



# 2019 NADP Claims Metrics Survey



Please read the following instructions before starting the survey.

**Please provide your responses based on data as of December 31, 2019.**

**NAVIGATING:** Buttons are at the bottom right of the screen. Next button advances to next set of questions. Back button returns to previous questions.

**STOPPING MID-WAY:** Your responses are saved as you take the survey. Save the hyperlink, or save your Email with the hyperlink so that you can resume completing the survey at a later time.

**SUBMITTING:** After completing the survey, click the SUBMIT button before exiting the survey or responses will not be recorded. Once you click the SUBMIT button, you will not be able to reopen the survey. Descriptive/Spacer Text Here

## Contact Information

Name

Title

Company

Phone

Email Address

Which type of Dental benefit products did your company offer in 2019? (Check all that apply)

- DHMO
- DPPO
- Dental indemnity

Discount dental

Hybrid (mixed) product [A Hybrid products includes design elements of multiple product types within a single product. i.e, a DHMO plan that covers all preventive care with a Discount plan to cover all other treatment)

Other

## Claims Metrics

What was the total number of claims received in 2019?

What was the total number of claims paid in 2019?

What was the total dollar amount of claims paid in 2019

\$

What was the average number of claims paid per member in 2019?

What was the average number of procedures per claim paid per member in 2019?

What percent of members had no claims in 2019?

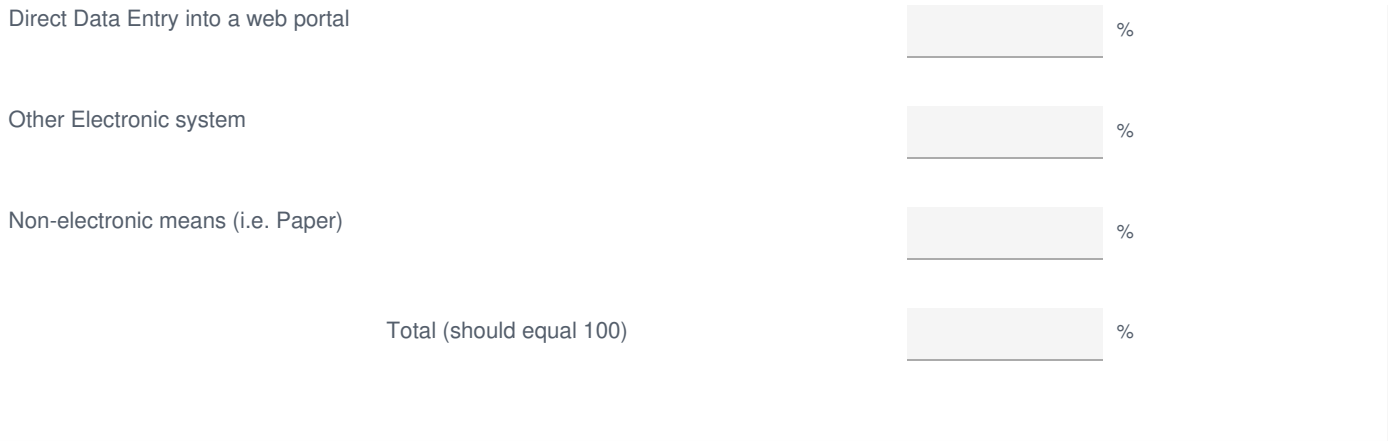
As a percentage of ALL claims, what percentage were received via:

