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2026 / OPERATIONAL BENCHMARKS

Dental patient access benchmarks

Operational evidence for reducing front desk follow-up

76.57%

Recorded workflow completion

33.45 pp

Spread across twelve visible regional rates

26.84%

Paper share of recorded statement categories

First-party operational reporting from one multi-site dental deployment. Reporting snapshot September 30, 2026. Periods, definitions and comparison rules accompany the findings.

CERTIFY Health

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What dental leaders should measure next

Digital patient access still needs operational follow-through. A patient can receive a link, complete a form or make a payment while another task remains open. For a dental group, the useful question is where staff must chase a response, recover progress, resolve an exception or reconcile information before the journey can continue.

This report presents first-party operational reference measures from one multi-site dental deployment using CERTIFY Health. It connects recorded workflow completion, regional variation, communication status, statement delivery and payment activity to the decisions DSO executives and operations leaders need to make. The reporting snapshot is dated September 30, 2026. Each measure retains its own reporting period and counting unit.

Recorded workflow completion was 76.57%. The completion measure includes remote and kiosk workflows. New-patient completion was 66.17%, compared with 76.85% for returning patients. These values help identify workflows for closer operational review.

Twelve visible regional rows ranged from 57.73% to 91.18% completion. The 33.45 percentage-point spread provides a starting point for reviewing workflow configuration, patient mix and local execution.

The communication dashboard classified 19.59% of SMS records and 19.01% of email records as failed. These are channel status measures. Reviewing the underlying status is essential because an opt-out, a suppressed message and a technical delivery problem call for different actions.

Paper represented 26.84% of recorded statement categories. Electronic statements represented 73.16%. Both channels therefore belong in the operating model for patient financial communication.

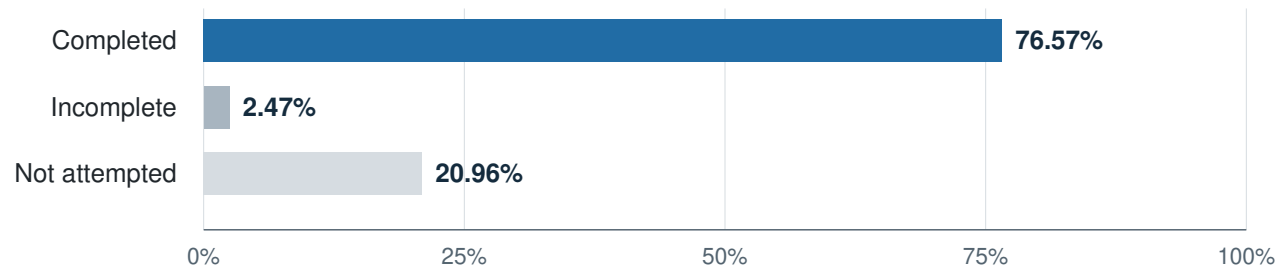
The benchmark scorecard in this report is populated with the published reference values and calculation rules. Leaders can use it to establish comparable local measures, then investigate the tasks behind the numbers. The reference values describe this deployment; they are not performance targets or national dental averages.

02 / WORKFLOW COMPLETION

Workflow completion across remote and onsite channels

The reporting view recorded 251,711 completed workflow counts, 8,113 incomplete counts and 68,894 not-attempted counts. Completed workflows represented 76.57% of these three categories. Incomplete workflows represented 2.47%, while not-attempted workflows represented 20.96%.

Figure 1 Recorded workflow completion



Source: CERTIFY Health operational reporting. Appointment filter July 2 to October 30 2026; snapshot September 30. Denominator: 328,718 workflow counts. Includes remote and kiosk flows.

Recorded status	Workflow count	Share
Completed	251,711	76.57%
Incomplete	8,113	2.47%
Not attempted	68,894	20.96%
Total in the completion calculation	328,718	100.00%

Completion differed by patient type. The dashboard displayed 66.17% for new patients and 76.85% for returning patients, a 10.68 percentage-point difference. New and returning patients should be reviewed separately because their intake requirements and familiarity with the practice can differ.

