



Solving the RCM Challenge for Dental Practices & DSOs

Tips, Technology & Checklists
Designed to Increase Revenue



Teresa Duncan
ODYSSEY
MANAGEMENT, INC.



Victoria Johnson
TOP TIER PRACTICE
SOLUTIONS, LLC



Bri Richardson
ELEVATE
MY PRACTICE



Jeremy Serfling
PLANET DDS

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Modern RCM Tools Make Life Easier

Revenue cycle management (RCM) is all about getting paid for the services your dental practices provide.

INCREASING COLLECTIONS WITH IMPROVED RCM

Historically, RCM has been labor intensive, and there's room for human error at just about every stage.

Plus, many dental practices have RCM teams that work remotely, and they need to be able to easily and securely access patient data.

Here is how sophisticated, cloud-based practice management systems are incorporating automation, workflow tools, reporting, and analytics to help DSOs improve their RCM processes and increase collections.

RCM PRACTICE JOURNEY



Automating RCM & Integrating Workflow Tools to Increase Efficiency

"Top RCM priorities of private practices and DSOs include automation, greater access to insurance information, and integrated workflow tools. These are key to solving efficiency challenges and driving a positive patient experience," said Jeremy Serfling, a revenue strategy expert with more than 20 years of experience working in fintech. He joined Planet DDS as a senior product manager in 2023 and leads the Denticon practice management team developing and integrating revenue cycle management solutions.

DSOs, dental groups, and private practices have partnered with Denticon, DentalXChange, and more tech-savvy companies to **streamline eligibility verification and claims processing, accelerate payments, and reduce the risk of human error**. That's become especially important as dental practices face turnover and staffing shortages.

Patients want to know what their insurance carrier will cover, and what will be their out-of-pocket cost. Dentists want to ensure claims are submitted properly so they can be paid quickly and accurately for the services they provide.



Top RCM priorities of private practices and DSOs include automation, greater access to insurance information, and integrated workflow tools. **These are key to solving efficiency challenges and driving a positive patient experience.**

