

# Andre's EAGLESOFT FIELD GUIDE

## SETTING UP A MEMBERSHIP PLAN USING



BY T ANDRE SHIRDAN



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**Disclaimer:** This is a resource guide and all decisions on each dental office setup should remain the sole decision of the dentist/owner.

Many Offices have decided to create their own in-office membership plans. Some with the assistance of a third-party company like Plan Forward. While I can't advise practices on the legalities of Membership plans state by state, I can show them how to use creative ways to implement and manage them in Eaglesoft.

This is a guide I created specifically for those office who have created a simple and affordable option for dental care using Plan Forward to manage their Membership Plan.

I have found that the best way to set a Membership Plan up in Eaglesoft is to:

- 1) Create twelve "Employers/Coverages" by going to List>Employer/Coverage List>New. You will create one Employer/Coverage for each month, so that you can better track the enrolment start month of each Patient. My typical membership plan naming structure is "Crew Dental Membership Plan 01 Jan" (substitute your practice name where I used "Crew"). Included is the numerical month "01" to "12" so the plans are in chronological order in the Employer/Coverage List. All plans have a \$0 deductible and \$0 maximum. All Service Types are set to 0% (see figure 1).

Service Type	Percent	Deductible	Applies
ADJUCTIVE	0	<input checked="" type="checkbox"/>	Yes
ADMINISTRATIVE	0	<input type="checkbox"/>	Yes
ANESTHESIA - GENERAL	0	<input checked="" type="checkbox"/>	Yes
ANESTHESIA - NITROUS	0	<input checked="" type="checkbox"/>	Yes

Figure 1

- 2) Create a matching "Insurance Company". Click the Insurance Company "blue" hyperlink, in the Employer screen, and select New. Your Membership "Insurance Company" should match the Employer/Coverage name (Example: "Crew Dental Membership Plan"). I always add, in all caps, "DO NOT MAIL" to the address field. Although this is not necessary, I have always done this. Click OK then add to the Employer/Coverage (see figure 2).

**Edit Insurance Company**

Name: CREW Membership Plan

Address: DO NOT MAIL

City: [ ]

State: [ ] Zip Code: [ ]

Contact: [ ]

Phones: [ ] - [ ]  
[ ] - [ ]

Fax: [ ] - [ ]

Pymnt Grp: [ ]

Active  
 Real-time Claim Payer

[Claim Payer ID](#): [ ]

Claim Office ID: [ ]

[eAttach Payer ID](#): [ ]

HPID: [ ]

[Pymnt Source](#): Commercial Insurance Company

Mgd Care Number: [ ]

Notes: [ ]

Employer	Group Number
CREW Membership Plan 01 Jan	
CREW Membership Plan 02 Feb	

Associate Companies

OK Cancel SmartDoc Label/Env. Letter

Figure 2

- 3) Create your Membership Plan Fee Schedule by clicking on the Fee Schedule "blue" hyperlink and selecting New. Choose Automatically Setting Up All Service Codes and Choose Fee Multiplier based on what fees you will be charging to member of your Membership plan. Creating a new Fee Schedule allows you to set the plan at a percentage of your Standard Fees. Example: Choosing a Fee Multiplier of 85% sets your fees at 15% off your offices Standard Fee. You will then need to edit each Service Code of your Fee schedule and remove fees from your Services that there will be a \$0 fee as part of your Membership plan. Typically, Membership plans include \$0 Cleaning and X-rays. Click OK and Use to attach to your Employer/Coverage (see figure 3).