Operational review should distinguish a workflow that has not started from one that was started and left incomplete. The first may call for checking contact information, timing or access to the link. The second may call for reviewing the step where progress stopped and whether staff can continue from the information already entered.

This completion view combines portal, preregistration-link and kiosk-related activity. Its appointment-date filter runs from July 2 to October 30, 2026, with a September 30 snapshot. It measures recorded completion status at that snapshot, including future appointments. A separate cutoff-based measure is needed to assess readiness before arrival.

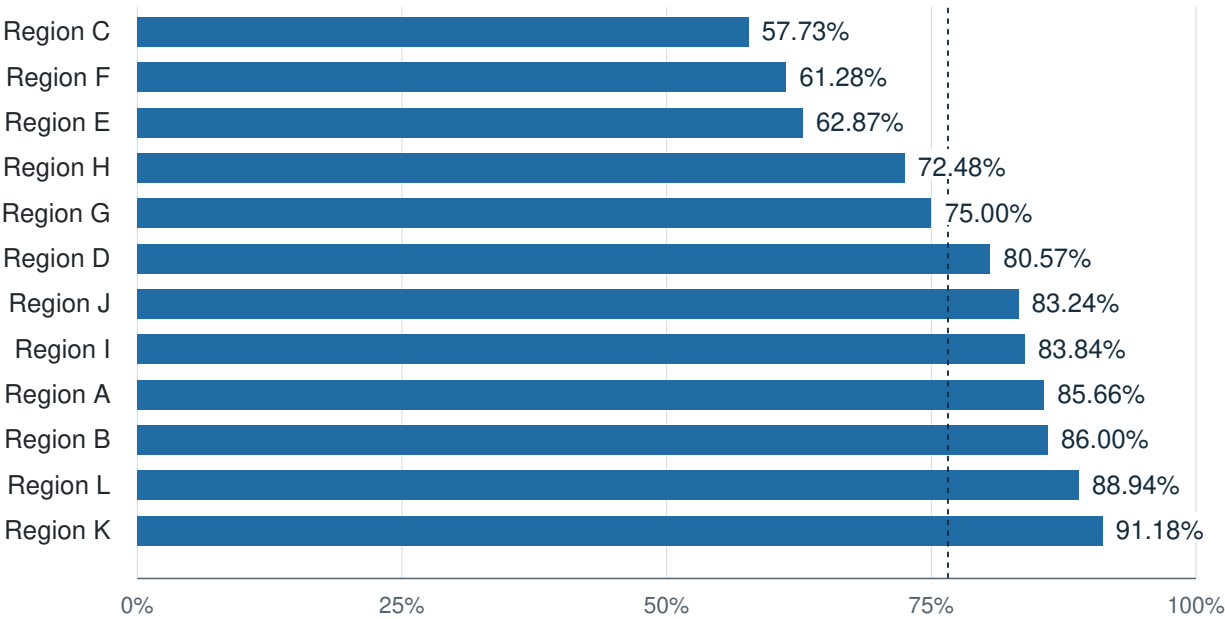
03 / REGIONAL VARIATION

Regional variation deserves a workflow review

The twelve labeled regional rows visible in the completion view ranged from 57.73% to 91.18%. The difference between the lowest and highest visible values was 33.45 percentage points. Regions are coded A through L in this report.

Figure 2 Completion in twelve visible regions

Dashed line: enterprise completion 76.57%



Source: CERTIFY Health operational reporting. Same completion view as Figure 1. Twelve labeled visible rows are coded A to L. The overall reference is 76.57 percent.

The enterprise completion value was 76.57%. Seven of the twelve visible regional values were above that reference and five were below it. This is a comparison of displayed regional rates, rather than a distribution of every location in the network.

Start a regional review with the same workflow, patient type and completion definition. Check whether sites use the same required forms, reminder timing, kiosk continuation path and handling of incomplete tasks. Then examine differences in appointment mix, language needs, patient contact data and rollout timing.