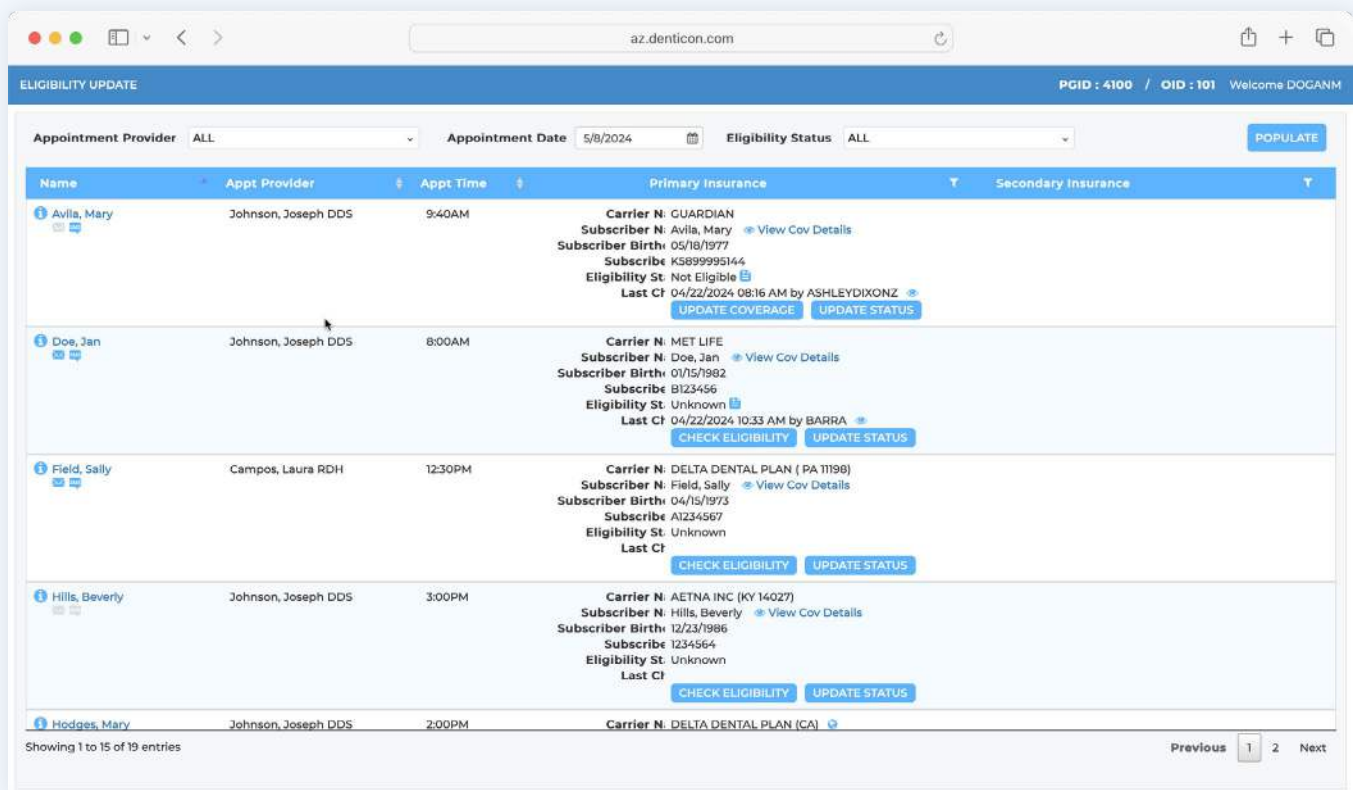
Jeremy Serfling



Innovative Ways Denticon Improves the RCM Process

ELIGIBILITY VERIFICATION

Denticon integrates its workflow with DentalXChange, a dental insurance clearinghouse that transmits EDI (electronic data interchange) transactions including eligibility and claim remittance information. That reduces the amount of time dental practice team members spend on the phone with insurance carriers.



The screenshot displays the 'ELIGIBILITY UPDATE' interface in a web browser. At the top, there are filters for 'Appointment Provider' (set to ALL), 'Appointment Date' (5/8/2024), and 'Eligibility Status' (set to ALL). A 'POPULATE' button is on the right. The main table lists patient appointments with columns for Name, Appt Provider, Appt Time, Primary Insurance, and Secondary Insurance. Each row shows patient details, appointment information, and insurance carrier details (Carrier N, Subscriber N, Subscriber Birth, Subscribe, Eligibility St, Last Ct). Action buttons like 'CHECK ELIGIBILITY' and 'UPDATE STATUS' are present for each entry. The bottom of the table shows 'Showing 1 to 15 of 19 entries' and pagination controls (Previous, 1, 2, Next).

Name	Appt Provider	Appt Time	Primary Insurance	Secondary Insurance
Avila, Mary	Johnson, Joseph DDS	9:40AM	Carrier N: GUARDIAN Subscriber N: Avila, Mary Subscriber Birth: 05/18/1977 Subscribe: K5899995144 Eligibility St: Not Eligible Last Ct: 04/22/2024 08:16 AM by ASHLEYDIXONZ	
Doe, Jan	Johnson, Joseph DDS	8:00AM	Carrier N: MET LIFE Subscriber N: Doe, Jan Subscriber Birth: 01/15/1982 Subscribe: B123456 Eligibility St: Unknown Last Ct: 04/22/2024 10:33 AM by BARRA	
Field, Sally	Campos, Laura RDH	12:30PM	Carrier N: DELTA DENTAL PLAN (PA 11198) Subscriber N: Field, Sally Subscriber Birth: 04/15/1973 Subscribe: A1234567 Eligibility St: Unknown Last Ct:	
Hills, Beverly	Johnson, Joseph DDS	3:00PM	Carrier N: AETNA INC (KY 14027) Subscriber N: Hills, Beverly Subscriber Birth: 12/23/1986 Subscribe: 1234564 Eligibility St: Unknown Last Ct:	
Hodges, Mary	Johnson, Joseph DDS	2:00PM	Carrier N: DELTA DENTAL PLAN (CA)	

