the Non-Delta Dental Dentist and Us) minus any Enrollee liability, or
- Reimburse the Enrollee up to the Non-Delta Dental Dentist's submitted fee minus any Enrollee liability
- Determine the Enrollee financial responsibility taking into consideration any coinsurance and other cost-sharing amounts including, but not limited to, annual maximums and deductibles calculated by using the in-network benefit level based on the Maximum Allowance for Our in-network Dentists.
- Calculate the Enrollee plan accumulators based in on the in-network Dentist PPO Maximum Allowance. The remainder of the Dentist's submitted fee paid by Us will not be included in any of the Enrollees' plan accumulator(s).

Monitoring and Assuring Network Sufficiency

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

The purpose of the Quality Program is to:

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

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

- Effective to provide Enrollees with the best treatment and care based on scientific knowledge and best practices of standard care
- Safe practices to avoid harm to Enrollees from the care intended to help them
- Efficient by providing affordable cost of care that is free from fraud, waste, and abuse
- Timely by reducing waits and delays for services

1 2 3

 Equitable to provide care and service that is easily accessible and does not vary in quality because of personal characteristics, gender, ethnicity, geographic location, or socio-economic status

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

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

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

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

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

Quality Assurance

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

 Finding the average number of procedures performed per office visit and calculating the frequencies of timely access to care

 Valuable information about patterns and relationships between systems.
 Examples in a dental setting include Enrollee satisfaction surveys and grievances and independent observations.

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

> Standards of dental practice, standards used to evaluate quality of care of Dentists, and standards incorporated into Our policies and procedures;

• Thresholds and targets derived from the standards/norms will be

- Measurable, achievable, and consistent with national/community standards
 - Consistent with regulatory agencies and legal guidelines
 - Valuable to the assessment of quality and the potential improvement of quality for Our Enrollee population; and
 - Communication of Our standards to Dentists via Our Dentist Handbook, notification mailings, online posts and a Dentist blog

Dentist Directory

We maintain a Dentist directory on Our <u>deltadentalins.com</u> website that supports Our dental products. The website includes a "Find A Dentist" feature where Enrollees are prompted to submit their location by address, city or ZIP code and select their plan's network to view the Dentists available under their plan.

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

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

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

Network Access Plan Standards

Overview

Enrollee plan documents, enrollment information, and Our website at deltadentalins.com include all the details for the Enrollee's dental plan. Plan documents include a Certificate of Coverage and Disclosure Form for Enrollees covered under a group plan, or a Policy for Enrollees who have purchased individual coverage. Enrollees may also contact Our Customer Service Center at 800-422-4234 for additional dental plan information.

Teledentistry

- 1 We provide the same benefit for covered services whether Enrollees see a PPO
- 2 Dentist or a Premier Dentist in a dental office setting or consult via Teledentistry.
- We do not use non-contracted Teledentistry Dentists to supplement Our
- 4 networks.

Referrals In Network and Out of Network

Our plans are open-access plans which allows Enrollees to seek dental care and services from any Dentist at any time, including emergent-urgent and specialized care. Enrollees do not have to obtain a referral to receive benefits covered under the Enrollee's plan. However, We do recommend Enrollees obtain a Pre-Treatment Estimate for an estimate of allowable Benefits under their dental plan for the services proposed; however, it is not a guarantee of payment as requested

services are subject to annual deductibles and maximums in addition to other

limitations and exclusions outlined in the Enrollee's plan documents.

ilmitations and exclusions outlined in the Enrollee's plan docume

Grievance and Appeals Procedure

Enrollees are informed about complaint, grievance and appeal rights in enrollment materials, their plan documents, and Our deltadentalins.com website. Enrollees may also contact Our Customer Service Center at 800-422-4234 for assistance. Enrollee plan documents include a process for Enrollees to express their concerns or complaints, and to request fair resolution that will correct perceived wrongs. The grievance and appeals process review and resolves Enrollee grievances and appeals in a manner that is timely, equitable and sensitive to the Enrollee's individual needs, including cultural, linguistic, and disability-related needs.

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

Choosing and Changing Dentists

Enrollee plan documents include information about Our open-access fee-for-service plans, meaning that Enrollees may see any Dentist for covered services, including services related to emergent-urgent and specialty care whether the Dentist is a PPO Dentist, Premier Dentist or a Non-Delta Dental Dentist. Enrollees may also change their PPO Dentist or Premier Dentist at any time.

