

DETERMINING AMOUNT OF DELTA PREMIER VS DELTA PPO PATIENTS

Nationwide, Delta Dental has been pursuing efforts to reduce the number of providers it has on its "Premier" program. Specifically, in transitions, we have found that any sort of change in ownership, whether it be by full or partial sale, has triggered Delta to reclassify the providers in the practice as PPO providers, at the lower fee schedule.

This has become a vital point for potential purchasers to evaluate in their due diligence of a practice opportunity as, in some cases, they will be earning less than the current owner, for the same work, if that owner is a Delta Premier provider.

In an effort to best represent the practice opportunity, we ask that, as a Delta Premier provider, you utilize the following steps to help gather information on your Delta Premier and Delta PPO participation rates and, as always, please reach out to us if you have any questions.

1. Go to – <http://www.deltadental.com>
2. Roll over "For Dentists" and a menu will come up below, click on "Dentist's Dashboard"
3. Enter Your Login Information
4. Click On "My Patients" Icon

You should see a list of patients, 10 to a page. The list will show the name of the patient, type of dental plan (Premier, PPO, or something else) and whether or not the patients are eligible.

5. Print This List

6. Count Patients

-- How Many **ELIGIBLE** Patients Exist in the Report:

-- How Many **INELIGIBLE** Patients Exist in the Report:

-- How Many **ELIGIBLE DELTA PREMIER** Patients Exist in the Report:

-- How Many **ELIGIBLE DELTA PPO** Patients Exist in the Report:

7. Do You Bill Delta PPO Patients with the Delta Premier Fee Schedule?

☐ Yes ☐ No

-- If Yes, *for the Difference*, Do You:

☐ Write it Off ☐ Charge the Patient

Note:

Status of eligibility is determined at the time the report is run. If the report states that the patient is not eligible it means that they can be ineligible for several reasons, i.e. loss of job, change in job, change in coverage, lapse in premiums, etc. If patients are in the period of waiting for coverage to begin, they do not show up on this report. Their coverage is pending and is not reflected until coverage actually begins.

There is no way of determining whether ineligible patients will become eligible at a later date. That is why you need to know if patients are eligible now, this is key in determining the number of PPO and Premier Patients.

This information will provide the current mix of eligible Premier and eligible PPO patients as of the date of the report.