MULTI-LOCATION MANAGEMENT

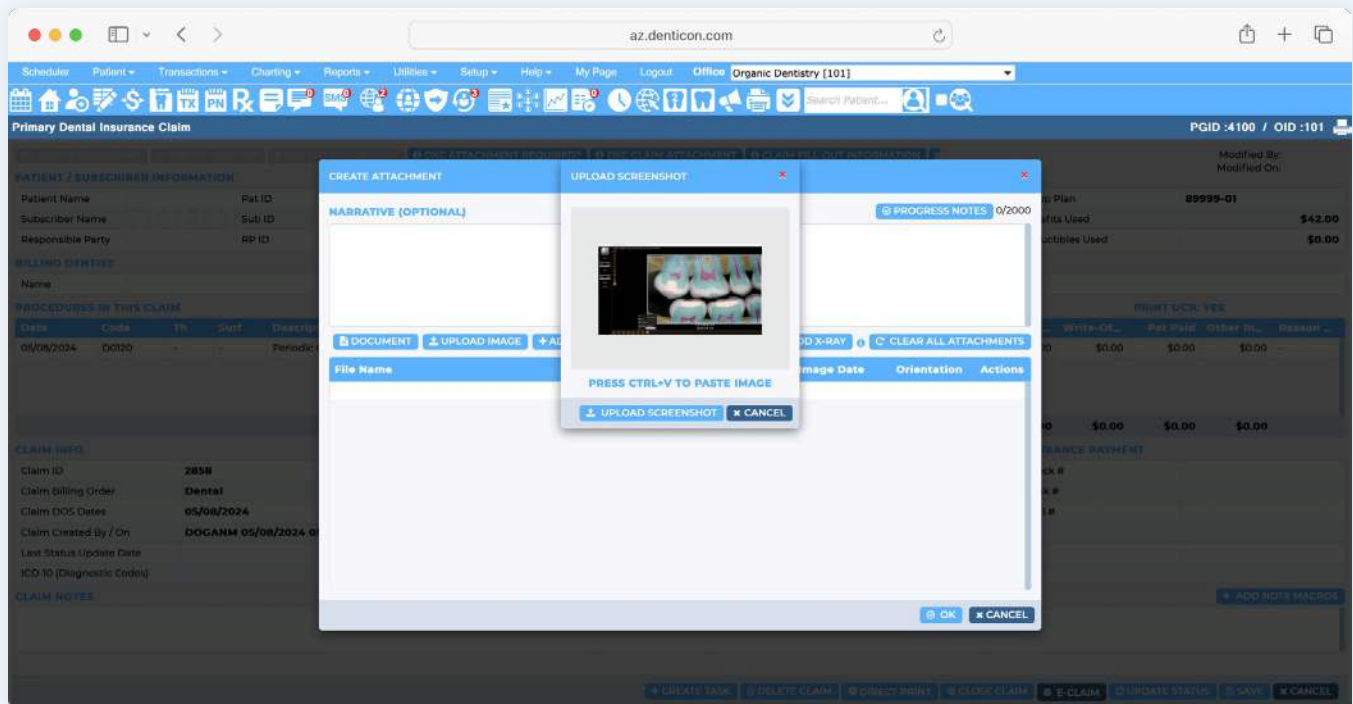
Since Denticon is a cloud-based practice management solution, team members can view data offsite as long as they have permission-based access.

TIERED FEE SCHEDULES

Team members can update a fee schedule once and assign it to the correct plan, office, and provider. This drives efficiency and ensures fee schedule consistency.

INTEGRATED IMAGES ATTACHMENTS

This capability eliminates the need for screenshots or switching between windows.



ELECTRONIC CLAIM SUBMISSION

Team members can validate and submit claims from within the practice management system, which eliminates the need for team members to log into a third-party website to submit claims.

CLAIMS TASK MANAGER

Denticon has a built-in workflow to manage outstanding claims, including task assignments to other team members, eliminating the need for spreadsheets, sticky notes, and emails, which team members have traditionally used to track claims.

CONVENIENT PATIENT LEDGER

With one click, team members can see how payments were allocated across providers and offices, which makes it very easy to explain to the patient what has been paid and what is still owed.

az.denticon.com

Scheduler Patient Transactions Charting Reports Utilities Setup Help My Page Logout Office Organic Dentistry [101]

Account Ledger - Show All

PGID :4100 / OID :101

ID 685 (H) Type IN Next Visit 05/10/2024 Responsible Balance 210.00 RP BD Prim Ins MET LIFE 800-638-9599 SubID 98754654 Home Office OD (W) Next Recall 08/03/2024 Last Visit 05/08/2024 First Visit 02/02/2024 Est Ins 210.00 Est Pat 0.00 Sec Ins

Date	Patient	Office	A	Code	TH	Surf	T	M	Description	Bill	Durat	Provider	Est Pat	Est Ins	Amount	Balance	User
02/02/2024		OD	-	D0120	-	-	P	-	Periodic Oral Evaluation	D	15	33 DDS	\$0.00	\$42.00	\$42.00	\$42.00	PDD54100
02/02/2024		OD	-	D0140	-	-	P	-	Limited Oral Eval Prob Focused	D	50	33 DDS	\$0.00	\$58.00	\$58.00	\$100.00	PDD54100
02/02/2024		OD	-	D0150	-	-	P	-	Compsue Oral Eval- New/Est Pat	D	30	33 DDS	\$0.00	\$68.00	\$68.00	\$168.00	PDD54100
02/02/2024		OD	-	CLM-P	-	-	-	-	Pri Claim - Sent (168.00)	D	-	33 DDS	-	-	\$0.00	\$168.00	PDD54100
05/08/2024		OD	-	D0120	-	-	P	-	Periodic Oral Evaluation	D	15	33 DDS	\$0.00	\$42.00	\$42.00	\$210.00	DOGANM
05/08/2024		OD	-	CLM-P	-	-	-	-	Pri Claim - Created, Not Sent (42.00)	D	-	33 DDS	-	-	\$0.00	\$210.00	DOGANM

