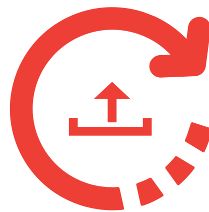

INSURANCE FUNDAMENTALS

STUDY GUIDE

STUDY GUIDE

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PHONE SUCCESS

SCHEDULING ADVANTAGE

CUSTOMER SERVICE 101

PATIENT EXPERIENCE

CASE ACCEPTANCE

INSURANCE FUNDAMENTALS

ALL-STAR DENTAL MBA

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MODULE 1: INTRODUCTION

This module will introduce you to the course and who will find the course valuable.

Module 1 Outline

A. Who is this course for?
   i. Practices that have patients with dental insurance
      1. FFS; Practices that are in network
   ii. New team members joining a practice
      1. No dental background
      2. Not a lot of experience at the front desk
   iii. Clinical team members that will now be working at the front desk
      1. Assistants
      2. hygienists
   iv. Dentists
      1. Many costly mistakes are being made in dental practices. If doctors had a good understanding of insurance they would know what questions to ask and reports to run to help prevent them
   v. Basically all team members because the overarching objective is to understand insurance, make educated decisions regarding insurance and prevent costly mistakes
   vi. Costly errors- touch briefly on some of the ways offices unknowingly are losing a lot of money in errors
      1. Not submitting insurance daily
      2. Not following up on outstanding ins claims weekly
         a. Patient will be upset when they get a bill months after their treatment
         b. Timely filing limitations
      3. Not asking enough questions when signing up to be in network
         a. What other plans will you effectively be in network with?
         b. What is the fee schedule?
         c. How often can the fee schedule be updated?

d. What is the process to opt out of participating?
e. How many people have this insurance within a 5-mile radius of your practice?
f. If the procedure is not covered on the plan, can you charge the patient your office fee?

B. Why accept insurance?
   i. Patients who have insurance want to use it
   ii. Dentists want patients. Insurance companies have patients.

C. Course Overview
   i. History of insurance
      1. How did we get to where we are today?
   ii. How insurance has affected dental practices and how they do business
   iii. Types of insurance
      1. Different types of insurance plans
   iv. Systems that need to be in place to successfully accept & manage insurance
   v. How to be most efficient when working with insurance

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MODULE 2: BASICS OF INSURANCE

A brief history and an overview of current dental insurance.

Module 2 Outline

Unit 1. A Brief History of Dental Insurance

- A. Early 1970s
  - i. Early insurance plans
    1. $1,000 maximum
    2. Equals $6,274 in 2016
    3. 12 million people had dental insurance
    4. Paper insurance claims
- B. 2014
  - i. Plans today
    1. 205 million Americans had dental insurance
    2. 64% of population
    3. Electronic insurance claims
    4. Many different types of insurance and varying participation levels for dentists
- C. Insurance claims
  - i. Purpose of a claim
    1. Procedure codes
    2. Looking for approval of the dental claim examiner for the need for treatment and whether it is within the confines of the plan that the patient purchased
    3. Patient, facility, provider of services and billing entity on the claim
  - ii. Claim Submission
    1. Paper
       - a. Print and mail

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2. Electronic
    a. E-claims company
    b. Clearinghouse
    c. Payer ids
    d. Attachments
    e. Faxing a claim

Unit 2. Anatomy of a Dental Plan

A. Anatomy
    i. Group Name
    ii. Group number
    iii. Maximum
    iv. Calendar year/fiscal year
    v. Deductible
    vi. Categories of CDT Codes
    vii. Procedure limitations
    viii. Frequency limitations
    ix. Alternative benefits or downgrading
    x. Missing tooth clause
    xi. Coordination of benefits/Secondary coverage
        1. Example
        2. Carve out

B. Why maximums haven't increased
    i. Maximums haven't increased
    ii. Patients are not maxing out their insurance
        1. Maximums have been around $1000-$1,5000 for years and the vast majority of patients are not using it.
        2. Just like everything else, demand dictates the market. The demand is not there. Patients and employers want low cost dental insurance.

