Patient Collections:
Critical for Today’s Retina practices

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ASOA Annual Congress – San Diego, CA
April 17 – 21, 2015

• I have no financial interest to declare – other than wanting to be paid for services rendered, just like all of us!

Challenges that we face every day

• Patient demographics – getting it right the first time
• High Deductible and Affordable Care Act insurance plans
• High Drug Costs and Specialty Pharmacies
• Referrals / Authorizations
• Collecting correct co-pays and/or co-insurance
• Patient’s changing insurance and showing up with a new card or plan
• Skilled Nursing Facility Patients
Patient Demographics – Getting it right the first time

Surprisingly something that sounds so simple can be a challenge!
When greeting the patients we always say:

“Good morning Mr. Jones. Are you still at 1250 Orange Ave? Do you still have Medicare with AARP as your supplement?”

- instead of

“Good morning Mr. Jones. Is everything still the same?”

Patient Demographics

Verification of patient’s insurance

We verify at least two days prior to their appt

Manually – by using various websites
Claims clearing house – can check many plans
Availity – can check many plans
Specific carrier sites – typically gives you more information than the other sites
Automated – using your practice management system
Runs during the night and then you can check the status in the morning

Patient Demographics

- Allows you to identify plans that are inactive.
- Allows you to identify those patients that have switched to a Medicare Advantage plan.
- Identify High Deductible or Affordable Care Act plans
- Identify third party payers primary to Medicare
  - Commercial plan
  - Auto insurance
- Identify patients in Skilled Nursing Facilities
Patient Demographics

- You can now do a benefits investigation to make sure you have all you need before they arrive.
- Verify the amount of Specialist co-pays – may have changed from the prior year.
- If a patient calls in for an appointment and it has been over a year since they have been in, have staff verify address and insurance over the phone at that time.
- Stress to the front desk that the patient’s name has to be entered into your system exactly as it is on the Medicare card.

High Deductible Health Plans (HDHP) and Affordable Care Act Plans (ACA)

A HDHP is typically chosen by the patient (or by their retirement benefits administrator) because they offer lower premiums.

This, in turn, means that the patient is now responsible to pay an out of pocket amount that they are not prepared for, especially if a laser or intravitreal injection comes into play.

- We identify these plans and attempt to discuss their method of payment before they walk in the door.
- If done in the office this discussion should take place in private.
- Direct them to one of the medical credit cards
- As a last resort we would discuss a payment plan

National Health Interview Survey 2013

- NHIS data on high deductible health plan (HDHP) enrollment for persons under age 65 show:
  - The percent with employment-based private health insurance who were enrolled in HDHPs increased from 17.1 percent in 2008 to 32.0 percent in 2013.
  - The percent covered by directly purchased private health insurance who were enrolled in HDHPs increased from 44.7 percent in 2008 to 56.4 percent in 2013.

Source: National Health Interview Survey, 2008-2013
High Drug Costs and Specialty Pharmacies

One of the biggest risks a retina practice has is the high cost of drugs to treat macular degeneration and diabetes.

- You have two options:
  - Buy and Bill.
  - Utilize the specialty pharmacy through the patient’s insurance plan.

Buy and Bill

- Track the drug from arrival in the office to payment by primary and then secondary insurance.
- Bar Code tracking systems
- Identify patients that may have a high drug cost co-pay and enroll them in one of the patient assistance programs.
  - Only help with drug – not visit, procedure or testing costs.
  - Short retroactive window.
- If we know a certain payer has a high co-pay then we get started at the first injection.
- Be proactive about re-enrollment each year.
- Log into the program’s website to obtain payment after insurance has paid.
High Drug Costs and Specialty Pharmacies

Specialty Pharmacy
- Excellent option if the physician’s do not want to carry the cost of the drug.
- Commercial plans typically use one
  - Sometimes plan requires it
  - Check before first injection – some allow replacement.
- This method requires some legwork by your staff
  - System to order for next visit
  - Make sure arrives in time
  - Tagged for that specific patient
- Patient pays co-pay to the pharmacy taking away your risk.

High Deductible Health Plans (HDHP) and Affordable Care Act Plans (ACA)

The ACA plans are obtained on the public exchange website typically by those who have no means of getting other insurance (i.e. They’re self-employed or their employer does not offer insurance)

Start by checking your contracts to see if you were automatically added as a participating provider when the new plans were added to the market. (BCBS, UHC, etc.)
- Verify benefits monthly to check status of policy
- Could fall into a suspended status for non payment of premiums
- Risk of providing services and never getting paid by the insurance plan if premiums are not paid.

We have not had much exposure to these…… Does anyone have a story to share about their experience?

Referrals and Authorizations

Referrals
While ultimately it is the patient’s responsibility to obtain the referral from the PCP, we will step in once the patient is established with us.
- With our welcome letter we enclose a bright slip of paper stating that if their plan requires a referral they must contact their PCP to get it before the appointment.
- We will fax a form to the PCPs office once established with all pertinent information.
- Most plans now require PCPs to submit electronically so you should be able to log into the payer website to check the status.
- Hopefully the PCPs office is aware of this.
- Can you turn a patient away if they do not have their referral?
  - Office policy
**Referrals and Authorizations**

**Authorizations**

- We request authorizations on the procedures that we plan to do.
- We highlight the insurance plan on the superbill as an indication to the scribe and the doctor that an authorization MAY be needed.
  - The scribe will then alert the front desk that a procedure needs to be done that same day.
- Some payers are requiring that the PCPs office request the authorization….makes no sense.
- You can also log into the payer websites to request authorizations.