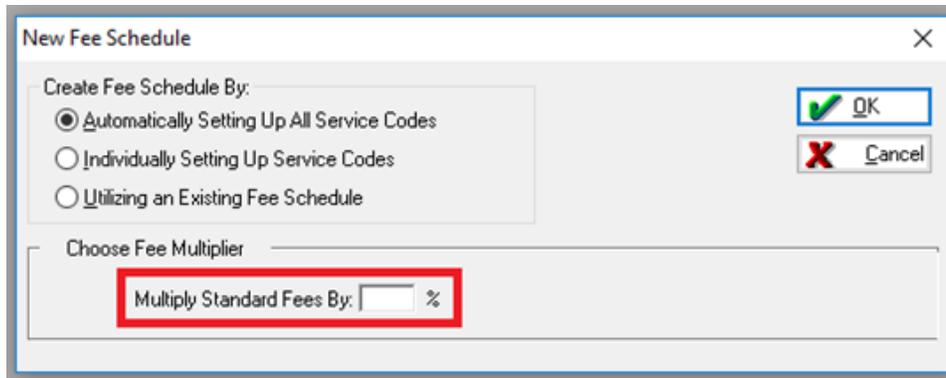


Figure 3

- 4) Select the Insurance Form "None" from the drop-down choices. With this choice, during Walkout, the user will be prompted with a choice how to submit a "claim" for treatment. By the user selecting "Submit Manually", no claim will be opened.
- 5) Select Preferences within the Employer/Coverage screen. Set the Preference to "Patient Responsible for All" and "Do Not Track Claim" (see figure 4). Click OK and OK again to Save your Employer/Coverage.

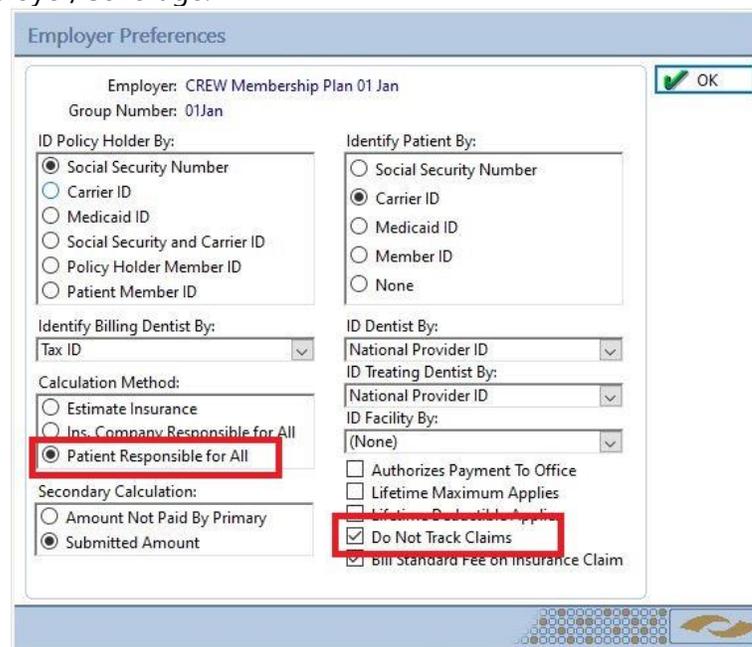


Figure 4

- 6) With your Employer/Coverage plans created, I suggest you create "Administrative" Service Codes for the Membership Plans. These Service Codes are used to post to the Account when a Patient Selects a program. I have even used a Service Code for tracking if a Patient declines participation.

My examples:

Service Code	ADA Code	Description	Fee
A0100	D9999	MEMBERSHIP PLAN – DECLINED	NA
A0101	D9999	MEMBERSHIP PLAN - ADULT FIRST	\$ _____
A0102	D9999	MEMBERSHIP PLAN - ADULT ADDITIONAL	\$ _____
A0103	D9999	MEMBERSHIP PLAN – CHILD	\$ _____
A0104	D9999	MEMBERSHIP PLAN – PERIODONTAL UPGRADE	\$ _____

