AWKWARD CONVERSATIONS & UNPAID BALANCES

BeBetter SEMINARS

ANKUR GUPTA, DDS

WELCOME!

This workbook covers a variety of topics designed to help you manage the awkward conversations that can occur with patients. You will find practical, implementable, step-by-step strategies to learn how to avoid the failures, achieve the successes and *be better*.

Thank you for your time and participation today. I welcome and encourage you to continue the conversation with me at the contact information below.

Be happy, be healthy, and be better,

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SECTION 1

AWKWARD CONVERSATIONS

No matter how incredible your team, processes, and systems may be, dentistry will never be able to avoid uncomfortable situations and potentially angry patients.

Dr. Gupta presents concepts from a former FBI hostage negotiator that will defuse and create calm even during the most stressful situations in the office

AWKWARD CONVERSATIONS

What causes stress in the office

- Rushed schedule
- Unexpected difficult procedures
- Difficult people
- **Difficult conversations**

During any contentious interaction:

- Person A wants something
- Person B wants something
- Both people believe that they completely deserve that something
- They believe that, If they don't get that something, they have been cheated
- This feeling of unfairness creates resentment and hostility towards the other person
- Both parties imagine the worst, creating anxiety, which affects their communication and rationality

The problem is:
Those emotions totally precede the actual interaction

And thus:
Those emotions can ruin a potentially positive and mutually beneficial reaction

THE STEPS

1. Silence and a quiet breath
2. Tactical empathy
3. Sincere apology
4. Late-night FM DJ voice
5. Mirroring
6. Labeling
7. Accusation audit
8. Achieve "NO"
9. "That's right"
10. Summarize, and ask, "how am I going to do that?"

SILENCE

- Take a quiet breath
- Look at them in the eye
- Smile

TACTICAL EMPATHY

- Imagine yourself in their shoes
- Say, “I am imagining myself in your shoes, and I . . .”
- Examples:
  - ‘If I put myself in your shoes, I’d think, “I really want to get this work done, but I’m not sure exactly how I would pay for it.” ‘
  - “If I came to the dentist regularly like you have, and was never told about any of this ‘periodontal disease’ stuff, and now all of a sudden someone just sprung this one me, I’d be really frustrated, and not sure who to trust”

SINCERE APOLOGY

- “And really, I am so sorry”
- “I wish it didn’t get to this point”
- “I really like and respect you, and am so disappointed about this”

LATE NIGHT FM DJ VOICE

- Lower your pitch, get sexy
  - “These are our prices”
  - “These pockets aren’t going away”
  - “This is our soonest appointment”

MIRRORING

- Repeating back to the patient the last few words of what they said
- If you are building rapport, simply repeat with a **positive** inflection
- If you want to challenge them, simply repeat with an **inquisitive** inflection

LABELING

- A combination of tactical empathy and mirroring
- Always start with:
  - “It seems like”
  - “It sounds like”
- Don’t say, “I feel like” or “you seem”
- Keep it in the 3rd person

The goal is to get to “that’s right,” and never “you’re right”

When things are really at the contentious phase:

ACCUSATION AUDIT

- Use tactical empathy to create a concise list of names they might call you
  - “You’re going to think that we are just in it for the money”
  - “You’re not going to like to hear this”
  - “I have the feeling you’re going to be pretty upset about this”
  - “You’re going to think we are just the big bad dental office trying to nickel and dime you”

START WITH NO

- Mislabel their emotions, and ask if that is correct
  - “Would you like your money back and for us to help you find another office?"
  - “Would you prefer a hygienist who doesn’t check for disease?”
  - “Would you prefer we just charge you our regular fee, and not get insurance involved, so that we don’t run into this in the future?”

AND AT THE END

- Don’t offer a solution
- Ask, “how do you think we can do this?”
- Never be mean. Constantly compliment and apologize.
- “This is really a tough situation. We really love you and love having you as a patient. I completely understand your frustration and am truly sorry. What do you think is the best way for us to move forward?”

NOTES

SECTION 2

UNPAID BALANCES

Probably one of the more difficult, awkward, and unpleasant parts of working in a dental office is dealing with unhappy patients.

