

## Communications plan for going out of network (OON)

- Schedule at least 2 meetings to get everyone on the same page about going OON.

*At the first meeting review the following: (plan about 1 hour for this meeting)*

- FIRST: Why is the organization making this decision? Get grounded in the why first. Discuss as a team your reasons and decisions.
- NEXT: Take your team's temperature on how they're feeling about this? To do so, plan one round of breakouts with your team. 5-10 minutes with groups of 2-3. Ask them to process the decision and document the first few questions that come to mind when considering going OON. (give them max 5 min to process) Invite them to share afterwards.

*At the second meeting review the following: (plan about 1.5 hours for this meeting)*

- Questions from the last meeting that remained unclear or unanswered.  
Note: Before you plan "what to say" to patients, it is critical that the team has *their own* questions answered. Consider these questions to move the conversation forward:
  - Besides what we say to patients, what else needs clarified about going OON?
- With a large white wall post it, create a brainstorming list from the team on what they believe will be the most FAQ's from patients. Generate this list with as many questions as possible. Ask for everyone's input. Generally, there ends up being a very short list of nearly all the same questions.
- From there, craft a new document (google doc or word) with the most FAQ's to begin formulating 'our responses'. See communications options below in. Instead of relying on scripting, get clear on our responses to the most common questions. **'Specific communication strategies' section of this document**
- Calibrate and train with your entire team on the agreed responses to questions patients may ask. Everyone should have consistent messaging and replies. Being well-versed on how to provide the best customer service to patients affected by the change is a game changer to retention.
- Stay focused on the why as you generate your responses.

- Spend time as a team discussing & documenting the systems in your practice that need to be revised.

- Membership Plan
- Handoffs
- Huddle / Team Meetings
- New Patient Process (A to Z)
- Revenue Cycle Management
  - Verification of Benefits
  - Financial Arrangements

- Accounts Receivable and Outstanding Claims Aging
- Treatment Planning and Treatment Discussions
- Patient Communication

**Other considerations:**

- Meet often (every week-2 weeks in the beginning) as a team to clarify your messaging and help the team get comfortable with new language and expectations. The more the team understands why we are making the change the smoother the transition. Use the crafted document with the FAQ's to come back to each meeting and calibrate.
- Have all communications with patients before their plan terminates. When possible, begin six months before terminating, have conversations in hygiene with RDH and with the dentist. Identify these patients each morning in the huddle and know who will lead the conversation and how the handoff should go.
- For plans that do not allow assignment of benefits, make sure your team is aware of how to communicate this to patients. These patients will need to pay the total treatment cost at time of service and insurance will reimburse them for their allowable amount.
- Decide what happens if a patient was not aware ahead of their appointment and is upset that they didn't know that they are not out of network? Make sure you decide well ahead of your termination date as to whether you will discount your fees for patients financially impacted by the change (that are upset or didn't know). Make sure that your team is aware of any financial policies for the impacted patients, such as accepting in-network fees one last time.

**Specific communication strategies:**

- Have your conversation face-to-face with your patients in a personal and caring manner. Explain your rationale behind the decision.
- Make sure you explain that the decision was based on ensuring that you and your team can continue to provide the best care possible. THINK: Value over Volume
- NEVER bad mouth or make derogatory comments about the insurance provider. Patients are proud of their benefits and want to use them. Instead, highlight how lucky they are that they have these benefits. "You and your team will be happy to help them maximize these benefits here at the practice."
- Do not send a letter to patients unless you have not been able to have a conversation in person, instead hand the letter to the patient during your face to face conversation. OR, Draft a patient-friendly FAQ of the questions you expect they'll ask along with a 'service-minded' reply. Consider the letter as a 'last report' effort to communicate the change.