Figure 5

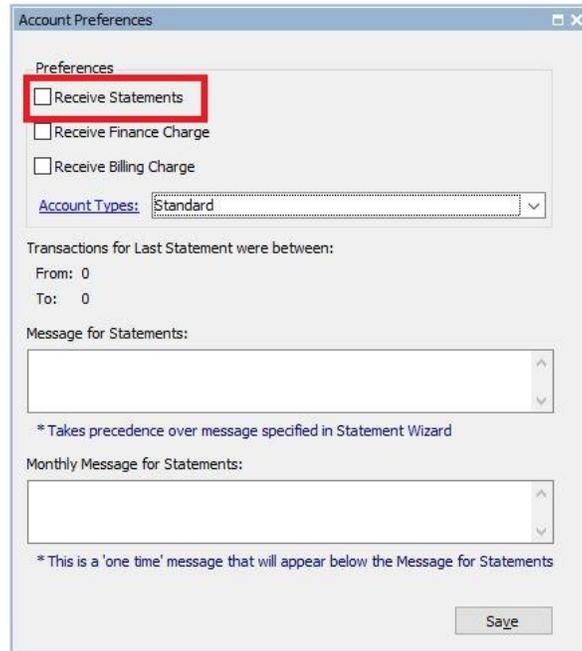
- 7) These codes get posted to the Account during the first Walkout along with the Services performed. I suggest that the fee should equal the cost of the first visit services (i.e. Comprehensive Evaluation, Full Mouth Diagnostic Imaging, Prophylaxis and Fluoride (if applicable)) (see figure 6).

Patient	Service	Provider	Description	Tooth	Surface	Standard	Adjust	Fee	Inc.	Discount	Patient Portion
Henry	A0100	Annie Chew RDH	MEMBERSHIP PLAN - ADULT FIRST			\$299.00	\$0.00	\$299.00	\$0.00	\$0.00	\$299.00
Henry	D0150	John A Gray DDS	EVALUATION - COMPREHENSIVE - NEW			\$60.00	\$60.00	\$0.00	\$0.00	\$0.00	\$0.00
Henry	D0230	Annie Chew RDH	IMAGING - FULL MOUTH DIAGNOSTIC (18)			\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00
Henry	D1130	Annie Chew RDH	PROFESSIONAL CLEANING - ADULT			\$105.00	\$105.00	\$0.00	\$0.00	\$0.00	\$0.00
			Visa / MasterCard			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$299.00)

Figure 6

Remember that you are NOT collecting money up-front for Services but for the Membership plan. The treatment completed will be posted to the Account based on the Fee Schedule created in step 3, Exams, X-rays, and Cleanings are, typically, a \$0 fee posted to the Account.

When utilizing a Membership Plan that has a Monthly Payment, your Membership fee should equal the 12 monthly payments being made on the Account. When setting up a Monthly Payment membership plan, make sure to suppress monthly statements by clicking on the Preferences button in the account screen and unchecking the Receive Statement choice (see figure 7).



The image shows a screenshot of a software window titled "Account Preferences". The window contains several sections:

- Preferences:** A group box containing three unchecked checkboxes: "Receive Statements" (highlighted with a red rectangle), "Receive Finance Charge", and "Receive Billing Charge".
- Account Types:** A dropdown menu currently set to "Standard".
- Transactions for Last Statement were between:** Fields for "From:" and "To:" both set to "0".
- Message for Statements:** A text area with a scroll bar.
- Monthly Message for Statements:** A text area with a scroll bar.
- Buttons:** A "Save" button at the bottom right.

Footnotes below the message areas state: "\* Takes precedence over message specified in Statement Wizard" and "\* This is a 'one time' message that will appear below the Message for Statements".

Figure 7

For Tracking Purposes:

Because you have created a unique "Employer/Coverage" for EACH month of the year, you will know what month the individual Patient joined. (i.e. "Dental Membership Plan 01 Jan, Dental Membership Plan 02 Feb, Dental Membership Plan 03 Mar"). By creating these plans, you can run the Patients by Employer list each month to see which Patients are coming due for renewal (see figure 8).