To locate a PPO Dentist or Premier Dentist Enrollees may access Dentist participation information by visiting Our Dentist directory available through Our website at deltadentalins.com and selecting the *Find A Dentist* feature or by contacting Our Customer Service Center at 800-422-4234. A disclosure in the

Dentist directory informs Enrollees that it is updated every business day with updated listings appearing each week Tuesday through Saturday.

Plan Features

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

Our fee-for-service plans are supported by the following:

- The PPO Network
- The Premier Network

Delta Dental Dentists are reimbursed based on the PPO Maximum Allowance covered under their contract with Us. PPO Dentists have agreed to accept the PPO Maximum Allowance as payment in full for covered services. Claims are paid to PPO Dentists based on the PPO Maximum Allowance and the plan's benefit levels. Enrollees are encouraged to visit a PPO Dentist to reduce out-of-pocket costs.

A Premier Dentist is a contracted Dentist who has not agreed to accept the PPO Maximum Allowance as payment in full for covered services which in most cases is higher than the PPO Maximum Allowance. Claims are paid to Premier Dentists based on the Premier Maximum Allowance and the plan's benefit levels.

Under certain plan designs, regardless of whether an Enrollee receives services from a PPO Dentist or a Premier Dentist, claims are paid based only on the PPO Maximum Allowance and a Premier Dentist may bill the Enrollee for the difference between the PPO Maximum Allowance and the Premier Maximum Allowance. In such instances, the Enrollee's out-of-pocket expense will be higher than a visit to a PPO Dentist. Under other plan designs, claims for a Premier Dentist are paid based on the Premier Maximum Allowance. In these plans, the Enrollee's out-of-pocket expenses is their coinsurance amount.

When seeking services from a Premier Dentist, Enrollees are encouraged to verify their Dentist's in-network status by reviewing their plan documents or by contacting Our Customer Service Center at 800-422-4234.

Non-Delta Dental Dentists are not limited by PPO or Premier Maximum Allowances and may bill Enrollees their submitted fee. Enrollees are reimbursed for covered services provided by Non-Delta Dental Dentists based on the lesser of the Dentist's submitted fee, the PPO Maximum Allowance, or the Premier Maximum Allowance. Because these Dentists are not contracted, We cannot limit the amount charged to Enrollees. An Enrollee's out-of-pocket costs may be significantly higher when choosing a Non-Delta Dental Dentist. In this instance,

- the Enrollee's out-of-pocket expenses include the coinsurance amount, if any, and
- the difference between the Maximum Allowance and the Dentist's submitted fee
- 3 subject to any coinsurance.
- 4 All services received from PPO Dentists, Premier Dentists or Non-Delta Dental
- 5 Dentists are subject to Enrollee coinsurance, and any applicable deductibles or
- 6 maximum benefit limits, limitations or exclusions, or any charges for services not
- 7 covered by the Enrollee's plan.
- 8 Under any plan option, if there is no PPO Dentist or Premier Dentist available, in
- 9 accordance with *Our Network Adequacy Exception*, We will treat the services as
- in-network and Enrollees will not be subject to balance billing. However, services
- may be subject to coinsurance and other terms of their plan documents.

Emergent/Urgent Care

- 13 Plan documents inform Enrollees they may seek Emergent/Urgent care from a
- Dentist other than a PPO Dentist or Premier Dentist with no referral. Benefits
- provided for Emergent/Urgent Care provided by a non-Delta Dental Dentist are
- subject to the Enrollee's coinsurance amount, if applicable, and other cost-
- sharing terms of their plan. Enrollees seeking emergent-urgent care should
- 18 consult their Dentist or contact Our Customer Service Center at 800-422-4234
- 19 for assistance in locating a Dentist.
- 20 See also Our *Network Adequacy Exception* section.

Specialty Care

- 22 Enrollee plan documents explain that Our Delta Dental PPO plans are considered
- open-access plans offering Enrollees a free choice of Dentist for all services,
- including specialty services. Enrollees do not have to obtain a referral for
- 25 specialty care. Enrollees seeking specialty care should consult their Dentist or
- 26 contact Our Customer Service Center at 800-422-4234 for assistance in locating
- a specialty care Dentist.

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- When necessary, and as detailed under the Network Adequacy/Access Exception
- 30 section, We will treat specialty care from Non-Delta Dental Dentists as if the
- service was obtained from a PPO Dentist or Premier Dentist subject to
- coinsurance and other cost-sharing terms of the Enrollee's plan.