HIPAA 837D Batch

 %

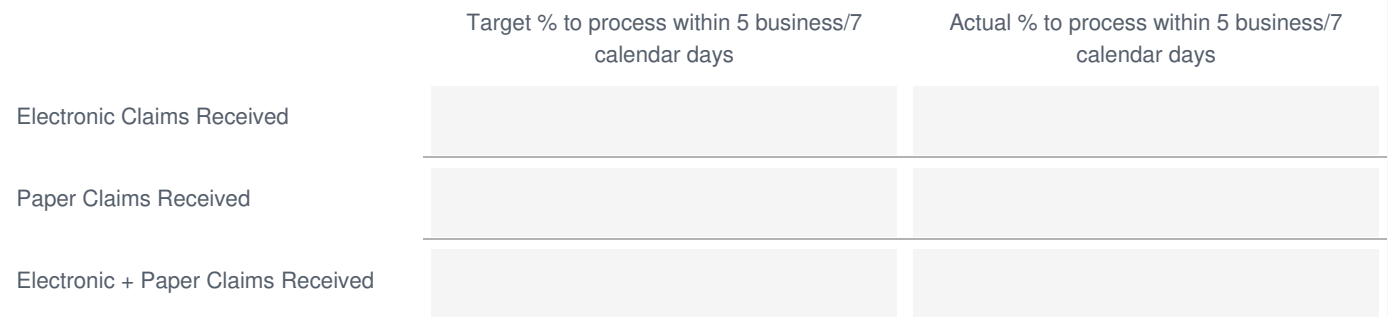
HIPAA 837D real-time

 %

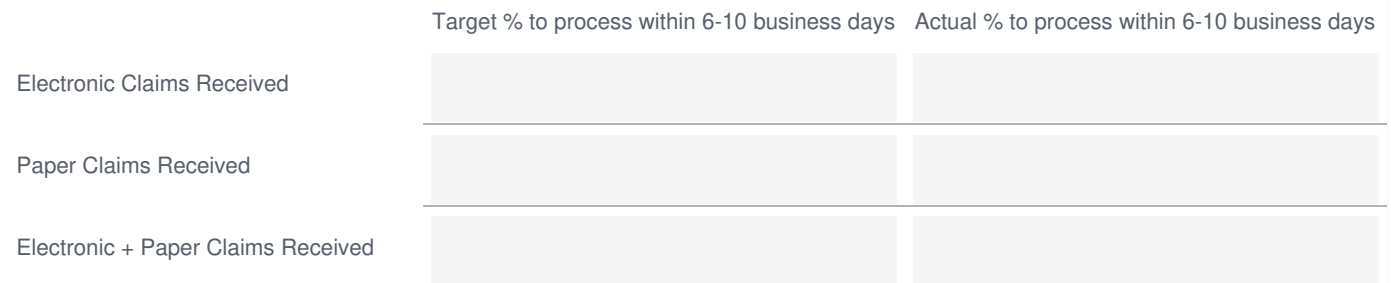


If applicable, please describe your "Other Electronic system"

What was your company's success rate for claims finalized within 5 business days/7 calendar days?



What was your company's success rate for claims finalized within 6 to 10 business days?

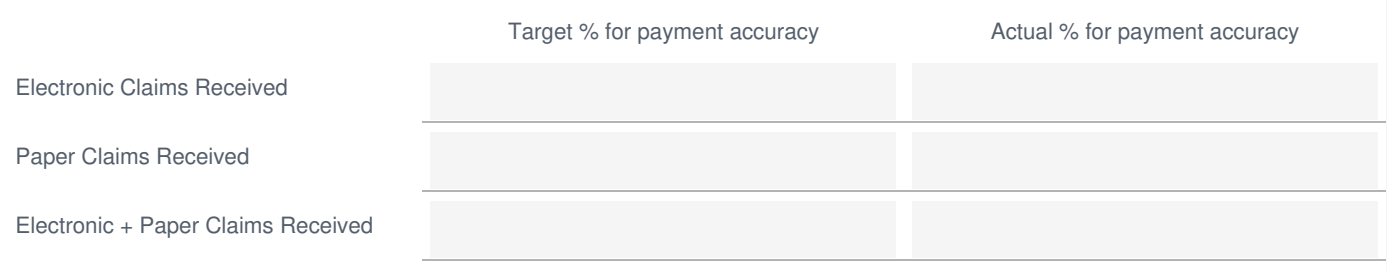


Assuming a 'clean' claim situation (no special processing/review needed), approximately how much longer would the adjudication process take on paper verse EDI?

