



REPRODUCE

Eliminating the insurance nightmare

For more on this topic, go to www.dentaleconomics.com and search using the following key words: *dental insurance, dental benefits, PPOs, HMOs, CareCredit®*, *out-of-network, Dianne Glasscoe-Watterson*.

Dear Dianne,

I bought a dental practice five years ago from a retiring doctor, and I am happy being my own boss. However, every month when I see how much I am writing off my gross production, it nearly makes me physically ill. How can I disentangle myself from this insurance nightmare?

Concerned Dentist

Dear Concerned,

Thirty-five years ago when I began in dentistry, there was little, if any, “dental insurance.” In 1972, our practices were “slammed” with patients seeking care, and many practice schedules were booked out solidly two months ahead. When employers began offering dental benefits, dentists were delighted because they knew that even more people would be seeking care. We and our patients welcomed third-party participation with open arms.

Who knew that this love affair would become tumultuous? We in dentistry could not believe our new “lover” would turn on us and start dictating how we would run our practices, even to the point of making it difficult to stay solvent. Like a spouse staying in an abusive marriage, we have silently allowed insurance companies to control us.

Enter PPO/HMO insurance giants. Our “lover” morphed into something we did not recognize, and forced us to accept lower fees if we wanted to stay in the marriage. Many dentists decided to stay with insurers out of fear of losing patients and their practices.

Today, the average cost of a crown is \$1,003, a 668% rise over the past 35 years. Yet, insurance reimbursement for a crown (if it pays anything at all) is typically 50% or less. The expense of running our practices has continued to rise, and as every business owner knows, the bills have to be paid first.

You asked how to loosen yourself from the insurance web. Here are my suggestions:

1. Run a report showing all the plans you participate in and how many patients are in each plan.
2. If possible, do a comparison analysis of the top 25 procedures you perform, comparing the plan allowance to your current fee for these services.

3. Pick a plan with poor reimbursement. Send a letter to the insurance company asking for improved reimbursement. Some plans will provide a better reimbursement if there are limited providers.

4. Pick a plan to cut, but first find out if the patients on that plan can receive out-of-network benefits. Some plans allow out-of-network benefits, and some do not. My experience is most PPO plans do allow out-of-network benefits. In fact, some doctors have reported higher reimbursement by being out-of-network.

5. *Do not* send a letter to your patients. Rather, talk to them face-to-face as they come in. Tell them that plan participation makes you feel like you are compromising treatment because of the limitations. Tell them your conscience will not allow you to make these compromises any longer. Assure your patients that they still can receive benefits out-of-network. Lastly, write off the uninsured portion of their first visit after ceasing participation. Assure your patients that you refuse to deliver anything but the highest quality care, and that is what they will receive when they come to you. Let them know that there are financial options (such as CareCredit®) available for folks who need them.

6. Be prepared for those patients to leave if the plan you are dropping does not allow out-of-network benefits.

7. Work systematically, one plan at a time, until your write-off amount is below 10%. Your goal should include being “plan free” at some future date, but keep in mind that you may never be totally free of all plans.

8. The way you approach the disentanglement process will determine how many plan patients stay with you or leave. If they receive a letter from you, patients may feel they have no other choice but to go to a participating practice to receive benefits.

9. Be proactive by reviewing your schedule each morning and highlighting patients who will require consultation about the change in relationship with their insurance company.

10. Instruct your front desk assistants to track all patients who request their records, and to be prepared to present this report at any time you request it. **DE**

Dianne Glasscoe-Watterson assists dental practices in achieving their highest potential through practical, effective onsite consulting. Her continuing-education courses help dental professionals refresh their knowledge base and reignite professional passion. Visit Dianne’s Web site at www.professionaldentalmgmt.com or e-mail her at dglasscoe@northstate.net.