Grand Total For Results : \$210.00

Showing Items: 1 to 6 of 6 Items Per Page: 25

Patient	Current	Over 30	Over 60	Over 90	Over 120	Balance	Est Ins	Est Pat	Today's Char	Today's Est L	Today's Est	Last Ins. R	Last Ins. Pay	Last Pat	Last Pat
Account Balance	\$42.00	\$0.00	\$0.00	\$168.00	\$0.00	\$210.00	\$210.00	\$0.00	\$42.00	\$42.00	\$0.00	\$0.00		\$0.00	
Serfling, Jeremy	\$42.00	\$0.00	\$0.00	\$168.00	\$0.00	\$210.00	\$210.00	\$0.00							

835/ERA AUTO-POSTING PAYMENTS

With this feature, payments are auto-posted to the ledger, which eliminates the need for manual insurance payment entry. Team members can also access the digital explanation of benefits (EOBs), which allows for more efficient follow-up on claim denials.

RCM REPORTING

Denticon comes standard with robust RCM reporting to provide you with actionable insights. All reports can be generated by group or by office, which makes it ideal for multilocation practices. These insights enable practice leaders to quickly identify and fix problems.



az.denticon.com

Scheduler Patient Transactions Charting Reports Utilities Setup Help My Page Logout Office Organic Dentistry [101]

Insurance Payment

ID 685 (H) (W) Type IN Next Visit 05/10/2024 Next Recall 08/03/2024 Last Visit 05/08/2024 First Visit 02/02/2024 Responsible Balance 210.00 RP BD 210.00 Est Ins 210.00 Est Pat 0.00 Prim Ins MET LIFE 800-638-9599 SubID 98754654 Sec. Ins

PGID :4100 / OID :101

Insurance Check to Previous Balance Insurance Payment (Pays off claims)

Outstanding Patient Claims

DOS	Sent Date	Claim St	Subscriber	Carrier	Type	Office	Bill	Prdr	UCR \$	Billed \$	Est Ins	Ded Used	Rem \$
02/02/2024	03/05/2024	P S		MET LIFE	Dental	OD	D	JJ DDS	537.00	168.00	168.00	0.00	168.00

Treatments for Above Selected Claim

DOS	Code	Th	Surf	Provider	UCR \$	Billed \$	Est Ins	Ded Used	Rem \$	Contracted \$	Fee Adj Code	Ins Pay \$	xfer Code	Write Off	Write Off Code	Reason Code(s)
02/02/2024	D0120			JJ DDS	168.00	42.00	42.00	0.00	42.00							1 0
02/02/2024	D0140			JJ DDS	168.00	58.00	58.00	0.00	58.00							1 0
02/02/2024	D0150			JJ DDS	201.00	68.00	68.00	0.00	68.00							1 0

Insurance Payment

Payment Date 05/08/2024

Payment Amount 0.00

Check #

Bank #

EOB #

Payment Type Insurance Payment

Close Claim

APPLY CANCEL

TEXT AND EMAIL PAYMENT REMINDERS

With enhanced services such as Denticon Pay, practices can send manual or automated text messages and email reminders to patients, giving them an easy way to pay online.

