Making the decision

Every dentist has heard the fairytale in school about once upon a time you will graduate and sail away in your yacht to your newly owned fee for service practice. Although, I would love for that to be a reality for everyone there are several things to consider when making a decision about insurances and the course your practice takes. I will also say these decisions are fluid and have everchanginh variables that need to be evaluated regularly. I recommend you sit down once a year with your insurance/business coordinator and discuss these variable.

- How far out are you booking for hygiene?
- How far out are you booking for treatment?
- What networks are you apart of?
- How do those fees compare to your current fees?
- Are you due to renegotiate with any of them? (Several insurances will negotiate with you on fees either annually or every two years. Examples: Cigna, Guardian, Aetna, GEHA, Careington, and several others)
- Are you busy enough as a practice?
- What does your overhead look like?
- Most importantly what sets you apart? Are you an office that a patient would see the value in paying more to see? Do you cater to them and meet them at their needs? Do you offer amenities that would send that message?

You will likely never hear about the dentists who dropped Delta and regretted it. There are also many dentists participating in PPOs that are doing quite well financially. It's important to make business decisions based on business criteria ... based on what really is versus what we would like things to be.

Speaking to Patients About Out of Network Status

Whether you are currently in network with insurance and going out of network or you are just an out of network provider it is important to provide proper training for the staff.

Many staff members feel as if this is a burden and are bothered when it comes to providers making this choice and this is generally from a convenience stand point. It is much simpler to be in network. It takes less effort, and doesn’t require as much coaching with the patients on the value of your services/practice. One of the easiest ways to do this is scripting and setting up scenarios that can be practiced amongst staff.

Staff also needs to understand why the office is making the choice to be/go out of network and get on board with the idea. If you have a staff member that is not interested in making this transition with you it is important to understand that and be willing for both parties to move on in separate directions.

There a few things you need to consider once you have made the decision to go out of network.

- Will you still file the insurance for the patients?
- Will you have them pay an estimated copay or full fees upfront?
- How does your practice management software handle quoting the out of network fees and do you have a plan in place for this?
- If you are out of network with Delta and some BCBS how will you handle the patient getting the check mailed to them directly? I would highly recommend in these situations you have those patients pay up front.

How do you inform patients when making the transition to out of network?

To send a letter, or not to send a letter, that is the question. It is important to know what you are contractually obligated to do. I am not an attorney so I can not advise you legally on this matter. I do want to give some important insight for you to stew on. Do you have an obligation to inform the patient? Yes typically, but many think that means only sending a letter out and it in fact is not the only option. You can have a conversation with the patient and discuss the situation. You can also post a frame in the waiting room that informs patients. There are more options than just one.

My advice would be to spend sometime talking to patients face-to-face. In this way, Doctors and staff are able to refine their message and tailor it to each patients understanding. When you send a letter to someone, you can't see how they react to it; however, when you talk to someone face to face, you can see their body language. Then, you'll get a much better indication of how they feel about things and, of course, through their questions and feedback, learn how to best get your message across.

You might say something like, "Mrs. Smith, the staff brought to my attention that you are with XYZ insurance. I want to let you know that we've decided to change our status with this XYZ insurance to that of an out-of-network or non restricted provider. You can still be a patient in our practice and we still will process your insurance paperwork for you; but, there may be a slight difference in your copayment or deductible. The staff will be happy to help you contact your employer to find out what your out-of-network options are. "

When discussing the matter face to face patients are able to understand more clearly where you are coming from and what it means for them.

"ugly dog theory."

Let's talk about the "ugly dog theory." If you know someone who has an ugly dog - and this person even knows it's a very ugly dog - he or she still might not appreciate you referring to the dog as ugly! That's how most people feel about their insurance. Most people don't like insurance companies, but they don't necessarily want you slamming their insurance company either. Avoid comments like the following:

"Your insurance is really awful, and the insurance bureaucrats only think about money. We, on the other hand, are noble providers practically sent from heaven ... etc. etc."

Instead, it's better to emphasize the positive with your patient such as:
"The good thing about Delta is that you can pick the doctor of your choice ..."
"A good thing about this PPO is that you do have out-of-network benefits ..."
"No insurance company covers 100 percent of recommended services anymore, but your insurance will help you with a portion of the cost of your dental care ..."

What you want to avoid is throwing the insurance company and employer completely under the bus and then for whatever reason you have to eat crow and get back on the plan. How then will you explain that to a patient?

The moral to the story: Don't try to do everything at once and don't send out haughty letters! At best, you confuse patients; at worst, you will scare them off. Take things one step at a time. Drop one PPO at a time. Most importantly, have concrete plans to strengthen the remainder of your practice to compensate for any patient attrition. In short, have a plan!

