

THE

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Core Recovery Bureau Quarterly Newsletter
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Jeanne Martin, Editor

***Editors Note:** I hope everyone is enjoying their summer & taking advantage of all the things Northern Michigan has to offer during this season. Included in this issue is an article found in the "Health Care Collector" dated January 2005, entitled, "How to Talk to Insurance Companies". As a former Patient Account Representative, I understand the challenges of dealing effectively with the insurance companies. I found the article to be well written and full of practical suggestions to increase the accuracy of information received from the various carriers you interact with. I hope you will find it useful. As always, we welcome your comments and suggestions. Please email them to: support@corerecovery.biz*

How to Talk to Insurance Companies Staff education is key

Have you ever listened to any of your staff trying to obtain information from an insurance company? I have from time to time and it can sound as if they are speaking to representatives of the Vatican. I am no longer surprised by how wrong the information given to hospital representatives is. Patient accounting managers and supervisors are at fault, because few of us give as much time to the art of speaking on the telephone as we do learning how to work vouchers. We also provide inadequate training regarding how to talk to patients on the phone—to answers questions but that is a topic for another time.

Getting the Correct Info

If you have ever picked up the phone and spoken to an insurance company representative yourself, you would have noticed that half of the information given was incorrect. If you are like me, you would tell them what they have just said does not make sense and would ask them to repeat it or explain further as necessary. Once in awhile I have even hung up and called right back, knowing I would get a different insurance representative and asked

the same question as if I had not spoken to anyone. Chances are good that you will get a completely different answer to your question. If needed, I would then step up to my provider representative and ask them to give me the proper information, including sending it to me by fax or mail.

There are things your patient representatives need to be taught in order to make sure they are getting the best information possible regarding insurance benefits, payments or anything else. If they are taught to question certain kinds of information, as well as ask certain types of questions, they will get better information and your bills will be more accurate.

Ask More Questions

The first step in the process is to teach your representatives that if they do not understand what they are being told, ask for clarification. Just as you would hope they would ask you for a better explanation, they should do the same with insurance companies. They need to be armed with enough information most of the time to ask the proper question, but I have actually gotten on the phone from time to time with only a question and no further knowledge and made the insurance company explain their answer fully to me.

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The second step in the process is to ask more probing questions. For instance, when you speak to compensation carriers, they might say something to the effect that a claim is being adjudicated. That does not really mean anything, so the next question should be why is it being adjudicated. Your staff should ask when a judge is going to hear the claim; they need to ask what the case number is. By asking the extra questions, they may find out whether there was a problem with the bill that was sent to them. There may be a discrepancy in the medical records versus what was reported initially to them. They may not be the actual insurance carrier; it may be a split carrier issue.

Provide Information

Thirdly, your patient reps should not be afraid to volunteer information sometimes. When speaking to a commercial insurance carrier who has underpaid a claim, there is nothing wrong with telling them you expected “X” amount of dollars as opposed to the amount they paid. There is nothing wrong with saying, when appropriate, that the patient may be billed for any amount that the insurance company did not pay, which can only be done if you do not have a contract with them.

The fourth step is to clarify that it is okay to engage someone in extended conversation when needed. Is it more important that they make 20 calls an hour, or that they get an outstanding claim corrected? I remember conversations in which I debated with an insurance company over the DRG they paid against the DRG we billed for, discussing diagnosis and procedure codes with them. I have had discussions with insurance companies that were trying to receive refunds for which they were not eligible. As long as things do not get heated, stay professional and accomplish the ultimate goal, which is to get things correct.

Getting it Right

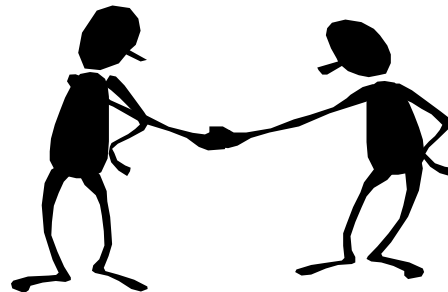
The fifth step is to teach that it is okay to call back, even right after they have hung up, to ask another question. Sometimes that is just how it goes: You think of something else and you need the answer. If they were talking to a friend and

thought of something else, they would not hesitate to call back. If they have to call an insurance company four or five times in order to get it right, then so be it. Of course, you hope they will minimize the number of calls by getting everything out of the way the first or second time they contact the company.

The sixth step really should be the first step. Reps should have some idea what they are calling about and if needed, use notes. It does nobody any good if they are calling with no research into an issue whatsoever, because they may not know whether the response they receive is correct or proper. They should always be prepared with either a note screen up, or a pad and pen in front of them. And, of course, they should always get the name of the person to whom they are speaking.

Develop Rapport

The seventh and final thing is always maintain a professional, yet friendly, tone of voice while on the phone. If they make enough calls to the same insurance companies they will discover that they often talk to the same people. When they build a rapport with people, even if only on the telephone, they will find it easier to get information and clarification from them and that the “other side” is no more threatening than their own co-workers are.



Assertiveness

Assertive behavior is active, direct and honest. It communicates an impression of self-respect and respect for others. By being assertive, we view our wants, needs and rights as equal with those of others. An assertive person wins by influencing, listening and negotiating so that other people choose to cooperate willingly.

Executive Summary

Helping your patient reps communicate more effectively with your insurance payers is paramount to successful operations. There are a number of things you can do to familiarize yourself and your employees with how insurance carriers operate. For example, maintain your own data about insurance carriers. This information should include the number of insureds carried by your facility or practice, the length of time the contract has been in place and the negotiated rates.