11:15 AA

denticon pay

FAQ

TEST TEST

\$372.67
CURRENT BALANCE

\$372.67
AMOUNT DUE




AMERICAN EXPRESS MasterCard VISA

CARD NUMBER*

Card Number

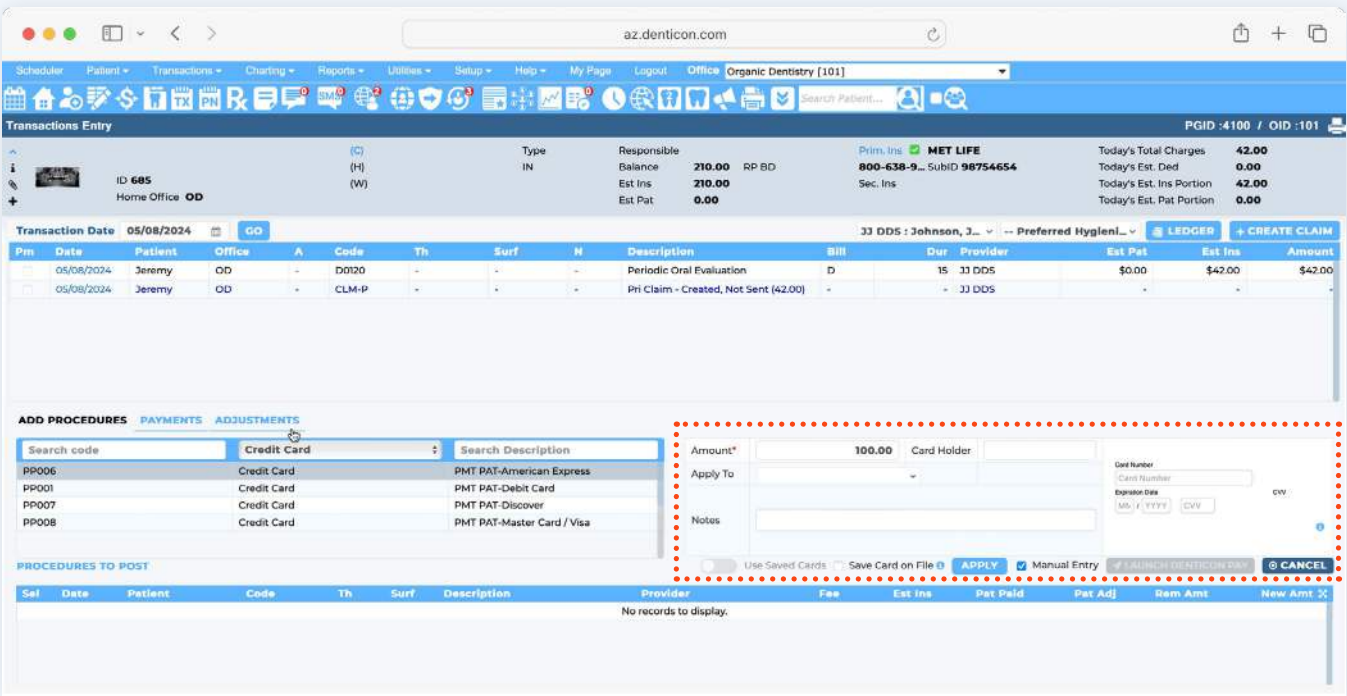
CVV#*

CVV # What is CVV?

< >   

CARD ON FILE CAPABILITY

Denticon has built-in functionality that enables encryption so that your patients' payment information can be saved safely and conveniently.



Payer Relations

Credentialing, Fee Negotiation, Fee Schedule Management

The RCM process typically encompasses two parts: payer relations and practice operations.

“One of the reasons why dental insurance is so confusing is because it’s not insurance in the traditional sense. Instead, it’s a benefit plan,” said Victoria Johnson, the founder of Top Tier Practice Solutions and an RCM expert who has worked in DSOs for 14 years.

“It’s the employer’s choice in dental benefits plans that determines the percentage of the cost that the patient needs to pay out-of-pocket.”

Dental practices and groups negotiate fees with the insurance carriers. They negotiate what percent they’ll discount their UCR fees (usual, customary, and reasonable charge), which is what a cash-paying patient would pay, in exchange for the insurance company referring in-network patients to them.

That negotiated fees are represented systematically through fee schedules. DSOs can have hundreds, even thousands, of fee schedules in their practice management system, one for each insurance plan they accept.

“When the practice receives back the explanation of benefits, it shows what you billed the insurance company according to your UCR [usual, customary, and reasonable charges], what the insurance carrier paid, which is the negotiated fee, and what is the difference between them,” said Johnson. “If the patient is correctly assigned to the correct fee schedule in your practice management system, then you receive from the insurance company what you expected to receive, and your ledger will balance out. If you attached the patient to the wrong fee schedule, then the amount will be off, and you need to write off the difference or bill the patient.”



It’s the employer’s choice in dental benefits plans that determines the percentage of the cost that the patient needs to pay out-of-pocket.

Victoria Johnson



Revenue Cycle Management Operations

Insurance Verification, Claim Submissions, Billing & Collections

The second part of the RCM process is operations. This is the part that is most prone to human error. There are typically six core processes involved: eligibility verification, claim submission, claim follow-up, payment posting, denial management, and patient payment collection.

Most Common RCM Mistakes with Manual Processes

- 1 PATIENT SCHEDULING AND REGISTRATION ERRORS**
Team members may transpose the insurance subscriber ID numbers, spell the patient's name incorrectly, or enter the wrong date of birth. All of these prevent the clearinghouse from being able to match the patient's information entered by the dental practice with the patient's information in the insurance carrier's system.
- 2 INSURANCE VERIFICATION ERRORS**
It can take up to 30 minutes per patient for a practice to call an insurance carrier and confirm benefits. Insurance verification software companies are trying to automate this process, but it's difficult to ensure 100% coverage because the data in the carriers' systems is not well-organized and easily accessed. Each carrier has multiple dental insurance plans with varying rules for things like waiting periods for major procedures, types of materials that can be used, and treating pre-existing conditions such as missing teeth.
- 3 INCORRECT CODING**
The service must be walked out and charged out correctly, with the proper dental codes, and those must match what is submitted to the insurance carrier.
- 4 INCORRECT FEE SCHEDULE**
Common mistakes include not updating the fee schedule in your practice management system to reflect negotiated rates and/or assigning the patient to the wrong fee schedule.

