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Two Changes That Will Immediately Benefit Your Practice

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We are often asked, “What modifications to how business is conducted will have the most profound and immediate benefit to our dental practice?” As the dental industry evolves and learns to deal with the growing presence of insurance, the goals are always to improve patient acceptance of treatment plans, minimize insurance hassles for the provider and patient, increase overall staff efficiency, maximize cash flow, and streamline the process wherever possible, all without sacrificing on the clinical side of things. There are two business protocols which, though not yet widely adopted, will demonstrate an almost immediate impact by reducing overall insurance hassles and increasing the revenue stream.

Benefits Verification

When staff takes the time to verify the presence and particulars of benefits for a specific patient’s insurance before forming the treatment plan, the advantages are numerous but can be summed up in a single phrase: minimizing insurance issues. A dental practice is likely to be dealing with several insurance companies at any given time; there usually tiered plans within each company, and these plans change on a regular basis. There are so many potential roadblocks to rapid reimbursement, and diligence ahead

of time through benefits verification will help your staff avoid these. It's a case where a little more work on the front end yields a massive savings of time on the back end, as well as uncover inaccuracies lurking in your system (wrong addresses, wrong insurance information, etc.) before problems arise. During this phase you confirm:

- Active status of insurance
- Key pieces of data for the patient, subscriber, and insurance company claims filing department (names, addresses, etc.) are all correct
- Current frequencies, limitations, and exclusions for preventative as well as major procedures

It is ridiculous how often reimbursement holdups and denials stem from wrong names and addresses, or going through insurance plan tier A when the patient is actually subscribed to B.

Staff can accurately outline expected insurance benefits, frequencies, and limitations for patients, as well as how these impact timelines for short and long-term oral care and what the expected costs will be, in a clear and professional manner. Properly armed with up-to-date information, your staff can assemble and properly present a treatment plan and financial agreement, present strategies for long-term care that will best fit the insurance and your standard of care, and answer patient questions. This also improves patient confidence. The fact is, patients generally don't fully understand their insurance or keep up with changes. If you think it's complicated for the dental practice, imagine what it's like for the patient! As your staff is obviously equipped with information and can educate the patient accordingly, informed choices can be made, misunderstandings can be avoided, and trust is built.

Estimates and Financial Agreements

Using the information obtained during benefits verification, the treatment plan is outlined to maximize the financial benefit to the patient and provider, but what about the rest of the money? Nobody likes to talk about it because it is an understandably uncomfortable subject. However, clear and fair protocols, shared in a compassionate manner, will go a long way to making sure everyone is aware of and can fulfil their responsibilities. It is good for everyone when the patient is expected to pay all, or a percentage of, the patient portion before services are rendered, but regardless of your policies it's important that patients know what is expected and how much it will likely cost—with the stipulation that information presented is an estimate because the practice doesn't have control over the insurance company. This is where financing options come into play, when necessary. The patient can then decide to proceed, or choose between alternatives, knowing everything they need to know before they move forward and potentially incur debt.

Underestimation of the patient portion and incorrect (or lack of) benefits verification does a disservice to the patient and will quickly torpedo trust. People are understandably upset when they find out that something wasn't covered and/or they have to pay more. They feel betrayed, that they were not properly informed when they proceeded with the treatment plan. Patient trust is a lot harder to build than lose, and it is a lot easier to retain a patient than replace patients that leave the practice.

The rewards of adopting these two procedures are enormous. The overall process is streamlined because many future hassles are avoided, the revenue stream is flowing in a more consistent and predictable way, everyone knows where they stand, and the relationship between patient and provider is solidified.

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