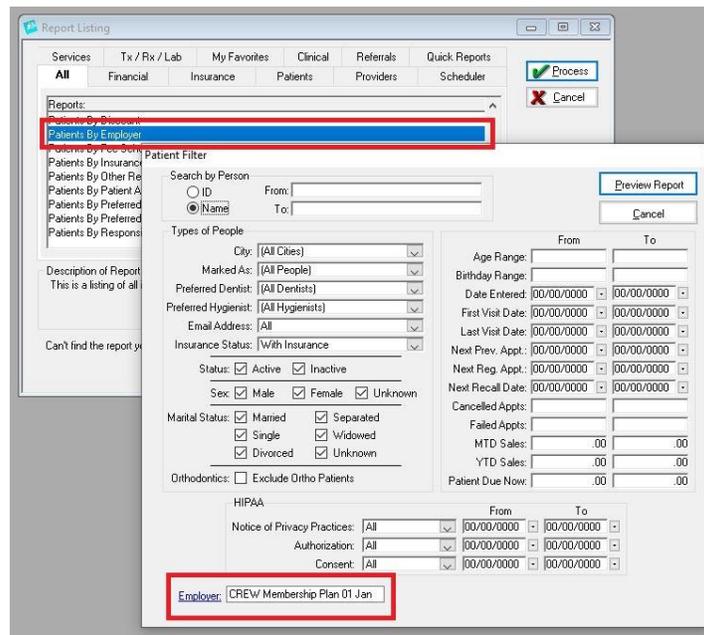
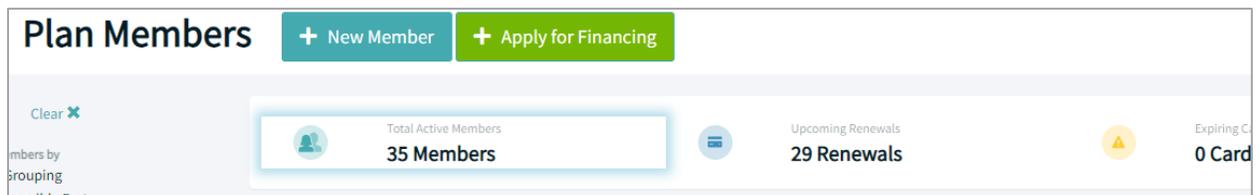


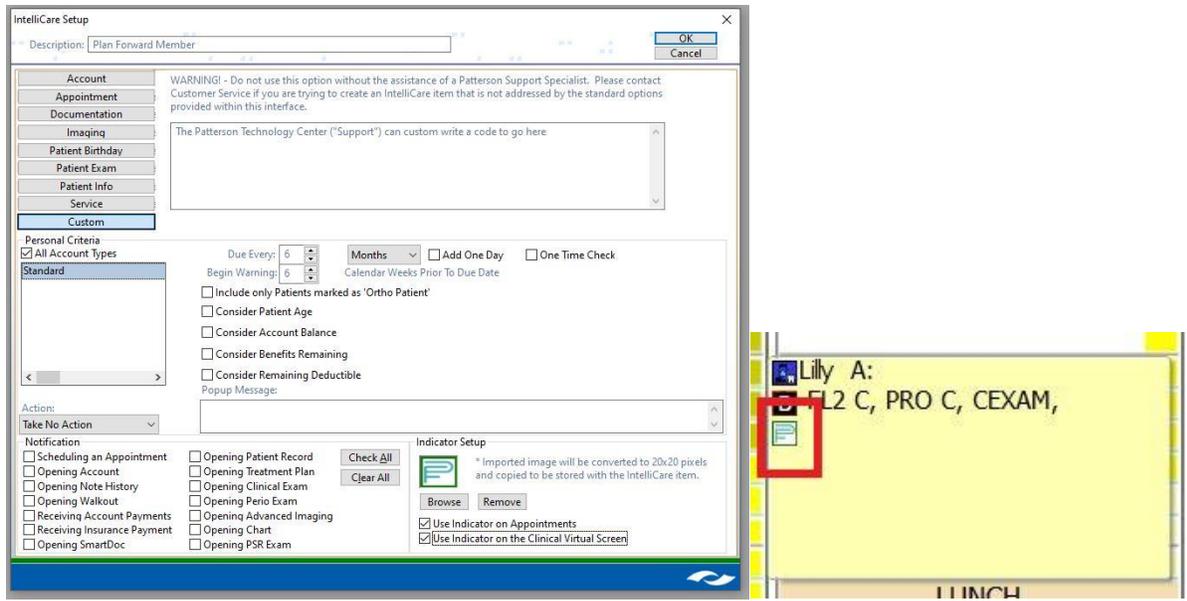
Figure 8

If you ever need to audit Eaglesoft, because you have created a unique "Employer/Coverage" for your membership patients, you can always cross-reference your active patients in Plan Forward with those showing in Eaglesoft.



