Developing Billing Excellence

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Our mission is to improve the oral health of all.
DentaQuest Oral Health Center

- Multi-specialty group practice—NOT a safety net dental practice
- 13 Operatories
- 14,500 patients of record
- Accept all insurances
- Prevention oriented
- Evidence-based protocols of care
- Minimally invasive dentistry
  - Emphasis on remineralization of caries
  - Non surgical management of periodontal disease
My Background

• Was the former Dental Program Administrator for a large FQHC dental program in Massachusetts

• We underwent an assessment by Safety Net Solutions back in 2009 and accomplished a complete turnaround of our dental program

• In 2011, hired by DentaQuest to take over the Oral Health Center (was losing $500,000 per year)—huge financial and operational issues that took several years to resolve but now doing great
My Background (cont.)

- In 2014, was subcontracted out to my former FQHC, which had fallen back into financial disarray—largely due to significant billing issues.
- Currently subcontracted out to several other Safety Net Solutions clients to help re-engineer practice management systems and operations.
- Specialize in all aspects of Revenue Cycle Management—a huge problem for many safety net dental programs.
What is Revenue Cycle Management?

RCM is the time between when an appointment is scheduled and when you receive final payment for the work you’ve done (or the claim is written off)
Duration of the Revenue Cycle

If the cycle is long
there’s a potential for more write-offs

If the cycle is short
it will speed up your payment and increase your cash flow
Impact of Effective RCM

- Financial sustainability for your dental program
- Increase cash flow
- Improve net collections
- Decrease denied claims
- Decrease frustration
- Identify factors that impact your bottom line
So, Why?

With so much money at stake, why do so many of us struggle with Revenue Cycle Management?

Well.....let’s see
When Billing/Collections Goes Wrong…

A/R Over 90 Days—Actual SNS Client!

- $886,229 Self Pay
- $654,633 Medicaid
- $102,461 Medicaid/Managed Care
- $48,564 Commercial

Total money left on the table: $1.7 million!
Why Billing Goes Wrong

- Steep learning curve with dental billing
- How many steps are there and how many people does it take to get from start to finish?
- Each step comes with a potential point of failure
- Every patient represents a new cycle, so these steps or combination of steps could possibly occur hundreds of times each week.
- Staffing for a successful team can be difficult
Leaving Money on the Table

Typical reasons why dental programs leave money on the table:

• Provide services that are not covered
• Provide services to patients who say they have insurance (but don’t)
• The revenue cycle process is flawed at some point of contact
• Failure to hold patients accountable for paying their share of charges at the time of the visit
Common Pitfalls

• Not having a dedicated dental biller
• Not having an interface between the EDR and EMR to send charges over
• Manual charge entry vastly increases likelihood of human error resulting in lost revenue
• Not having fee schedules set up in the EDR/EMR (for 3rd party payers but also for each sliding fee scale discount category)
• Should we bill out of EMR or EDR?
Common Coding Issues

• Using obsolete codes (e.g., D1203 instead of D1206 or D1208)
• Using the wrong code
• Codes charged out but procedures not referenced in clinical notes
• Procedures referenced in clinical notes but not charged out
• Referencing one procedure in the clinical notes but charging out a different code
Coding Matters!

• Critical for making sure we get paid for the work we do
• Critical for making sure we avoid coding errors that could result in fines or worse
• The responsibility for coding correctly ultimately rests with the provider
• Complete and accurate documentation of the patient encounter is crucial
• ALWAYS use the proper codes for the actual dental services provided
• Just because it’s a dental code, doesn’t mean it’s a “covered” code
New CDT Codes

- D0601: Low Risk (CRA)
- D0602 Moderate Risk (CRA)
- D0603 High Risk (CRA)
- D1353: Sealant Repair
- D9986 Missed Appointment
- D9987 Cancelled Appointment
Great Resource for Dental and Billing Departments!

Charles Blair, D.D.S.

CODING WITH CONFIDENCE:
THE "GO TO" DENTAL CODING GUIDE

Dramatically Cut Coding Errors and Boost Legitimate Reimbursement

CDT 2016 EDITION
Where Do We Begin?

Set up a Revenue Cycle Management protocol
Let’s Take A Tour

The Goal of this process is to create a clean claim for submittal and payment

Let’s shrink the Revenue Cycle Process!
Step 1
Scheduling or Registering a Patient

Prior to Appointment

• Collects patient demographics
• Verifies insurance for eligibility
• Breakdown of benefits
• Obtains a history of services provided
• Makes sure correct fee schedule is attached
Step 2
Check In Process

• Verifies eligibility again
• Makes copy of insurance card
• Verifies insurance and demographics
Step 3
Patient is Seen by Provider

• Patient is seen and all procedures are entered into the EDR and completed
• A treatment plan is developed and sequenced
• Patient is escorted to front desk for check out process
Step 4
Check Out Process

- Review treatment plan in presenter
- Review financial obligations with patient
- Patient signs treatment plan
- Collection of co-payment if one is due
- Schedule next appointment
Step 5
Creation of a Dental Claim

• Front desk will review and create the claim for submittal
• Send a prior authorization if necessary
• Attach any necessary documentation
Step 6
Billing Department

- Review encounter forms or charges to ensure accuracy and completeness
- Submit claims electronically in a timely manner
- Reconcile payments and post to patient accounts
- Investigate, correct and resubmit denied claims in a timely manner
- Identify trends (i.e., reasons for denials)
- Send out monthly statements to patients with outstanding balances
- Stay up-to-date with changes in insurance rules and regulations and communicate changes to dental staff and/or leadership
Successful Teams

The most successful teams use continuous improvement approaches to “shrink” the revenue cycle.