If you receive company newsletters from the insurance carriers, don't just throw them away, read them. These publications could offer some insight into how things are done in their office. Call to offer compliments and ask questions. The easiest way to get your foot in the door is to start responding to some of those newsletters.

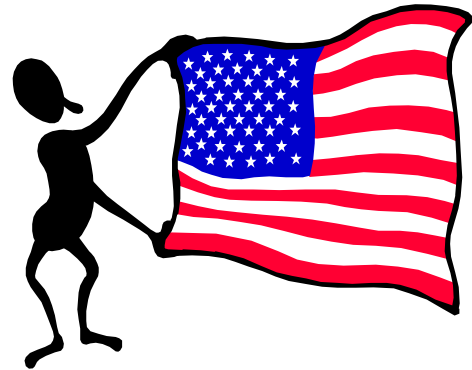
In addition to the above, consider these ideas and see how well they work for you:

- Teach employees to ask the right questions. Demand clarification if there are vague explanations given. You may want to ask reps for their supervisor's name, phone number and address. Say that you would like to write a letter or call about how nice and helpful your contact has been to you—and, if they have been, why not write the letter?
- Get specific data regarding claims that are being adjudicated, such as judge's name, case number, etc.
- Be specific about the amounts you are expecting to be paid. Find out why you are not being paid.
- Give some leeway in terms of the number of calls per day. If it is necessary to devote more time to one claim in order to resolve it, allow it.
- Make sure employees are prepared before they make calls to insurance carriers.

- Teach employees to maintain a professional, friendly tone with insurance carriers. This knowledge goes a long way toward helping your staff get the information they need to resolve claims.

About the Author:

T.T. Mitchell is President of T.T. Mitchell Consulting, which is dedicated to helping health care entities improve their financial base concerning receivables and revenue issues, including registration, billing and collections.



The Chicken and the Pig

There's a big difference between being interested and being involved.....

Once upon a time there was a chicken and a pig that were very good friends. They lived in a town with a great deal of poverty. Many people rarely ate three meals a day. The chicken wanted to help these people, so one day she approached her good friend the pig and said, "I have an idea how you and I could help these poor people get a good breakfast." "What could we do?" questioned the pig. "Well, I could give eggs I lay and you could make some of your big body into ham so that we could give the people a ham-and-eggs breakfast," the chicken explained. "I understand your concern," answered the wise pig, "but what is just a *donation* for you is a *total commitment* for me."

Avoiding Common Collection Problems

Communication, big picture view are key

What mistakes occur within your collection department? Have you taken an audit of your employees' errors? Your own? You might be surprised to discover that there is more you could be doing to assist your employees in becoming successful.

"One big underlying problem with health care collectors is that often, collection staff are not given a view of the big picture; where they fit into the picture," says Frank Gill, collection manager for MCS, a collection agency in Mechanicsburg, PA. Gill is also a former hospital collections manager.

"In many cases the collectors are trained as customer service employees, which is fine if they understand where the accounts go next and when. The customer service style of collector will do just fine with certain duties, such as obtaining other insurance information; correcting erroneous insurance; getting information for consideration

of Medicaid and Charity Care and possibly accepting the payment offered by the customer. If trained properly, they may even be able to set up equitable payment arrangements according to facility procedures," Gill says.

"On the other hand, if the facility has taken a hard line on collections, you need a dyed-in-the-wool professional collector to really pursue the money. Some of these are, of course, the for-profit folks," Gill adds.

If a collector truly understands the big picture, they know they are not expected to collect every account that comes through their files, but will concentrate on those that they can collect without too much trouble. They let the pre-agency letters and collection agency collectors handle to rest, according to Gill. "Also, it is easier for a collector to realize that the larger dollars are the ones we need to collect and not get hung up on the \$150 accounts that present problems," he says.

The danger of humor

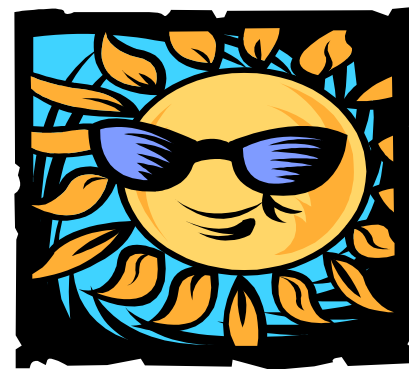
Injecting playful humor to liven up dry material can be a good way to pique readers' interest. But there's a time and place for everything—as one hapless city tax superintendent found out the hard way.

In a move her supervisors characterized as "misguided," Middletown, OH, tax superintendent Linda Stubbs decided to liven up the town's income tax filing instructions by inserting such lines as: "If we can tax it, we will" and "Free advice: If you don't have a profit in a five-year period, you might want to consider another line of work." City officials were not amused. Stubbs was suspended without pay and revised forms were sent out immediately—at a cost to tax-payers of about \$5,500.

While officials in Middletown were busily trying to take the humor out of their tax forms, another group in Michigan was trying to demonstrate that when you're too caught up in anticipating public reaction things can get, well, downright silly. The folks at Michigan Lawsuit Abuse Watch drove home their point by announcing these winning submissions in the eighth annual Wacky Warning Label Contest:

- In third place, the thermometer label that reads: "Once used rectally, the thermometer should not be used orally."

- Coming in second, this notice on a child's scooter: "This product moves when used."
- And in first place, the toilet brush warning: "Do not use for personal hygiene."



Source: *How to talk to insurance companies: Taken from : "Health Care Collector", Jan. 2005*

Avoiding Common Collection Problems: Taken from "Health Care Collector", Apr. 2005

Disclaimer: This information is not presented to be used as legal or professional advice on specific facts or matters. Readers with specific questions should refer them to their own attorneys for guidance.