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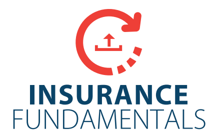
MODULE 3: MANAGING THE INSURANCE WORKLOAD

This module explores the effect of insurance on workload in the practice.

Module 3 Outline

A. Paperwork with insurance is more than cash paying
   i. Claims
      1. NPI numbers
         a. Type I (provider) and Type II (business)
      2. Exact Patient names
         a. Robert vs Bobby is often kicked back
      3. Frequency limitations
         a. Cleaning is less than 6 months to the date for many plans it will be denied
   ii. Patient portion
      1. Estimates
         a. Where this can get very sticky is when an insurance company pays a percentage of what THEY consider Usual and customary & they won't give the office that information
         b. Potential here to have patients say to the office my insurance company said you charge too much.
         c. How treatment estimates are presented to the patient is very important
   iii. Additional information
      1. Documenting medical necessity via narratives
      2. Sending x-rays
         a. Traditional
         b. Digital
         c. Some insurance companies accept electronic attachments some do not

iv. Appeals
   1. Definition
   2. Delay on payment and final patient portions
   3. End up on the doctor's desk and often it is weeks before they have the time to respond
v. Following up on insurance claims
   1. Insurance co didn't receive them
   2. Time spent on hold
   3. Utilize online log-in when possible
vi. Coding
   1. Exclusions. Codes that are not covered
   2. Pre-estimate required
   3. Frequency limitations
vii. Insurance payments
   1. Itemize your payments
   2. Paper check
   3. EFT
      a. Balancing issues
   4. Credit card
      a. Opt out!
   5. Entering adjustments
      a. Definition
      b. Ways to enter
   6. Fee schedules
viii. Who are you in network with
   1. Important for giving patient estimates and when entering insurance payments and write-offs
ix. Online insurance access
   1. Varies per company if it is available and how much information is available
x. Timely filing limitations



1. If an insurance claim is not received within a certain time frame from the date of service it will be rejected
2. Timely filing periods are decreasing

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MODULE 4: TYPES OF INSURANCE PLANS

This module explores the different types of insurance plans and how those differences affect your practice.

Module 4 Outline

A. Open Panel aka Freedom of Choice plan
   i. the freedom to choose your own dentist
   ii. plan allows covered patients to receive care from any dentist and allows any dentist to participate

B. Closed Panel
   i. This type of plan allows covered patients to receive care only from dentists who have signed a contract of participation with the third party.
   ii. in exchange for lower rates, limit your choice of dentists
   iii. Two types of Closed Panel Plans
      1. PPO Preferred Provider Organization
         a. The participating dentist agrees to charge less than usual fees to this specific patient base, providing savings for the plan purchaser. If the patient chooses to see a dentist who is not designated as a "preferred provider," that patient may be required to pay a greater share of the fee-for-service.
      2. EPO Exclusive Provider Organization
         a. allows a particular group of patients to receive dental care only from participating dentists. Although there may be some exceptions for emergency and out-of-area care, if a patient decides to see a dentist which is not listed on the EPO panel, charges for service will not be covered by the plan

C. Capitation Plan
   i. DHMO Dental Health Maintenance Organization

1. The dentist is paid on a per capita (per head) basis rather than for actual treatment provided. Participating dentists receive a fixed monthly fee based on the number of patients assigned to the office. In addition to premiums, patient co-payments may be required for each visit

D. Medicaid
   i. Varies by state
   ii. Often need to verify coverage on day of service
   iii. Long hold times
   iv. Some services not covered- i.e. crowns, posterior composites

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MODULE 5: TRAINING YOUR TEAM

Training needed to accept insurance in your practice. This module will address specific areas of training that are critical for effective and efficient management of insurance by your team.

Module 5 Outline

Unit 1.