So who else can help?
Define Roles and Responsibilities

- Front Desk
- Clinical Staff
- Billing Staff
- Dental Practice Leadership
- Administrative Leadership
- And last, but definitely not least….Patients!
Dental Leadership Responsibilities

- Create formal policies
- Provide active oversight of the revenue cycle process
- Review financial data monthly for the practice
- Work collaboratively with other departments that share revenue cycle responsibilities
- Provide feedback and performance management to dental staff
- Foster accountability for all activities and staff that supports revenue cycle management
Administrative Leadership Responsibilities

• Promote and support multidisciplinary focus and teamwork related to the revenue cycle
• Remove systemic or organizational barriers for a successful team
• Create a formal system of organizational accountability for staff at all levels
• Request and review monthly reports detailing performance
The Patient’s Responsibility

• Provide accurate demographic information
• Provide accurate documentation of eligibility for insurance coverage or sliding fee scale discounts
• Understand your insurance benefits
• Pay what is owed at the time of each visit
Performance Measures to Assess RCM

- Total number of dental claims filed by payer source
- Top reasons for Accounts Receivable past 90 days by payer source
- Amount of money written off due to denied claims by payer source and bad debt (self-pay patients or patient co-pays)
- Gross charges by payer source
- Net revenue by payer source
Tracking Performance Measures

• Identify What Data Will be Needed
  - Aging Report
  - Write-Offs Due to Bad Debt
  - Gross Charges vs. Net Revenue

• Gather the Data
  - Who Will Be Responsible for Gathering the Data and How Often?

• Analyze the Data and Work IT
  - Who Will Be Responsible for Analyzing the Data and How Often?

• Share the Data!
Trouble-Shooting the Process

• Gather baseline data on objective performance measures
• Develop a multidisciplinary team with representatives from dental (front desk, dental leadership) billing, finance and others who play a role in the revenue cycle process
• Create team and individual accountability
• Develop effective and reliable communication methods
• Work in a blame-free and collaborative way
• Identify and resolve barriers and strategies to improve the billing process
Trouble-Shooting RCM (cont.)

- Create a flow chart defining each step in the revenue cycle
- Identify the staff person or position responsible for each step
- Use the flow chart as a guide, identify ways to streamline or improve processes
- Create a check list
- Determine the root causes for flaws and develop strategies to correct them
- Establish performance measures to monitor the success
- Track and report these measures to the Revenue Cycle Management Team on a monthly basis for review and discussion
Effective Communication is Key

Clinical Staff

Billing Staff

Front Desk Staff

Patients
Communication to Patients

• Services to be delivered at the visit
• What services are covered and what services are not covered
• Uncovered services are the patient’s responsibility
• The cost to the patient of services to be delivered
• The true value of the services they are receiving
• The amount of the discount they will be receiving
• The reason(s) why payment is required at the time of the visit
Communication Among Staff

- What services the patient received at the visit
- What services the patient needs at the next visit
- Patient’s eligibility status for services to be provided
- Any changes in insurance status
- Reasons why claims are being denied
Key Elements Supporting Revenue Cycle Success

Policies defining all aspects of:

• The management of self-pay/sliding fee scale patients
• The eligibility process
• Documenting and charting each patient visit
• Patient registration and check-out
• Prior authorization process
Key Elements of Success (cont.)

• Scripting for front desk staff for collecting payment at time of service
• Scope of service for the practice
• Appropriate fee schedule and sliding fee scale
• Track and report the success of the revenue cycle process
Set Goals for Billing and Collections

• Decrease the amount of money in A/R past 90 days
• Decrease the number of denied claims
• Increase net patient revenue
• Decrease bad debt
• Create incentives to reward staff when goals are met
• Develop a culture of teamwork and accountability for excellence
The End Result

A sustainable dental program that generates “profit” which can be reinvested in the dental program

- Expansion to increase access for patients
- Improved patient outcomes
- Facilities and equipment upgrades
- Salary increases and bonuses/incentives
- Happier, more motivated staff
- Happier, more satisfied patients!
Recommendations

• Build a strong team
• Create a billing flow chart/check off list
• Utilize your EDR/Enter fee schedules including sliding fee
• Get buy-in from all staff
• Communicate
• Know the rules and regulations of your major insurers
Recommendations (cont.)

• Hold patients accountable for their financial responsibility
• Verify patient eligibility in advance of the visit (ideally when the appointment is scheduled) and again on the day of the visit
• Determine why claims are being denied; identify and resolve the root causes
• Code correctly