



# Winning with Numbers

by Linda Miles

Continuous team accountability is not an easy task, and every office struggles with it. It is an ongoing issue in all practices. Team members must have policies, daily or weekly goals, and written job descriptions in order to fully absorb and understand the need for business first and chit chat later. While some social interaction with patients is truly a practice builder (making each patient feel welcome and special), it must be kept to 25% of staff time with the remaining 75% focused on business. In many practices, those numbers are switched by favoring topics that are fun and easy versus the nitty-gritty of practice building.



Phone calls build business

Team leaders should outline the number of outgoing calls expected of staff in a two-hour stretch of non-interrupted time.

For example, if you have two administrative team members, one is typically the check-in person or **scheduling coordinator** whose main duties are:

- 1. Answering the incoming calls on lines 1 & 2,
- 2. Greeting patients warmly as they enter the reception area, and
- Keeping a warm body in each chair each hour of each day, i.e. maintaining the schedule.

The second administrator is typically the check-out person or **financial/insurance coordinator** whose duties include:

- Presenting the fee and collecting copayments or fees and entering the treatment and payments for the procedures,
- 2. Handling all insurance forms and following up on insurance, and

 Balancing the day sheet and makes the deposits. (In some practices the dentist or office manager checks each entry, reviews adjustments, balances the day sheet, and makes the deposits.) That person also answers line 3 if you have a rollover system on the phone.

**NOTE:** All statements that go out of the office should have line 3's direct number so calls pertaining to billing or insurance will be answered by the check-out financial coordinator, not the person who would be interrupted to forward the call.

These two team members should each have a two-hour, non-interrupted time to work twice a week ON the practice, not just IN the practice. That means they are cross-trained to pinch hit for each other two hours (every other day) so one of them can work on duties that are practice-building. The check-in scheduling coordinator should be required to make 20-25 outgoing calls twice per week. Averaging 5 minutes per call, that's 120 minutes divided by 5 minutes = 24 calls. This is to keep hygiene full by reactivating floating recalls and to follow up on unscheduled treatments that were presented but not scheduled. Some calls will involve leaving a message (1 to 2 minutes) while others might take over 5 minutes to reschedule a family of several patients in one call.

The Financial Coordinator should be required to work on past due accounts and insurance claims in her four hours per week, again making about 20-25 calls in each two-hour time frame.

It's important the manager spend 5-10 minutes each week with team members, reviewing reports of who was called, including notes of conversations and possible roadblocks, in order to know what's happening in the allotted times. While we love self-directed people and hate to micromanage anyone, if team members are never asked to share results, they may lose interest.

- Time to complete the tasks thoroughly and professionally.
- Interest from, and ten minutes weekly, with middle or upper management team underlining importance of results.
- Ongoing training if neither party is happy with the results.



What is the benefit to patients if these important tasks are done systematically? Patients will have the dentistry they deserve. Small dental problems will not turn into painful dental emergencies.

What is the benefit to the practice? More productivity and fewer hours of down time, diminishing the amount of money that is lost forever.

What is the benefit to the team and doctors? With an increase of \$10,000 per week (as an example), with 25% going to the team as a whole, the dentist can pay the team an additional \$10,000 per month or an additional \$120,000 per year! If you have a typical solo practice of seven, that means an average of \$17,142 more per year or a weekly increase of \$329. When everyone sees it in white, black, and green, it begins to mean more.

Practices can't believe the practice is losing that much in inefficiencies. But some solo practices produce \$2500 per day while others produce \$10,000 or more per day, proving there is always room for improvement. Even if the improvement is only \$5000 per week times 50 weeks, who would not want to get a \$150 week raise? You can't send money out the back door in the form of raises if it is not coming through the front door.



- Defined and clear guidelines and expectations of the business owner.
- Training to do the job really well. (We only LIKE doing those things we do well.)



Linda Miles is the Founder of Linda Miles and Associates, an INC 500 dental management consulting company. She is also the Founder of the Speaking Consulting Network that has helped hundreds of other dental speakers and consultants start or enhance their own speaking/consulting businesses. After selling her two companies in 2011, she founded

www.AskLindaMiles.com.

#### INSURANCE INSIGHTS

# Be the Translator for Your Patients

#### by Lynne Leggett

Have you ever received a phone call from a patient upset about the amount their insurance has paid on their claim? It may not seem fair, but our patients expect us to know about their insurance plans and what is covered. After all, aren't we the experts in understanding dental terminology? There are so many advantages to the practice that takes time to make sure patients understand their insurance benefits.

