



Institute for Child Health Policy at the University of Florida
Texas External Quality Review Organization

Texas Children's Health Insurance Program Dental Benefits Provider

Dental Provider Office Survey

Fiscal Year 2008

**Institute for Child Health Policy
University of Florida**

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Executive Summary

The fiscal year 2008 Annual Dental Health Provider Office Survey Report presents the findings from the 2008 Dental Health Provider Office Surveys, which are conducted to assess dental benefit contractor compliance with certain HHSC contract requirements for CHIP.

The report includes responses to survey statements from both office managers and providers. Overall, office managers and providers expressed satisfaction with the CHIP Delta Dental health plan, with 89 percent of providers indicating satisfaction as a participating provider in the network and 81 percent of office managers stating satisfaction with the attention given to the practice and dentist by the health plan.

Additionally, both providers and office staff indicated positive responses in the following areas:

- Claims paid accurately (83 percent and 81 percent).
- Claims paid timely (81 percent and 77 percent).
- Knowledgeable provider representatives (95 percent and 91 percent)

The report also found that both providers and office staff indicated specific areas where improvement could be made, such as:

- Authorization process.
- Verification of member eligibility.
- Claim processing.
- National Provider Identifier (NPI).
- Plan representatives.
- Benefits.

To address these issues, HHSC will share the results with Delta Dental and request feedback from the health plan on how the results will impact their ongoing quality program. HHSC will also amend the current contract to require that Delta Dental establish a greater level of interaction between Delta Dental and participating providers.

Additionally, it is also important to note that the report responses did not achieve the targeted sample size. Therefore, the findings were considerations only and could not be projected to the full Delta Dental network. When conducting future office surveys, modifications to the survey process will be made to ensure an adequate sample is received for analysis. In particular, simplification of the survey, to remove redundant items between the provider and office manager components, could improve response rates by reducing the burden of the process in the provider office. In addition, specific procedures will be defined in the survey method to improve response rates.

Overview

Purpose

This report presents the findings from the 2008 Dental Health Provider Office Surveys which are conducted to assess dental benefit contractor compliance with certain contract requirements for the Texas Children's Health Insurance Program (CHIP) as defined by the Texas Health and Human Services Commission (HHSC). The survey was conducted by the Institute for Child

Health Policy at the University of Florida, which is contracted with HHSC as the Texas Medicaid Managed Care and CHIP External Quality Review Organization (EQRO).

Summary of Major Findings

Surveys were mailed to 235 Texas dental offices, with nine returned by the Postal Service as not deliverable. A total of 61 offices responded with at least one survey tool, for a response rate of 27 percent. Ten of the returned surveys indicated the provider had retired, leaving only 51 total offices with one or both surveys included in analysis. Scheduled follow-up with provider offices not submitting surveys as requested was hampered by the aftermath of severe weather affecting portions of the state for approximately three weeks.

A majority of offices indicated they were single provider practices and about 85 percent of both providers and office managers described their dental specialty as General/Family Dentist. Approximately 90 percent indicated participation in Delta Dental's CHIP Dental network for longer than one year. Seventy-five percent or more of both providers and office managers reported one office location serving CHIP Dental members. Office managers also reported that 54 percent of offices surveyed did not offer extended hours on weekdays or weekends. Weekday appointments after 5:00 PM were reported by 24 percent of offices and weekend appointments by 29 percent.

All provider items revealed an over 80 percent positive perception except for opportunities from Delta Dental for the provider to give feedback for improvement of member care. Providers strongly agreed that Delta Dental staff were knowledgeable and courteous. However, with negative responses from providers approaching or exceeding 15 percent for all but two of the statements, it would appear there are opportunities for Delta Dental to improve communication with and services supporting their network providers. Most providers also disagreed with having had visits from Delta Dental's representatives.

All office manager items demonstrated a positive perception, with over 80 percent in agreement except for three items relating to training for claims filing, accurate payment of claims, and timely payment of claims. Disagreement ranged from 19 to 23 percent, which would suggest there are opportunities for Delta Dental to improve in this area. At 29 percent disagreement there is also a perception that training is not adequate to remain informed on available services and benefits. The high disagreement (68 percent) for office managers regarding a provider representative visit would also indicate a need for improvement.

