

# TROJANTODAY

The Newsletter for Today's Dental World

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## Collecting Outstanding Fees is More Difficult Than Ever

by Mark Dunn,

Significant changes are happening in the medical debt collection industry, and the effects will trickle down to dental offices. Past-due dental accounts are classified as medical.

### Regulation F

Last year the Consumer Financial Protection Bureau ("CFPB") released new rules relating to collection agencies that collect medical debt, which is detailed and complicated. In fact, the final rule and official interpretation document is over 350 pages.

- Prior to July 2022, medical debt could be reported to credit reporting agencies after 180 days without payment. Starting in July 2022, medical debt cannot be reported until delinquent for one year.
- Under the new rules, if the collection agency cannot contact the consumer (for example, if the collection letter is returned as "undeliverable"), collection agencies cannot report the debt to the credit reporting agencies.
- Debt collectors collecting on accounts in California must have the validation materials for the account before attempting to contact the consumer. (Validation materials include a signed consent form dated within a year of the date of service and a copy of the ledger or statement of account reflecting the history of the balance.)



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- Experian, Equifax, and TransUnion have adopted new rules that will change the minimum balance for medical debt. Commencing in March of 2023, these credit reporting agencies will no longer report medical debt below \$500.

Trojan finds that approximately 70% of medical debt reported to its Collection Services is less than \$500, which is an average for most dental offices.

## So, what does that mean to a dental office?

Trojan encourages dental offices to create and follow policies and procedures so that all employees know the expectations set forth by the office. These procedures should include action steps to be followed before and on the date of service. Anticipating the services to be rendered and gathering the patient insurance benefit information before the appointment must be part of office policies and procedures. These steps are now more important than ever.



Verifying insurance benefits and eligibility prior to the patient's appointment is mutually beneficial for the patient and the dental office. For patients, it is an excellent way to demonstrate customer service. No one likes surprises, so understanding a patient's eligibility and benefits before the appointment allows for a positive experience by preventing unexpected insurance issues at checkout or after a claim is submitted. For your office, it is an opportunity to collect the estimated patient portion on the date of service, which is becoming more important with the new debt collection rules.

Trojan suggests the eligibility verification process be performed nine days prior to the appointment. This lead time allows the dental office to connect with the patient and resolve any insurance issues before the appointment. You can screen appointments ahead of time and make calls or request information from insurance companies by fax or through the web as part of your preparation before patients arrive. Practice management systems began integrating tools for requesting patient eligibility some years ago. Trojan offers solutions to assist its clients. The first is Dentifi DE which automates the eligibility verification process. The second is the Eligibility Request Program, a manual real-time eligibility program to

request verification from multiple carriers in one program. This electronic transaction will inform your office whether the patient is covered along with the benefit coverage information. The information detail varies by carrier. Some provide nearly all your office needs. Some provide little to no information.

Since most electronic insurance benefit verification processes lack details, a benefit breakdown will also need to be completed. Trojan suggests this step be performed seven days before the patient's appointment. This lead time allows the dental office to resolve any insurance issues before the patient's appointment. Most offices, from general dentists to specialists, have developed an Insurance Verification Form, or IVF, that aids in gathering the information needed for procedures frequently performed in the office. Save the phone call and look for integration tools to assist with this process.

Trojan offers two solutions for insurance verification. Trojan's Benefit Service and Dentifi DT include tens of thousands of insurance benefit plans listed by the employer's name. Find what you need with Trojan's Benefit Service and link to your patient. Or automate the process with Dentifi DT, which will request eligibility, identify the group plan, and connect it to your patient. A populated coverage table comes in handy when estimating the patient's portion for treatment.

Verify insurance as early as possible in your patient process. It's better to uncover and address any issues while the patient before they arrive than trying to contact the patient afterward. The best debt is a debt that doesn't happen.

Contact Trojan for programs and services to help with insurance verification and collections. Our highly trained research staff and professional employees in the Collection Services department have saved dental offices countless hours by contacting insurance carriers for you and collecting millions of dollars for Trojan collection Services clients. Call to discuss how Trojan services can help your office be more profitable at 800-451-9723 ext. 3. Or click the Schedule A Demo button on our website.

*Mark Dunn is a CPA, an MBA, and the CEO of Trojan Professional Services.*

Read more from Mark Dunn



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EXPERIENCE**

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# Ask the Consultant

Answer by Kathleen Johnson



**Q:** When we do a crown prep, we collect at least half of the patient's copay during the first visit. If the patient does not return for the insertion, can they be sent to collections for their remaining balance?

**A:** Most doctors I have worked with usually charge a fee that covers the lab fee and their time but not the full fee, as you did not seat the crown.

"It takes months  
to find a  
customer;  
seconds to lose  
one."

-Vincent Lombardi



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