THE READERS' CORNER

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(Editor's Note: The Readers' Corner is a quarterly feature of JCO in which orthodontists share their experiences and opinions about treatment and practice management. Pairs of questions are mailed periodically to JCO subscribers selected at random, and the responses are summarized in this column.)

1. What percentage of your patients use insurance to pay for part or all of their orthodontic treatment? Of these patients, what percentage are adults?

In the average respondent's practice, 30-60% of the patients used insurance to pay for at least part of their treatment. Several answers were in the 80-90% range. Most of the clinicians said 10-20% of their adult patients used insurance to pay for their treatment, with a few responses over 25% or under 5%.

What percentage of your practice's gross income is attributable to insurance payments?

A wide range of percentages was reported, but most replies were between 10% and 40%. Several respondents indicated that they did not accept insurance payments.

Which insurance companies do you accept?

The majority of practices accepted all insurance companies, with only a few exceptions noted. Delta Dental plans were mentioned most frequently.

Individual comments included:

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• "None. We do not accept assignment from insurance companies! We do the paperwork, but the patients are totally responsible to the office for the full fee. They are reimbursed by the insurance company."
• "We bill and accept payment directly from all carriers excluding Blue Cross Blue Shield. We bill BCBS, but will not accept direct payment."

Which insurance companies do you exclude?

The most common exclusions were HMOs, PPOs, Medicare, Medicaid, and any companies that limited or dictated fees. Ten percent of the respondents did not exclude any insurance companies.

How does your staff perform coverage checks?

The respondents typically used more than one method to check on insurance coverage. The most common method (55%) was by telephone, while 32% used fax communication. The least preferred method of communicating with insurance carriers was the Internet.

How does your staff complete insurance forms?

In most practices, the staff completed insurance forms manually. Some used their practice management software, while only a few offices used computer forms that were not integrated with their management software.

How does your staff file insurance forms?

A substantial majority of respondents still filed their insurance forms by regular mail, followed by fax and the Internet. Only two orthodontists said they used the telephone to file insurance forms.

How do you collect the uninsured portion of patients' fees?

Respondents emphasized that payment of the uninsured portion of the fee was the patient's responsibility. The most common method of collection was monthly invoices, using a payment plan for the balance. This was followed, in decreasing order of frequency, by up-front payment; credit-card charge, preferably with automatic debit; and Orthodontists' Fee Plan.

Typical remarks were:

• "We use a payment plan for the balance. It's usually 25% down, and then equal monthly payments over the estimated treatment time."

• "We bill them monthly if not paid in full for a cash discount."

What problems have you encountered with insurance coverage, and how have you resolved them?

The most commonly mentioned problems involved stalling tactics such as asking for additional information, stating that pertinent information was not received, requiring resubmission of the claim, delaying payment to the patient or doctor, and balking on payment for two-stage treatment. Resolution of these problems generally involved tenacity and persistence on the part of the office or the patient.

Some interesting comments:

• "The usual delaying tactics, such as: they did not receive information, denial of coverage, more information, etc. Persistence usually works. If not, it becomes the patient's problem."

• "Slow pay. We tell the patient that it's their insurance, not ours, and they must stay financially current and deal with their insurance company."

• "Policy changes without prior notification, secondary insurance not paying as much as they initially said they would, and chronically late payments. Keep calling the carrier to rectify these annoyances."

• "Failure of the insurance companies to process claims promptly. Their answer for everything is for us to resubmit. I contact them and always try to get an answer for our patients as to why they have not received their benefits, and we just keep trying until they have received their money."

2. List the patient education materials that are used in your office, and indicate whether they are prepared in-house or acquired from outside sources.

Written materials and models were by far the most popular of the patient education materials listed. Respondents were evenly divided on the origin of these materials, with about half prepared in-house and half acquired from outside sources. Videos and CD-ROMs were infrequently used and almost always purchased. Web-based materials were moderately used, but usually produced in-house. Digital patient records were frequently used and nearly always generated in-house.

What materials, if any, are available on your practice website?

Fully 32% of the clinicians did not even have websites. Those who did provided a wide variety of educational materials, including new-patient forms, emergency protocols, hygiene and home-care instructions, cooperation guidelines, and office directions. Also frequently mentioned were HIPAA forms, before-and-after photos of treated patients, doctors' credentials, frequently asked questions, and prepackaged programs such as those provided by Invisalign and Ortho Sesame.

What patient distraction methods are offered during clinical procedures?

About one-fourth of the offices did not use any distraction methods. Such respondents usually noted that they would rather rely on a happy, chatty staff, personal communication, and the doctor's interaction with the patient.

In other practices, distraction methods included music on headphones or through the office sound system, videos, and television. Computer entertainment was rarely used at the chair, but more often in the waiting room.

Individual responses included:

• "I offer the gentler type of distraction mechanisms such as an in-office musical background, verbal communication, and comic books or magazines for browsing."

• "And just why would I want to 'distract' my patients? I have enough trouble just getting their attention."

Do you offer distraction procedures to adults?

Most respondents believed that adults generally didn't need the distraction methods that were useful with children and adolescents. Only about half of the practices offered distraction procedures to adults, and these were usually limited to background music.

If you offer patient distraction methods, when are they available?

About 30% of the respondents made patient distraction methods available all the time, but restricted any methods that would interfere with chairside procedures. For this reason, background music was the most popular method. A few clinicians said their distraction methods were reserved for procedures longer than 30 minutes.

Do you find that distraction is more or less necessary now than in the past?

Only 12% of the respondents thought patient distraction was as necessary or more necessary than it has been in the past. This question elicited many comments, including:

• "I find that these 'distraction' methods are more distracting for the doctor and the assistants and tend to lengthen appointments."
• "Good conversation and building solid patient relationships is better than any 'distraction' gimmick."
• "Patients bring in their own iPods for long appointments, and they can listen to whatever they like."
• "Patient distraction is not an imperative now because our techniques are faster and less invasive, and with efficient scheduling, we don't keep our patients waiting very long."
• "Distraction is less necessary now because patients want to know what's going on, and I enjoy speaking to them about their interests."

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