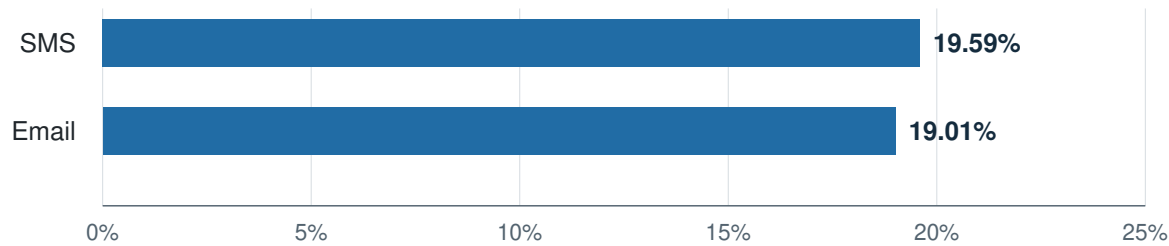
A lower completion value identifies a place to investigate. It does not, on its own, establish a staffing problem or a product failure. A regional rate can change because the workflow changed, the patient population changed or the appointment cohort has not yet matured.

For ongoing monitoring, pair each regional or location rate with its eligible workflow count. Calculate the enterprise rate from total completed and eligible counts. Track the spread among comparable locations separately so larger locations do not conceal variation elsewhere.

Communication status should lead to the right next action

From June 30 through September 30, 2026, the communication view recorded 2,401,493 SMS records and 3,418,233 email records. It classified 470,338 SMS records and 649,902 email records as failed. Dividing each failed count by its channel total gives the following reference values.

Figure 3 Failed categories by communication channel



Source: CERTIFY Health operational reporting. June 30 to September 30 2026. SMS denominator: 2,401,493; email denominator: 3,418,233. Dashboard status classification.

Channel	Failed category count	Channel total	Failed share
SMS	470,338	2,401,493	19.59%
Email	649,902	3,418,233	19.01%

The dashboard status vocabulary includes delivered, open, processed, bounce, dropped, suppression, unsubscribed and sending errors. A failed category therefore needs a reason-based review. Respect a patient’s communication preference or opt-out. Correct invalid contact information where appropriate. Route a technical delivery problem for recovery without treating every record as a patient who needs another message.

The same view recorded 1,725,528 preregistration communications and 628,954 abandoned-workflow reminder communications. These counts show the scale of communication associated with preparation and follow-up. They do not establish how many distinct patients needed manual contact.

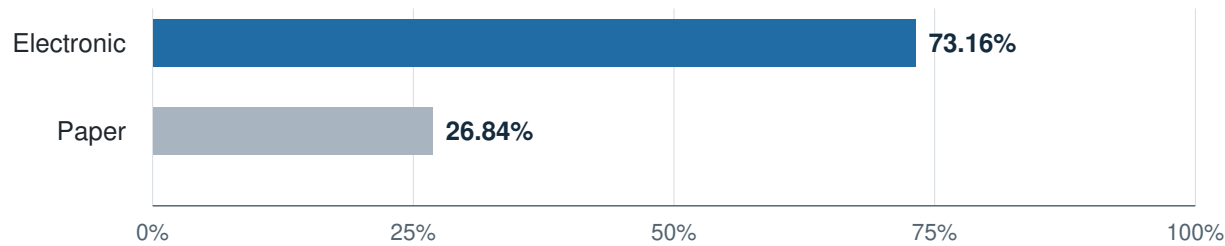
For operational decisions, separate four questions: was the communication attempted, was it delivered, did the patient respond, and was the underlying task resolved? Staff should be able to see the unresolved task and its owner even when several channels have been used.

The failed-category shares are not unique-patient reachability rates. A patient can receive more than one communication, and message statuses have different meanings. Use the same channel, status classification and counting rules when comparing a local measure with this reference.

