DENTRIX

CLAIM

OVERSEEING INSURANCE CLAIMS

KEEPING CLAIMS FROM SLIPPING THROUGH THE CRACKS

BY: TERESA DUNCAN

Topics covered in the Expandability Series can help improve every aspect of your practice. Each topic is part of the patient journey—a cycle consisting of sixteen steps.

HENRY SCHEIN ONE

ABOUT THE AUTHOR

TERESA DUNCAN

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is Founder and President of Odyssey Management, Inc. Her expertise with insurance management in all stages of the patient journey makes her an excellent resource for dentists who want to improve the quality of their work for both patients and their teams.

" More than 20 years of healthcare experience

With over 20 years of healthcare experience, Teresa speaks on topics such as Insurance Coding, Office Manager Training and Revenue Growth. Her memberships include the National Speakers Association and the National Association of Dental Plans. She has been named one of the Top 25 Women in Dentistry and is the author of Moving Your Patients to Yes: Easy Insurance Conversations as well as a contributing author to the ADA's annual CDT Companion Guide. Her podcast "Nobody Told Me That!" provides regular coding and management updates. Teresa received her master's degree in Healthcare Management.

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INTRO

This series of eBooks guides you through the patient journey.

A perfect patient journey ensures contented and returning patients, visit after visit. The journey is a cycle consisting of sixteen steps that begin before the patient enters your practice, encompass the front-office and dental exam experience, and continue beyond the appointment to re-care and referrals. Your office's seamless digital workflow ensures an ideal, hassle-free journey for the patient.

This eBook addresses Insurance Claims, the thirteenth step in the patient journey. The right digital tools make this step significantly more efficient, greatly reducing the time you need to submit forms and to be reimbursed. Following the best practices outlined in this eBook can save you time and help you prevent costly errors.

Importantly, your patient remains informed throughout this crucial step in the journey.
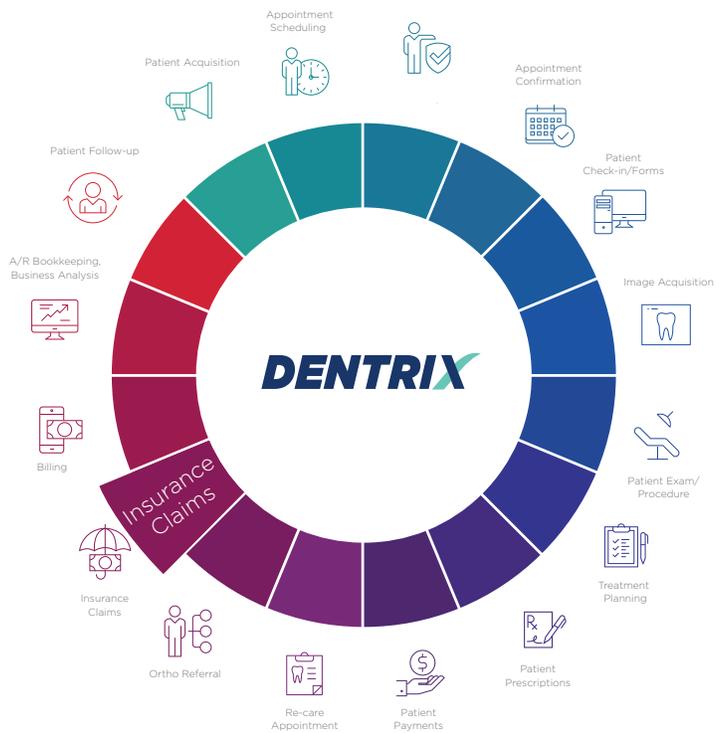
INSURANCE CLAIMS

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Appointment Scheduling

Patient Acquisition

Appointment Confirmation

Patient Follow-up

Patient Check-in/Forms

A/R Bookkeeping, Business Analysis

Image Acquisition

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Patient Exam/ Procedure

Billing

Insurance Claims

Treatment Planning

Ortho Referral

Patient Prescriptions

Re-care Appointment

Patient Payments

OVERSEEING INSURANCE

Insurance management affects every phase of the patient journey, a cycle that includes three phases:

1. Before the patient comes in
2. During the office visit
3. After the patient leaves

To exceed patients' expectations and grow loyalty, it's vital to avoid missteps in processing insurance. You can do that by building systems to deal with the ever-evolving role of insurance in your dental practice.

