The background of the entire page is a light gray, textured surface, possibly concrete or stone. Scattered across this background are numerous black paper airplanes, some pointing towards the top right and others towards the bottom left, creating a sense of movement and transition.

No More Networks

2017 TOWNIE MEETING SPEAKER DR. MAC LEE
STOPPED HANDLING INSURANCE CLAIMS.
IS THE MOVE RIGHT FOR YOU, TOO?



**TURN THE PAGE TO READ
AN EXCERPT OF THE
CONVERSATION FROM ONE
OF DENTALTOWN'S HOTTEST
MESSAGE BOARDS.**

> Going Insurance Free

Townies discuss whether it's possible to free themselves from the shackles of PPO insurance plans and how doing so might affect the number of patients they see, as well as their doctor-patient relationships.

Dr Mac Lee

Member Since: 04/14/00

Post: 1 of 340

This thread is meant to help dentists who have a long-term goal of not having to deal with insurance in any fashion other than help file claims. For those who are interested, it's a great topic for a new year.

If you have this goal, it only makes sense to learn from others who have been able accomplish it. I am not saying that is right or wrong and I am not encouraging anyone to do it all. What I would like to see is other dentists who have achieved the goal share their experience on what made them do it, how did they get the courage to do it and how did they accomplish it. What were/are the downsides, upsides, etc. Where did you start, what gave you the confidence?

I will be the first olive out of the jar. I have a very strong, talented employee who has also been my partner in our seminar business for 30 years. She can sell dentistry and understands more dentistry than imaginable and she knows how to run a dental office. Yes, I am lucky!

One day she let everyone in the office know that insurance simply had to go and everyone agreed. We started with the new patients only with the "policy" of you pay us and the insurance company will reimburse you! Nothing different for the patients of record for the time being. More on the transition later, I think this thread needs to start slow just like our transition was.

Here are a few things I had going for me:

- Third generation in the same rural location with a solid reputation of good dentistry.
- Loyal, dedicated, long-term employees who were 100 percent in agreement and were willing to make it happen.
- Only three employees and did not want to hire another which taking assignments would require.
- Old and confident, been there, done that!
- Great communication skills and could handle sticky situations if and when they occurred.
- Tons of target marketing to get new patients with special needs such as high fear, cosmetic dentures, mouth infections, TMD, etc. (drmaclee.com).

I know there are other DT offices who have also successfully made the leap and hopefully will share their story.

Very important: If this transition is not done correctly, it can be devastating. My dentist brother listened to a consultant 25 years ago who told him "Just do it" and it almost broke him. He wasn't ready and did not have everything in place. In no way am I recommending it, I am just providing a place where information can be shared towards this one goal.

Happy 2017 everyone. If you are coming to the Townie Meeting, Joleen, the employee who made it happen, and I will be speaking and would love to meet you. ■

1/1/2017

robr

Member Since: 05/31/07

Post: 4 of 340

I look forward to learning from others as well. This past October I informed patients on a few plans that, starting in January 2017, we would be considered out of network. I wanted to give them plenty of time to change their plans if they desired.

I have also seen that it's extremely important to have staff on board. I used to have a staff member that was more on the patient's side with pricing and insurance stuff. She just didn't get it.

I have also worked on scripting with my front desk ladies to help potential patients understand how dental benefits work and the benefits of coming to our practice. It's also about marketing to the exact type of patient you want. I have no desire to compete with the heavy PPO machines. ■

1/1/2017

How did you manage to be FFS only for new patients in the transition? Either you are in-network or not from what I understand. You can choose not to take insurance patients at all or offer in-network benefits just as existing patients. If this is possible without violating any contracts, very interesting for sure. Thanks for sharing your experience. ■

1/1/2017

Great post! This is extremely important, as robr found out, if you have one, just one employee who is not in agreement and not in total support, that is bad, really bad! You have to keep asking yourself, "Who owns this office? Who went to school? Who owns all the debt and the responsibilities? Most importantly, you have to ask yourself, who is running my business, me or one of my employees?"

This gets to be some heavy self-reflection time when you get on this journey. Leadership and a strong belief is necessary in my opinion.