5**INSUFFICIENT DOCUMENTATION OF SERVICES PROVIDED**

All major procedures need supporting documentation, including X-rays of the teeth involved and a written narrative. Practice management systems such as Denticon provide a comprehensive workflow that includes native integration with Apteryx dental imaging software.

6**DELAYING CLAIM SUBMISSIONS**

Dental team members should submit claims on the same day as the service electronically, not through fax or mail.

7**NOT COLLECTING CO-PAYS**

The patient's out-of-pocket fees depend on the type of policy the patient's employer has negotiated with the dental insurance company. Team members should always collect the patient's portion at the time of service. Third-party financing solutions such as CareCredit, Sunbit, or iCreditWorks can help patients afford the cost of their care.

8**DELAYING PAYMENT PROCESSING AND POSTING**

When the insurance carrier issues payment, dental team members should enter payment amount and information to the ledger and deposit the payments in the bank on the same day so everything matches. Adopting the 835 process can automate much of the insurance payment entry and expedite bank deposits through electronic funds transfer (EFT).

9**NOT FOLLOWING UP ON DENIALS AND APPEALS**

Make it easier for your team to instantly access aging reports across all offices by using a sophisticated practice management system such as Denticon, which can help you prioritize the claims that require more immediate follow-up. The task manager provides an integrated workflow for managing the tasks to resolve outstanding claims. When an insurance claim is delayed or denied, it's typically because the carrier is requesting additional information in order to determine whether the procedure was medically necessary.

Top Tips for Effective RCM Management for DSOs

Implementing a comprehensive, consistent, and transparent revenue cycle management system includes well-defined standard operating procedures and ongoing training. Since many doctors are paid based on collections, it's important to ensure the payment is posted to the correct procedure by the correct provider so the doctor's compensation is accurate.

- ☐ **Standardize the end-of-day process**
 - ☐ Assign a team member to ensure all claims are submitted for procedures performed that day.
 - ☐ Confirm that all EOBs and payments from insurance carriers have been allocated to the correct patient and the correct provider.
 - ☐ Run a day sheet that shows your cash, your credit card payments, and everything that was posted, then close out physical checks, cash, and credit card payments to ensure everything matches.
 - ☐ Go to the bank to deposit that day's collections.
- ☐ **Cross-train team members so if the person who typically handles RCM responsibilities is out, somebody else can step in.**
- ☐ **Look in your office drawers to ensure no one has accidentally put aside checks from patients or insurance carriers.**



It's crazy how much money you can find in some practices. I know of one time when an office manager went out on vacation, and nobody went to the bank until she came back. Checks totaling tens of thousands of dollars were just sitting there in a drawer, instead of being deposited in the bank.

Victoria Johnson





What to Say to Patients

LET'S FACE IT:

Most people don't understand how dental benefits work.

They don't realize that their specific benefits package is determined by what their employer has negotiated with the dental insurance carrier. The employer negotiates which procedures will be covered, what percentage of the cost will be covered, and what the deductible will be.

A dental practice may have thousands of fee schedules and that presents a challenge when discussing the cost of treatment.



Estimating the Patient's Portion

Bri Richardson, Certified Dental Assistant (CDA), is the owner of Elevate My Practice and a dental insurance specialist who provides training and resources to private practices and dental groups. **She recommends these tips:**

- 1 Create one-page insurance verification forms for each plan and insert them into the notes section of appropriate accounts.

The screenshot shows a web browser window with the URL 'az.denticon.com'. The page displays a 'PATIENT PRIMARY INSURANCE INFO' form. The form is divided into several sections: 'PATIENT INS INFO', 'PLAN', 'BEN', and 'COVERAGE AND LIMITATIONS'. The 'COVERAGE AND LIMITATIONS' section contains three tables: 'Deductible Information', 'Maximum Information', and 'Ortho Max Information'. Below these tables is a 'Plan Notes' section with a list of restrictions and an 'INSURANCE INFORMATION' section with a list of details.

Deductible Information	
Individual Deductible	Family Deductible
\$50.00	\$100.00

Maximum Information	
Individual Maximum	Family Maximum
\$2,500.00	\$99,999.00

Ortho Max Information	
Individual Ortho Maximum	Lifetime Ortho Benefits
\$2,500.00	No

Plan Notes

- 6 month wait on all major
- ONLY pays 3x per year
- NG - ONLY AFTER OSS
- POSTERIOR PORC NOT COVERED ON CROWNS
- SEALANTS ARE NOT COVERED
- POSTERIOR COMPS - DOWNGRADED
- FL - UNTIL AGE 19
- 2 quads of SRPS per day

INSURANCE INFORMATION

- Insurance Company : GUARDIAN (981573) PPO
- Address : PO BOX 981573
- City : El Paso
- State : TX
- Zip Code : 79998
- Phone # : (800) 890-2475
- Electronic Payer ID : 64246
- Group/Employer/Plan Name : Planet DDS
- **Group # : 00125455
- Last Verified Date : 03-25-2019
- Ins Rep Name : Website/Call - Sarah

- 2 Include restrictions such as missing tooth clauses, frequency limitations, waiting periods, and other reasons that may lead to denials.
- 3 Calculate the patient's portion—either manually or through automation via a practice management system like Denticon.
- 4 If there are any red tape restrictions that will trigger a denial, then zero out the anticipated insurance reimbursement portion.