- Always document the discussions you have with patients in their chart/note section and if you send a letter, put a copy of the letter in their documents as well.
- Some patients will ask for a referral to another in-network dentist:
  - Recommend they contact their dental benefit plan for a list of providers
- If a patient asks for your opinion of a specific doctor:
  - “I’m sure there are qualified dentists who the dental benefit plan can recommend to you. I would prefer you obtain your referral through the plan”
- Be consistent** and authentic about what is happening in your practice
- Share the load of these conversations, don’t make it the responsibility of your admin team.
- Always let the patient know what you CAN do and WILL do.
  - “The quality of our care is the most important thing to us. We didn’t want to reduce our quality of care to stay in-network. It was the right decision, not the easy one.”
  - “We can still help you with your benefits, here’s how we will help...”
  - “We are an independent provider and this is what that means...”
- For the insurance plans that we need to get full payment from b/c they don’t accept assignment of benefits:
  - “We have a lot of patients with your plan and this is how it works with your plan. As always we will diagnose and customize care that is perfect for you. Doctor \_\_ will decide on what treatment is right for you. You pay in full for the treatment, and your insurance will send you a reimbursement check for the portion they cover. The good news is you will get the check way quicker than we would.”
- Remember the confused mind always says NO. Be clear about what you want the patient to do and know.
- Focus on the benefits of why this is good for the patient.
  - “Dr. is so highly committed to the quality of care here that we are changing our relationship with your insurance company. We will be an independent provider with your plan starting in \_\_\_.”
- ALWAYS SUPPORT YOUR DOCTOR
  - “I am so proud of Dr. for making this decision for you. She/he always wants to be able use the best materials and techniques and personalize her care for each patient’s specific needs. This was such a hard decision, but it was absolutely the right decision for our patients.”
- ALWAYS SUPPORT ADMINS
  - Start way ahead of your drop date and give admins the freedom to honor the original fee the 1st time the patient is in after you go out of network.

- RDH and Doctors talk about the change in fees with patients at the visit that is ahead of when you go out of network.
    - “Ms. Jones, this is what we estimate you will pay next time.”
  - If you plan to use a letter: deliver your letter explaining the change in insurance at the appt. visit you have prior to when you go out of network. This way you can answer any questions they have while you have them in the chair. If they receive the letter in the mail, they may not read it all the way and make assumptions that they can’t come to your practice anymore. We need to preempt those assumptions.
  - Get an in-house membership plan in place so patients have an alternative to their employer sponsored or individual dental plan.
- How to bring it up at the appt. Prior to going out of network:
- “I just want to have a quick conversation with you, our relationship with your insurance provider is changing. This is what that means, at your next appt., we will be an independent provider of your plan and not a contracted provider. The quality of our care is the most important thing to us and we couldn’t reduce our patient time, quality or materials to stay in-network. You are too important to us to compromise on. This was by no means an easy decision, but it was the right decision.” THEN LET THE PT ASK QUESTIONS.
- Don’t read into the patient’s body language or how they initially react. Ask clarifying questions. Seek first to understand before being understood. The worst thing you can do is start explaining things before you are asked a specific question by the patient.
- If the patient is reluctant or seems upset. Give a pause, listen and consider asking/saying:
    - “I get it. This was a hard decision. Tell me what you’re thinking...”
    - If the patient is quiet, ask... “What do you think so far?” Or, “What questions can I answer?”
- Don’t lose patience if you have to reiterate the same message over and over.
- People only hear what they hear, not what you want them to hear.
  - Patients only pick up tidbits each time you explain something. Full understanding will take time.
  - If you get pushback, shift into neutral. Do not get defensive, they need time to process.
- When a patient says “I don’t understand why?”
- Example answer: “This came down to a philosophical decision, Dr. \_\_\_ wanted to make sure there were no restrictions on what she sees and diagnoses and the level of care she provides. She always does what is right for you. I am so proud of her for putting your care above all else. She is the doctor I send my family and friends to because she will not compromise, so you get the best care here.”

- Another example: “In the decision over choosing quality of care, and materials over reimbursements we chose you our patients.”
- If a patient asks you a question you don't know the answer to, say “let's find out and I will get back to you.” Avoid making something up and ensure you DO follow up.
- Remember to not overdo it on the insurance topic, ‘When you make it a big deal, it becomes a big deal.’
- Some patients may leave, and some will come back. If you have to transfer records say:
  - “The door is always open to you here. If you ever want to come back, we are here for you. We will easily activate your records and can get you a visit when you're ready!”