

Dermatology Coding Alert

Compliance: Get Patient Involved in Benefits Fixes

Incorrect insurance info? Check with patient first, say experts.

In previous issues of Dermatology Coding Alert, we've covered best practices for verifying a patient's insurance information. Experts agree that you should get all the patient's information up front and verify that information before seeing the patient for her first visit.

Problem: What do you do if the patient's insurance info is incorrect? It's an issue **P.J. Cloud-Moulds**, owner of Turnaround Medical A/R Recovery in southern California, has dealt with often.

"You would not believe how often providers are given incorrect [patient] benefits," she says. "I did an experiment one day and had four different employees call the same insurance [company], for the same patient, with a specifically worded written script."

Result: Cloud-Moulds got four different of answers from the payer regarding the patient's coverage. So verifying insurance benefits isn't as cut-and-dried as it might seem.

Follow this advice from the experts on the varied actions you might take when you discover that a patient's insurance coverage information is incorrect.

Experts: Check With Patient First

When considering how to correct inaccurate patient insurance information, "there are a few solutions that industry-leading organizations employ," explains **Shreyas Shah**, vice president of strategic marketing at Change Healthcare in Nashville. Shah recommends following these steps to retrieve the data you need:

1. Call the patient back and ask him to verify the information you have on file.
2. For self-pay patients, run their information "against coverage insight databases that have the ability to identify coverage automatically," recommends Shah.
3. If the patient has insurance coverage like Medicaid, Medicare, or direct disability, call the payer and get back-dated eligibility and enrollment information on the patient, if possible.

Alice Scott, co-founder of Solutions Medical Billing in Rome, NY, agrees that calling the patient is the best first step to clear up any misunderstandings. There are other actions the practice can take to rectify incorrect insurance information, too.

"If it is Blue Cross, we check the website first to see if the [patient's or plan's] ID number changed," Scott says. Also, if another physician referred the patient to your practice, Scott recommends you contact that office to see if they have the correct info for the patient.

Notch a PR Win By Getting Patient Involved

When you are processing the patient for her first visit, you can make her a stakeholder in the accuracy of her insurance information by letting the patient know, in no uncertain terms, that the "benefits provided by the patient's plan are not a guarantee of payment," Cloud-Moulds says.

Then, follow up by telling the patient that any incorrect information on her insurance forms could complicate her coverage, and that having the data correct the first time is the only way to mitigate the risk of unpaid medical expenses.

In order to get the patient involved in the process, you might ask her to call the payer and verify her benefits info. This action produces several advantages, Cloud-Moulds explains. First, it is another check of the insurance information, which

is always a good idea.

Second, having the patient check her own insurance info "gets the patient involved and responsible from the beginning, so that there are no misunderstandings or finger-pointing" if there is incorrect insurance information, Cloud-Moulds continues.

This is a very important step in making sure the patient does not try to hold the clinic financially responsible for their health plans coverage, or incorrect benefits.