Eighty-nine percent of providers indicated overall satisfaction as a participating provider in the Delta Dental network. Eighty-one percent of office managers stated satisfaction with the attention given to the practice and doctor by the health plan.

This study did not achieve the targeted sample and therefore should be shared as general information with Delta Dental to incorporate these findings with their own ongoing monitoring of provider satisfaction. When conducting the next dental health provider office survey, modifications to the survey process should be made to ensure adequate sample is received for analysis. Simplification of the survey, to remove redundant items between the provider and office manager components, could improve response rates by reducing the burden of the process in the provider office. In addition specific procedures should be defined in the survey method to improve response rates.

EQRO Recommendations

Specific recommendations for HHSC consideration and action are:

1. Share results as information with Delta Dental and request feedback from the health plan on how the results were used in their ongoing quality program.

2. Consider for approval EQRO's suggested changes to the survey tool and survey procedures to improve response rates.

Purpose

This report presents the findings from the 2008 Dental Health Provider Office Surveys which are conducted to assess dental benefit contractor compliance with certain contract requirements for the Texas Children's Health Insurance Program (CHIP) as defined by the Texas Health and Human Services Commission (HHSC). The survey was conducted by the Institute for Child Health Policy at the University of Florida, which is contracted with HHSC as the Texas Medicaid Managed Care and CHIP External Quality Review Organization (EQRO). Information obtained from the surveys is provided for HHSC's use in both managing the CHIP dental benefits program and to identify opportunities for improvement in care and service provided by Delta Dental to enrolled beneficiaries.

Background

The Texas CHIP dental vendor, Delta Dental, contracts with dentists state-wide to provide covered benefits to enrolled members. Requirements in the CHIP Dental contract¹ define specific standards for processes to support the care and service provided by dentists to members. The Dental Health Provider Survey and Dental Health Office Manager Survey were developed by the EQRO to assess provider perception of Delta Dental's effectiveness in implementing these required processes, as well as to determine the overall level of satisfaction dental providers have with participation in the Delta Dental Network.

Methods

Survey tools were developed after EQRO review of contract requirements and with input from HHSC's Quality Assurance and Program Improvement staff in Medicaid Managed Care and CHIP Operations. The methodology is described in more detail in Attachment A. Sampling of the dental provider network was done to achieve a 95% confidence level, with a confidence interval of ± 10 percent. A target sample was set at 94 from the population of 5,793 dental providers identified. Oversampling was done and surveys were mailed to 235 dental offices state-wide with a four-week submission deadline. Stamped and self-addressed return envelopes were supplied for submission of completed surveys.

As completed surveys were received, they were scanned into an Excel file format, with quality checks performed after each scanned batch to ensure correct collection of data. Following the close of data collection, analysis was done to calculate response rates, compile data on the demographic items collected, and define the percent of agreement with the provider perception/satisfaction items.

Results

Response Rates

There were nine mailed survey sets (dentist and office manager) returned due to incorrect or outdated addresses, representing four percent of the total mailed. Forty (18 percent) of the remaining 226 survey sets mailed were completed by both the provider and the office manager and received by ICHP. Two surveys were completed only by the office manager and nine were completed only by the dentist. Ten offices responded that the provider had retired and the survey tools were not completed. A total of 61 offices responded with at least one survey tool, for a

response rate of 27 percent. However, only 51 total offices had one or both surveys submitted for analysis.

Scheduled follow-up with provider offices not submitting surveys as requested was hampered by the aftermath of severe weather affecting portions of the state for approximately three weeks.

Office Demographics

Both providers and office managers reported over 50 percent of practices were individual dentist offices. Over 85 percent of both providers and office managers described their dental specialty as General/Family Dentist. Approximately one in five respondents indicated the specialty was Pediatric Dentist. Over 75 percent of both providers and office managers indicated participation in Delta Dental’s CHIP Dental network for one to five years. While 14 percent of providers and 16 percent of office managers indicated participation in this network over five years, these individuals may have been responding to their overall participation as a Delta Dental commercial provider in Texas. Delta Dental has had commercial products in Texas for over 30 years.

