

Revenue and Time Study of One Practice Using Trojan Professional Services Benefit and Eligibility Services

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Many dental practices in the United States face overheads far above the nationally desired average of 56%. One way of reducing this overhead is to outsource services. For many years, I have used Trojan's Benefit Service in offices throughout the United States, from California to Florida. When using Trojan correctly, giving the service provider adequate time to research benefits, history, and eligibility, Trojan has been able to reduce the amount of time necessary from my personal consulting clients by 2.5 – 3 hours per day. This reduction allows 10-12 hours of time available to do other duties.

By Sheldon & Associates

CONCLUSION

Based on observation and analysis of the data gathered, we conclude that the practice was positively impacted by the implementation of Trojan's Benefit and Eligibility services and it experienced a greater financial value which exceeded the cost of the service.

RESULTS

The practice was measure during Period 1 (P-1) under their current process. The practice was measured again during Period 3 (P-3) replacing their current state by implementing Trojan's Benefit and Eligibility services. The following data was produced:

1. **Increased Productivity.** Staff spent 29% less time researching benefits and eligibility yet obtained benefits and eligibility for 38% more patients.

	P-1	P-3	Change	Change %
Time Researching Benefits (Min)	1,009	720	-289	-29%
# Patients Benefits Obtained	177	245	68	38%
# Patients Treated	231	245	14	6
Time Per Patient (Min)	5.7	3.5	2.2	-39%

2. **Time Savings.** Time on Benefit and Eligibility related activity decreased 29% (5 hrs). Annualized monthly the time saved equates to 11 hours.

	P-1	P-3	Change	Change %
Total Staff Time (Hrs)	17	12	-5	-29%
Annualized Total Staff Time (Hrs)	442	312	-130	-29%

3. **Increased Production.** No analysis was performed to determine if activity was directly linked to the increase in production.

	P-1	P-3	Change	Change %
Production	\$80,800	\$88,800	\$8,000	10%
Annualized Monthly	\$175,000	192,000	\$17,000	10%

4. **Decreased Number of Claims Resent.** The number of resubmitted claims is not typical for a practice to decrease this amount. No analysis was performed to determine if activity was directly linked to the increase in production.

	P-1	P-3	Change	Change %
Time Insurance Tracking (Min)	222	168	-54	-24%
# Claims Resent	73	4	-69	-95%

OVERVIEW OF STUDY

Purpose: to measure and evaluate the effect of Trojan Services (Benefit Service and Eligibility) on the production and profit of a practice. Goal: to provide the necessary empirical data to show the advantage of Trojan Services to a typical dental office. The study was conducted over a six-week period consisting of two weeks of pre-training, two week of usage following training without documentation, and two weeks of post-training

PRACTICE CHARACTERISTICS

- 1 Full-time primary Doctor
- 1 Part-time Associate (3 days per week)
- 2 Hygienists performing 5 days of hygiene per week
- 3 Back office assistants
- 2 Front office staff
- 10 Operatories. 8 operatories in normal use.

STUDY CHARACTERISTICS

This study was performed over three two-week periods.

1. The first two-week period (Period 1) consisted of observation and data gathering. No changes were introduced, nor was coaching provided.
2. The second two-week period (Period 2) consisted of (a) implementing Benefit and Eligibility services, (b) training staff on the functionality of those services and how the services integrate into the practice management software, (c) using the Benefit and Eligibility data received to its fullest, and (d) modification of existing systems, which entailed retraining two front office staff on how to use and rely on the Benefit and Eligibility services.
3. The final two-week period (Period 3) consisted of coaching staff to not revert back to the original system and continue using the new system.

During the first and third periods, a time study was conducted. The staff was required to log their time throughout the day and later segment by task. The first time period tracked segments under original system procedures and the third period tracked segments under the new modified system procedures.

The time segments measured were Collections (Calls Made/Amount Collected), Patient Conversion (Delayed Treatment or Recare Calls / Added Production), Patient Benefits (Time to Process and Gather), Confirming Appointments (Number of Calls Made and Confirmed), Tracking Insurance (Number of Patients Tracked and Resent), Hours on Front Office Tasks, Staff Numbers of Hours Worked in the Day, Daily Hours of Operation, Daily Production Numbers, Accounts Receivables, Outstanding Insurance Claims, and Other.

ANALYSIS AND OBSERVATIONS

Period One

During the first two weeks the following observations were made:

- To obtain the necessary benefit and eligibility information the practice employs a full-time Insurance Coordinator to perform the following: checking and obtaining benefits and eligibility by telephone and internet, visiting various carrier websites, filing claims, and following up with insurance payments.
- The Insurance Coordinator's primary function is to keep general insurance verified, collected, and filed.
- Eligibility is verified and collected on all returning patients during the recare appointment, or by researching insurance websites for eligibility or benefit changes prior to the patient coming into the office.
- Any new insurance plan is thoroughly researched and entered into the insurance function of the practice management system.
- Insurance is checked for benefits, eligibility, limitations, and deductible on all new patients.
- Because this position is specific to the insurance function, interruptions and hold times are not an issue. The majority of carriers offer patient benefits at their websites and the information provided was sufficient for the office.
- The Insurance Coordinator utilized two computers simultaneously; verifying insurance benefits on one screen at the same time she is on the phone to a second insurance company verifying benefits for a second patient.

Period Two

The office installed Eligibility and Benefit Service programs and trained staff on use.

Period Three

The intent of the third two-week period was to monitor staff using and relying solely on the Benefit and Eligibility services. I observed staff reverting from the 'new' service to return to the 'old' more familiar processes. I felt the staff did not trust Trojan's information, as she phoned Trojan for assistance several times she stated the information provided was not current. She would go online or phone the insurance company when she felt there was a question. I did not verify the validity of the findings.

I found that updating the practice management system with patient insurance information was much more efficient while using Trojan rather than having staff entering data manually. Productivity is about obtaining and processing the information fast, allowing the staff to be more productive.

Overall, I observed that using the Benefit and Eligibility services provided more time for staff to perform additional work. However, due to the position structure of performing only patient insurance verification, the extra time created was unapplied to revenue generation activities.

Sheldon & Associates is a team of highly trained individuals who offer both clinical and business experience. They bring a passion to work within the existing culture of a practice and provide supportive guidance through customize programs to help improve productivity and profitability.