Paper remains part of the statement workflow

The statement view recorded 59,639 electronic categories and 21,876 paper categories from January 7 through September 29, 2026. The two categories sum to 81,515 recorded statement categories. Electronic represented 73.16% and paper represented 26.84% of that total.

Figure 4 Electronic and paper statement categories



Source: CERTIFY Health operational reporting. January 7 to September 29 2026. Denominator: 81,515 recorded statement categories.

Statement category	Recorded count	Share
Electronic	59,639	73.16%
Paper	21,876	26.84%
Total	81,515	100.00%

A dental group needs to account for both delivery channels when planning patient financial communication. Paper can reflect patient preference, communication eligibility, workflow configuration or an alternate delivery route. The category alone does not identify why paper was used.

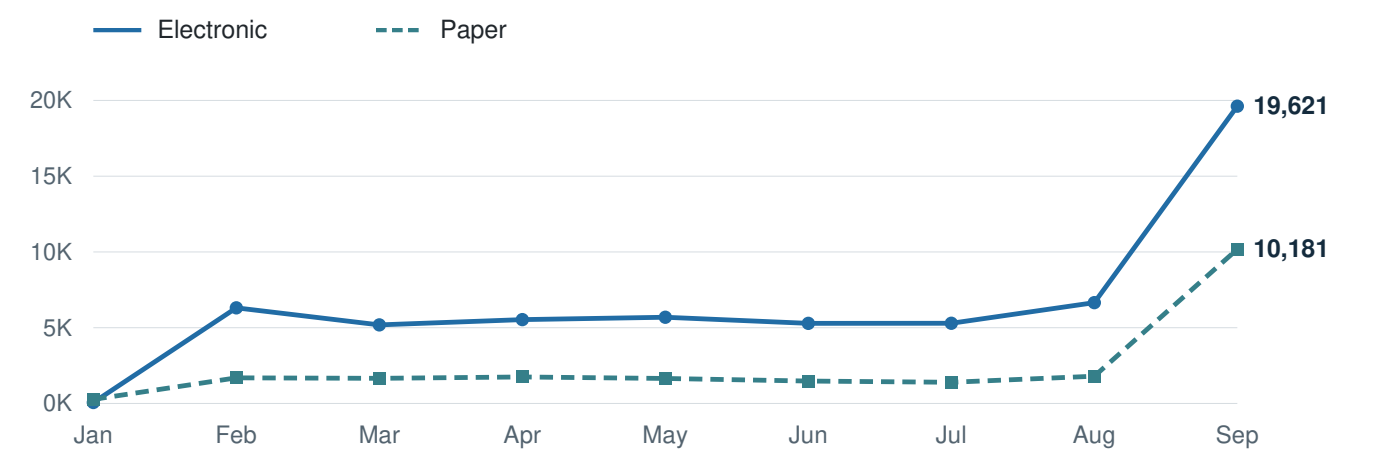
Separate planned paper delivery from recovery after a digital attempt. This distinction allows a team to measure avoidable repeat work without treating a patient’s preferred channel as friction. Review the reason for the route, the balance being communicated and whether subsequent contact continues from the same task.

For finance leaders, the relevant follow-through is whether the statement reaches the intended recipient, the patient can act on it, the balance is current and the resulting payment is reflected correctly. Delivery mix helps establish the operating workload; resolution measures establish the outcome.

Monthly statement activity changes the workload

The statement view shows activity in both channels across the reporting period. September recorded 19,621 electronic categories and 10,181 paper categories through September 29, substantially more than the preceding displayed months.

Figure 5 Monthly statement categories in 2026



Source: CERTIFY Health operational reporting. January begins January 7 and September ends September 29. Monthly counts are reproduced in the table.