The New Reality

Effective insurance management — from discovering patient benefits through tracking them—is your opportunity to distinguish your practice from your competitors'.

As I point out in my other eBooks about insurance management in the Patient Journey series (listed in the sidebar), while it's still the patient's responsibility to know their insurance coverage and benefits, the new business reality is this:

If you're not helping your patients with their insurance, they'll find a dental office that will.

That doesn't mean you need to overhaul how you do everything. Small changes to your day-to-day practice management can help foster effective insurance management and your practice's financial health.

This eBook addresses strategies for the insurance claims process, part of the third phase of the patient journey, including

- Filing claims daily
- Avoiding common coding errors
- Reviewing reports
- Appealing claims
- Monitoring the status of claims
- Leveraging your dental software

eBooks about Dental Insurance

This eBook — my third contribution to the Patient Journey series — guides you through the third phase of the patient journey (after the patient leaves) by providing best practices for dealing with the insurance claims process.

My previous eBooks in the Patient Journey series likewise deals with insurance management.

The first, "Understanding Insurance Eligibility: Making Small Changes to Gain Big Results," centers around determining patient eligibility in the first phase of the patient journey cycle, before a patient's appointment (Step 3).

The second, "Simplifying Patient Payments: Getting Paid for What You Do," discusses the advantages of digital payment solutions that integrate insurance claims and give patients options. This occurs in phase two of the patient journey, while the patient is in your office (Step 10).

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MANAGING THE DAY TO DAY

This step of the patient journey, insurance claims, is a complex one. Splitting your responsibilities into daily and weekly tasks will help. Patients may not see you working with their insurance companies, but many will notice how smoothly their patient journey goes because of your efforts.

File Claims Daily

Process insurance daily to ensure a consistent cash flow for your practice. Filing claims each day also helps you avoid missing any claims filing deadlines.

Generally, claims received more than 12 months after the date of treatment may not be paid. Some insurance plans may require you to submit claims within 90 days of treatment. In most cases, denied claims must be appealed within six months of the denial decision.

For fast results, send your claims and supporting documentation electronically.

The learning curve for claims software is relatively small, and the payoff is huge. Plus, almost all major insurance companies (Delta Dental, MetLife, Aetna, Cigna Dental, United Concordia, Guardian, Ameritas, HumanaDental, etc.) have moved to an electronic system. In the future, you can expect all insurance companies to require their participating providers to file claims and attachments electronically.

Avoid Common Coding Errors

In addition to double-checking the codes on your insurance claims, you can prevent claim denials and rework by avoiding these common coding errors:

- Using deleted or outdated codes
- Omitting the history from codes that require a history
- Overusing codes that are fraud triggers
    - Surgical extraction for regular extraction
    - Stainless steel crowns
    - Crown buildups with every crown
    - Pulp caps with every filling

Purchase a CDT coding guide from the ADA for your practice. Codes change on a yearly basis, and some dental software programs truncate code definitions. It's worthwhile to buy a coding guide so you can be sure to submit the most appropriate code. Dentrix practice management software supplies an update to all CDT codes annually.
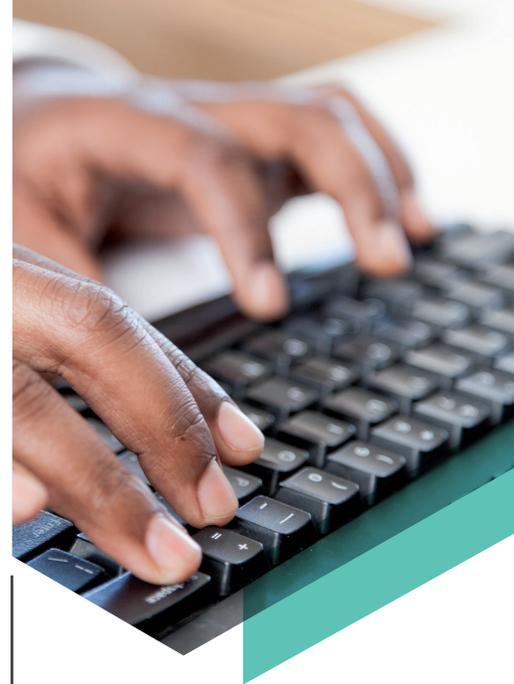
Profiting from Claims Software