- 5 Print the treatment plan, listing both the full UCR fee and the expected patient's portion.

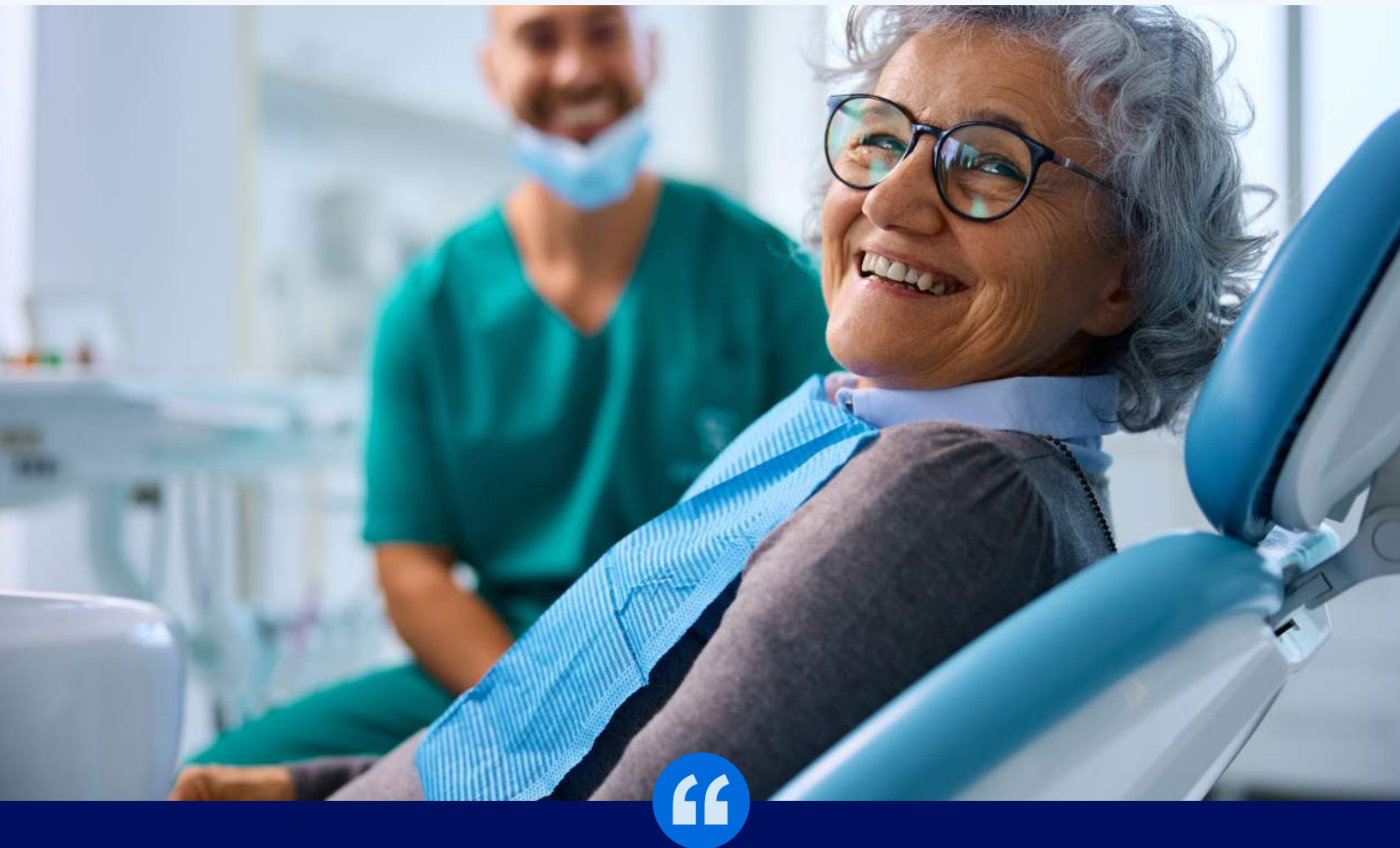
Organic Dentistry Treatment Plan												
Patient : Parker Williams				Pat ID : 827				DOB : 7/5/2015				
Chart # :				Office Phone # : 949-555-2145								
Resp. Party : Teddy Williams				Fax # : 562-555-7072								
				Primary Insurance: DELTA DENTAL PLAN (CA)								
Office : Organic Dentistry												
Ord	Prdr	Diag. Dt	Start Dt	End Dt	Th	Surf	Code	Description	Est Pat.	Est Ins.	Fee	UCR
Treatment Plan : 1												
Phase : 1												
1	JJ DDS	5/8/2024			14	MOD	D2160	Amalgam Three Surf (Permanent)	60.40	41.60	102.00 ~	174.00
Total for Phase 1 :									60.40	41.60	102.00	174.00
Net Est Pat :									60.40			
Total for Treatment Plan 1 :									60.40	41.60	102.00	174.00
Net Est Pat :									60.40			