A. Software data entry
   i. Leveraging
      1. Benefits
         a. Example
      2. Policy changes
   ii. Accuracy for posting payments, write offs, treatment estimates, insurance information
B. Credentialing
   i. Time consuming
   ii. Dr needs to read contract
   iii. Follow up every 2-4 weeks
   iv. Questions to have answered
      1. Fee schedule
      2. Charging for procedures not covered
      3. Employers within 5 miles of practice
      4. Number of people covered by their plan
      5. Next time re-negotiate fees
      6. Time to opt out
      7. Number of other doctors on their plan in your area
      8. Other companies you would effectively be in network with by joining this plan
   v. Keep the contract easily accessible with the contact information for the person you spoke with at the insurance company

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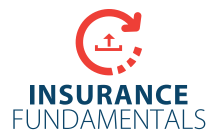
Unit 2.

- A. Who are you in network with
  - i. List
  - ii. Umbrella relationships
    - 1. Changes
- B. Coding
  - i. How can you charge for what you do if you are not familiar with the codes
  - ii. Codes change yearly
    - 1. Added & deleted
  - iii. Clinical team members need to know as they are often who is charging out the procedures.
    - 1. Admin team needs to know to help get the claim paid
- C. Estimates
  - i. Electronic eligibility
    - 1. Highly recommended
    - 2. Which program to use
    - 3. Flat monthly fee
  - ii. Contacting insurance company
    - 1. Online
    - 2. Faxback
    - 3. Call
- D. Pre-estimates
  - i. Some insurance plans require them for specific procedures
  - **ii. Not a guarantee of payment**
- E. Online insurance access
  - i. Need to have a central document with website address, un, pw and security questions

F. Claims
   i. Legal documents
   ii. Paper
      1. Not read automatically
   iii. Eclaims - advantages
      1. Clearinghouse-Provider
      2. Attachments
      3. Clearinghouse report
         a. Check daily and respond
      4. Paid faster
   iv. EOB
      1. Explanation of benefits

Unit 3.

A. Following up on insurance claims
   i. Weekly
   ii. 30, 60, 90
   iii. Bill the patient
      1. Patient contacts HR or insurance company
      2. How long after the procedure do patients expect to be notified of a remaining balance?
         a. “we’ll send to insurance and then send you a bill”
B. Narratives
   i. Thorough in your explanations
   ii. Enough information to see that the treatment was medically necessary
   iii. Intra oral camera pictures go a long way
C. Insurance payments
   i. Paper check
   ii. EFT
      1. Notification
         a. Email,
         b. EOBs in the mail



c. none

2. Entering payments into software & balance with the doctor's account

iii. Credit card

1. Fees dr pays- merchant fees
2. Don't sign up, they sign you up
3. **Opt out. as easy as calling.**
4. Software challenges in entering the cc payments from an ins co

iv. Entering adjustments

1. In-network
2. Know who the practice is in network with
3. Adjustment types should be specific to each insurance company in the software
4. Every ins co EOB looks different, which takes time to enter payments
5. Document reasons why ins paid less than expected to be able to quickly answer patient questions? Good reason to send the statement as insurance pays.

D. Fee schedules

i. Entering into software

ii. Adjusting

iii. Submitting full office fee on the claim very important!

1. What happens if you submit the fee schedule amount?

E. Re-negotiating fee schedules

i. Companies

1. What they offer over the practice doing it themselves
   a. Experience
   b. Relationships
   c. Knowledge of what to expect fee wise
2. Why it's important
   a. Should be revisited as often as possible (typically every 2 years)

F. Timely filing limitations

i. 30 days- 2 years

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MODULE 6: MANAGING YOUR TIME

This unit will address issues surrounding time management with regards to taking insurance, and provide tips for effectively using your time.

Module 6 Outline

A. Electronic Claims
   i. Paid faster
   ii. Faster to click send than to print, stuff envelopes and mail
   iii. Reports that prove that the claim was sent
   iv. Some companies will not charge to resend if the clearinghouse received the claim the first time
B. Electronic Eligibility
   i. Information received varies by ins co
   ii. Ins co are not mandated to provide any information electronically
   iii. Ins co are mandated to provide the same info to each company
   iv. So select your company by ease of use and information presentation
   v. Cost -effective way to get information with very little time from the office
C. Outsourcing
   i. Virtual assistants
   ii. Following up on claims
   iii. Submitting claims
   iv. Patient benefit information
   v. Put the information into your software!
D. Benefit information
   i. Insurance payment per procedure
   ii. It affects ALL patients on that plan

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