

Dental Benefits: Handling Eligibility Verification

With high rates of unemployment it is likely that patients reporting for dental appointments may have recent changes in their employment situation.

Often dental offices face recoupment situations because of retroactive changes to eligibility. Third party payers are able to reflect eligibility changes retroactively and clauses within the participating provider contracts allow them to recoup funds from the participating dentist when treating a patient who has lost benefit coverage. Out-of-network dentists are not contractually obligated to return payments received in this situation; however, it is not uncommon for payers to withhold funds from future payments.

It is essential that dental offices verify eligibility on the date of service to avoid recoupment requests in the future.

Usually, eligibility and coverage can be verified by office staff through the payer's online portal or by calling the toll free number on the patient's identification card. However, it is fairly common for a patient's dental plan not to receive timely notification from an employer informing the plan that the patient's employment and/or corresponding benefits have been terminated. This means that information verified through portals or through the payers' call center may not be up-to-date or otherwise accurate. Documenting the interactions with the payer (including screenshots of the portals with a date/time stamp showing when eligibility information was accessed or by recording the date/time when the customer service representative was contacted along with the name of the representative) may assist in any future dispute resolution, although payers generally place the burden on the provider by refusing to reimburse or by clawing back reimbursement already paid.

Patients themselves can be requested to provide some information during the visit to screen for potential eligibility changes. Sample questions to explore may include the following.

1. Since we last saw you, has your dental coverage changed?
 - a. If yes, do you have a new dental plan? [Office staff should request a copy of the new card. Also note that some payers have moved to digital cards available on patients' smartphones]. Document the following information.
 - Name of the dental benefits carrier
 - Group #
 - Individual/Member ID #
2. Since we last saw you, have there been any recent employment changes for yourself and/or the policyholder? [Office staff should listen for these key words from the patient: "laid off from job/ no longer at that employer/ shifted to part-time work/ leave of absence/ furlough/ loss of job"
 - a. If yes, did the employer provide you and/or the policyholder with paperwork stating how long the dental plan coverage will remain in effect, or how it might affect your coverage due to this change? [Office staff should request a copy of the paperwork if the patient received any documentation from the employer. It may be a good idea to keep on file.]

The patient is ultimately responsible for payment to the dentist regardless of plan coverage and dentists may attempt to use their preferred collections methods in situations where the patient does not pay.

The [Managing Finances module](#) of the American Dental Association's (ADA) Guidelines for Practice Success™ (GPS™) offers guidance on developing a financial policy.

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