Continuity of Care Plan

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

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Enrollee Contract/Policy Termination

Our contracts with PPO Dentists and Premier Dentists require a seamless transition in the event the Enrollee's group contract or individual policy ends. Our Dentists agree to continue in-process dental services to Enrollees for a limited time following termination for dental treatment initiated while coverage is still in place.

Dentist Termination

In the event a PPO Dentist or Premier Dentist contract terminates, We will assist Enrollees in selecting a new Dentist. Our online Dentist directory is updated with the termination information in a timely fashion, and Our Dentists have contractually agreed to notify all Enrollees of their termination for a period of up to one (1) year. Our Customer Service Center available at 800-422-4234 acts as resource for informing Enrollees about Dentist participation and will assist the Enrollee with locating a new PPO Dentist and/or Premier Dentist.

 If, for any reason, the PPO Dentist or Premier Dentist is unable to complete treatment, We will make reasonable and appropriate provisions for the completion of such dental treatment by another PPO Dentist or Premier Dentist or other contracted Dentist.

Insolvency/Inability to Continue Operations

We have implemented and maintain a Business Continuity Global Standard policy that includes a disaster recovery plan designed to ensure the restoration of critical business operations to affected company locations and functions (e.g., information technology) within targeted timeframes in the event of Our inability to continue operations. Should such an event occur, We will provide messaging to Enrollees and Dentists about continued access to care though Our Customer Service Center at 800-422-4234 and any other communication means available during the business disruption event.

As a licensed West Virginia Accident and Sickness insurance company, DDIC is a member of the West Virginia Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of this association is to assure that Enrollees will be protected, within limits, in the unlikely event that We become financially unable to meet Our obligations. If this should happen, the Guaranty Association's fund will assess other West Virginia member insurance companies for monies to pay Enrollee claims subject to the Guaranty Associations terms and, in certain instances, keep coverage in force.

Enrollees with Special communication needs

We recognize the cultural, racial, and ethnic diversity of Our Enrollees. Since a diverse population may also have different language needs, vital documents and significant communications are translated into non-English languages to facilitate

- communication regardless of the Enrollee's medical condition whether serious, chronic, or complex to facilitate the following:
 - Communicate their dental needs to Dentists using face-to face interpretative services (e.g., sign language, large print, audio, and accessible electronic formats)
 - Understand plan documents and Enrollee communications by providing free documentation translation services, including:
 - o Our deltadentalins.com web portal displays multiple links to Language Assistance Program ("LAP") information.
 - We provide a LAP notice in multiple languages in all plan documents and on Our website
 - Our Find a Dentist website portal at deltadentalins.com includes a convenient link to the LAP notice and is available in multiple languages
 - Enhance Dentist-chair LAP experiences by PPO Dentists or Premier Dentists
 who have self-reported they or their staff speak languages other than
 English and can assist with language assistance. Self-reported language
 information is displayed on the *Find a Dentist* on-line directory available at
 deltadentalins.com

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

Additionally, the deltadentalins.com landing page includes a disclosure under *About Delta Dental - Language Assistance* that provides Enrollees with a listing of available LAP services. Language assistance interpretive services are available for documents distributed to Enrollees, for Enrollee calls to Our Customer Service Center at 800-422-4234, and during visits to dental offices.

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

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

Our Dentist directory includes language spoken by Our Dentists or their staff in the dental office. Because We acknowledge the importance of communication between the Enrollee and Dentist, Dentists are asked to self-report languages spoken in the office; however, We do not certify the Dentist's proficiency in reported languages. Written notification of changes to Dentist office languages are updated and published on Our online Dentist directory. Updates are made Monday through Friday and published Tuesday through Saturday.

Enrollee Satisfaction

- 2 We regularly assess Enrollee satisfaction with the plan, Our Dentists, benefits, and
- 3 plan operations. We send satisfaction surveys to randomly selected Enrollees on a
- 4 quarterly basis and record and assess the results to build programs and action
- 5 plans to address any identified issues. To preserve confidentiality, individual
- 6 Enrollees are not identified in any Enrollee satisfaction report.
- 7 We assess Enrollee satisfaction in the following categories:
 - The quality of care received
 - The information the dental office gave the Enrollee concerning needed treatment and its cost
 - Appointment availability at the dental office
- Office wait-times
 - The appearance, cleanliness, and maintenance of the dental office
- Wheelchair access or other needed accommodations
 - The current Network Dentist, overall
 - The range of dental benefits available to the Enrollee
 - Service from Our Customer Service Center
 - Printed Enrollee materials furnished by Us
 - The choice of Dentists available to the Enrollee

Network Access Plan Disclosures

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We disclose to Enrollees, through enrollment materials, Our website deltadentalins.com, Enrollee communications, plan documents (*Certificate of Coverage and Disclosure Form* for Enrollees covered under a group plan, or *Policy* for Enrollees who purchased individual coverage), and by contacting Our Customer Service Center at 800-422-4234 of the following plan features:

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

Definitions:

Delta Dental PPO Dentist ("PPO Dentist"): A PPO Dentist agrees to accept the PPO Maximum Allowance as payment in full for covered Benefits provided.

