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Exclusively to Clients and Friends  
of Advanced Practice Management

# BULLETIN



## DENTAL DOW First Quarter 2025:

For the mature area practices sampled, production was up 1.1% and Collections were up 1.6%. Patient Flow was down 1%. New Patients were down 7%, compared to the first quarter of 2024.

**Bill Rossi**

If you will recall, in 2024 our Dental Dow showed brisk growth – up 6% in Production and 5% in Collections. Growth was driven by an increase in Crown & Bridge and the Production per Exam (up 4%).

This year is off to a slower start. Stay tuned.



## MINNESOTA-CARE PROVIDER TAX Are You Paying Too Much?

Most Practices are not subtracting Medicare payments and the patient responsibility payments (if you are out of network) from Total Collections when calculating MinnesotaCare Provider Tax due. You do not have to pay the Provider Tax on Medicare payments or patients with Medicare payments up to the patient's maximum.

**Shelly Ryan**

For example, I was in an office today that had approximately \$30,000 in Collections from Medicare payments (this did not include patient payments) and the Provider Tax would be about \$600 for this quarter. If you add in the patient payments (if you are out of network and you collect from the patients), this amount doubles. So, the Provider Tax would be approximately \$1,200 for the first quarter if you did not subtract the Medicare Payments and the Patients With Medicare Payments. That is a savings of almost \$5,000 over the course of the year!

You can file an amendment for up to 3-½ past years through the Department of Revenue's E-Services should you choose to do so and if it is worth it to you. For more information, visit: <https://www.revenue.state.mn.us/minnesotacare-taxes>.

The challenge that most offices have is how to track these payments. So, I suggest the following:

## What's Inside?

- Dental Dow - First Quarter 2025
- Minnesota Provider Care Tax – Are You Paying Too Much?
- Presenting Treatment - What Matters Most?
- ZERO Accounts Receivable? It Can Be Done! How Norwood Dental Does it!

Set up patient accounts for the insurance company that is **administering** the Medicare plan. For example, if it's a BCBS Medicare plan that is administered through United Concordia, you would set up "United Concordia" as the insurance company. Under the Employer, I suggest that you put "Medicare." This will allow you to run a report (Patients by Employer) every quarter or at the end of the year. Again, the Employer being Medicare. It will pull up these patient accounts and you can see how much Medicare paid or how much the patient paid.

If your software only allows you to run a report for "Patients by Insurance Company" you can set up the insurance plan to read "Medicare-United Concordia."

You will also need to post payments that identify that the payment was for Medicare Covered Services. So, it's likely you'll have to set up a Payment Type that says, "Medicare Credit Card." This would be for patients who are using the Medicare Health Benefit Debit Cards. As long as the patient doesn't go over their maximum, these amounts can also be subtracted from your total collections (exempt from the Provider Tax).

**Brooke Ackerman**

## PRESENTING TREATMENT What Matters Most?

Every practice experiences the frustration of having patients decline recommended treatment. Often the **biggest barrier to patient care is not what you can do but what the patient chooses**. Why don't patients move forward with recommended treatment?

Our tendency is to tell them what they need without understanding *their* goals. It's not necessarily about what we are recommending, it's more about the *why*. Patients don't always understand why we recommend treatment because **we tend to jump quickly to the solution, leaving the patient behind at the problem**.

## We Believe In You!

We believe that Independent Private Practice is the best way to deliver dentistry. It is best for the patients, the doctors and the staff. Private practices can be more selective with their continuing education and technology. They can also be more adaptable and efficient. **Most importantly, the people who make decisions about patients' dental care are the ones in direct contact with them.** We also believe that professional management support helps **good practices be better** and thrive in a competitive environment.



Without knowing your patient's expectations you have zero insight into what is important to the patient and what their goals are. We need to get the patient to tell us what is important to them and what they want from us.

When patients ask questions such as: *"It doesn't hurt, so why would I do anything?"* and, *"How long can I wait to fix this?"* they do not have a full understanding of the problem OR they do not have goals for their oral and overall health.