Seventy-five percent or more of both providers and office managers reported their practice had one office location serving CHIP Dental members. Three offices overall were reported to provide these services in eight or more locations. On average, office managers reported employment in their dental office for eight years. Office managers also reported that more than half (54 percent) of offices surveyed did not offer extended hours on weekdays or weekends. Weekday appointments after 5:00 PM were reported by 24 percent of offices and weekend appointments by 29 percent.

Provider Office Perception of Delta Dental Processes

Failure to achieve the targeted sample increased the confidence interval to ± 13.66 percent at the 95% confidence level. For this reason, findings are offered for consideration and discussion, but the ability to generalize to the full Delta Dental network is not as strong as intended.

Level of agreement with statements demonstrating provider perception of Delta Dental processes and practices are noted in **Table 1**. Providers could indicate a response of “Don’t Know” or “Not Applicable” to an item; these responses were combined with missing responses and are reported as “Non-Response.”

Table 1. Provider Response to Survey Statements

Statement	Agree	Disagree	Non-Response
1. The health plan provides me with information related to changes in care guidelines, protocols, or medical policy.	83%	18%	18%
2. The health plan provides me with information related to program changes.	83%	17%	16%
3. The health plan provides me with information related to timeliness of setting appointments for covered services.	86%	14%	26%
4. I receive timely authorizations or prior authorization when needed.	89%	11%	28%
5. My claims are paid accurately.	83%	17%	2%
6. My claims are paid timely.	81%	19%	2%
7. I participate in case management service coordination for my patients.	82%	18%	65%
8. The provider hotline staff and provider representatives with Delta Dental CHIP are knowledgeable and courteous.	95%	5%	22%

Statement	Agree	Disagree	Non-Response
9. In the past year, I have needed information which Delta Dental could not/did not provide.	19%	81%	24%
10. I am given opportunities to provide feedback to Delta Dental CHIP to improve the quality of care for my patients and practice.	52%	48%	36%
11. I have had at least one visit from a provider representative since joining Delta Dental's CHIP network.	18%	82%	22%

More than 80 percent of providers agreed with statements 1 through 8, where agreement indicates a positive perception. Item 9, where disagreement was considered a positive response, also revealed over 80 percent of responses considered positive. The highest level of provider agreement, at 95 percent, was noted for item 8 (Delta Dental Staff Knowledgeable/Courteous).

Providers were almost evenly split between agreeing and disagreeing with item 10, Opportunities to Provide Feedback. More than four in five providers (82 percent) stated they had not received any visits from Delta Dental's representatives. In addition, with negative responses from providers approaching or exceeding 15 percent for all but two of the statements, it would appear there are opportunities for Delta Dental to improve communication with and services supporting their network providers.

Twenty percent or more of providers were considered non-responsive to seven of the 11 items. The highest non-responsive rate of 65 percent for item 7 (Participate in Case Management Coordination) may be understandable for this group of clinicians who are primarily providing preventive and less complicated services due to the benefits established by the state; there is most likely little need to involve general dentists in ongoing case management.

Level of agreement with statements demonstrating office manager perception of Delta Dental processes and practices are noted in **Table 2**. As described above, "Don't Know" or "Not Applicable" responses were combined with missing responses and are reported as "Non-Response."

Table 2. Office Manager Response to Survey Statements

Statement	Agree	Disagree	Non-Response
1. I and other office staff received training that allows us to stay informed on available services/benefits for our patients(s).	71%	29%	7%
2. I and other office staff received training that allows us to meet contract requirements for setting appointments for covered services.	87%	13%	4%
3. We often verify eligibility for members enrolled in this plan.	95%	5%	2%
4. We often verify the remaining dollars available in a CHIP member's dental benefit before performing services.	97%	3%	5%
5. We receive timely authorizations of services if/when needed.	94%	6%	20%
6. We are given clear instructions on claims filing requirements.	81%	19%	10%
7. Our claims are paid accurately.	81%	19%	9%
8. Our claims are paid timely.	77%	23%	15%
9. The provider representatives are knowledgeable and courteous.	91%	9%	19%
10. We have had at least one personal visit from a provider representative since joining Delta's CHIP Dental network.	32%	68%	24%

