CHALLENGES IN PATIENT BILLING

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• 5 Physician Practice in the central Piedmont Triad area of North Carolina
• 14 Years Experience that began as a single biller with 1 Physician
• 4 Surgeons, 1 Medical Retina, 2 Locations
• 60 on staff including billing, administration, business office, technicians and scribes

FINANCIAL DISCLOSURES

• Speaker Bureaus: Regeneron, Apellis
• Advisory Boards and Panels: Outlook, Apellis, Iveric Bio, Engage Education, Deerfield Research
• Consulting: Santacruz, PX Technology, Iveric Bio
WHEN I ASK A PATIENT TO PAY THEIR BILL...

HOW THE PATIENTS SEE US

OUR REALITY
- Staff Compensation
- Healthcare Costs
- Accounts Receivable
- Wait Times
- Supply Inflation
- Reduced Reimbursement
- Camp Formulas
- Rent
- Patient Demand
- Increased Deductibles
- Facility Expenses
- Office Supplies
- Physician Recruitment
- Staffing Shortages
- IT Cost
- Back Orders
- Meeting Cost
- Overhead
- Insurance
- Competitive Pay
- Drug Cost
- Bonuses
PATIENT COLLECTIONS AND BILLING: HOW DO WE BALANCE GETTING PAID WITH PROVIDING CARE TO THOSE WHO NEED IT?

OFFICE VISIT COPAY

THE EASIEST AND HARDEST PAYMENT TO COLLECT

DUE AT TIME OF SERVICE PER THE CONTRACT BETWEEN THE INSURANCE COMPANY AND THE PATIENT.

TIPS ON COPAY COLLECTION

• Patients need to have a lack of understanding regarding their insurance terms and responsibility. Educating your front desk staff on insurance collections at the time of service when patients are unfamiliar with their copays or balances should also be taken into consideration.
• Create clear and consistent policies based on your practice needs. Policies should be visible and communicated amongst the front desk staff and patients.
• Approach patients with kindness. We don't know what someone is going through, especially those on a fixed or lower income.
• Have a plan of what you want to do if a patient cannot pay at the time of service and be consistent.
• Remember it is a violation of the patient’s contract if you turn a patient away if they cannot pay their copay at the time of service.
ESTIMATES... AND NOT JUST FOR SURGERY

Annual deductibles and co-insurance payments that are not always January 1.

These are mail tools for cost projections that can be supplemented by your practice fee schedule.

Collecting payment well at time of service is the best practice.

PATIENT STATEMENTS

Healthy patient revenue comes from carefully constructed billing infrastructure.

Send out statements regularly.

Do patients have easy payment codes and resources for billing questions?

Make past due balances very clear.

Check balances at check in, even notifying patients before their visit that their copay and balance will be due.

PAYMENT PLANS

Will your practice accept them?

Is it easy to enroll the patient and keep their financial information secure?

Take into consideration: minimum payment, term of payoff, what happens when a regular patient is non-compliant with the agreement?

How do you monitor adherence?
EXTERNAL COLLECTIONS

- Shop around for a good plan and low collections costs.
- Consider a flat fee for small balances or keep those accounts internal.
- Make sure to track these patients and make a plan for their medical care, even if they no longer see the patient.
- Offering a limited time payment in full discount before collections has been successful in our practice.

HOW CAN PEOPLE STILL GET CARE?

- Provide discounted services for self-pay patients.
- Refer patients to local community or government programs that could provide help.
- University settings can also be a better fit for an indigent patient, especially if they do not get regular medical care.
- Kindness and a supportive attitude can make a big difference.
- A patient will usually be able to get emergency care at an Emergency Department.
- Also, hospital call patients may be treated differently. Make sure to know if your hospital has any rules about patient collections.

QUESTIONS?
THANK YOU!