Sending claims and supporting documentation electronically brings these benefits to your practice:

- Higher quality digital images
- Reduced claim turnaround time (not waiting on mail)
- Electronic audit trail (proof of claim submission)
- Faster payment (up to three weeks sooner than paper claims)
- Immediate notification of claim rejection
- Easier tracking and follow-up of claims
- Shorter revenue cycle
- No more printing, folding, stuffing, stamping and mailing paper claims
- Lower office costs (you save $21 for each electronic attachment)
- Less time spent submitting claims = lower overhead = higher profits

Dentrix has been designed with every step of the patient journey in mind to help you expand your profitability.

FOLLOWING UP

Once claims have been filed, following up on them is the next obvious task—although many practices fail to do so. Daily tracking of your claims is vital to effective insurance management and to supporting the patient journey.

Your dental practice management software may be able to generate the necessary reports to track your claims and to show you where follow-up is required. Dentrix dental software provides all the reports you need to stay on top of insurance claims. If you don't have clearinghouse software that gives you real-time claims status updates, register for an account on each insurance company's web portal so you can track your claims from there.

Review Reports Regularly

It aids your cash flow when you can find out immediately if something is missing from a claim or when a claim ages over 30 days.

Review these insurance-related reports on a regular basis:

- **Daily**: Clearinghouse claim submission report. This is probably the most overlooked report in the office since it usually comes from the clearinghouse, not your practice management software. It tells you if attachments are required or if claims are sent back for denial. Look for glitches in clearinghouse submissions or employee data entry errors so you can correct and resubmit the claims.
- **Daily**: Unsubmitted claims report. Research missing information, then complete and submit these claims.
- **Weekly**: Procedures not attached to insurance report. Review to catch any posting errors.
- **Weekly or biweekly**: Insurance aging report. Follow up on these

claims, starting with the oldest. Almost all insurance plans have timely filing deadlines. This means that the claim will not be paid after a certain period of time.

It is essential to file claims in a timely manner. Actively pursue delinquent accounts to obtain payment and keep your receivables flowing.

Troubleshooting Denied Claims

Don't take rejected claims personally. Look for the underlying reasons, such as:

- Using deleted codes or codes that require a history
- Overusing codes that are fraud triggers
- Missing documentation or images
- Being excluded by a contract provision in the insurance plan

Here are the main exclusions to watch for in dental plans:

- Missing tooth clause
- Frequency limitations (crowns and bridges, radiographs, fluoride, etc.)
- Wait periods for major benefits to kick in
- Separate maximums for periodontics and orthodontics
- Deductibles that now apply to preventive categories

SAVE TIME

Dental practices that have switched to online insurance processing report that they still need a good claim management system. Electronic explanations of benefits (EOBs) are also called Electronic Remittance Advice documents, or ERAs. Transaction numbers are assigned to each claim, which simplifies tracking of the payment. Although detail is required, isn't that the case with all of our insurance systems? Dental offices find that they like the convenience of logging into their portal and knowing their EOBs are stored for them.

Quicker Appeals

A frequently asked question is "What part of the ERA should I send if I need to appeal a claim?" Should you need to appeal a benefit determination, then make note of the claim identification or document control number. The transaction number of any payment is not typically needed. If your dental practice management software has a copy of your claim submission and the ERA, then you have everything you need to file the appeal – all in one place.

Commonly Cited Advantages to Processing Payments Electronically:

- Faster cash flow since the funds arrive faster than traditional checks

- Tracking/tracing numbers so that you can easily reconcile the payments

- No storage or scanning of paper EOBs

CLAIM

KEEPING UP WITH THE INDUSTRY

Staying up-to-date with the dental insurance industry helps you avoid coverage surprises, denied claims and payment delays. In turn, you'll be rewarded with the satisfaction of patients who continue to choose your practice for their dental journeys. The less patients have to deal with insurance, the happier they are.

Even if you have the best insurance management system, you will still encounter problems. Keeping up with the industry can also help your team overcome obstacles such as denied and unpaid claims.

Appeal Claim Denials

A denied claim can completely derail the patient's journey, particularly once the patient has to wait for insurance issues to be resolved before receiving further care at your office. Know the appeal process for each of your insurance carriers. When a claim is denied, make sure the adjustments are accurate, and look for any opportunity to appeal.

