

Revenue Management Are You Collecting at the Time of Service?

According to a report from the Medical Group Management Association, physician practices collect only 60 percent of patient co-payments on average. That is a lot of money left on the table.

The good news is that your front desk staff doesn't have to crack their knuckles to collect more – but they do need to crack down. This starts with establishing clear and consistent expectations for payment.

Memorize Your Lines

It should come as no surprise to patients that taking care of co-pays and outstanding balances is expected at sign-in. So the question to ask is not *if* they will be paying, but rather *how* they will be paying. Of course, you walk a fine line. The goal is to collect money – not alienate or humiliate your patients. A good mantra is, “firm, yet kind.”

Start by developing a script for time-of-service collections that guides your front-desk staff. For example:

“It's nice to see you, Mr. Jones. How would you like to meet your co-pay today – cash, debit, credit or check? Also, let me look up your account so we are both up to date on any current balance you may have.”

You can take the training a step further with some role-playing. This is a powerful way for employees to learn and can make for a great team-building exercise.

Gather your staff, bring in lunch and have fun with it. Practice with some of the more typical patient exchanges, including these:

Patient: “I am pretty sure I have already met my deductible.”

Staffer: “Our records show that you still have \$640 outstanding toward your deductible. I am happy to find you a private room so you can call your insurance company and verify.”

Patient: “I forgot my credit card. Can you just bill me?”

Staffer: “I wish we could, but your co-pay is set by your insurance provider and we are required to collect it as part of the agreement. Let me see what other options we have for you today.”

Discuss as a team whether – and in what cases – you will ask patients to reschedule if they are insistent they cannot pay. Of course, reinforce the need to be courteous and sympathetic with a smile. Jump into the trenches and practice with your team. The goal is to make these collection conversations second nature for everyone.



Catch Up on Balances

Check-in is also the time to collect on overdue balances. You may be able to use your appointment reminder software to update administrative staff when patients with outstanding bills have upcoming appointments. They can then contact the patients and remind them to bring payment.

And don't forget to promote your patient portal as a payment option. It's easy to add credit card and other online payment options to your portal. Online payments tend to be a natural for most patients, many of whom already pay for non-healthcare services online.

Continued on page 3

Virtual Visits

Is It Time for Telemedicine?

Telemedicine is already a \$17.8 billion industry. Behind those eye-popping numbers is a simple truth: Patients love it. In fact, an estimated 7 million patients are expected to be utilizing some form of telehealth services by 2018.

However, physicians are not always sure how to make telemedicine work — or if they even want to.

What It Is ... and Isn't

Telemedicine is not different medicine. Rather, it's a different way of interacting with patients. There is a growing body of evidence regarding the effectiveness of video- and audio-based interventions for a variety of acute and chronic conditions seen in primary care, such as diabetes, asthma, heart failure and hypertension.

By definition, telemedicine can include any of the following:

- Tele-consultation with patients and other physicians
- Review of medical imaging (e.g., tele-radiology)
- Remote monitoring of vital signs
- At-home patient education
- Tele-rehab (e.g., speech and physical therapy)

Reimbursement for telemedicine services has been steadily improving. In 30 states and the District of Columbia, private insurers are required to cover telehealth the same as they cover in-person services.

Medicare managed care plan beneficiaries can also take advantage of telehealth services as long as their provider offers the service. In addition, almost every state Medicaid plan specifically covers at least some telehealth services.

Give Me a Modem and a Mouse

From a patient perspective, there is really nothing not to love about telemedicine. Patients enjoy face time with their physician without the hassles of missing work or school. Travel time is zero and there are no stairs to climb (especially important to your elderly and mobility impaired patients).

The benefits of telemedicine are particularly pronounced in rural communities, where access to specialists and subspecialty providers is often severely limited.

Besides pleasing their patients, doctors *should* love telemedicine for a variety of bottom-line benefits, including these:

Reduction in no-shows. Telemedicine eliminates many of the barriers that keep patients from showing up in the first place. Fewer missed appointments equal more revenue-producing slots.

Enhanced patient management. The ability to easily interact with specialists and consulting physicians may allow physicians to manage a broader range of acutely ill or complex patients.

Improved workflow. With fewer in-person consultations, physicians may be able to see more patients. Queued up properly, tele-consults can result in a continuous, steady flow of appointments. Telemedicine

also makes it easier for physicians to meet with patients during non-traditional times. These after-hours consultations can be billed like regular appointments.

New marketing opportunities. Telemedicine hits today's healthcare consumers in their sweet spot: ready and convenient access to their providers. Adding telemedicine to the mix is a great way to attract new patients and build value with existing ones.

Can You Pull it Off?

Getting a telemedicine program up and running is fairly straightforward. No special credentialing is required, but physicians must follow state regulations and adhere to the Joint Commission standards for telemedicine. Be sure to give your malpractice insurer a heads up since an additional rider to your policy may be required.