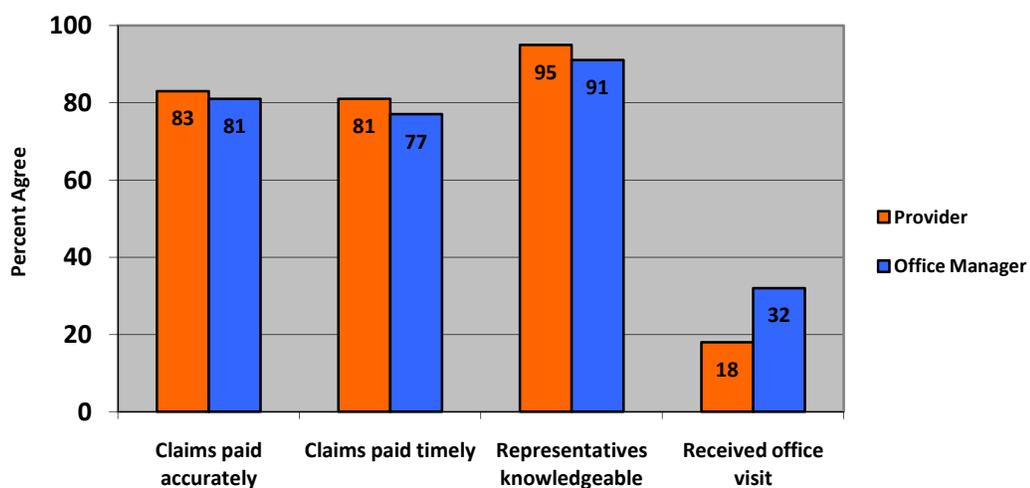
All office manager items where agreement indicates a positive perception revealed over 80 percent in agreement except for item 1 (Training on Services/Benefits), item 8 (Timely Claims Payment), and item 10 (Provider Representative Visit). The highest level of office manager agreement, at 97 percent, was noted for item 4 (Often Verify Benefit Dollars).

With negative responses from office at 19 to 23 percent on the three items regarding claims filing and payment, it would appear there are opportunities for Delta Dental to improve in this area. At almost one third disagreement, there is also an apparent perception that training is not adequate to remain informed on available services and benefits, which also indicates improvement needed. About two thirds (68 percent) of office managers disagreed with having received at least one provider representative visit, which clearly indicates a need for improvement.

Twenty percent or more of office were considered non-responsive to two of 10 items. This may relate to offices that are staffed for others to process authorizations (item 5) and the possibility that provider representatives interact directly with the provider (item 10).

Since most survey questions for providers and office managers were different, it is not possible to compare the two sets of results except for several items. **Figure 1** below depicts those pairs of responses.

Figure 1. Comparison of Responses between Providers and Office Managers



Overall Satisfaction with Delta Dental

The final statements posed to both the providers and the office managers were designed to assess overall satisfaction with the CHIP Delta Dental health plan. Eighty-nine percent of providers indicated satisfaction as a participating provider in the Delta Dental network. Eighty-one percent of office managers stated satisfaction with the attention given to the practice and doctor by the health plan.

While not possible to define a cause or causes for this difference in stated satisfaction from this survey, it could relate to the office manager’s closer involvement in day-to-day activities directly involving the health plan. If this assumption is correct, it would indicate a need for Delta Dental to improve communication with office staff as well as improving those activities they participate in

related to claims submission and receipt of payment as well as authorizations and benefit determinations.

Both providers and office staff indicated specific areas where improvement could be made, such as: authorization process, verifying member eligibility, claim processing, NPI, plan representatives, and benefits. A complete list of comments can be found in **Appendix D**.

Conclusion and Recommendations

This study did not achieve the targeted sample and therefore should be shared as general information with Delta Dental to incorporate these findings with their own ongoing monitoring of provider satisfaction. When conducting the next dental health provider office survey, modifications to the survey process should be made to ensure adequate sample is received for analysis. Simplification of the survey, such as removing redundant items between the provider and office manager components, could improve response rates by reducing the burden of the process in the provider office. In addition, specific procedures should be defined in the survey method to improve response rates.

