

# DENTAL OFFICE SUPPORT- EXPEDITING DENTAL INSURANCE BY PROVIDER CREDENTIALING AND VERIFICATION

## CLIENT OVERVIEW:

Dental Office Support (<https://dentalofficesupport.com>), is a Third-party, multi-practice health firm, based in South Carolina that focuses on provisioning Dental services. They help to augment the client's administrative processes and enhance the service level their patients receive. With a prime focus on Back-office support, they also deal with the management of Insurance Verifications, Benefits, Billing, and Collections. Deeply analyzing practice requirements versus outputs, they streamline patient operations. Providing customized support for medical services to organizations, they help target clean claims, better collections, and generate more referrals.

## THE CHALLENGE:

Dental Office Support faced challenges welcoming various patients with Healthcare and Insurance needs due to a lapse in preparation before launching alongside. They required help in scaling operations in a limited time with reduced payroll allocation while hiring trained staff. Ultimately facing underpayments, denied claims, patients turned away, or taking upfront cash; they desired an immediate solution. To remedy this, they wanted a quick turnaround on patient verifications, preferably expedited by a technology-based platform that supported mutual collaboration of geographically dispersed teams.

## EXPECTATION:

Dental Office Support expected the Premier BPO team to ease their predicament by fast-tracking and streamlining the verification and credentialing process. They anticipated a smooth revenue cycle with wanting to expand their patient base. They also required quick, timely follow-ups while someone else could service their clients by navigating their entire medical journey. To handle the increasing clientele, the management of patient demographics with high-accuracy was the need of the hour. Therefore, they reached out to Premier BPO to keep up with the overflow, all the while, maintaining excellent quality.



## **OUR ACTION PLAN:**

The noteworthy Dental Insurance & Revenue Cycle Management team of Premier BPO thoroughly evaluated the scope of work, patients' profiles, and providers' practice documents. Assessing the work volume, we proposed our value-added solution to take immediate effect by signing up for a 90 days pilot program.

Pre-defining workflow timelines during the test project enabled mapping the task breakdown in order of customer requirements. Promptly commenced upon the engagement of our personnel, the staff training was conducted using a cloud-based meeting platform. Within 45 days, the team was trained to handle requests for Insurance, Eligibility verifications (EV), and Benefits Verifications (BV).

## **FUNCTIONS PERFORMED BY OUR FTES:**

Premier BPO's experts handled patient credentials ahead of their visit thereby removing any speculations on patient's eligibility Verification (EV) and Benefits Verification (BV), as covered by the insurance.

The PBPO team trained and took ownership of the following:

- Electronically receiving and reviewing patient claims and Insurance and Benefit requests for eligibility via dental billing software.
- Superintending with a dedicated team for updates of information identification, provider profiles, application submission, tracking, addressing inconsistencies, and communication with carriers and insurance companies.
- Providing visibility of patient insurance changes, history of treatment, and payments received before a scheduled visit.
- Capture coverage benefits allowed, following up on overdue claims, and handling denial management.
- Patient record updates for software (Eaglesoft, Dentrix, Open Dental, etc.) Information given on disparate providers gradually added to official databases and printed directories.
- Research with insurance providers using web and voice touchpoints
- Handling of accelerated and normal turnaround requests – 4 hours to the next day to few days out (depending on priority and urgency).

# ELIGIBILITY VERIFICATION PROCESS FLOW



# BENEFITS VERIFICATION PROCESS FLOW



## STEP 1

Access client's system remotely



## STEP 2

Log in to the Software, i.e. Eagle Soft, Dentrix, Open Dental



## STEP 3

Open Schedule to set up the required date.



## STEP 4

Identify NP (New Patient) and submit Benefit Verification request



## STEP 7

Agent will update Benefit Information in the software and upload a copy of the benefits in the patient profile



## STEP 6

After Completion and submission of the **Benefits Verification** at ADA (American Dental Association) code level, another team will receive the **Benefits Verification**



## STEP 5

Benefits Verification team will receive the request (password encrypted) to verify detailed. Dental benefits for the patient

## OUR ACHIEVEMENT:

The credentialing paperwork was completed and submitted using prescribed channels, within one week of appointment. Relieving the Dental Office Support administration of the tedious procedure, Premier BPO devised a time-saving solution. We also enabled them to enroll patients previously denied treatment, resulting in a boost of traffic with subsequent revenue enhancement

### Value to the Customer:

- Flexible and scalable solution with fixed costs changed to variable
- Over 45 percent cost reduction with trained associates ready to deploy within 15-30 days
- Focus on patients' wellbeing, expedited cases (terms apply), and intricacies of coverage benefits
- Improved collections through reduced claims with quality insight to treatment plans.
- Dental Billing, Collection, and Payment posting (client Revenue Cycle Management - RCM)
- Eligibility via dental billing software
- Provider Enrollment & Credentialing service



**Patients Plans Verified 10842**



**Appointments Verified: 14079**



**Turnaround Achievement of KPIs= 100% for the year**



## THE IMPACT:

Our client, Dental Office Support was able to focus their attention on Account Management and scaling concerns, leaving us to handle the Back-office work, at 50% of their original cost.

The Premier BPO team is capable of handling Benefit Verifications (BV) in an average time of 20-30 minutes per submission, depending on individual cases. The latest campaign is successfully running for over a year and our performance is chiefly focused upon Quality Assurance metrics. We perform by reverifying every submission twice before putting it forward.

Our workforce empowered practitioners to provide treatment with confidence, by authenticating details prior to the patient's visits. Adding value to Dental Office Support's practice, we made sure that the bills submitted meet the insurance coverage and would be paid in time.

## OUR TESTIMONIAL:

"We are coming up on 2 years with Premier BPO as our solution provider for dental office services. All of us here at Dental Office Support want to thank you for the outstanding service you have provided. Your team consistently exceeds our expectations and has enabled us to shift more workload your way than we had anticipated was possible within our service protocols. As you know, that increases profitability on our end PBPO's professionalism, can-do attitude and focus on continual upgrade training has resulted in a very favorable impression from our clients. In turn, this has led to larger shares of their business and increased referrals of new business. Our success in more than doubling our client load since the pandemic shutdown of last April is really the story of your success.

Thank you again for all you do and for the bright future ahead!"

Steve Cartin,



## WHY PREMIER BPO:

Premier BPO provides custom-built solutions while entertaining all Outsourced Healthcare Services. We increase revenues by decreasing costs and performing higher than expectations; made possible by an exceptionally trained team. Handling Eligibility Verification (EV) and Billing Services, we also promote co-sourcing for longstanding affiliations with our clients.

Moreover, we offer personalized software and digital development, particularly for healthcare practices.



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