Month in 2026	Electronic	Paper	Total
January from January 7	63	270	333
February	6,311	1,691	8,002
March	5,186	1,659	6,845
April	5,534	1,749	7,283
May	5,690	1,650	7,340
June	5,287	1,479	6,766
July	5,293	1,398	6,691
August	6,654	1,799	8,453
September through September 29	19,621	10,181	29,802
Total	59,639	21,876	81,515

The increase is an observed activity pattern. Determining its cause requires a review of statement batches, participating locations and workflow configuration. Monthly volume should be used for capacity planning alongside the number of balances awaiting a response and the age of unresolved tasks.

Payment activity and follow-up need separate measures

The payment view recorded 797,389 transactions and \$195,751,410.05 in total amount paid for the displayed August 29, 2024 to September 30, 2026 window. These are cumulative payment activity measures for that window.

The Text to Pay view, with its own September 30, 2024 to September 29, 2026 window, recorded 698,879 sends and 111,518 unique guarantors in the summary cards. The resulting cumulative activity ratio is 6.27 sends per reported unique guarantor. One guarantor can have several balances and receive communications for different obligations over the period.

Payment and contact measure	Published value	Reporting window
Payment transactions	797,389	Aug 29 2024 to Sep 30 2026
Total amount paid	\$195,751,410.05	Aug 29 2024 to Sep 30 2026
Text to Pay sends	698,879	Sep 30 2024 to Sep 29 2026
Reported unique guarantors in Text to Pay cards	111,518	Sep 30 2024 to Sep 29 2026
Sends per reported unique guarantor	6.27	Sep 30 2024 to Sep 29 2026

The sends-to-guarantors ratio is useful for understanding cumulative contact activity. Contacts required to resolve a specific balance need a balance-level denominator, a defined observation window and a resolution event. Payment transactions, guarantors, messages and balances should each retain their own unit.

Review the payment journey through authorization, capture, settlement and posting to the practice record. A successful patient transaction should be distinguishable from a payment awaiting reconciliation or staff recovery. The reported payment total is activity, rather than an estimate of incremental revenue or a posting-success rate.

Independent research provides context for the remaining administrative work. The **2024 CAQH Index**, covering 2023 activity, reported dental eligibility and benefit verification at 82% fully electronic, 15% partially electronic and 3% manual. It estimated an eight-minute dental-provider time savings opportunity per transaction from electronic eligibility and benefit verification. These are CAQH industry measures, separate from this report’s first-party benchmarks. [1]

The operating implication is to track the task after the electronic exchange. Confirm that the response is usable for the visit, that exceptions reach the right owner and that the patient record reflects the resolved information.

Benchmark scorecard

Use these published reference values to establish comparable local measures. Match the counting unit, workflow scope and reporting window before interpreting a difference. The values are descriptive references for this deployment, rather than recommended targets.

Measure	Published reference	Basis for comparison
Recorded workflow completion	76.57%	Completed / (completed + incomplete + not attempted); remote and kiosk flows
Incomplete workflow share	2.47%	8,113 / 328,718 recorded workflow counts
Not-attempted workflow share	20.96%	68,894 / 328,718 recorded workflow counts
New-patient completion	66.17%	Dashboard patient-type completion definition
Returning-patient completion	76.85%	Same dashboard definition for returning patients
Visible regional completion range	57.73% to 91.18%	Twelve labeled regional rows; 33.45 percentage-point spread
SMS failed-category share	19.59%	470,338 / 2,401,493 SMS records
Email failed-category share	19.01%	649,902 / 3,418,233 email records
Electronic statement category share	73.16%	59,639 / 81,515 statement categories
Paper statement category share	26.84%	21,876 / 81,515 statement categories
Text to Pay cumulative contact ratio	6.27	698,879 sends / 111,518 reported unique guarantors

Completion references use the July 2 to October 30 appointment filter at the September 30 snapshot. Communications use June 30 to September 30. Statements use January 7 to September 29. Text to Pay uses September 30, 2024 to September 29, 2026.

For a useful local comparison, report the numerator and denominator beside the percentage. Segment new and returning patients, remote and onsite workflows, and comparable locations. Keep the local period visible. Review the reason behind a difference before setting a target or changing staffing.