As to marketing, I totally agree also. When you sign up for a discounted plan, your marketing cost is 25 percent plus (that is what you are paying to get those patients "on the plan"). If you can gross \$1,000,000 with a 5 percent marketing, that's \$50K and sounds scary but it is sound business if done correctly.

I think you are asking me the question and a good question it is! I had never signed up for any plans ever. We have lots of industry in the area but when I started practice in 1972, all there was was FFS. You bring up a good point and have pointed out a new barrier. It would be better for someone who has gone for sign up plans to cash only to answer you. This is how we help each other. ■

1/1/2017

dentallearn

Member Since: 12/08/15

Post: 7 of 340

Dr Mac Lee

Member Since: 04/14/00

Posts: 8 and 9 of 340

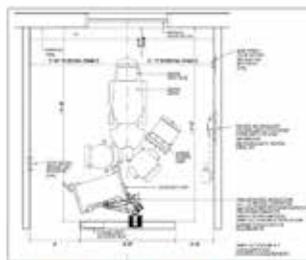
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hmdmd

Member Since: 04/22/05
Post: 11 of 340

We are in the process of dropping DenteMax. Any new patient that calls with that insurance over the next five months is told that we will not be in network with their insurance in the near future and is encouraged to seek treatment elsewhere. We are going to see the recares for the next five months and drop out after that.

On these boards you hear people bragging about how much they produce and fail to mention their net. I attended a practice management course encouraging the attendees to sign up with all the PPOs and do free work to get their startup off the ground. One of the success stories of their program had a 15 percent net income based on their own data. You see PPO practices with one dentist and eight full-time employees. I am not sure how the dentist manages to keep the circus act going all day long.

Minimize the number of employees without compromising the patient experience, enhance the look of your practice, offer an in-office dental plan, make sure your FFS prices are at least average for the area where you practice and offer more convenient hours for the clientele that you serve and you can get rid of at least some of the managed care plans successfully. ■

1/1/2017

RubinsteinDDS

Member Since: 08/15/07
Post: 30 of 340

Why would you ever tell a patient to go somewhere else? They can still see you if they decide it is worth it. Just because you aren't in the network does not mean they can't choose to stay in your practice. If they decide to go the cheap route, let them tell you that's what they want. You should be trying to convince them to stay with you when you're out of network. ■

1/1/2017

Dr Mac Lee

Member Since: 04/14/00
Post: 35 of 340

Yes, we now have them pay at time of service. It took a few years to get to that point. Yes, check goes to patient and they saw us put the claim in the mail with photos, etc. so insurance can't tell them they never received their claim. We also give them some good ideas on what to say to HR and the insurance companies.

If you go back to my first post, I stated we only started the policy with new patients. And then there is proper phone screening for them so there is no bait and switch. I don't know what others have done to get to cash only but we did it one step at a time. Patients of record were not ready to hear it because we didn't know exactly how to say it. We can talk about them later.

No, this thread is not for everyone and no I am not advising anyone to do this. ■

1/1/2017

DinoDMD

Member Since: 11/21/03
Post: 36 of 340

We pre-auth everything except perio. Most times, with a pre-auth all parties know what is supposed to happen and patient knows their responsibility. Fair to all in my view, and I especially like that everyone pays the same and I have the freedom to give a discount to those who need it. Instead of giving (forced) discounts to those driving a new Benz.

I was 15yrs PPO and nearly 15yrs FFS. I don't regret it one bit. All 30 years! PPOs are a necessary evil when one is starting out. I would never be able to get started without them. But this was back in the days when they actually paid a decent wage and one did not have to fight as hard to get paid. Today, it's just an ugly race to the bottom. Going FFS was the best decision I made. I had a goal and plan, and made my move in one big sweep, cancelling all plans at once. My office manager who has been with me from day one, thought I had gone nuts! She would try to convince me to do it gradually. In retrospect she was right, but I made her do it one swoop anyway!

I went from being booked solid six weeks out to barely booked a week! Very nerve-racking experience, but managed to survive it. Going insurance-free simply requires two things, planning and a commitment to treat people right. And not just in the quality of dentistry we provide.