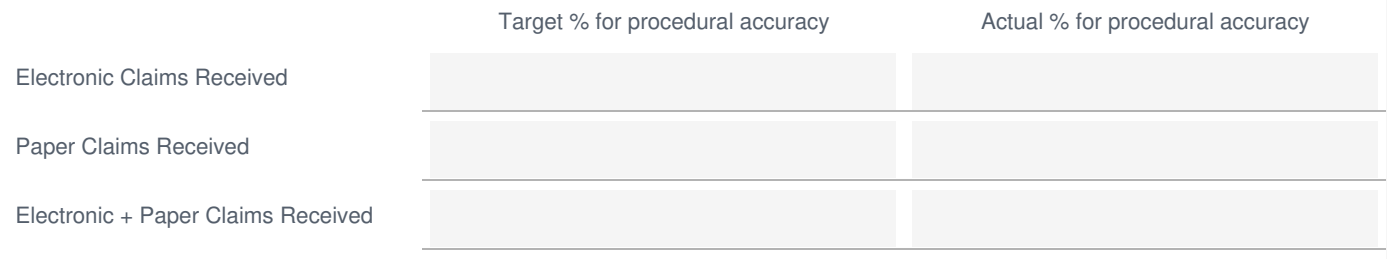
No difference

- 1-5 days longer
- 6-10 days longer
- 11-20 days longer
- 21 days or longer

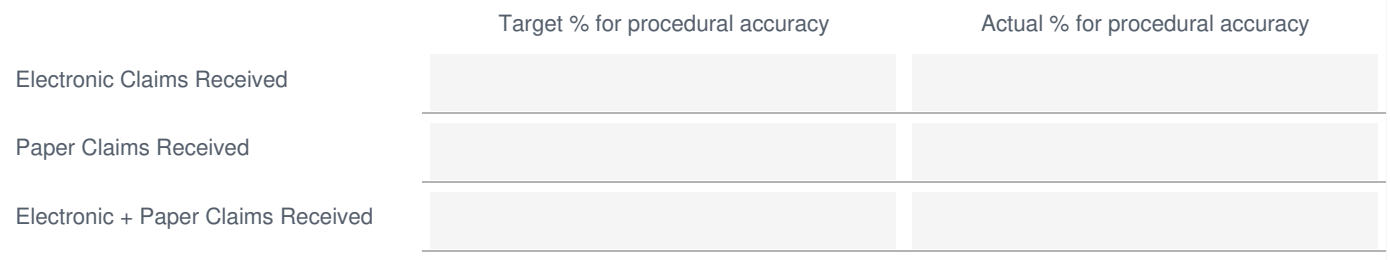
### What was your company's success rate for claims payment accuracy?



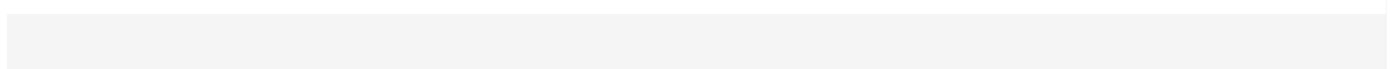
### What was your company's success rate for claims procedural accuracy?



### What was your company's success rate for claims financial accuracy?



### What percentage of claims required clinical claims attachments to process a claim?



%

What percentage of claims involved Coordination of Benefits (COB) as a primary payor?

%

What percentage of claims involved Coordination of Benefits (COB) as a secondary payor?

%

## Explanation of Benefits

When receiving a secondary 837D claim, do you accept the information submitted (COB information on the 837D and/or an Attachment Control Number for the EOB) as sufficient to process the claim?

Yes

No

Please explain

Does your company allow members to opt in to receiving electronic EOB (eEOB) *instead of* paper?

Yes

No

What was the rate of adoption of eEOB in 2018?

% of membership

What was the rate of adoption of eEOB in 2019?

% of membership

## Auto-Adjudication

For the following questions:

**Automatic Adjudication** or **Auto-Adjudication** refers to all electronic, OCR and manual entry claims received into a payer's Claims Processing System, which are systematically processed to a finalized status without MANUAL intervention and/or SUSPENSION exceptions.

Of the electronic claims received, what percentage of those were automatically adjudicated?

%

Of the OCR (scanned) claims received, what percentage of those were automatically adjudicated?

%

Of the paper claims keyed into your processing system, what percentage of those were automatically adjudicated?

%

## Real-Time Adjudication (RTA)

Which of the following RTA capabilities does your company have?

- The process of a single claim being submitted by a provider to a payer.
- The payer systematically adjudicates the claim to its final disposition.
- The payer responds to the provider advising of Denial reason(s)
- The payer responds to the provider advising of Amount to be paid
- The payer responds to the provider advising of Patient responsibility
- The payer responds to the provider advising of Adjustments and explanations.