While there are several potential sources for patient frustration, the most common reason is:

Receiving an unanticipated bill for
treatment that was believed to be ***paid for***

The purpose of this workbook is to minimize anxiety amongst your team members by:

- Reducing the number of unanticipated bills
- Increasing team communication so that frustrated patients can be confidently dealt with

REDUCING THE NUMBER OF

UNANTICIPATED BILLS

This starts at the very beginning. When a new patient makes an appointment and provides dental insurance information, the following must be considered:

- Insurance companies often downgrade procedures
- Patients may have utilized benefits elsewhere, reducing maximum benefits
- Insurance companies may flat-out deny coverage for treatment deemed unnecessary
- Your fees may exceed insurance UCR
- Insurance companies may deny coverage because of inadequate evidence of need
- Insurance companies may change their policies without you realizing it

BEST PRACTICE

Rather than trying to keep up with the above, it is much more liberating to assume inadequate coverage from the beginning. This means that, even after entering insurance coverage information into your practice management software, you should assume that your software will ***overestimate insurance benefits.***

NOTES

FOR EXAMPLE

You are faced with a patient who has dental insurance that you are not already familiar with.

You receive a coverage table indicating:

- $50 deductible for non-preventative services
- $1000 annual maximum
- 100/80/50% benefits

You charge $1000 for a BruxZir crown

Your practice management system will generate a treatment plan indicating that the patient will owe $550 for the crown (after meeting the $50 deductible), ***but*** any of the above bullet points may be true, resulting in the patient owing more than the generated $550.

Many effective offices will assume this, and therefore propose treatment fees of ***greater than*** $550 (say, $650), making it so that a patient will ultimately be *pleasantly surprised* with a **credit** rather than *disappointed and skeptical* if they receive an unanticipated **balance**.

Also, in the written proposal of fees and in the verbal fee presentation, it is important to emphasize that your treatment plan is ***an estimate***. This will further emphasize the possibility of insurance benefit disappointment

COMMUNICATION AMONG TEAM MEMBERS

Despite the efforts above, there are always going to be times in which patients will ultimately get a bill. While unpleasant, your team's level of confidence can be much improved by adhering to the following sequence:

- Change your case presentation scripting to emphasize that the proposed fees are *an estimate*
- When fees are proposed, give one copy of the proposal to the patient, and keep one copy
- Any random notes from your fee presentation conversation should be written in your copy
    - *Patient is only going to do upper right this year, but will wait until insurance resets to complete treatment*
    - *Patient shopping around for new denture*
    - *Patient wants to get started, but needs to wait until after tax return*
- Scan/upload your copy (w/ written notes) to the document center in your software
- When insurance benefits come in, note any ***unanticipated irregularity*** in **layman's terms**
- Include those notes in patient alerts in your software
- When the patient calls or comes in, complaining of their bill, anyone in the office will be able to access the *layman's* notes and confidently explain the reason for the unexpected balance

WORKSHEET

The following is a sequence with corresponding examples which will help you and your team prepare and rehearse for those potentially awkward and confrontational phone calls after they receive a bill or notice for an un-anticipated amount.