### **Pro Tip: Custom Intellicare**

It is also possible to create a Custom Intellicare based on the Membership Plan Insurance Company you created in Step 2, that could show a custom icon on the OnSchedule Screen and Clinical Screen so that Patients who are Members are "flagged"



Using a custom icon, you can quickly see on the schedule when membership patients are coming so you can “confirm eligibility” in Plan Forward.

Q eliz

**All Members**

Member Name	Responsible Party	Plan	Billing Period	Amount(\$)	Plan Effective Date	Renewal Date	Status
Elizabeth Lohman	Korte Megan	Adult Membership Plan	Yearly	\$396.00	Jan 08, 2020	Jan 01, 2021	Active

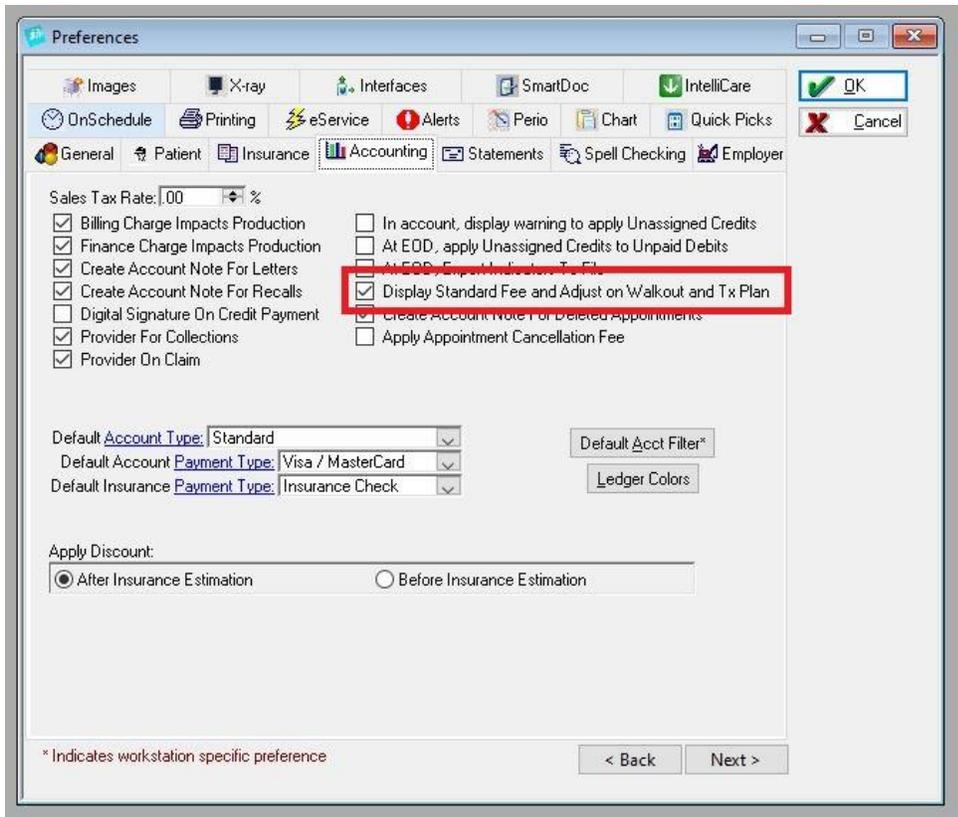
### **Managed Care Utilization Report**

Using the Managed Care Utilization report, the office can track the total of your Standard Fee that would have been billed and the “adjusted” Membership Fees charged out.

### **Always Display Standard Fees**

To show your Patients the savings they are getting by using the Membership plans, always display your standard fees and adjusted fees.

**A:** In File>Preferences>Accounting there is an option to Display Standard Fee and Adjust on Walkout and Tx Plan. This would show the full Standard Fee and the portion being adjusted on each line item. **WARNING:** This will impact ALL walkouts that have Fee Schedules and/or Coverage Books attached.

