

**California Health Benefit Exchange  
Dental Plan New Entrant Application – DRAFT  
Attachment 12 - Performance Measures**

**Issuer Name:**

Instructions:

Please complete the table below and respond to the subsequent question related to your organizations Performance Indicators. Performance Measures provided should be relevant to the rating regions for which you are applying. If you are applying for a region for which you do not have recent experience, provide your experience for California and note the reason specific region experience is unavailable. If you do not have recent California experience provide your national experience and note the reason California experience is not available.

	<b>Performance Measure</b>	<i>Target</i>	<i>Actual (past 12 months)</i>
<b>Customer Service:</b>			
1.	Claim Turnaround Time: Percentage of clean claims processed within 30 calendar days of receipt		
2.	Financial Accuracy: Percentage of claim dollars paid accurately		
3.	Procedural Accuracy: Percentage of claims without any financial error		
4.	Percentage of callers who reach a live voice within 30 seconds		
5.	Percentage of callers whose issue is resolved on the initial call		
6.	Average speed to answer		
7.	Call abandonment rate		
8.	Percentage of Web site availability (defined on outages rectified within 1 hour)		
9.	Annual turn-over rate for member services staff		
<b>Utilization:</b>			
1.	Percentage of membership that received any covered dental service		
2.	Percentage of membership that received a preventive/diagnostic dental service		
3.	Percentage of members receiving dental treatment services (excluding preventive and diagnostic services)		
4.	Percentage of members who received a treatment for caries or a caries-preventive procedure		

**California Health Benefit Exchange  
Solicitation for Pediatric Dental EHB & Supplemental Dental Benefits  
Attachment 12 - Performance Measures**

**Issuer Name:**

	<b>Performance Measure</b>	<i>Target</i>	<i>Actual (past 12 months)</i>
5.	Percentage of members with one (1) or more fillings in the past year who received a topical fluoride or sealant application		
6.	Percentage of pediatric membership (defined as under age 21) that received a preventive/diagnostic service		
7.	Percentage of members whom reached the plan's maximum annual benefit		
<b>Rating</b>			
1.	Target Loss Ratio to be calculated as:  ( incurred claims+ change in contract reserve + quality improvement expense) / (earned premiums - income taxes - premium tax)		
	QDP (Pediatric - Essential Health Benefits)		
	Statewide DPPO - Individual		
	Statewide DPPO - SHOP		
	Statewide DHMO - Individual		
	Statewide DHMO - SHOP		

**1. What other metrics are in place to monitor the performance of member services? Provide examples.**