Specific recommendations for HHSC consideration and action are:

1. Share results as information with Delta Dental and request feedback from the health plan on how the results were used in their ongoing quality program.
2. Consider for approval EQRO's suggested changes to the survey tool and survey procedures to improve response rates.

Appendix A: Dental Health Provider Office Survey Methodology

A) Participants

Dental Health Provider Office Surveys are conducted to assess dental benefit contractor compliance with certain contract requirements for the Texas Children's Health Insurance Program (CHIP) as defined by the Texas Health and Human Services Commission (HHSC). The 2008 survey was conducted with the current CHIP dental service provider, Delta Dental. Providers were surveyed state-wide.

B) Process

HHSC approved the dental health survey tools designed by the Institute for Child Health Policy (IHP) to ensure inclusion of items of current interest to the State in management of the CHIP dental benefit. The surveys consisted of two scannable paper questionnaires mailed to the providers – one to be completed by the provider and one to be completed by the office manager/staff. Mailing included instructions and a self-addressed stamped envelope to facilitate return to IHP. The tools had a unique provider-tracking bar code to allow IHP to follow-up with the provider requesting completion if completed surveys are not returned within a specific timeframe.

Providers had approximately four weeks from the mailing date to respond. Phone reminders were set to begin within three weeks after the initial mailing. Upon return, the surveys were scanned into a database for analysis and reporting. If a completed survey was not received from both the provider and the office manager in a sampled physical health provider office, only the existing survey was used for analysis.

C) Sampling Methodology

IHP's goal in sampling was to provide HHSC with the ability to assess the responses from dental health providers across the CHIP dental network. Sampling of the dental network population was done at a 95% confidence level, with a confidence interval of ± 10 percent. Sampling was done state-wide on the provider population identified in CHIP Delta Dental's provider network file. **Table 3** gives the provider population count taken from that provider file and the sample size calculated. Oversampling was done at 2.5 times the target to achieve the needed sample size.

Table 3. CHIP Dental Provider Office Sampling

CHIP Dental	Primary Care Providers	Target Complete Sample Size
Delta Dental	5793	94

D) Analysis and Reporting

Responses were tabulated by item for the CHIP Dental program. Individual responses are not reported.

Appendix B: Delta Dental Provider Survey Responses

Provider Specialty Reported

Specialty	# Responses	% of Total
General/Family Dentist	42	86
Pediatric Dentist	9	18
Orthodontist	1	2
Endodontist	--	--
Oral Surgeon	1	2
Other (Periodontist)	1	4

Comments: Providers can report more than one specialty; thus, the total number of individual responses adds up to more than 100 percent.

Provider Practice Type Reported

Practice Type	# Responses	% of Total
Individual	25	51
Group	22	45
Clinic	2	4

Comments: More than half of participating providers said they worked in individual practices. Providers can report more than one practice type; thus, the total number of individual responses adds up to more than 100 percent.

Number of Office Locations Reported

	One	Two to Four	Five to Nine
CHIP Dental	78%	16%	6%

Comments: The majority of providers practice in one location; there were two providers indicating they practiced at eight locations and a single provider reporting practice at nine locations.

Length of Time in Network Reported

	Less than 1 Yr	1 – 5 years	Over 5 years
CHIP Dental	9%	77%	14%

Comments: Since Delta Dental has been contracted as the CHIP Dental plan for approximately three years, those providers indicating participation longer than three years may have been responding to their total participation as a Delta Dental commercial provider in Texas. Delta Dental has had commercial products in Texas over 30 years.