Staff Training Make "Estimate" Part of Your Team's Vocabulary

This is not about semantics and it's not about trying to manipulate people with clever phrasing. It's about using terminology that accurately reflects what you believe and what you want your patients to understand.

Words matter and the right words create the right thoughts. Train yourself and your staff to use this care-positive wording and you will go a long way in changing the way patients think about insurance.

By talking to patients about their "insurance coverage" you present an idea that dental treatment is something that should be "covered." It reinforces the sense of entitlement that many patients have – the idea that dental care costs are something to be offloaded to their insurance carrier and not something to be paid for out of pocket. We all know that most insurance plans are archaic in their financial approach to the reality of dental care today (in many cases they are stuck at 1960s pricing). Patients need to understand that great dentistry is something to invest in, as you would any other significant purchase that matters to you. Knowing that, the very idea of "coverage" is simply unrealistic.

So what do you say instead? I suggest that instead of talking about insurance coverage, you talk to your patients about helping them maximize their insurance benefits. First of all, the word benefits create a positive connotations – who doesn't like to receive a benefit? – while at the same time making it clear that this is a financial supplement to help offset some of the dental care costs, not a "get-out-of-dental care-free" card.

Information for Staff to Have in Regards to Patient Conversations

- Dental plans have similar maximums now as they did 20 years ago. Dental insurance covers a limited amount of yearly benefits and often requires a co insurance to receive those benefits. Patients need to know that if they delay treatment until insurance will cover it, chances are they will end up with more expensive procedures later on.
- Even insurance plans with 100% benefits on some procedures have limitations to the number of services that can be received in a given time period. There really is no such thing as 100% coverage with most dental plans. Even “free” cleanings, xrays and exams will have a yearly frequency limit. Hygiene cleanings typically apply to their maximum as well so if they have exhausted those benefits that “free” cleaning isn’t free anymore. If a patient refers to a cleaning as “free” kindly remind them that it is not a free benefit there is a charge however their insurance should be covering it for them.
- DO NOT leave it up the insurance company to guide the patient on picking a provider. Even thought they don’t pay their premiums to us we don’t want the insurance company telling patients a misguided truth in that there is so much more benefit in going in network. Patients may be willing to pay a few extra dollars to see you as an out of network provider but patients HATE calling the insurance company so let this be a part of that service you provide as above and beyond. Sometimes it’s easier to change dentists than it is to get a live person on the phone at an insurance company who can quickly answer questions. Do your patients a favor and verify their benefits for them, particularly if you plan to accept Assignment of Benefit. Remember we all make mistakes sometimes so if you plan to relay benefits, be sure you stand behind the information you pass on.
- There are plenty of plans that have the same percentage of benefits when going to either an in or out of network provider, however instead of it being at the contracted rate it is based on what insurances refers to as UCR. There is not set UCR it is a fee the insurance companies arbitrarily sets on their end. Many of these patients may have an option to upgrade policies with their employer to have better coverage. It’s ok to recognize that you can’t be all things to all people. If the patient chooses to stay with a plan that has downgraded coverage they may be telling you that their first priority is the cheapest coverage.

- For any patients who choose to leave due to insurance changes, let them leave with a positive experience. Do not charge for x ray duplication or to send records to a new provider. Tell them how much you appreciate their business and that you would be happy to welcome them back if their situation changes in the future.

How to handle questions coming from patients

Patient: Why did you go out of network with my insurance company?
Staff: Your insurance company was not willing to pay benefits at a level where we can continue to provide the care you are used to receiving from us. By changing our relationship with your insurance company we can still utilize your benefits but without the restrictions we currently face as a provider.

This allows you to still use the benefits you pay for while allowing us to provide patient care in a way that we feel good about.

Patient: I saw you are no longer going to be on my list of providers. Too bad I can't see you any more.
Staff: You can absolutely still see us! Most patients have policies which gives them the option to see the provider of their choice. We have many patients with your plan who easily use their benefits with us.

Patient: Why don't you participate in my network?
Doctor: I was uncomfortable with the restrictions that were placed on me by your "network" plan. I didn't participate because it started affecting my relationship with patients. In other words, my patients trusted me to be their dentist—not the insurance company—and I wanted patients and I to make the best decisions for their dental health.

Patient: I hate to leave your office but I can't afford to go to an out of network dentist.
Staff: Most patients have plans that pay benefits whether you are in or out of network. Although the insurance company would like you to believe your options are limited to a list, chances are your policy will continue to pay for things similar to how they are now. I know it's confusing to call the insurance company so I can call and check on your benefits for you. I will give you a call back shortly with the details of your policy so you can see how it will work with our office. We are happy to verify this information for you so there are no unexpected surprises.