Going insurance-free means going the extra mile for patients, especially the ones who have insurance, but also the ones who just need extra attention and a feel that someone actually cares to spend the time to educate them, and then provide the best dentistry to their ability. It's a shame that today, a filling or crown is being reduced to something less valuable than an oil change or a brake job. Something is wrong with this picture.

Dental insurance is not insurance at all. Not for what one can get on a measly \$1K/yr with some. Medical insurance is at least true insurance with no limits. Some may not pay much, but I don't think there are as many games in getting paid.

If all dentists banned PPOs all together, a lot of their problems would eventually go back to the way they were. The ADA is not working hard enough on this for the little guy. The dental insurance companies are calling all the shots, and the ADA and large corps are all in cahoots! My view to a successful and professionally gratifying career, is to have a plan to becoming insurance-free by the time they are halfway through their careers. Of course, better not to even start taking PPOs if one can do it. You may not grow as fast, but you won't need to make a lot in write-offs either. Or my favorite, doing procedures where the office is actually losing money. But at least the chair is full! Time to wake up before it's too late! ■

1/1/2017

I started FFS and after several years found that I eventually needed to pick up two PPOs, which I somewhat regret now. My question is if this would work as much if you weren't in a rural location? What happened here is as time went on lots of dentists moved in and it got harder and harder to not accept some insurance when there are 4-5 offices within a stone's throw who will gladly accept their PPO. Add to this that some of these aren't hole in the wall dingy offices and the competition makes it difficult. I just got worn out from the fight although as I said we only have two PPOs now and I'd like to ditch those but don't think I could.

Also would like to hear more about what you and specifically your staff are saying to patients when insurance comes up? What are some of the *actual* dialogues you are having? How do you become "Fort FFS" surrounded by a jungle of PPOs? ■

1/2/2017

My team does not use script on the verbal skills they simply tell the truth using words like coupons, etc. Communication is the key and the most complicated to use unless everyone truly believes in making it happen. As someone said, "the truth is a hell of a concept."

Yes, every location is different, every dentist is different, every office culture is different! It's difficult to do and may not be possible in certain areas. ■

1/2/2017

When you accept assignment of benefits it does put you in the crosshairs with patients. When insurance companies don't pay what you estimate or don't pay anything. Or patients were verified and then the insurance company changes their mind and wants their money back from you.

I have had patients throw huge fits and leave my office because their insurance didn't pay their estimate. I'm talking like 10 dollars sometimes. You also need to estimate high so you can refund the patient. Which is another job. Some want it back, some want it left on their accounts. You have a staff member over the refunds admitting some mistakes will happen patients who wanted a refund didn't get it whatever. You need good systems for this to work well. Even then you can estimate but that's all you can do.

You know, just submitting their claim and getting paid in full would be so much cleaner. ■

1/2/2017

k5thbeatle

Member Since: 08/20/05

Post: 46 of 340

Dr Mac Lee

Member Since: 04/14/00

Post: 48 of 340

Teeth27

Member Since: 09/30/04

Post: 62 of 340



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RubinsteinDDS

Member Since: 08/15/07
Post: 65 of 340

The problem with PPOs is not just the fee. It is all the hoops you need to jump through to even get that fee. Ditch the PPOs and you don't need to ask anyone's permission to charge the patient for something. Without the hoops, the fee might be fine. With the hoops, my regular fees might not even be enough. ■

1/2/2017

kidesperanto

Member Since: 08/03/09
Post: 71 of 340

Staff aid in this by always letting us know when things go wrong. They never let us know when things run smoothly. How many claims get paid uneventfully? How many patients get treated and no problems arise? Probably over 90 percent for both. Don't throw the baby out with the bathwater. Don't start making things difficult for that 90 percent+ of situations just to avoid the 10 percent. I believe Mac stated he has a staff of like three people. That's the most important fact in all of this. He could grow so much most likely if he decided to take assignment of benefits. ■

1/2/2017

Dr Mac Lee

Member Since: 04/14/00
Post: 80 of 340

What if an office spent \$325K on marketing for the patients who have high value, high needs and know dental insurance is not going to help?