Provider Responses to Survey Statements

Statement	1 (%Agree)	2 (%Disagree)	3 (%Don't Know)	4 (%Not Applicable/ Missing)
1. The health plan provides me with information related to:				
• changes in care guidelines, protocols, or medical policy	83%	18%	8%	10%
• program changes	83%	17%	8%	8%
• timeliness of setting appointments for covered services	86%	14%	16%	10%
2. I receive timely authorizations or prior authorization when needed.	89%	11%	8%	20%
3. My claims are paid accurately.	83%	17%	2%	0%
4. My claims are paid timely.	81%	19%	2%	0%
5. I participate in case management service coordination for my patients.	82%	18%	20%	45%
6. The provider hotline staff and provider representatives with Delta Dental CHIP are knowledgeable and courteous.	95%	5%	20%	2%
7. In the past year, I have needed information which Delta Dental CHIP could not/did not provide.	19%	81%	10%	14%
8. I am given opportunities to provide feedback to the Delta Dental CHIP to improve the quality of care for my patients and my practice.	52%	48%	20%	16%
9. I have had at least one visit from a provider representative since joining Delta Dental CHIP's network.	18%	82%	12%	10%
10. Overall, I am satisfied as a participating provider in Delta Dental CHIP.	89%	11%	2%	4%

Comments:

Percent of agreement/disagreement is calculated on the total number of "Agree" or "Disagree" responses and does not include "Don't Know" or "Not Applicable/Missing" in the denominator. The percentages reported as "Don't Know" and "Not Applicable/Missing" are based on the total number of surveys received (49).

The most positive responses were received regarding provider hotline staff and provider representatives, where 95 percent of respondents stated those individuals were knowledgeable and courteous. However, 82 percent of those responding stated that they had not yet been visited by a Delta Dental provider representative.

Other less positive responses were noted regarding the provider being given opportunities to provide feedback to improve the quality of care for patients and the practice, with almost half (48 percent) indicating this had not occurred.

Three of four items regarding communication or obtaining information (1a, 1b, and 8) indicated over 15 percent of providers were not receiving needed information. There was a similar level of negative response to the items dealing with claims payment accuracy and timeliness (5, 6). Similar feedback was reflected in providers' comments to the survey (see Appendix D).

Overall, 89 percent of providers responding indicated satisfaction with participation as a provider in the Delta Dental network.

Appendix C: Delta Dental Office Manager Survey Responses

Office Practice Type Reported – CHIP Dental

Specialty	# Responses	% of Total
Individual	24	59
Group	14	34
Clinic	3	7

Comments: There were 41 completed office manager survey tools submitted. More than half of office managers responding stated they worked in individual practices. Respondents could report more than one practice type; thus, the total number of individual responses adds up to more than 100 percent.

Length of Time in Network Reported

	Less than 1 Yr	1 – 5 years	Over 5 years
CHIP Dental	8%	76%	16%

Comments: Since Delta Dental has been contracted as the CHIP Dental plan for approximately three years, those providers indicating participation longer than three years may have been responding to their total participation as a Delta Dental commercial provider in Texas. Delta Dental has had commercial products in Texas over 30 years.

Provider Specialty Reported

Specialty	# Responses	% of Total
General/Family Dentist	35	85
Pediatric Dentist	8	20
Orthodontist	--	--
Endodontist	--	--
Oral Surgeon	1	2

Comments: Most respondents said their practice's specialty was general/family dentist, and several said they specialized in treating children. Offices can report more than one specialty; thus, the total number of individual responses adds up to more than 100 percent.

Extended Office Hours Reported

	None	Weekday	Weekend
CHIP Dental	22	10	12

Comments: Slightly more than half of offices responding to the survey did not offer extended office hours. About 25 percent had extended office hours on weekdays after 5 p.m., and some had weekend hours.

Length of Time Employed in Office

	Less than 1 Yr	1 – 5 years	Over 5 years
CHIP Dental	10%	33%	57%

Comments: On average, respondents reported they had been employed in the same provider's office for more than eight years (100 months), with a range from two months to 29 years (348 months).

Number of Office Locations Reported

	One	Two to Four	Five to Nine
CHIP Dental	75%	15%	10%

Comments: Three in four respondents (75 percent) said their office operates in only one location to serve CHIP Dental patients. Two offices reported eight locations in which they see CHIP Dental patients.