Patient: Do I have to pay you directly now that you are out of network?
Staff: You will continue to pay your "estimated" portion at the time of service which we will do our best to inform you of prior to treatment. We will continue to accept Assignment of Benefits with your company like we always have*. This means they will keep sending payment directly to us. We want to keep this as easy for our patients as possible! ***Note: A small number of insurance companies like DELTA and BCBS will only send payment to the patient when you are out-of network so be sure you have the correct information before telling patients this.**

Patient: My employer gives different dental insurance options? How do I know which one to choose?
Staff: We would be happy to look at your dental benefit options and help you choose the one that will work easiest with our office so you get the best bang for your buck. Simply stop by with your benefit options or email them to us and we can give you our feedback.

Using the telephone to welcome patients, not to screen patients!

Patients should not be asked about their insurance until they were verbally welcomed into the practice and their concerns were addressed. Customer service and the image of quality begin with the first phone call. We want to make sure staff is trained, confident and ready to assist patients. The telephone is the practice lifeline. Whether it is a patient or the referring dentist of a new or current patient calling

your office, it is essential that the conversation be handled in a professional manner that emits feelings of concern. Callers must perceive that your staff members care about solving their problems and taking care of their treatment needs, starting with the initial telephone call.

Many front-desk coordinators will ask new patients why they chose this particular office or how they heard about us. Because many practices gain new patients from current patients, it is appropriate to ask and to learn this information so that you can thank the referring patient, which may encourage additional referrals. It is also important to get this information to tailor your marketing dollars and see what is working and what isn't.

Then, in the context of other questions the patient was asked, "Do you have dental insurance that you'd like us to help process for you?" If the patient said, "Yes," the receptionist simply answered, "Please bring your information or card in and we will go over it with you at your first visit."

Now, let's say a patient is angry and says, "Well, if I had known you weren't a participating provider I wouldn't have come in. Why didn't you tell me?". The front-desk person might reply: "Mrs. Smith, when you called our office, our main concern was to welcome you into the practice and to take care of your dental needs. Our primary concern was not which insurance company you have. We feel if that is important to a patient, then he or she will choose a dentist from the insurance company's list. Again, we feel very strongly that it's important to focus on you, the patient, not your insurance company ... although we will, of course, be happy to help process the insurance for you ..."

Never say, "We are not a provider" - you are a provider; it's just that you are a non-restricted provider! The moral of the story: Use the phone to welcome people into the practice, not to screen them out! Don't be apologetic or pompous about not participating in any particular plan. Assume people will want to be in your practice and you usually will be right.

DOCUMENT! DOCUMENT! DOCUMENT! keep careful notes on who had been talked to and who had not been contacted. Make sure every staff member knows where in the software to put those notes and everyone is putting them in the same place. I would also recommend putting a "dummy" code in that indicates when a patient identifies they are leaving the practice due to insurance participation. You will have a way of tracking it this way with reports.

Phone Scripting

Some People are big fans of phone scripting and others are not. My take on scripting is you absolutely should have role play and practice with staff to get them comfortable in what can be uncomfortable conversations. I do not feel like someone should read off a call tree log and script when answering the phones, but I do feel they should be comfortable and prepared to portray the ideas and philosophies of the doctor and the practice. There are several areas in the practice that can benefit from practicing scenarios, treatment presentations, scheduling patients, insurance questions. Financial policies and so on. Below are some examples:

1. Phone Price Shoppers-Shoppers are potential patients calling to ask how much a service might be.

Some things to know:

Many "shoppers," but not all, have already seen a doctor and been given a diagnosis and treatment plan. If a patient calls to find out the price of a crown or other procedure, and has already seen another dentist, there is a high probability that another dentist has already created a treatment plan for more than one crown or other major procedures. Ultimately, you have no idea what this patient needs. To begin with, only your doctor can determine this and your doctor cannot do this without seeing this patient.

Some offices will and some won't quote prices over the phone, and that is a decision the doctor would need to make. It is not as simple as just giving one round number for a crown fee there are several factors that go into that. Statistically speaking, answering the patient's questions to some degree increases the probability that they might schedule.

Some practices find shoppers "annoying," and immediately adopt a negative attitude about them, i.e. "People who call for prices don't appreciate good dentistry." This is the wrong attitude. Truthfully, until you speak with this patient you have no idea why they are calling for prices. And keep in mind, a negative attitude comes across when you speak to someone on the phone. So, instead of looking at a shopper as a "bother," look at the call as an opportunity to add a new member to the roster of patients in your practice. Be friendly, courteous and helpful, and you may end up with a lifelong patient!

When a shopper calls – you normally have questions such as: "How much do you charge for a crown?" You could say you don't quote prices and…the caller may hang up on you. Or, you could let them know (after getting name and number) that you will answer their question, but you need to find a few things out first. This might go something like this:

Patient: How much do you charge for a crown?
Receptionist: Absolutely, I can get you that information, but do you mind if I ask you a couple of questions first?
Patient: Sure.
Receptionist gets name and number
Receptionist: Have you been told that you need a crown?
Patient: I saw a dentist last week, and they told me I actually needed three of them.

