

Your Accountant May Not Understand the Dangers of Dropping DELTA!

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12-13-22 *Hello!* It is our suggestion to **NOT “drop” DELTA**...but **INSTEAD** earn more per patient & otherwise optimize production within your existing insurance relationship. After 43 years of chrisad’s pioneering dental patient consumer research...& extensively **documenting** what patients **DO** (versus what they “say”), I can tell you that if even the wealthiest patient believes that their insurance does not work well at your office, they will be gone in a second...& may tell co-workers & family with the same insurance to **STAY AWAY!**

Conflict adverse...& **embarrassed** to let you know that they care about money...patients will say to your face that they “loved that cleaning” & value your extraordinary skills & education. **HOWEVER**, if they even begin to **SENSE** that their insurance does not work well at your office, these best patients have been repeatedly documented to **quietly DISAPPEAR...in a second.**

We have dozens of practices that have no contract with DELTA or any insurance plan. Most do very well. **HOWEVER**, this requires adhering to a **VERY PRECISE** formula. And they are hampered by the insurance industry’s **predatory manipulation** of their patients. They must ensure it appears to the patient that their insurance works well at the office. Vitaly important is their management of the regularly occurring cleaning payment...& related vernacular.

A cleaning is the commonly occurring & easily comparable “Milk, Cheese & EGGS” of a dental office. Essentially, the war is won...or lost...on the basis of how patients pay for their cleaning. Feel free to charge what you want for everything else! Our studies suggest that around ½ patient/consumers don’t even know what a crown is...let alone what it costs. But the insured public **ABSOLUTELY DOES** know **EXACTLY** what a cleaning should cost!

What Your Accountants May Not Recognize

- a. Otherwise brilliant accountants usually only look at the past...& usually cannot predict long-term, **BIG PICTURE** future results...& related declines of new & returning patient flows...occurring in masses of practices.
- b. **TRUE:** In a simplistic world, **LEAVING DELTA** allows you to charge more for a crown, so procedure profit is higher.
- c. **HOWEVER**, as your **VOLUME** of patients is decimated, real **BOTTOM LINE** dollar practice profit is typically less.
- d. As dollar & patient volume increases...even if at a lower profit...**FIXED OVERHEAD** decreases as a percentage.
- e. **FOLLOW THE MONEY:** Over the past few years, the insurance industry openly purchased (“partnered”) with **MANY** smaller dental practice support companies. Is your accountant/CPA owned/controlled by the insurance industry?

What Happens After You Drop Delta?

- a. **PATIENT MANIPULATION:** Once out of network, DELTA & most dental insurances will contact your patients & (using surgically precise, legally authorized terms) suggest they **leave your office** & go to an “in-network” provider.
- b. Prompted by front desk online insurance coverage inquires, patients...**OFTEN WHILE SITTING IN CLIENT’S OFFICES**...have been immediately texted & called...& told to leave your office!

- c. Commonly...once out of network...patients are sent multiple letters suggesting they will pay more at your office & that they will pay less elsewhere at a PPO provider's office.
- d. Once out of network, Delta & others will send the easily understood & comparable cleaning check to the patient...not to the practice. As patients pay out of pocket for the cleaning (unlike their family & coworkers)...or receive the check...they question if their insurance works well at your office. Confused & questioning...most will disappear.

Solutions to Earn FAR More While Staying In Network

- a. The goal here is to MAXIMIZE your flows of the WEALTHIEST & best insured PPO patients. Wealthier working patients' copays & out-of-pocket costs will be lower...& they have more money to pay for it! (Delta HATES this!)
- b. Within DELTA...even within the same employer...various "TIERS" of the same plan will pay up to 3x MORE \$ to the practice per procedure...& maximums within in these higher tiers are up to 3x higher!
- c. Dollar amounts of clinical care diagnosed & accepted on weekends & evenings is approximately 3x higher than mid-day, mid-week. However, clinical care should be performed mid-day, mid-week...not interrupting prime hygiene exams.
- d. The best insured, highest paying patients will primarily ONLY come in weekends & evenings for discretionary cleaning exams...but WILL return mid-day, mid-week for urgently needed restorative care.
- e. This is among many reasons why we've increasingly suggested for decades to offer all hygiene chairs on evenings & weekends. Patients tell us in repeated studies that they won't take off work for a cleaning...& have proven to not!
- f. Negotiating higher fees is a short-term bandage. Compensation per procedure will continually decline over the years.
- g. Many practices have uncovered ways to include allowable related services with restorative billing such as to raise per procedure compensation from the insurance industry.
- h. Other practices...believing or advised that their PPO contract is illegal (price fixing, restraint of trade, racketeering, business interference) & believing that no criminal/civil action has ever been taken by Delta against a practice...simply quietly charge what they want for restorative! Investigate this for yourself, but our lawyers recently suggested that the worst that has happened (very rarely) is that the practice was assessed (comparative) pennies as a penalty. A micro handful were kicked out of Delta...which is what they were considering doing in the first place!

VITAL: "Fish" for These Best Patients...While We Still Can

Essentially, the insurance industry is currently doing us a big favor. They are sending a thousand-plus of our clients many \$ millions per year! We suggest optimizing our current opportunities & "make hay while the sun shines!" Go with the flow & make the most of it!

Let's stay 2-3 steps ahead of them! This opportunity may not be available in the near future! In other nations & venues, the insurance industry has...all of a sudden...stopped paying private practices...& began only paying practices (& their patients) that they control. **What can you do about this?** (HINT: Nothing!) Is this the insurance industry's bigger plan...& why so many insurance industry funded DSOs are currently grabbing up so many private practices?

So it is our suggestion to **NOT "drop" DELTA**...but instead earn FAR more per patient & otherwise optimize production within your existing relationship. **Now, while you still can.** We quantify what patients DO...& listen less to what they SAY! Once out of DELTA & others...new patient flows...as well as restorative acceptance can be CRIPPLED...as will the referral of hundreds of other better patients (family & co-workers...all with the same insurance) that otherwise would have poured in. Please, make the most of your great current opportunities! jc