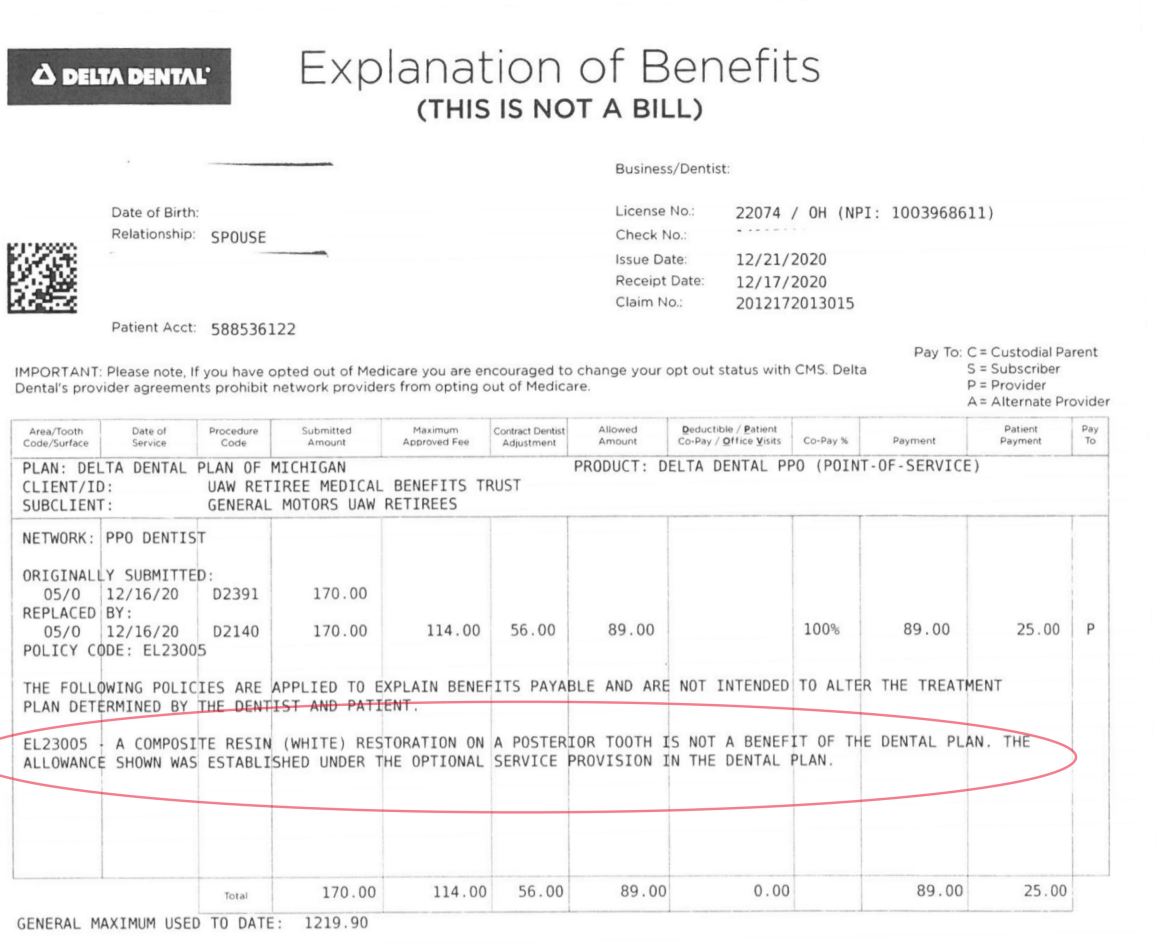
This sequence begins *after* dental diagnosis, initial fee presentation, and delivery of dental production

STEP 1:

Insurance coordinator in your office receives **explanation of benefits (EOB)** from insurance company, indicating less payment than you had originally planned

Below are several EOBs from various insurance companies, with the disappointing news that they will not pay the amount you had originally assumed they would.

FIGURE 1



DELTA DENTAL

Explanation of Benefits
(THIS IS NOT A BILL)

[redacted]
Date of Birth:
Relationship: SPOUSE
[redacted]
Patient Acct: 588536122

Business/Dentist:
License No.: 22074 / OH (NPI: 1003968611)
Check No.:
Issue Date: 12/21/2020
Receipt Date: 12/17/2020
Claim No.: 2012172013015

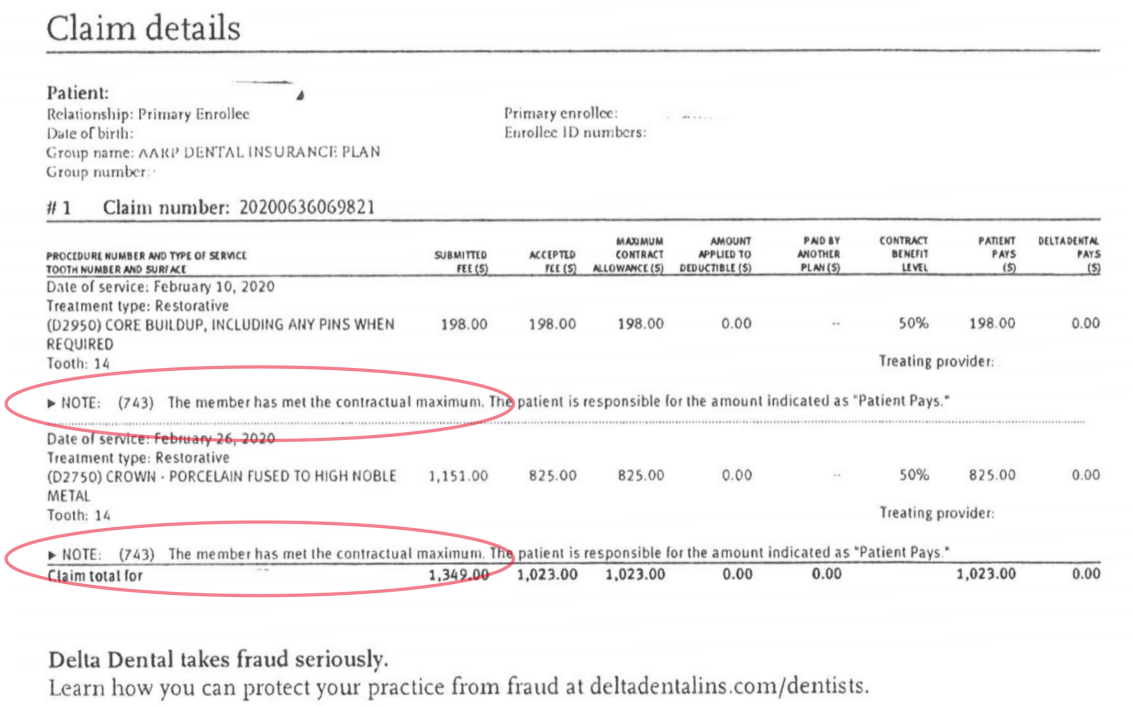
IMPORTANT: Please note, If you have opted out of Medicare you are encouraged to change your opt out status with CMS. Delta Dental's provider agreements prohibit network providers from opting out of Medicare.