Office Manager Response to Survey Statements

Statement	1 (%Agree)	2 (%Disagree)	3 (%Don't Know)	4 (%Not Applicable/Missing)
1. I and other office staff received training that allows us to:				
• Stay informed on available services/benefits for our patient(s)	71%	29%	2%	5%
• Meet contract requirements for setting appointments for covered services	87%	13%	2%	2%
2. We often verify eligibility for members enrolled in this plan.	95%	5%	2%	0%
3. We often verify the remaining dollars available in a CHIP member's dental benefit before performing services.	97%	3%	0%	5%
4. We receive timely authorization of services if/when needed.	94%	6%	5%	15%
5. We are given clear instructions on claims filing requirements.	81%	19%	5%	5%
6. Our claims are paid accurately.	81%	19%	2%	7%
7. Our claims are paid timely.	77%	23%	5%	10%
8. The provider representatives are knowledgeable and courteous.	91%	9%	7%	12%
9. We have had a personal visit from a provider representative since joining Delta's CHIP Dental network.	32%	68%	12%	12%
10. I am satisfied with the attention given to our doctors and program administrative needs by this health plan.	81%	19%	12%	10%

Comments:

Percent of agreement/disagreement is calculated on the total number of "Agree" or "Disagree" responses and does not include "Don't Know" or "Not Applicable/Missing" in the denominator. The percent reported as "Don't Know" and "Not Applicable/Missing" is based on the total number of completed surveys received (41).

Similar patterns to the provider responses were noted in office staff's responses. Improvements could be made in several areas such as training to office staff, assistance with claim processing and payments, and office visits from Delta Dental representatives. Two in three respondents stated they had not received a visit from provider representatives.

Overall, more than 80 percent of respondents said they were satisfied with their interaction with the health plan. This rating is lower than the one by providers responding to the survey, probably due to the fact that office managers are involved in day to day operations and communication with the health plan. Detailed responses can be found in Appendix D.

Appendix D: Survey Comments

Study ID	Respondent	Topic	Comment
500029	Staff	Authorization Delays	When we fax for authorization it would be helpful to receive those back a little quicker, as sometimes the patients have already left the office before we receive the information.
500372	Provider	Problems Verifying Eligibility	I'm not aware if there is a website where I can verify eligibility and benefits. If there isn't, it would be great if there was one. The verification over the phone is quick and accurate, but online would be nicer.
500276	Staff	Problems Verifying Eligibility	We have a very busy office. It is time consuming to have to call and see if a patient is eligible for certain services. We can't take the word of the parents – Example – Have you been to another office in the past 6 months? They usually will say <u>no</u> then our claim is denied due to frequency.
500034	Provider	NPI Delaying Claim Processing/ Payments	CHIP/Delta Dental is the ONLY insurance processor/government agency that requires a "Business NPI#". This has caused major problems with getting my claims paid at my new location! Get rid of that!! It is not compatible with most software programs. The lack of payment makes me very much want to drop this program!! The only thing that is stopping me is the <u>children</u> that need the care. Fix that or lose more good providers!!
500331	Provider	NPI Delaying Claim Processing/ Payments	Occasional claims processing glitches with NPI numbers.
500109	Provider	Claim Processing Delays	The claims that have been rejected needed to be reprocessed faster
500374	Provider	Problems Obtaining Patient History Problems With Plan/Program Representatives	When we call the automated system it only gives us maximums. We need to know patient history especially when we have to re-do previous work from another dentist. We had many problems with our doctors' NPI & company NPI # being on the claim forms – we had a lot of claims rejected- we called in to see how to correct it and the customer service representative was " <u>very rude</u> ". We did report her to her supervisor. We have never had a phone call or visit from a representative from the CHIP network. Overall your program needs a lot of work in every department.
500276	Provider	Benefits	Most of the CHIP clients are fairly low income. If the patient has a couple of cavities, they reach their maximum benefit before all the work is completed & cannot afford to pay for the rest. I think CHIP should cover in-office conscious sedation. It would probably save you some money on hospital fees.
500035	Provider	Benefits	Need to know when benefit Max renews.

Endnotes

¹ Request for Proposals, Children's Health Insurance Program, Dental Insurance Services, RFP#529-05-138. 2005. Texas Health and Human Services Commission. Accessed February 12, 2009 at http://www.hhsc.state.tx.us/Contract/52905138/rfp_docs.html.