09 / FRICTION MEASURES

Measure the work that returns to staff

Operational reference values identify where to investigate. Direct friction measures identify what was repeated, repaired or left unresolved. The following definitions provide a consistent basis for measuring that work across scheduling, intake, eligibility, check-in, communication and patient payments.

Manual re-entry and duplicate work

Count an eligible visit episode as affected when information already supplied or a task already attempted must be entered or performed again because progress was lost, transfer failed or the workflow required avoidable repetition. Divide affected episodes by eligible episodes exposed to the workflow. Count an episode once in the overall rate, even if several kinds of rework occur. Keep changed insurance, new requirements and deliberate staff review separate.

Exception age and ownership

Measure an open exception from its original opening time to the reporting cutoff. Measure a resolved exception from opening to resolution. Reassignment does not restart the clock. Report open age and resolution time separately, together with the share of open exceptions that have an accountable role. Assess overdue work against the deadline for that task.

Readiness before arrival

Define the tasks required for the intended visit, then test whether each was complete at a fixed cutoff, such as 24 hours before the appointment. Assess same-day and short-lead bookings separately. An arrival measure uses attended visits with an arrival timestamp. Form completion contributes to readiness alongside applicable coverage, document, consent and financial requirements.

Handoffs and restarts

Measure restarts among episodes that used at least two channels for the same task. A restart means prior progress was lost or previously completed work had to be repeated. Continuing a mobile workflow at a kiosk with progress preserved is a successful handoff.

Writeback and reconciliation

Treat one intended update to the practice record as one logical write. Separate first-attempt failure, automatic recovery, manual recovery and work unresolved at a stated horizon. Automatic retries belong to the same logical write. For payments, assess reconciliation against transactions that should have posted by the cutoff.

Contact attempts and unresolved tasks

Link deduplicated contact attempts to the visit task or balance they address. Measure attempts through a fixed deadline and record whether the task resolved. Delivery, opening a message, replying and completing the task are separate events. Keep balance episodes separate from visit episodes.

Turn the benchmarks into operating decisions

Review completion alongside readiness

An operations leader needs to know which tasks remain before the visit, when they are due and who owns the next step. Segment not-attempted and incomplete workflows, then review the unfinished requirement. A completion percentage becomes useful when it leads to a specific task rather than another general reminder.

Prioritize exceptions by age and visit timing

A task due for tomorrow's appointment deserves a different response from one associated with a later visit. Give unresolved work an owner, retain its original opening time and make the next action visible. Review aging exceptions at both the location and central-operations level.

Preserve progress across channels

Patients may switch between a link, the portal, a phone conversation and a kiosk. Staff should be able to continue from completed work. Review transfers that required the patient or team to start again, and distinguish them from appropriate assisted service.

Check the practice record after the patient acts

For IT and finance leaders, the meaningful integration outcome is that the required information or payment reaches the correct record and exceptions can be recovered. Review unresolved updates and reconciliation tasks alongside patient-facing completion. Test both normal completion and recovery from an interrupted transfer.

Investigate regional variation with comparable cohorts

The visible regional spread makes consistency a useful review priority. Compare the same patient type, workflow version and appointment maturity. Retain location denominators and patient-volume weighting. A change in average performance should be accompanied by a review of whether variation narrowed or shifted.

Plan for both financial communication channels

The statement mix and monthly volumes show that electronic and paper routes both generate operational activity. Plan response handling and reconciliation for both. Track resolution by balance so an increase in communications does not obscure tasks that remain open.

These decisions support a connected patient-access operating model: scheduling establishes the intended visit, intake captures the required information, eligibility identifies coverage issues, check-in confirms arrival readiness, communication resolves outstanding tasks, and payment activity returns to the practice record.

Public methodology and calculation rules

This is a descriptive analysis of aggregate operational reporting from one multi-site dental deployment using CERTIFY Health. The source snapshot is dated September 30, 2026. It is not a probability sample of dental organizations. Reporting coverage differs by workflow; the Text to Pay panel reports 195 clinics, 90 brands and 28 regions for its selected period.