Why is it important to understand your patients' insurance benefits? As providers, you know the language insurance companies use. Some patients cannot afford the dental treatment they need without the benefit insurance provides. You have the opportunity to be the translator for patients so they understand what to expect financially. Understanding benefits and coverage can be a huge barrier to patients getting the treatment they need. Being able to explain their insurance benefits enables you to partner with them to make sure they understand their coverage and out-of-pocket expenses. No one likes financial surprises. Their human resources department may have chosen the plan for them, but what a great opportunity to show you care. By translating the verbiage, you gain their trust on the financial end.

Being the translator for your patients also allows you to offer advantages for them. Taking the time to advocate for your patients allows you the opportunity to make sure they use all their benefits. Your patients will understand you are there for them and want to help them navigate the financial aspect of getting the care they need. By taking this time, it also gives your practice a competitive advantage. Doing



In-Netwo Benefits 100% A (Basic) Services – e.g., exams, nings, X-rays, sealants 70% Class B (Intermediate) Services – e.g., oral surgery, fillings, gum scaling 50% Class C (Major) Services – e.g., crowns, 50% bridges, implants, root canals, dentures Up to \$3,50 lifetime maxin per person Class D (Orthodontic) Services Adults & Children High O In-Network Benefits No Deductib le for Class A, B and C Services \$15 Benefits for However, when

patient is getting the most out of their benefits, the relationship you are building just gets stronger. Your concern will be discussed with others and become a fantastic referral source. Also, this helps your insurance coordinator feel they are a crucial member of your dental team. It is so rewarding to be able to tell your patients you have an insurance guru who will assist them in getting the most out of their benefits as possible.

Another tactic that is a win/win for all is to meet with employers in your area. Human resource departments do not understand dental codes, but we are the translators. Our knowledge can assist everyone in this process. By meeting with targeted employers, you can help the company navigate and choose preferred plans which offer more value to your patients. What an advantage it would be for your practice if you invested the time to do this! Can you imagine the positive things that would be shared by this word-of-mouth marketing? Not to mention the increased profitability by targeting the insurance plans you want to work with.

September is a great time to get in touch with your patients who have not used all their insurance benefits, so they can complete treatment before the end of the year. By doing this, your patients will feel they are important to your practice and know you are trying to help them use their benefits before they disappear.

It's time to be the hero!



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endeavor.

Founder of Victory Dental Management, LLC, Lynne Leggett has over twenty years of experience in business. Her dental consulting involves the implementation of synergistic team strategies for optimal efficiency, profitability, and patient satisfaction.

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#### On September 20th, China celebrates "Love Your Teeth Day," a national holiday promoting oral awareness among its 1.2 billion people. The holiday was first designated in 1989.

To celebrate, one Chinese dentist. Yu Qan, spent fifteen years creating a giant sculpture made from 28,000 human teeth.

### Ask the Consultant

We normally request patients to fill out a signed consent form before emailing x-rays to a new provider. I have one patient who refuses to fill out the attached document and wants me to accept their email message requesting the x-rays be sent as their consent. Is this acceptable documentation?

> Some patients can be difficult. As long as you have a signed HIPAA agreement and her email, you can send the x-rays. If not, you need consent.

How do you handle a patient who refuses checkup x-rays every year? Do we have him/her sign decline letter for x-rays?



All states impose a duty on dentists to obtain a patient's informed refusal whenever refusal holds potentially serious complications. Depending on the circumstances, dentists should be careful of continuing to treat when the patient's refusal jeopardizes the possibility for a successful outcome or

the patient's health, in which case terminating care may be the only reasonable option. In any case, a patient's refusal should be thoroughly documented in the chart, along with the dentist's attempts to inform the patient of the consequences of refusal.

A patient's refusal for treatment does not allow a dentist to practice below the standard of care (e.g., continued or repeated refusal to have diagnostic radiographs). Patients cannot consent to substandard care, but can refuse treatment recommendations.

Responses provided by Kathleen Johnson, President of Kathleen Johnson Consulting.

## GOOD WORK!!!

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FMI: afuturetosmileabout.com

Quote-Worthy

**G** You are never too old to set another goal or to dream a new dream.

-C.S. Lewis



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- Upgrade hardware in the office,

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