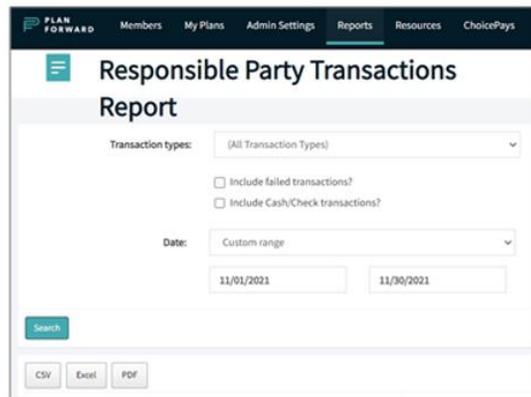
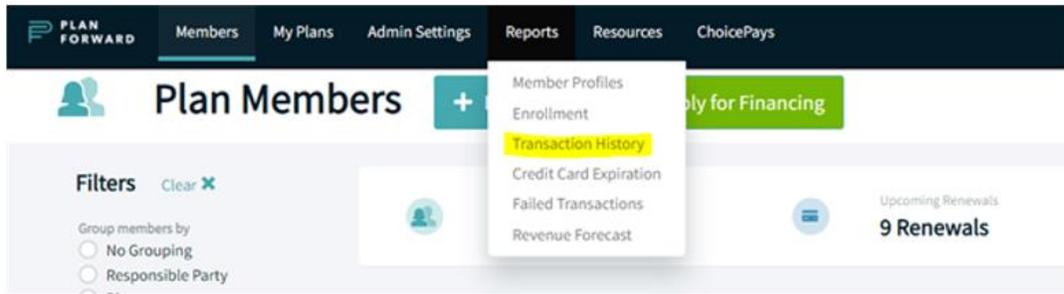


Date	Patient	Provider	Transaction	Tth	Surface	Fee
2/20/2019	Charles	Annie Chew RDH	D1110 - PROPHYLAXIS-ADULT (Standard Fee \$110.00) (Adjust \$31.00) (Fee \$79.00)			\$79.00

### **Monthly Payments**

I would never suggest an office try to manage monthly plans on their own. I've always recommended using an outside company to do monthly Membership payments, like Plan Forward.

They have a very easy way to track and view this information and export payment reports. When you are logged into their platform and click on Reports at the top, you can run transaction history reports for any date range.



### Sample PDF Export

#### Plan Forward | Plan Forward Dashboard

Date	Responsible Party	Description	Amount	Successful?	Response
5/6/2020	Mouse, Minnie	New Patient Enrollment	\$300.00	Yes	Transaction ID: 627172076366
5/6/2020	Stewart, Ryan	Transaction Reprocess	\$20.97	Yes	Transaction ID: 127042275701
5/6/2020	Stewart, Ryan	New Member(s) Enrollment	\$16.77	Yes	Transaction ID: 627595075860
5/7/2020	Mouse, Minnie	New Member(s) Enrollment	\$16.13	Yes	Transaction ID: 127440078024
5/7/2020	Mouse, Minnie	New Member(s) Enrollment	\$20.16	Yes	Transaction ID: 628196033810
<b>Total:</b>			<b>\$374.03</b>		

You can run these reports as part of your end of day process and use it to update your Membership Plan status in Eaglesoft.

### **Failed Payments**

Once you have attached the Employer/Insurance Coverage to your patients in Eaglesoft, you can assume that all your membership payments are paid and your patients are "Active" *unless* you receive a billing summary email from Plan Forward that indicates a payment has failed.

## Plan Forward

### Provider Billing Summary

# of Responsible Parties: 127

Successful Transactions: 126

Transaction Total: \$4,095.00

Failed Transactions: 1

**Thank you!**

Plan Forward

This would prompt you to log into Plan Forward where you would see a Billing Failed status in the top "Needs Attention" section.

Needs Attention							
Member Name	Responsible Party	Plan	Billing Period	Amount(\$)	Plan Effective Date	Renewal Date	Status
Dan Stewart	Stewart Dan	Adult Membership Plan	Monthly	\$33.00	May 12, 2020	Jun 01, 2021	Billing Failed

### Inactivating Members

If a member is inactivated due to cancelling or failure to pay, you would simply remove the Employer/Insurance Coverage "Membership Plan" off their Patient Record in Eaglesoft so the team knows this patient is no longer eligible for the membership plan benefits.