The analysis transcribes displayed values from the reporting panels and calculates ratios from the displayed numerators and denominators. It retains the dashboard’s status categories and periods. No practice-count extrapolation, modeled revenue or composite friction score is used.

Reporting view	Displayed period	Unit used in this report
Preregistration completion	Jul 2 to Oct 30 2026; snapshot Sep 30	Recorded workflow status counts and displayed completion percentages
Communications	Jun 30 to Sep 30 2026	Channel record totals and dashboard failed categories
Statements	Jan 7 to Sep 29 2026	Recorded electronic and paper categories by month
Payments	Aug 29 2024 to Sep 30 2026	Transactions and reported amount paid
Text to Pay	Sep 30 2024 to Sep 29 2026	Sends and reported unique guarantors in summary cards

Reproducing the figures

Completion uses 251,711 completed counts divided by 328,718 counts across completed, incomplete and not attempted. The completed count is the sum of the four completed channel categories in the detailed completion view. Incomplete and not-attempted counts use the corresponding detailed categories. Other statuses outside this formula remain outside its denominator.

Regional spread is the maximum minus the minimum of the twelve labeled visible rows. The enterprise reference is the dashboard’s overall completion value. Regional values are not averaged to recreate that enterprise value. Codes A through L follow the visible source-row order.

Failed-category share is the channel’s displayed failed count divided by its displayed total. Statement share is the category count divided by the sum of electronic and paper counts. Monthly statement categories sum to the reported totals. Text to Pay contact activity is sends divided by the reported unique-guarantor summary-card count. Percentages and ratios are rounded to two decimal places; counts retain whole numbers.

Interpretation and comparability

The observations describe one deployment and differing reporting windows. Completion includes onsite activity and future appointments, so it does not measure readiness before arrival. Workflow and message counts are not unique patients or visit episodes. Statement categories do not identify fallback causes. Regional values are a visible subset, without a published location distribution. The analysis is descriptive, with no causal effect estimate, national weighting or sampling confidence interval.

Data dictionary and sources

The definitions below distinguish the published references from the direct friction measures described in this report.

Term	Definition
Recorded workflow count	A count in the completion view’s workflow status categories; not a unique-patient count
Completed	A workflow recorded in a completed channel category
Incomplete	A workflow recorded as started but incomplete in the detailed view
Not attempted	A workflow recorded in a not-attempted category
Completion denominator	Completed plus incomplete plus not attempted
Failed category	A channel record classified as failed in the reporting view
Statement category	A recorded electronic or paper category in the statement view
Guarantor	The party responsible for a patient balance; distinct from a message or balance episode
Visit episode	The intended patient visit and its related preparation tasks, retained across rescheduling
Balance episode	One financial obligation and the communications and actions used to resolve it
Readiness cutoff	The specified time at which applicable visit requirements are assessed
Logical write	One intended update to the practice record, including associated automatic retries

First-party data source. CERTIFY Health operational reporting for a multi-site dental deployment, September 30, 2026 snapshot. Aggregate values are reproduced in the figures, tables and benchmark scorecard. Patient, guarantor, employee and clinic identifiers are excluded. Regional labels are coded.

Independent research. [1] CAQH, [2024 CAQH Index](#), eligibility and benefit verification, printed pages 14 to 16. The report covers 2023 activity. Accessed September 30, 2026. CAQH figures provide industry context and are not components of the first-party benchmark calculations.

About CERTIFY Health. CERTIFY Health supports connected patient-access workflows across scheduling, intake, eligibility, check-in, communications and patient payments. Its operational reporting helps teams review activity and completion across the workflows enabled for their deployment.

Benchmark your patient-access workflow. Review completion, unresolved tasks, channel continuity and payment follow-through with CERTIFY Health. [Contact CERTIFY Health](#) or visit [certifyhealth.com](#).

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