This decision to be free of insurance is also a mind game and it is not overnight. Let's say you are 40 in 2017. Set the long, long-term goal of learning how to do the complicated dentistry other dentists cannot or will not do. You also set the goal to market who and what you are. In 20 years, you will be 60 and will be set up to practice three days a week, charge what you want to charge, etc.

In 30 years, you will be in your 70s like me. I like working because I mostly do what I want to do. I make as much money a year as I could probably sell my practice for. Make your goal and do what you can to make life the best for your situation. ■

1/2/2017

AlexGeorge

Member Since: 10/11/13
Post: 99 of 340

About eight years ago, I said "bye-bye" to Delta Dental, that was the last of the three insurances that I participated with. It's a process, don't quit cold turkey. It takes time and a deadline needs to be set. I have increased my income each year and obviously haven't looked back.

Yes, I've lost patients but those were the headaches that I was glad to see go. You know the ones that you've told to get a filling fixed then all the sudden their neglect becomes an "emergency" and is messing up your schedule.

It takes communication and constant training of the team and myself. Mac and Joleen have helped us out over the years and we are scheduled a revisit with them this spring. I, like Mac have three employees but, all hygienists. I'm confident and getting older but, not as old as Mac! I also do marketing, mostly TV. My communication skills are good but always need improvement.

Maybe I was a slow learner, but it took time for me to realize that I spent a lot of money on dental school and opening up my practice. I wanted to work hard for myself and my family, I was tired of giving my earnings to the insurance company. I know that my team and I are worth more than what they were willing to pay us. So, I've kicked the insurance companies out of my bed and I'm very happy only sleeping with my husband. ■

1/2/2017

Raine

Member Since: 05/10/11
Post: 180 of 340

I'd like to know what you give to the patients to say to HR and the insurance companies — and how to get existing patients onto paying at time of service? Thanks! ■

1/10/2017

Good questions! When patient checks out, we print the insurance form and add any photos, radiographs (printed from a digital), etc. We show the patient where they get assignment of benefits. We put the information in a letter (no electronics) and show patient letter is being placed in the "out" box or ask them if they want to mail it. The team then says, "We want you to know exactly what we did because there is a good chance the INSCO will say we never sent any information in!" If you get the runaround from what your INSCO owes you, let us know and we can discuss what else can be done."

If they have problems, we can reprint the digital material and tell them to go to their own HR, after all, that is what they are for. "All we are trying to do is help you get what is yours. Now you know why we don't want to mess with anyone's insurance. We don't have anything to do with it."

If you reread my first post, I mentioned we started the process with new patients only until we got our belief system and courage big enough to approach the patient of record. Yes, of course we lost some. I just couldn't—and certainly my team could never—go back having to deal with all the headaches. And to go through all the BS and still have to discount your fees? ■

1/10/2017

Dr Mac Lee

Member Since: 04/14/00

Post: 182 of 340

I think there needs to be a distinction between what type of FFS practice one has. In my office, new patients only pay up front for initial visit (comprehensive exam, X-rays and cleaning). After that, we will do a pre-auth for most procedures and then accept assignment of benefits (except for Delta pts who get the checks).

To me, FFS only means that I get my full fee for services. Patients pay part not covered, and we wait to get paid remainder by insurance. Being FFS-up-front for all pts and procedures would not fly in my office. I already lose patients by being FFS-taking assignment. More would leave if we were FFS up front with everyone. Plus, some patients in my practice simply don't have the cash to pay it all up-front. As long as I get my full fee after assignment, I'm happy. Waiting for the insurance portion is no big deal. But pts are all made aware that if there are any glitches with their insurance not covering what they said they would in a pre-auth, they understand that they are ultimately responsible for paying balance and/or get involved in calling their insurance to complain or file a complaint with insurance commissioner if needed. Does not happen often, but it does unfortunately. When it does, we do all we can to get them to pay what they said they would. The patient only gets involved if we are not successful in collecting pre-authed assignment. ■

1/13/2017

DinoDMD

Member Since: 11/21/03

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