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL PLAN OF MICHIGAN							PRODUCT: DELTA DENTAL PPO (POINT-OF-SERVICE)				
CLIENT/ID: UAW RETIREE MEDICAL BENEFITS TRUST											
SUBCLIENT: GENERAL MOTORS UAW RETIREES											
NETWORK: PPO DENTIST											
ORIGINALLY SUBMITTED:											
05/O	12/16/20	D2391	170.00								
REPLACED BY:											
05/O	12/16/20	D2140	170.00	114.00	56.00	89.00		100%	89.00	25.00	P
POLICY CODE: EL23005											
THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT.											
EL23005 - A COMPOSITE RESIN (WHITE) RESTORATION ON A POSTERIOR TOOTH IS NOT A BENEFIT OF THE DENTAL PLAN. THE ALLOWANCE SHOWN WAS ESTABLISHED UNDER THE OPTIONAL SERVICE PROVISION IN THE DENTAL PLAN.											
		Total	170.00	114.00	56.00	89.00	0.00		89.00	25.00	

GENERAL MAXIMUM USED TO DATE: 1219.90

FIGURE 2



Claim details

Patient:
Relationship: Primary Enrollee
Date of birth:
Group name: AARP DENTAL INSURANCE PLAN
Group number:

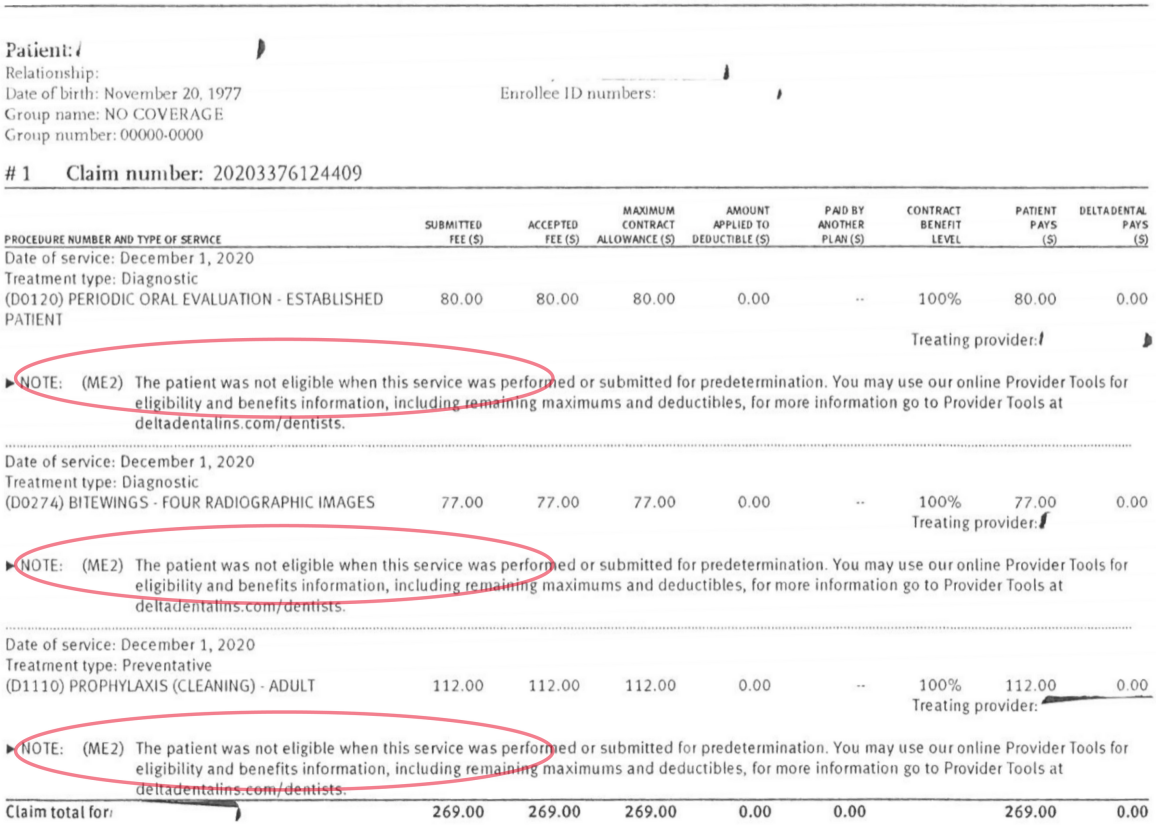
Primary enrollee:
Enrollee ID numbers:

 # 1 Claim number: 20200636069821

PROCEDURE NUMBER AND TYPE OF SERVICE TOOTH NUMBER AND SURFACE	SUBMITTED FEE ($)	ACCEPTED FEE ($)	MAXIMUM CONTRACT ALLOWANCE ($)	AMOUNT APPLIED TO DEDUCTIBLE ($)	PAID BY ANOTHER PLAN ($)	CONTRACT BENEFIT LEVEL	PATIENT PAYS ($)	DELTA DENTAL PAYS ($)
Date of service: February 10, 2020 Treatment type: Restorative (D2950) CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED Tooth: 14	198.00	198.00	198.00	0.00	--	50% Treating provider:	198.00	0.00
▶ NOTE: (743) The member has met the contractual maximum. The patient is responsible for the amount indicated as "Patient Pays."								
Date of service: February 26, 2020 Treatment type: Restorative (D2750) CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL Tooth: 14	1,151.00	825.00	825.00	0.00	--	50% Treating provider:	825.00	0.00
▶ NOTE: (743) The member has met the contractual maximum. The patient is responsible for the amount indicated as "Patient Pays."								
Claim total for	**1,349.00**	**1,023.00**	**1,023.00**	**0.00**	**0.00**		**1,023.00**	**0.00**

Delta Dental takes fraud seriously.
Learn how you can protect your practice from fraud at deltadentalins.com/dentists.

FIGURE 3



Patient:
Relationship:
Date of birth: November 20, 1977
Group name: NO COVERAGE
Group number: 00000-0000

Enrollee ID numbers:

 # 1 Claim number: 20203376124409

PROCEDURE NUMBER AND TYPE OF SERVICE	SUBMITTED FEE ($)	ACCEPTED FEE ($)	MAXIMUM CONTRACT ALLOWANCE ($)	AMOUNT APPLIED TO DEDUCTIBLE ($)	PAID BY ANOTHER PLAN ($)	CONTRACT BENEFIT LEVEL	PATIENT PAYS ($)	DELTA DENTAL PAYS ($)
Date of service: December 1, 2020 Treatment type: Diagnostic (D0120) PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	80.00	80.00	80.00	0.00	--	100% Treating provider:	80.00	0.00
▶ NOTE: (ME2) The patient was not eligible when this service was performed or submitted for predetermination. You may use our online Provider Tools for eligibility and benefits information, including remaining maximums and deductibles, for more information go to Provider Tools at deltadentalins.com/dentists.								
Date of service: December 1, 2020 Treatment type: Diagnostic (D0274) BITEWINGS - FOUR RADIOGRAPHIC IMAGES	77.00	77.00	77.00	0.00	--	100% Treating provider:	77.00	0.00
▶ NOTE: (ME2) The patient was not eligible when this service was performed or submitted for predetermination. You may use our online Provider Tools for eligibility and benefits information, including remaining maximums and deductibles, for more information go to Provider Tools at deltadentalins.com/dentists.								
Date of service: December 1, 2020 Treatment type: Preventative (D1110) PROPHYLAXIS (CLEANING) - ADULT	112.00	112.00	112.00	0.00	--	100% Treating provider:	112.00	0.00
▶ NOTE: (ME2) The patient was not eligible when this service was performed or submitted for predetermination. You may use our online Provider Tools for eligibility and benefits information, including remaining maximums and deductibles, for more information go to Provider Tools at deltadentalins.com/dentists.								
Claim total for:	**269.00**	**269.00**	**269.00**	**0.00**	**0.00**		**269.00**	**0.00**