- 6 Circle the patient's responsibility.
- 7 Present the fee with confidence.
- 8 Set the expectation that estimating insurance is not an exact science since fees are established on an employer-by-employer basis.

Modern tools such as the Denticon integration with DentalXChange have made it easier to confirm eligibility, attach necessary documentation, and reduce the number of denials. However, if a claim is denied, let the patient know that you are appealing it.

**Ways to Make it
Easy for Patients to
Afford Their Care:**

- ✓ Dental Benefits
- ✓ Cash or Check
- ✓ Third Party Financing
- ✓ Monthly Payment Plan
- ✓ Automated Withdrawals



Bri Richardson suggests using this phrasing when letting a patient know you are appealing a denied claim: We are on your side and doing everything we can to get your employer's insurance carrier to pay for the treatment as we anticipated it would. You can call them too; we find that often helps. Do you have the number or would you like me to provide it to you?

Bri Richardson



Calming Upset Patients

Patient:

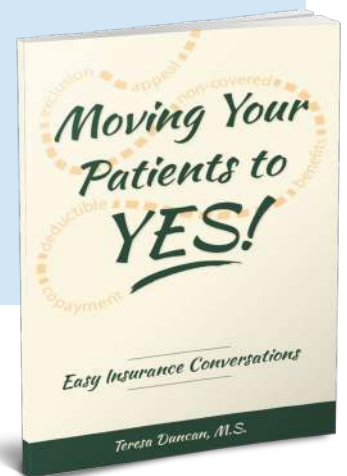
"I didn't know it was going to be so much. I thought this would be covered."

Office Worker Response Options:

"I'm so sorry. I know this is a surprise to you, and we don't like surprises at all."

"I know it's disappointing that your employer chose a dental plan that does not cover this procedure more."

"Each employer negotiates with the insurance company, and that tells us what the insurance company will cover and what is the employee's responsibility."



Teresa Duncan is the author of *Moving Your Patients to Yes: Easy Insurance Conversations*, the podcast host of "Nobody Told Me That!" and the founder of Odyssey Management, which provides in-person and online training classes on navigating dental insurance. She says it's especially important to stay calm when a patient is upset, and if they elevate their voice, then you should lower your voice. Acknowledge their disappointment and understand the person in front of you needs care and is concerned about how they'll pay for it.

Teresa Duncan



Office Manager End-of-Day Checklist

☐ **Balance production**

- ☐ Print and review production reconciliation report
- ☐ Confirm that all services were charged out under the correct treating provider

☐ **Post all checks**

☐ **Send claims and attachments**

☐ **Prepare bank deposit**

☐ **Perform end-of-day in practice management system**

☐ **Balance collections**

- ☐ Print and review payment reconciliation report
- ☐ Balance cash
- ☐ Balance checks
- ☐ Balance payment receipts (credit & debit)
- ☐ Balance third-party financing

Items to follow up on:



Discover How Denticon is Your Partner in Growth

With proper RCM processes, practice management software automation, and cross-trained staff members, it's easy to ensure your dental group is following best practices and increasing collections and profitability.

Chat with our team about what your practice needs to save time, increase revenue, and deliver a better patient experience.



BOOK A DEMO

Planet DDS solutions are designed to optimize operations for your dental practice or group.

- ✓ Cloud-Based Practice Management
- ✓ Ortho Practice Management
- ✓ Digital Imaging
- ✓ AI for X-Rays
- ✓ Dental Marketing
- ✓ Online Scheduling
- ✓ Digital Forms
- ✓ Easy Analytics & Reporting
- ✓ Patient Communication
- ✓ Two-Way Texting
- ✓ RCM Automation
- ✓ Online Bill Pay





denticon | apteryx | legwork | cloud 9

Planet DDS is the leading provider of cloud-enabled dental software solutions, serving over 13,000 practices in the United States with over 118,000 users. The company delivers a complete platform of solutions for dental practices, including Denticon Practice Management, Apteryx Cloud Imaging, Cloud 9 Ortho Practice Management and Legwork Practice Marketing. Planet DDS is committed to creating value for its dental practice clients by solving the most urgent challenges facing today's dental practices nationwide.