2	PPO Dentist.
3 4	Delta Dental Premier Dentist ("Premier Dentist"): a Dentist who has agreed to accept the Premier Maximum Allowance as payment in full for covered benefits.
5 6	Dentist: a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.
7 8 9 10	Emergent/Urgent Care: dental services immediately required for alleviation of severe pain, swelling or bleeding, or immediately required to avoid placing Enrollees in serious jeopardy. Emergent/Urgent dental care is limited to palliative treatment for the elimination of dental pain.
11 12	Enrollee: an individual eligible to receive benefits under a group plan or individual policy.
13 14 15 16 17	Non-Delta Dental Dentist or Non-participating Dentist ("Non-Delta Dental Dentist"): a Dentist who has not signed a contract with Us to provide benefits as a contracted PPO or Premier Dentist or is not contractually bound to abide by Our administrative guidelines. These Dentists may balance bill up to their submitted fee, unless a negotiated fee has been agreed to by the Non-Delta Dental Dentist and Us.
19 20	PPO Maximum Allowance: the maximum fee for a covered service payable by Us to a PPO Dentist.
21 22	Premier Maximum Allowance: the maximum fee for a covered service payable by Us to a Premier Dentist.
23 24	Pre-Treatment Estimate : an estimation of the allowable benefits for the services proposed, it is not a guarantee of payment.
25 26 27 28	Teledentistry: the delivery of dental services through telehealth or telecommunications that may include the use of real-time encounter; live video (synchronous) or information stored and forwarded for subsequent review (asynchronous)
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30	Appendix I - Online Dentist Directory Screenshots
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10/17/22, 11:48 AM Results Page



Appendix I - Online Dentist Directory Screenshots

Back to search results

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

Robert Hamrick

General Dentist

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

Networks About these networks W. Va. Code 33-55-4 (a)(5)(A) Name of Network

Delta Dental PPO, Delta Dental Premier Plan

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

patients

Dentist Info

Dentist speaks

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

if applicable

Education

English

Tufts University School of Dental Medicine, 06/1987

Gender

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

Male

Licensing

Provider NPI: 1871662155

License: 2961. WV

Specialized care

Treats children: Yes Treats adults with cognitive disabilities: Yes Treats children with cognitive disabilities: Yes

Inaccurate directory information?

Let us know

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

Office Info

0.1 mi Get directions

R Augustus Hamrick li DMD

1021 Quarrier St Ste 313 Charleston, WV, 25301-2313 (304) 343-1143

Fax: (304) 352-1143

Office hours

Mon: 08:00 AM - 04:00 PM 08:00 AM - 04:00 PM Tue: Wed: 08:00 AM - 04:00 PM Thurs: 08:00 AM - 04:00 PM Fri: 08:00 AM - 12:00 PM

Sat: Closed Sun: Closed

Office access

Free Parking: No Wheelchair access: No Public transit access: No Network access: No

Languages at this office

English

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

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

- Medical group affiliations, if applicable. 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

Need help? <u>Timely Access to Care (CA)</u> <u>Legal notices</u> <u>Language assistance</u>

844.847.9516 MD DeltaCare Referral Policy Privacy Contact us WV Network Access Plans

Last Updated 10-14-2022.© Delta Dental. 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 844.847.9516 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, please click on "Contact Us" to email Us or contact Our Customer Service Center at 844.847.9516. If You have questions or need current Dentist directory information, You may contact Our Customer Service Center.

W. Va. Legislative Rule 114-100.7.5.a.

W. Va. Code 33-55-4(a)(4)(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 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.

PPO Dentist reimbursement is calculated based on the PPO Maximum Allowance.

Premier Dentist reimbursement is calculated based on the Premier Maximum Allowance.

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 844.847.9516 W. Va. Legislative Rule 114-100.7.2.4

Disclaimer: Please be advised that the links on this page contain information and material required by state and federal law that may not apply to ERS GBP.

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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.

DeltaCare® USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Appendix II - Dentists by West Virginia County PPO Network

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

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

Appendix II - Dentists by West Virginia County Premier Network

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

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