The American Telemedicine Association (<http://www.americantelemed.org>) is a good resource for keeping current on telemedicine-related licensure and regulatory matters. The group also provides practice guidelines, sample forms and access to telemedicine journals.

Technology requirements include a web camera and secure portal tied into electronic medical records.

Software systems must be encrypted and HIPAA compliant. Telehealth vendors such as Medtronic, AMC Health and VirtuMedix can help you get going.

In the end, telemedicine may be the tool physicians need to meet increased demand for patient interaction as more Americans gain coverage under the Affordable Care Act. ■





Revenue Management: Cash Collections

Continued from page 1

Update Your Financial Policy

To meet the unique demands of high-deductible health plans, you may need to modernize your practice's financial policies. In addition to spelling out that payment is due at the time of visit, the policy should also cover these key areas:

- Payment of deductibles, co-pays, co-insurance and previous balances
- Payment related to surgery or other large-dollar charges
- Interest or fees charged for collection and/or use of a collection agency
- Statement process and delinquency determination
- Billing of patient's insurance
- Assessment of late fees and/or interest

If your practice performs high-cost procedures, you should determine whether a procedure is covered for the patient's condition prior to the visit. If it's not covered, you and the patient can make arrangements for a payment plan before the visit.

In a worst-case scenario, if you have a patient who balks at meeting his or her financial responsibilities, instruct front desk staff to say something like this: "I'm sorry but we're going to have to reschedule your appointment because, according to the financial policy you signed, you agreed to make payment prior to seeing the physician."

No Need to Get Heavy

No one likes to be the heavy. But the reality is that collecting money at the time of service is more important than ever in this era of substantial deductibles and co-pays. Crucial to all of this is making sure that every member of your team is onboard, trained and empowered with the right tools to collect at the time of service. ■

Our financial professionals can provide the guidance you need to improve time-of-service collections. Call us to schedule an evaluation of your current processes and procedures.

Talking Costs Helping Patients Afford Their Care

Physicians are trained to make treatment decisions that are in the best interest of their patients' health — not what patients can afford or what the insurance company will pay. Yet that thinking can easily backfire, resulting in noncompliant patients who have to cut corners to afford their care.

Skipping follow-up care, cutting pills in half to make them last longer or stopping their drug regimen altogether are all-too-common patient stories.

Start the Conversation

Many physician advocates and medical societies agree that discussing costs and options can lead to cost savings for patients without lessening the quality of care. Problem is, physicians aren't trained to discuss cost barriers and may feel it's inappropriate to bring up money at all. Even if they do, they may find it a challenge to shoe horn the discussion into a 15-minute visit.

A good way to start the conversation is by asking a few questions on the patient intake form. Ask patients to let you know about any concerns with costs or if they are experiencing difficulty paying past medical

bills. Then, you can follow up in the exam room.

The goal is to bring patients into the decision-making process. For example, something as simple as prescribing a 90-day supply of medicine

can help reduce out-of-pocket costs for medications. The timing of tests or procedures can also have a big impact.

For example, talk

with patients about scheduling expensive tests later in the year when their annual deductibles are more likely to have been met.

Don't Dismiss Patient Concerns

With patients increasingly responsible for more of their own health costs, physicians have a role in helping patients find appropriate and affordable care. A good resource is the ABIM Foundation's Choosing Wisely® initiative (<http://www.choosewisely.org>), which provides hundreds of cost-effective options based on medical subspecialty and diagnosis. These range from drugs and tests to maintenance supplies and more.

Far from "contaminating" the doctor-patient relationship, discussing costs and options with patients may very well strengthen it. ■

Discussing costs and options can lead to cost savings for patients without lessening the quality of care.

Who's Counting Your Cash?

In a world of credit and debit cards, it's easy to forget the importance of proper cash handling. Hundreds of thousands of dollars disappear from medical practices each year simply because "no one was looking."

With this in mind, consider these best practices for managing the cash that flows through your practice:

Double up. The best way to ensure accountability is simple: Have two people count the cash. At the same time, segregate duties so that the person receiving and reconciling the cash is not the same person who prepares the deposit ticket and takes it to the bank.

Log it. Maintain a monthly log of all cash collected. At the end of the month, verify that the cash collected is the same as the cash that was deposited.

Reconcile promptly. Don't wait until the end of the day for reconciliations. Have someone balance the morning's front desk collections over the lunch break and then promptly balance out at the end of the day.

Always get a receipt. It could be as simple as the practice manager receiving an email verifying the amount of cash counted. For example: "\$568.48 cash deposit received from Barbara at 1:00 p.m. – morning collections."

Verify your balance. Use online banking to verify your balance. Accessing deposit records allows you to confirm the amount that went out the door is the amount that was deposited into your account.

Set the tone. When it comes to handling cash, the message to send to your employees is this: "We trust you to handle cash properly, but we will verify." Make your cash-handling processes very public, and then clearly show employees that you are enforcing them. ■

Our accounting professionals can help you polish up processes and oversight of cash management at your practice.



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