Your patient's employer (HR department) can help with second-level appeals for self-funded plans. This is also a good opportunity to enlighten them on dental benefit selection.

Resubmit the claim and ask for consideration with additional information. Along with the explanation of benefits, submit the document control number for easy tracking. This can also be called the file reference number or claim ID number.

Monitor Unpaid Claim Status

Run regular reports to help you monitor all unpaid claims. Call the insurance carrier to follow up on claims aged 30 days or more.

If you have a larger number of aging claims, start your follow-up with the oldest balance, then the largest balance, followed by the carriers with the most outstanding claims.

Following up on unpaid claims is where having a full-time insurance coordinator position really pays off. A well-trained and knowledgeable insurance coordinator can save your practice from losing revenue. Otherwise, you stand to lose revenue due to patient dissatisfaction, inaccurate co-payments, unpaid claims and higher accounts receivable.

Applying Best Practices

Best practices for insurance management include:

- Assign someone from your business team as insurance coordinator for your practice.
- Use electronic tools for insurance- related tasks.
- Appeal everything that gets denied so you can find out why.

- Follow up on unpaid claims monthly or more frequently.
- Make sure at least 80 percent of your claims are paid within 30 days of submission.
- Keep outstanding insurance claims 90+ days old to less than five percent.

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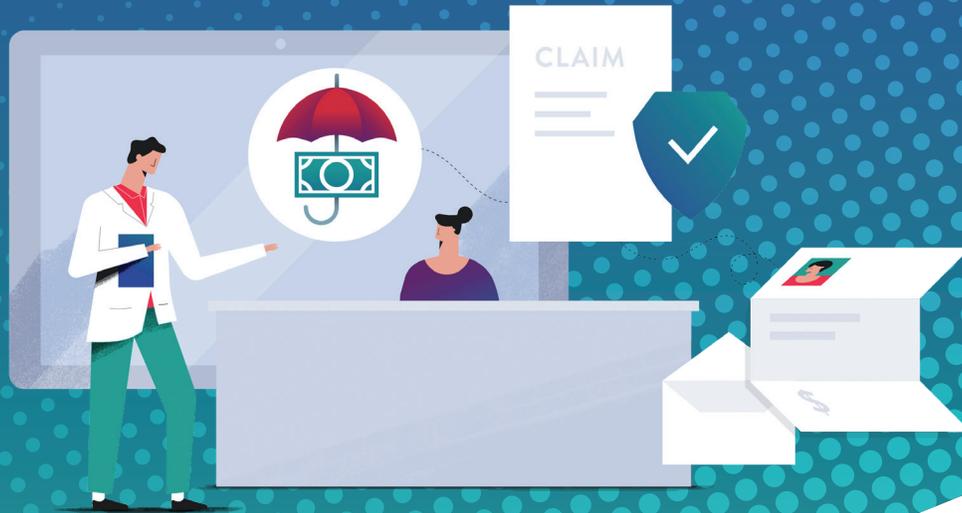
WHAT TO DO NEXT

Managing the claims process, let alone dental insurance as a whole, doesn't have to be overwhelming. Just as insurance companies have changed, so have your options for technology in your practice. Dentrix dental software can help you spend more time focusing on providing the best patient journey and less time on the phone, sorting out insurance benefits.

Leveraging Your Dental Software

Your patient journey is only as good as your digital workflow.

The right software will expand your ability to provide a smooth and pleasant patient experience through the complete cycle — before, during and after a patient visit. Dentrix is the connected management platform that was built with every step of the patient journey in mind.

Automating with eClaims

A Dentrix Service Bundle with eClaims can provide powerful tools for supporting the claims management process. Some of the key benefits of eClaims include:

- Saving time — send electronic claims and add attachments without leaving Dentrix and check the status of a claim in real time, no phone calls needed

- Simplifying workflows — quickly find the provider, image, diagnosis and narrative you need to complete a claim

- Avoiding rejections — check claims for necessary components and correct omissions before sending; have Dentrix automatically update when modifying a claim

- Improving accuracy — receive real- time notification when a carrier accepts a claim and collect patient portions instantly

- Expediting payments — speed up payments from carriers and accelerate collections in turn

(Learn more at www.Dentrix.com)

THE PERFECT PATIENT JOURNEY

The Perfect Patient Journey Requires a Seamless Digital Workflow

When your insurance claims are automated, your practice benefits from faster reimbursements and less stress. Your entire team enjoys more time to focus on every aspect of patient care. The patient's experience following the visit continues to be enhanced through these digital aids to your workflow, including in the next stage, billing. Find out how in detail in the following eBook in our Patient Journey series about billing and collections.