- The whole process is completed in a single communications session that is established and remains open and active until the adjudicated transaction is received by the entity initiating the communication session.
- All of the above
- None of the Above

### Does your company plan to implement RTA?

- Currently use RTA
- Yes. In the next 6 months
- Yes. In the next 12 months
- Yes. In the next 18 months
- Yes. In the next 24 months
- Not planning to implement

### Does your company accept predeterminations via real-time transmission?

- Yes
- No

### For accepted predeterminations via real-time transmission, what were the most common responses being transmitted to providers?

- Received
- Denied
- Need more information
- Other

### Does your company use RTA for claim adjustment?

- Yes
- No

What percentage of ALL claims in 2019 used RTA for claim adjustment?

%

What was your company's target and actual percent for predeterminations processed in 2019

	Target % for predeterminations processed	Actual % for predeterminations processed
Electronic Claims Received	<input type="text"/>	<input type="text"/>
Paper Claims Received	<input type="text"/>	<input type="text"/>
Electronic + Paper Claims Received	<input type="text"/>	<input type="text"/>

## Artificial Intelligence

Does your company currently use Artificial Intelligence (AI) in x-ray/radiograph review?

- Yes
- No

Does your company currently use Artificial Intelligence (AI) in any other area of claim processing?

- Yes
- No

(please describe)

Are you planning to implement AI in claim processing?

- Yes. In the next 6 months
- Yes. In the next 12 months



- Yes. In the next 18 months
- Yes. In the next 24 months
- Not planning to implement

## Diagnostic Codes & Risk-Based Benefits

Does your company receive submissions of diagnostic codes on ELECTRONIC dental claims?

- Yes
- No

Does your company receive submissions of diagnostic codes on ELECTRONIC dental claims?

- Yes
- No

Which of the following categories of ELECTRONIC claims included diagnostic codes?  
(Check all that apply)

- Diagnostic (D0100-D0999)
- Preventive (D1000-D1999)
- Restorative (D2000-D2999)
- Endodontics (D3000-D3999)
- Periodontics (D4000-D4999)
- Prosthodontics, removable (D5000-D5899)
- Maxillofacial Prosthetics (D5900-D5999)
- Implant Services (D6000-D6199)
- Prosthodontics, fixed (D6200-D6999)
- Oral & Maxillofacial Surgery (D7000-D7999)

- Orthodontics (D8000-D8999) , except Teledentistry
- Teledentistry (D9995-D9996)
- Other (please provide details)

Does your company receive submissions of diagnostic codes on PAPER dental claims?

- Yes
- No

Which of the following categories of PAPER claims included diagnostic codes? (Check all that apply)

- Diagnostic (D0100-D0999)
- Preventive (D1000-D1999)
- Restorative (D2000-D2999)
- Endodontics (D3000-D3999)
- Periodontics (D4000-D4999)
- Prosthodontics, removable (D5000-D5899)
- Maxillofacial Prosthetics (D5900-D5999)
- Implant Services (D6000-D6199)
- Prosthodontics, fixed (D6200-D6999)
- Oral & Maxillofacial Surgery (D7000-D7999)
- Orthodontics (D8000-D8999) , except Teledentistry
- Teledentistry (D9995-D9996)
- Other (please provide details)

Does your company have plans with risk-based benefits?

- Yes
- No, but we are currently developing
- No, and we have no immediate plans to develop

When will your company begin utilizing diagnostic codes received to develop risk based benefits?

- Yes. In the next 6 months
- Yes. In the next 12 months
- Yes. In the next 24 months
- Yes. In the next 36 months
- Still determining
- Don't know
- Other (please provide details)

Is your company currently utilizing diagnostic codes you receive for the adjudication of dental claims?

- Yes
- No, but we are currently developing
- No, and we have no immediate plans to develop

When will your company begin utilizing diagnostic codes received for the adjudication of dental claims?

