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Keeping Up With The Claims Management Task

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Dental Claims Management is Simply Hard to Keep Up With.

Very often Dentists do not realize that they have a claims receivable problem. This is because the team has a hard time admitting that they are behind in claim follow up and do not have time to stay on the phone with insurance companies to find out why the claims are not resolving. Many offices do not even run this report or do not know how to run it or that it exists.

Once the owner Dentist is aware of the claims receivable problem, they want to press the team to work the unresolved claims report. The problem is that the team fell behind because they did not have the time to do this task and they will STILL not have the time when they are told to manage this task. This is because the current business operations take the same amount of time that they always did and the team has only so many hours they can dedicate to the claims management task. To work the claims backlog, the owner will need to add more manpower. This can come from

existing employees that can be spared in some way. Of course, something else might suffer, therefore, it is a tradeoff for cash flow.

Or they will need to hire manpower by using a temporary agency or outsource to a billing company. A big assumption is to think that the people that got you in this predicament can turn it around and get you out of this mess.

One tip that can slow down the growth of the unresolved claims is to send them so that they process. For a claim to process it must have ALL provider, patient, and subscriber information correct. We also recommend that it goes electronically so that there is an electronic tracking trail and a date stamp in case this information is questioned. In addition, all electronic claims submission services provide electronic remittance advice (ERA report). This information is invaluable, most misunderstood, and underutilized. It provides you rejection information and should be cleared and corrected daily after the claim submission.

Please put your office to the test and see what percent of claims rejected when you submitted them in a week's worth of time. If it is more than 10%, there is a serious problem that needs to be immediately addressed: either patient data gathering issue, insurance account setup issue, or electronic claim submission issue. It is most likely the reason why your claims receivable keeps rising.

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