STEP 2:

Insurance coordinator enters the payment into the patient ledger, acknowledging that, because insurance did not pay the anticipated amount, the patient now has an un-paid balance

STEP 3:

Anticipating that the patient will be confused or upset about this un-paid balance, insurance coordinator then creates a ***patient note*** that explains the reason *in layman's terms* of the reason for the balance

EXAMPLES

- We actually received payment from your insurance, and it was less than we had anticipated. Here is why:

- When we had initially received a breakdown of benefits from your insurance company, they had sent us a chart indicating that they would pay 80% of basic services, and 50% of major services. It is customary that the service we provided falls under a "basic service," but this particular plan classifies it as a "major service"

STEP 4:

The last step, and the most unpleasant, is the actual communication with a potentially upset patient. A series of scripts follows, to utilize and rehearse ***so that you can best handle these financial disputes***

NOTES

HANDLING INSURANCE & FINANCIAL DISPUTES

Always be...

- Honest
- Compassionate
- Confident

Remember to...

- Recommend Predeterminations
- Expect less from insurance
- Encourage Patient to Get Involved

Don't forget...

- Confirm Your Facts
- Avoid Clinical Questions
- Find the Positive

EXAMPLE #1 COMPOSITE DOWNGRADED TO AMALGAM

"I received a notice from my insurance that I owe $75 more than you told me my cost would be, why?"

"(Patient Name), I apologize for this confusion but I promise you, I am only here to help."

(Take a breath, Collect your thoughts)

"After looking into your claim, I have found that your insurance downgraded your composite filling to an amalgam filling. Meaning, instead of paying for a natural tooth-colored filling, they are only paying for what a metal filling would cost for them."

"Why?"

"To be honest with you, it all comes down to money. They have downgraded your filling because it is a posterior tooth that they feel you can get away with a metal filling because no one will see it."

"Why didn't you do a metal filling then?"

"Our office does not support or restore with amalgam fillings."

"Why not?"

"I am happy to see if the doctor is available or have him/her give you a call to better explain why we do not restore with amalgam. But to answer your original question about the additional $75, it is because of your insurance policy."

EXAMPLE #2 CROWN(S) NOT COVERED DUE TO LACK OF DECAY

"I was told my out of pocket was only $600, why am I receiving a statement that I owe more for my crown?"

"I understand your frustration and I want you to know this is frustrating for me as well."

(Now Breathe)

"After reviewing the doctor's clinical notes, we recommended the crown due to the condition your natural tooth was in. Though the condition of the tooth was not due to decay, it was due to ***(reason for crown: example grinding, fracture line, etc.)*** this crown is providing you with the protection your remaining tooth structure needs for a long-term and successful prognosis."

"That doesn't make sense, I have great insurance, if I needed a crown rather for decay or damage to my tooth, my insurance should cover it."

"I totally agree with you. If you would like, I can provide you with the information you will need to contact your insurance and discuss their decision with them."

EXAMPLE #3 CROWN(S) DOWNGRADED TO FILLING

"I received a notice from my insurance saying my tooth could have been fixed with a filling not a crown and now I am responsible for the difference, why did you do a crown if my tooth could have been fixed with a filling?"

"Sadly, I have seen this happen before and I understand your concerns."

(Now Breathe)

"Insurance companies are known for downgrading procedures so that they are only required to cover the minimum payment even if it is not a long-term solution for the problem. Meaning, they are stating that your tooth could have been treated with a filling, but keep in mind, that would have been a temporary solution. Dr. (Name) is providing a long-term restoration."

"But if I could have made it a few years with a filling shouldn't I have been given that option?"

"There is no guarantee on how long that filling would last, and in the end by not properly restoring and protecting your tooth, there would be a higher chance for even further work to be needed than just a crown. Even the possibility of the tooth needing a root canal or becoming unrestorable."

"That's crazy, does my insurance know this?"

"We have sent all supporting information but, in the end, downgrades such as this are the insurance's decision. You are more than welcome to appeal this with your insurance and I can provide you with the information you will need if you would like to reach out to them."