- Yes. In the next 6 months
- Yes. In the next 12 months
- Yes. In the next 24 months
- Yes. In the next 36 months
- Still determining
- Don't know
- No

Electronic Data Interchange (non-claim)

### Does your company trade Benefit & Eligibility transactions (HIPAA 270/271)...

- Directly from provider
- Through a claims clearinghouse
- Via batch
- Via real-time
- Via web portal
- Do not trade Benefit & Eligibility transactions (HIPAA 270/271)

### Does your company trade Claims Status Inquiry and Response (HIPAA 276/277)...

- Directly from provider
- Through a claims clearinghouse
- Via batch
- Via real-time
- Via web portal
- Do not trade Claims Status Inquiry and Response (HIPAA 276/277)

### Does your company trade Electronic Remittance Advice (ERA) transactions (HIPAA 835)...

- Directly from provider
- Through a claims clearinghouse
- Via batch
- Via real-time
- Via web portal
- Do not trade Electronic Remittance Advice (ERA) transactions (HIPAA 835)

## Explanation of Benefits (EOB)

Upon a provider implementing ERA, does your company suppress the print/mail of paper EOBs?

Yes

No

What percent of adjudicated EOB transactions are returned via 835?



What percent of providers are accepting 835 transactions?



Do you provide adjudicated EOB transactions via 835 regardless of provider enrollment?

- Yes
- No

## Provider Payments

What percentage of your company's payments in 2019 to providers were...

Paper checks



Electronic funds transfer (EFT) - Includes Email/virtual checks, wire transfers, direct deposit, ACH disbursements



Virtual credit cards



## All other

%

Is your company planning to offer Alternative Provider Payment Options (payments other than EFT/ACH or paper checks)?

- Yes, in the next 6 months
- Yes, in the next 12 months
- Yes, in the next 24 months
- Yes, in the next 36 months
- No
- Still determining
- Other (please provide details)

## CAQH CORE

Is your organization familiar with the CAQH CORE Operating Rules that mandated the use of certain electronic transactions?

- Yes. Adhere to the mandate
- Yes. Working toward adherence
- No

Do you have any incentives for submitters to send EDI/electronic instead of submitting paper or making phone call inquiries? (Check all that apply)

- Yes, claims
- Yes, eligibility
- Yes, claims status
- Yes, EOB/ERA
- Yes, EFT

No

(please explain)

(please explain)

(please explain)

(please explain)

(please explain)

Do you have a web portal that allows providers to *verify* information? (Check all that apply)

Yes, claims

Yes, eligibility

Yes, claims status

Yes, EOB/ERA

Yes, EFT

No

(please explain)

(please explain)

(please explain)



(please explain)

(please explain)

Do you have a web portal that allows providers to *submit* information? (Check all that apply)

- Yes, claims
- Yes, eligibility
- Yes, claims status
- Yes, EOB/ERA
- Yes, EFT
- No

(please explain)

(please explain)

(please explain)

(please explain)

(please explain)

Any comments on the state of Dental EDI submission rates and ideas to increase industry EDI adoption?

## Dental Quality Measures

Have you implemented any of the Dental Quality Alliance (DQA) dental quality measures?

- Yes
- No
- I am not aware of the Dental Quality Alliance (DQA) measures.

Please choose the following 2020 Dental Quality Alliance (DQA) Measures your company has implemented

- Pediatric - Utilization of Services, Dental Services
- Pediatric - Caries Risk Documentation
- Pediatric - Oral Evaluation
- Pediatric - Topical Fluoride in Children, Dental Services
- Pediatric - Care Continuity
- Pediatric - Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children
- Pediatric - Follow-Up after Emergency Department Visits for Dental Caries in Children
- Adult - Ambulatory Care Sensitive Emergency Department Visits for NTDC by Adults
- Adult - Follow-Up after Emergency Department Visits for NTDC by Adults
- Adult - Oral Evaluation-Diabetics
- None of the Above

What is your company's purpose for implementing DQA measures?

- For internal monitoring

- To develop reports to a government agency
- To develop reports for employers
- To support performance improvement projects
- For public reporting
- Other

## Performance Guarantees

Does your company offer performance guarantees on any of these metrics? (Check all that apply)

- Do not offer guarantees on metrics
- Claims payment accuracy
- Claims financial accuracy
- Claims procedural accuracy
- Turnaround time for claim payment
- Member satisfaction rate
- Other (please describe)

What is the minimum group size for which your company will offer performance guarantees? Please answer in terms of subscribers (employees).

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