If we can tie our findings back to their stated oral health goals and/or goals about their smile, patients can be empowered to make decisions for themselves. We can identify their goals by using statements and discovery questions.

***"There are many different reasons people go to the dentist. Some are in pain, some want a clean mouth and fresh breath, others to save money long-term. You took time out of your busy day to be here, tell me why. What is important to you?"***

You listen and now know what motivates them to come to the dentist. This is the key to better treatment presentation, and in turn, acceptance.

How to discover what motivates your patients:

***"What do you want your teeth to be like in 1 year? 10 years? 20 years?"***

***"On a scale of 1-10 how healthy would you like your teeth and gums to be? How healthy do you feel they are right now?"***

***"On a scale of 1-10 how important is it for you to have an attractive smile?"***

***"When would you like to know when there is an issue or a problem? Early, a little later, or when it's more severe?"***

***"If we do find issues, are you wanting the best options or cheaper options?"***

***"On a scale of 1-10 where do you think your dental health is now?"***

***"Why?"***

***"Where would you like it to be?"***

When patients give a score that doesn't align with their goals, ask them, ***"What is keeping you from being a 9-10 (or stated goal)?"***

These questions take less than 10 minutes and allow you to get the patient to tell you what is important to them and what their expectations are. When you do need to recommend treatment, you can easily connect your findings back to their stated goals.

***"If I heard you right, these things aren't going in the direction you said you want your health to be. With your permission I'd like to show you what we recommend to get you what you want."***

Patient-centered goals are irreplaceable in dentistry; shifting the focus from simply treating a disease or condition to addressing the individual needs, values, and preferences of the patient.

Here are some reasons why:

**Improved Patient Satisfaction:** When patients feel heard, understood, and are actively involved in their treatment planning, they are far more likely to be satisfied with their dental care experience. This can lead to better reviews, referrals, and overall a better reputation for the dental practice.

**Enhanced Treatment Adherence:** Patients are more likely to follow through with treatment recommendations when those recommendations align with their personal goals and priorities. If a patient understands how a particular treatment will help them achieve their desired outcome (e.g., a brighter smile for a special occasion, improved chewing function for better nutrition), they are more motivated to adhere to the treatment plan, including at-home care.

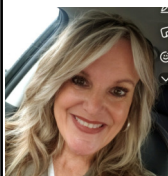
**Better Oral Health Outcomes:** When patients are actively engaged in their care and understand the rationale behind treatments, they are more likely to adopt and maintain good oral hygiene habits. This leads to better long-term oral health outcomes and reduces the risk of future dental problems.

**Increased Trust and Rapport:** A patient-centered approach builds a strong foundation of trust between the patient and the dental team. When patients feel respected and valued, they are more likely to be open and honest about their concerns, fears, and expectations. This facilitates more effective communication and a more positive relationship overall.

**Ethical Considerations:** Patient-centered care aligns with the ethical principles of autonomy and respect for persons. Patients have the right to make informed decisions about their own health care, and dentists have a responsibility to provide them with the information and support they need to do so.

**Reduced Anxiety and Fear:** Dental anxiety is a significant barrier to care for many people. By focusing on the patient's individual concerns and anxieties, dentists can create a more comfortable and supportive environment that helps to alleviate fear and improve the overall experience.

**More Efficient and Effective Treatment:** When treatment goals are aligned with the patient's values and priorities, it is easier to develop a treatment plan that is both effective and acceptable to the patient. This can lead to more efficient use of time and resources, and ultimately, better outcomes.



**ZERO ACCOUNTS RECEIVABLE?  
It Can Be Done!  
See How Norwood Dental Does it!**

**Kimberly Radke** Managing accounts receivable is a challenge for many dental practices, but at Norwood Dental, they've achieved something that most would consider impossible—ZERO accounts receivable.

I spoke with Jan, Deb and Sara, key members of the Norwood Dental team, to uncover the secrets and "How To Steps" behind this impressive feat and to share actionable tips for other practices looking to streamline their billing processes and improve cash flow.