Receptionist: Which teeth are they?
Patient: Two on the upper right and one on the bottom right.
Receptionist: Are they sensitive to hot or cold at all?
Patient: Yes, I've been avoiding cold foods on that side of my mouth.
Receptionist: Are you in any pain right now?
Patient: No.
Receptionist: Ok, I understand. Normally, what we do in cases like this is have you come in for a quick exam with the doctor. The doctor would want to look at it herself before she can tell you exactly what you need. The appointment is free (or whatever is typically charged) and you can bring the X-rays with you, if you have them. I have time available on ______ or ______.
Patient: Okay, but if I do need a crown can you tell me how much it will cost?
Receptionist: Absolutely! A crown will range anywhere from ___ to ____ depending on materials and if you have any insurance benefits that will reduce that. But again, I can't diagnose you over the phone, so I'd like to just get you in and have the doctor take a look. We will provide you with treatment options

and cost estimates to help you decide your course of treatment.
Patient: Okay, that works. I can come in on ________.
Receptionist: Great! Let me get a little more information so we're all prepared for your visit, and we'll get you scheduled.

2. Insurance Questions

While this is not a complete definitive list of every type of insurance plan with dental coverage, you will find that most plans break down into one of the following:

- Traditional/Private Insurance
- A Preferred Provider Organization (PPO)
- An HMO (Health Maintenance Organization) or DMO (Dental Maintenance Organization)
- A Government Plan (Medicaid, etc.)

First it is important that your staff understands the difference in these plans. In my career it has been surprising to hear how many people I ask and cannot explain the difference to me.

When a patient calls asking if you **take** their insurance, you should make a concerted effort to establish good communication with that patient. In the long run, just because your office might not accept their plan that does NOT mean they can't become a patient! The patient however may not know this!

It is even more important to listen to the questions callers are asking and make sure you are answering the question asked. For example there is a big difference in
"Do you take my insurance"
"Do you accept my insurance"
" Are you in network with my insurance"
"Are you a provider for my insurance"

Many offices may take one of these calls — not even get the patient's name, have the patient describe the plan and then give them a simple, "no." Patient hangs up — lost opportunity and not a great impression for the dental office either.

Let's see how this would go.

In Network:

Patient: Hi, I was just calling to see if you accept my insurance?
Receptionist: I can definitely answer that for you. Do you mind if I get your name and number in case we get disconnected?
Patient: Sure.
Receptionist gets name and number
Receptionist: Thank you. Would you mind taking out your insurance card for me?
Patient: Sure. I have it here.
Receptionist: And what is your insurance provider?
Patient: It's _________.

Receptionist: Okay great, yes we are in-network with your insurance. Can I go ahead and get you scheduled for a time to come in?

As you can see, if you are a participating provider for their insurance, this is quite simple. You let them know and schedule the appointment.

However, if you aren't a participating provider for their insurance, you would still let them know but the conversation would go a bit differently. Invite the caller to come into the office to talk to a financial coordinator to determine if this insurance plan has preventative care coverage that might work — or your office may have a new patient special you might offer them. Work with your OM to determine which way you want to handle this.

Let's see how this conversation may progress.

Out of Network

Patient: Hi, I was just calling to see if you accept my insurance?
Receptionist: I can definitely answer that for you. Do you mind if I get your name and number in case we get disconnected?
Patient: Sure.
Receptionist gets name and number

Receptionist: Would you mind taking out your insurance card for me?

Patient: Sure. I have it here.

Receptionist: And what is your insurance provider?

Patient: It's __________.

Receptionist: Thank you. So we are not in-network for that particular plan, however we do have many patients with that plan (only say this if true for your practice). There is often still some coverage available and many times the price difference is not significant. We will also let you know the exact price and coverage before beginning any treatment.

We also have a new patient special right now for an exam, X-rays and a cleaning for $99. Is that something you would be interested in?

Patient: Actually I haven't been to the dentist in awhile and I just wanted to get my teeth checked and a cleaning. So that sounds great!

Receptionist: Okay great, let's go ahead and get you scheduled for a time to come in!

NOTE: If the patient is in an HMO or DMO in which you don't participate, have the patient read the doctor's name on their insurance card and explain that this is the only dentist they are covered to see.

If they are given an HMO plan from their employer, let them know they might have the option to quickly switch to a traditional or PPO plan and that they should discuss this with their HR department. Ensure you follow up to get the patient scheduled afterwards.

Note: In some cases, someone may understand that they are in an HMO and have no coverage in your office and despite that, want to schedule anyway! If that's the case, by all means schedule the appointment!