Insurance Benefits Verification-A Dreaded Task by the Dental Front Office

One dreaded task for the dental front office is insurance benefits verification. Here are some of the issues that the front office has to deal with:

1. Length of time on the phone keeping front office away from live operations due to waiting for insurance reps to answer the phone and the length of the actual phone call. On average, there are 6 new full benefits verifications (new patients, emergency patients, and existing patients with new insurance) that need to be obtained with an average 15 minute call time. That is 1.5 hrs. on the phone.
2. Increased number of phone calls that have to be made to obtain full benefits breakdown due to more frequent insurance plan changes by employers
3. Insurance misinformation, many insurance reps do not give the correct information causing estimation errors or wrong plan setup
4. Uninterrupted length of time and expertise required to enter new plans for new patients, emergency patients, or existing patients with new insurances. Once you obtain the insurance benefits verification now it takes on average another 10-15 minutes to setup the new plan in the system.
5. Plan clauses (exclusions and frequencies) are not considered in the practice management system. There are no fields and no provisions for this information, but the information effects correct patient portion estimation. During treatment planning, plan specific information must be applied manually and many times it is overlooked resulting in an incorrect estimation.
6. Plans that pay on UCR are difficult to obtain a correct estimation
7. Insurance fees have to be updated annually to allow for the estimation (based on the benefits verification) to accurately be computed. Updating the fee schedules for several plans takes many hours and the team has to remember to contact the insurances individually for the most updated fee schedule. We have come across insurances which refuse or make it difficult to release to the providers their updated fee schedules.

Why do we bother with this task? Because it is our obligation and it is essential to inform the patient of their treatment cost involved BEFORE they proceed with treatment. Furthermore, for the health and wealth of the practice, we should:

1. collect at least the patient’s portion at time of service to keep a constant cash flow into our business
2. not surprise the patient with a higher balance due to lack of coverage on plan exclusions or frequency limitations during our treatment estimation
3. know if the patient has active coverage, otherwise, the patient will be surprised with a higher unexpected balance

Financial Conflicts between patients result in 3 main issues:

1. the loss of a patient from the practice
2. an angry patient with the office or the Doctor
3. dissatisfaction with work performed as an excuse for the patient to refuse to pay their bill

Here is a protocol that is effective for dental insurance benefits verification:

All hygiene patients are verified with electronic services and phone calls if there are no e-services linked with the insurance company. We like ClaimX insurance verification software from Extradent. It is fast, accurate, cheap, and draws directly ALL patients for the day from your schedule. All new patients & existing patients with new insurance are verified by phone call and a new benefits verification sheet is filled out. The information is entered in the practice management system and the benefits verification sheet is scanned to the patient's chart. All emergency patients are verified with electronic services, if they came in for hygiene within 6 months, and with a phone call, if they did not come in for hygiene within 6 months or if their insurance is not linked with e-services verification. The verification for hygiene patients is 3 business days prior to appointment. New patients and emergency patients are verified same day the appointment was made. The insurance fee schedules are obtained in January for every insurance in contract and the system is updated. Do not proceed with treatment without a signed financial agreement and treatment plan estimation. Clear instruction is given to the patient that the patient's portion will be collected at the time of service.

In closing, unfortunately, benefits verification is a necessary evil. Good news is that insurance benefits verification is one task that can be outsourced. If your practice needs assistance in this area please reach out.

Dr. Dorothy Kassab
President
Dental Claims Cleanup
3649 Erie Blvd East, Unit 10
Dewitt, NY 13214
(800) 652-3431
contact@dentalclaimscleanup.com
www.dentalclaimscleanup.com