These steps show that it CAN be done!

### **1. Setting Clear Expectations from the Start**

Educate patients on insurance coverage and payment expectations from the first interaction.

According to Jan, the most important step is setting clear

expectations right from the first phone call with new patients.

***“From the moment a patient calls, we ensure they understand what their insurance covers and what they’ll be expected to pay out of pocket. This transparency builds trust and helps avoid confusion when they arrive for their appointment,”*** Jan explains.

*All patients have the right to clear communication when it comes to fees and processes of the office that is caring for them.*

## 2. Embracing Real-Time Insurance Verification

Use insurance websites to submit treatment plan estimates and claims, ensuring accurate patient payment obligations before treatment begins.

Jan, Deb and Sara use insurance websites to submit treatment plan estimates and claims in real time. This allows them to receive immediate feedback on a patient’s coverage and provides the information needed to confirm patient payment obligations before treatment even begins.

***“The ability to verify insurance coverage instantly allows us to provide patients with an accurate breakdown of what they’ll owe. There’s no delay in the process, which helps avoid billing issues down the line,”*** says Jan.

*Finding the right components on each insurance website to submit claims in real time may seem like a daunting task but it will pay off for years to come.*

## 3. Careful Review of Claims and Codes

Thoroughly review dental coding and fees to avoid delays and confusion. Mistakes in coding or fee discrepancies can create unnecessary delays and confusion, leading to outstanding balances.

***“We make sure every claim is reviewed thoroughly for proper dental coding. This reduces the chances of claims being rejected or underpaid, which could contribute to accounts receivable,”*** explains Jan.

*Proper coding along with properly posted treatment before the patient leaves the office is key. Taking time to achieve attention to detail by the clinical team to careful review of the front desk team make this process seamless.*

## 4. Payment at the Time of Service

Establish a culture where patients are prepared to pay for their treatment at the time of service. Jan, Deb, and Sara explain that the team has "trained" their patients to understand this expectation.

***“Patients know that when they come in, they need to be prepared to pay for their treatment. We take the time to explain the fees up front, and we’ve established a culture where payment at the time of service is the norm,”*** they say.

*This practice eliminates the need for follow-up collections and helps ensure that payments are processed without delays.*

## 5. Treatment Plan Education

Ensure patients fully understand the treatment needed and associated costs. Once dismissed to the front office team, the patient gets a full explanation of their treatment plan, ensur-

ing they fully understand both the clinical treatment needed as well as the associated costs.

***“We make sure the patient understands not just the procedure, but also the cost involved. If necessary, we go into the operatories with the patient before treatment starts to ensure everything is clear,”*** Jan notes.

*This open dialogue ensures there are no surprises for patients when it comes to payments.*

## 6. Implementing a Discount Plan for Full Payment

Offer discounts to incentivize patients to pay their balances in full at the time of service. To further encourage prompt payment, Norwood Dental offers a discount plan for patients who pay their balances in full at the time of service.

***“Offering a discount for paying in full is a win-win for both the practice and the patient. It encourages patients to take care of their bills right away, and we get to avoid any accounts receivable,”*** explains Jan.

*Many offices are implementing discounts for payment in full or membership discount plans to offer patients without insurance. It is a great service to provide for patient care.*

## Conclusion

This approach may not be for everyone but with creative thinking it just goes to show that ANYTHING is possible!

Norwood Dental’s system of managing accounts receivable is a testament to the power of clear communication, proactive claims submission, and a strong focus on patient education. By setting expectations early, verifying insurance in real-time, requiring payment at the time of service, and offering a discount for full payment, they’ve built a system that eliminates accounts receivable entirely.

***If you are looking to improve your financial processes, the key takeaway is clear: it’s all about preparation, communication, and consistency. If you want to know more about how to implement these processes, allow me to help YOU achieve your goal of ZERO accounts receivable!***



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**Advanced Practice**

MANAGEMENT and TRANSITIONS