

THE SCOPE: ISSUE 4

/skōp/: def: the opportunity or possibility to do or deal with something



It's Not What You Say, It's How You Say It

If you've ever answered a phone call from a patient who has a question about their bill, and cringed – you're not alone. The phrase, "I have a question about a bill," can set off certain panic buttons in your mind that may cause the resulting conversation to be much more stressful than it needs to be. There are a few basic tips to keep in mind when speaking to a patient about money they owe, claims that were denied, or charges not covered. Discussing these topics should feel natural and professional rather than awkward and taboo.

1) Never guarantee charges will be paid by insurance. This one seems fairly obvious, but many patients will often claim they were told the insurance would "pay" for the services they received. Scripting on this should be clear and consistent. Avoid using the words "pay for" or "covered." We recommend staff should use the following statement: "The services you received today will be considered by your insurance company. Once insurance has processed the claim, we will send you a statement for any charges deemed your responsibility."

2) Set the tone. When a patient calls or approaches you about charges they owe, listen first then speak. Patients who are very upset, calling about charges they don't understand, often want to blow off steam first. Ask them to explain why they are upset to you, and let them speak without interrupting. Use a calm and level tone to explain any charges, starting chronologically. "On January 1st, you received services in the amount of \$125.00 for a routine eye exam. The exam was processed by your insurance, and for this service, insurance assessed a \$40 copay."



3) Avoid thinking out loud. In more complex situations, it can be overwhelming to try to examine all the paperwork involved with a patient inquiry. It may take more than a couple minutes to uncover the answer. If you cannot quickly and accurately answer the patient's question, simply advise the patient that in order to assist with the concern, you will need time to review the information. Ask if you can call them back at a time convenient for them. "In order to best assist you with your concern, I will need some additional time to review the information. What time works best for you to receive a call back from our office?"

"From the Chief"

Beginning in April 2018, Medicare patients will be receiving new Medicare ID cards. Medicare is replacing the existing Social Security-based Health Insurance Claim Number (HICN) with a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI). All Medicare cards will be replaced by April 2019.



As with every major change in the Medicare program, there will be a transition period of 21 months, allowing providers to use either the MBI or the HICN for billing purposes. To assist with the transition, CMS is developing a self-service tool where healthcare providers will be able to look up the new MBI with the old HICN.

There are several other ways to stay informed and help with the transition as well. Sign-up for the MLN Connects newsletter, attend quarterly calls, verify the patients addresses with what Medicare has on file, display information or hang posters, when available later this fall, to prepare patients and work with your vendors to be sure your office is ready. AssureAbility's Verification of Eligibility and Benefits Service can handle this transition for you so you can focus on what you do best, taking care of patients.

4) Be concise. We all know the terminology involved in understanding insurance is not commonly known by our patients. Whenever possible, use clear and concise explanations for questions. Example: patient's exam is denied because of no out of network coverage. Scripting: "Your insurance plan has a specific group of doctors you can see in order to receive your benefits. Unfortunately our doctor is not one of those in your group, so there is no coverage for your services at our office."

5) Work as a team. Patients are less likely to have questions after the fact, if the staff has been consistent and clear with communication throughout the office during the encounter. Identify areas where patient education ahead of time will help alleviate small misunderstandings. Encourage patients to check benefits or network status prior to arriving for their appointments. Outline any office payment policies in writing ahead of receiving services.