RELY ON THE INDUSTRY LEADER

Dentrix provides software solutions for greater productivity and profitability in your practice. Its connected management platform considers every step of the patient journey so that patient payments work with all steps from marketing through continuing care. That's why more than 35,000 dental practices rely on Dentrix today.

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A/R Bookkeeping, Business Analysis

Billing

Insurance Claims

Insurance Claims

Ortho Referral

Re-care Appointment
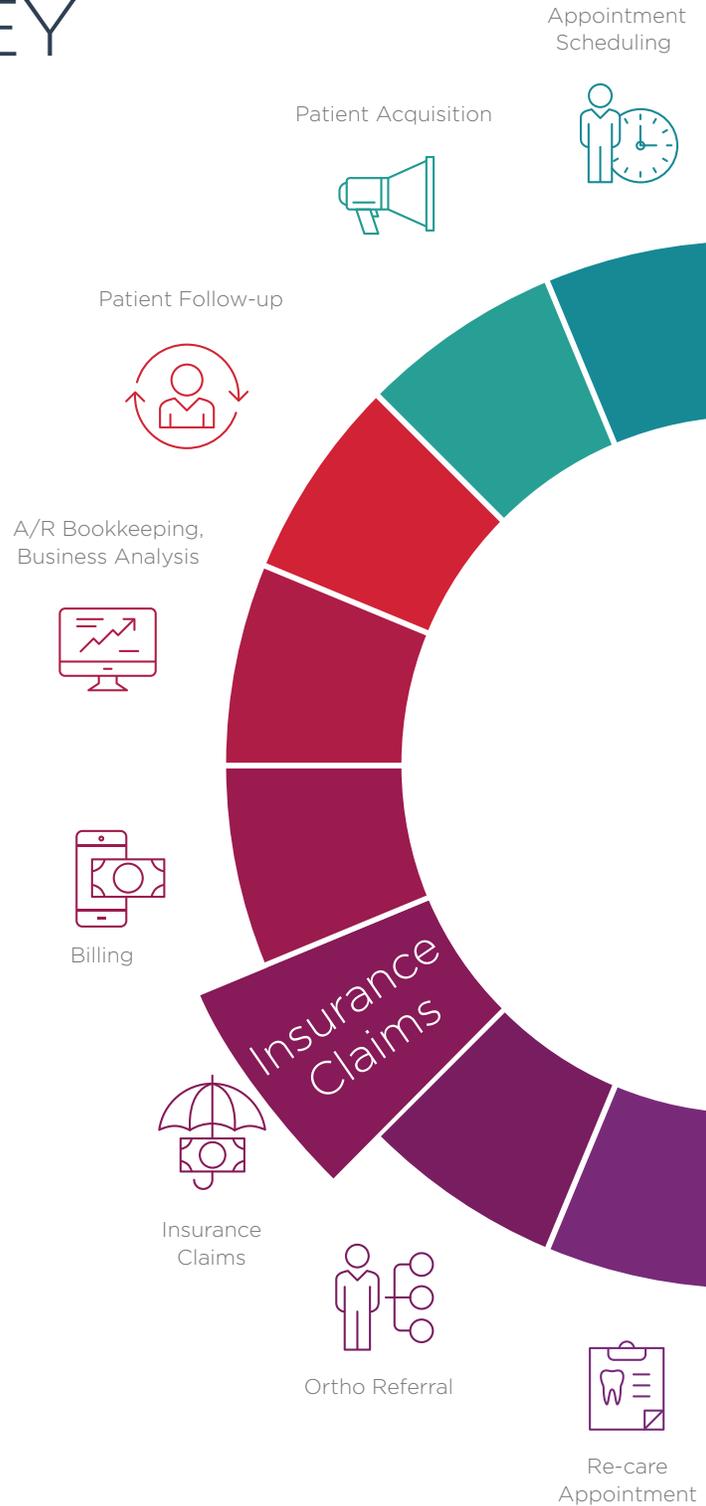
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