




*Awkward Encounters:
Best Practices for Collecting Payments*

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Changes in Reimbursement


- Reimbursed nearly the entire amount charged
- Began paying average of 80% of allowable or less so either secondary insurance or the patient were responsible for balance
- Along came copays and deductibles
- Primary insurance payment was equal to or larger than primary allowed so no need to make any additional payment
- Contracts allow up to a percentage of Medicare allowable



Today


- The result of these changes --- Now the patient's portion can be as large as 30 percent of a practice's income
- So while the patients are at the practice, the front desk must attempt to collect this increased portion from the patient
- If a patient leaves the practice without paying, the likelihood of collecting decreases by 30 percent

Inwin, Sue. "Don't Let 30 Percent of Your Practice Income Get Away." Physicians Practice, 08 30 2011. Web. 11 Oct. 2011. <<http://www.physicianspractice.com>>.




Healthcare Business is the Customer Service Business

- Patients are return customers
- Healthcare is not optional
- Affordability is a low priority when sick
- No ability to pre-plan expenditure
- Access to quality healthcare is a community expectation
- Public relations crucial to the pursuit of bad debt




Financial Policy and Expectations

- Must have financial policy and set expectations
 - How and when copays, deductibles, coinsurance and non-covered services are to be collected (TOS)
 - Patient's responsibility
 - Provides information for contacting the billing department
 - Participation and billing for insurance companies



Opportunities

- Opportunities to educate
 - Initial call when scheduling appointment
 - Scheduler is leader of sales, business growth and patient access
 - Reminder call about appointment
 - Mail to patient prior to appointment
 - Review when patient arrives



AR Control

- As the patient responsibility continues to increase and finances are tighter, the AR can quickly get out of control without a focused approach
- Deferring payments to physicians is one way patients can attempt to stretch their income when they could actually pay
- Require deposit if patient has no insurance coverage



Processes

- Create process to collect not only copay but also deductible and coinsurance
 - Balance due for that day's service should be collected at check in
 - If patient has a past due balance with another appointment scheduled, contact to remind but also attempt to clear balance
 - If payment arrangements are needed, patient may be referred to patient counselor



Technology and Services

- Explore new technology and vendor services to improve collections
 - Efficient eligibility verification
 - Access patient responsibility estimation and/or benefit details
 - Patient check-in kiosks
 - Allow patients to receive and pay balances online
 - Automated withdrawals and/or payments for scheduled patient payment plans



Effective Communication

- Professional, patient focused, and confident
- Approach must be logical and not emotional
- Monitor tone and delivery
- Stay in control



Effective Communication

How will you be paying? Will that be cash, check or credit card? Clear your balance?

- Stop and listen
- Empathize - don't have to agree
- Ask for ideas to resolve account - problem solve



Oh the Excuses...

"The check is in the mail."

- "When was the check mailed?"
- "Where was the check mailed to?"
- "What is the check # and the amount?"



Oh the Excuses...

“The insurance company is responsible.”

- If an insurance payment has not been received, research and offer explanation.
- Has the insurance company denied their claim? Why?
- Does the balance represent their portion?



Oh the Excuses...

“I left my checkbook at home.”

- “No problem! We take credit and debit too.”
- Indicate a nearby ATM machine.
- Give them a return envelope to mail outstanding balance, and SET A DUE DATE!



The Cycle of Conflict

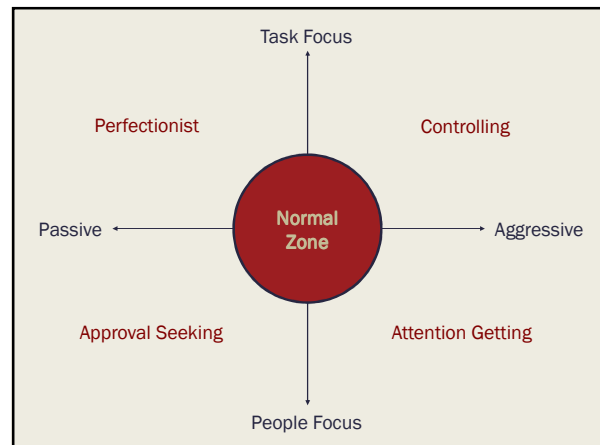
Difficult

- Rude
- Obnoxious
- Loud
- Arrogant
- Demanding
- Rigid
- Crazy

Nice

- Defensive
- Frustrated
- Loud
- Withdrawn
- Superior
- Confused
- Crazy

Dealing with Difficult People Part 2. Dr. Bill Crawford, Ph.D., Home: Bill Crawford, Ph.D. | Keynote Speaker, Psychologist, Author, Consultant. Web: 14 Oct. 2011. <<http://www.billphd.com>>.



Controlling

- Tanks
 - Behaviors: Pushy, abrupt, and may even be hostile
 - Intent: Get it done
 - How to help: Listen for the problem, hold your ground but do not attack back, state your opinion forcefully - “from my point of view” or “looks like we see it differently”
- Snipers
 - Behaviors: Sarcastic, vocal, roll eyes
 - Intent: Get it done
 - How to help: Do not ignore, ask about intent and relevancy, solve the problem if any exists



Attention Seeking

- Grenades
 - Behaviors: Tantrums, storm out, verbally attack, may cry or look silently enraged
 - Intent: Get appreciated
 - How to help: Give time to run down, show you take them seriously, reduce intensity, identify and solve problem



Summary

- Increase in patient responsibility for healthcare costs requires changes in a practice's collection focus
- Significance of effective communication when collecting from patients
- Understanding difficult behaviors and how to respond



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