**Collecting correct co-pays and co-insurance**

We prefer not to chase the patients for amounts that we know they will owe, so we try extremely hard to collect all that we can while the patient is in the office.

- Collect specialist co-pay.
  - Remind staff that this may have changed and patient is unaware.
- Collect any deductible still due.
- Utilize the cost estimator on their plan's website
  - Put in your codes and it will tell you the patient responsibility.

**Cost Estimator**

- Availity for BCBS plans
  - Not all plans have this feature available
- UHC
- Aetna
- Claims clearing house
  - They will do an estimate based on the electronic remittance advices (ERAs) that are pulled in and give you an average amount due.
Collecting correct co-pays and co-insurance

- Create a cheat sheet or grid, by payer, for amounts allowed for your most commonly charged services.
  - Staff now has these amounts at their fingertips to collect.
- If a deductible amount is still due – collect while they are there.
- We write the co-pay amount on the superbill and highlight it so it is not missed at checkout.
- Practice management system will also alert to a co-pay due.
- Report showing any amounts that the patient may owe for the following day's schedule.

The days of "just send me a bill" no longer exist!

- We can print out a "walk out receipt" right then and there and hand them their "bill".
- Provide them with a self addressed envelope (some offices affix stamps too!)
  - Have check out person write their name on the envelope.
  - Personal connection.

Patient's changing insurance and showing up with a new card or plan

We try to avoid dealing with this at all costs.
Rarely a pleasant experience for anyone if we have to inform the patient that we cannot see them that day.

- Verifying days prior to appointments can alleviate some of this.
- Sign in our reception area to please call and talk to someone if they are considering a change in insurance. Actually does work!

Patients that are unaware that they have switched to a Medicare Advantage plan. Mislead by broker…
- Do not understand that they no longer have Medicare.
- Do not understand that they can no longer see any doctor that they want.
Patient’s changing insurance and showing up with a new card or plan

Patients that are aware of their insurance change and just plan to tell us at check in.

- Don’t respond to our calls to inquire about a new policy
- PCP plan that requires referral and they are not yet established with their PCP.
- Simply do not understand their new plans.
- We become the educators and take up resources.
- Reschedule until referral can be obtained.
- Form for patient to sign if they decide to stay and accept financial responsibility for that visit.

Skilled Nursing Facility (SNF) patients

- The Balanced Budget Act (BBA) of 1997 modified how payments are made for Skilled Nursing Facility services.
  - Eff: 7-1-98, SNFs are paid a comprehensive per diem for each patient, for all costs related to a Part A stay in a facility.
    - Consolidated Billing

Skilled Nursing Facility (SNF) patients

- What does this mean to us, the doctor’s office?
  - We need to determine if the patient is currently residing in a SNF and has Part A coverage.
  - Prior to doing any testing or intravitreal injections, we need to know this status and, if necessary, get a signed agreement in place.
  - If we do not do this ahead of time – the SNF can refuse to pay us what is their responsibility.
Skilled Nursing Facility (SNF) patients

- How to determine status?
  - If a patient has papers in their chart that need to be filled out by the doctor to bring back to their nursing facility – This is a KEY indicator that they may be covered under a Part A situation.
  - It should be a red flag to the work up tech if the patient is recovering from hip/knee surgery or in rehab from a heart attack or stroke.
  - Call the SNF and ask if the patient is in a skilled bed

You have a SNF patient, what do you do?

- Fax over an agreement for signature.
  - Remember that the drug fees will change quarterly

Bill Medicare for:
  - Office visit
  - Professional component of testing
  - Procedure

Bill SNF for:
  - Technical component of testing
  - Drug fees

Tips for collecting at the time of service

- When the patient checks in, you can either:
  - Ask for the co-pay up front.
  - Ask them what method of payment they will be using today then write in on the superbill. This sets an expectation of payment at the check out window.

- When the patient checks out:
  - Say “The amount due today is $X. How would you like to pay your balance?”
  - State the balance as fact.
  - Use a gentle but firm tone when asking for payment.
  - If necessary, speak to the patient in a private location if the conversation will be involved and may be overheard.
Tips for collecting at the time of service

- If the patient has specific questions about their plan, direct them to the 800 number on the back of their card or to the HR department of their employer.
- Offer a copy of their explanation of benefits if they are questioning the payment made by their plan.
- Collect ALL monies due at the time of service, not just the co-pay.
- If a patient is self-pay, offer a discount for payment in full.

Tips for collecting at the time of service

- If a patient calls in for an appointment, have staff check for any past due amount.
  - Call can be passed to billing office if necessary
  - Discussion about what is due at their next appointment
- Provide a receipt
- Thank them for their payment
- MOST IMPORTANT – make sure you have the right staff member in this position. Not everyone is cut out to collect money!

Other Tips for collecting from the patient

- Doctor participation cheat sheet.
  - Word plan requirements.
- Add patient to your statement list that week if balance is now their responsibility.
- Patient reminder calls can now address balances due.
- Online payments through your portals.
- Programs that store credit card information and patient authorizes payment after their insurance pays.
  - Text or email sent prior to the charge.
- Work A/R by largest amount due.
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Happy to share any of our forms with you, just send me an email!
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Questions????

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Thank you!

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