



AUDACITY

Bolder than Ever



Optimizing Third-Party Payer Reimbursements

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Audigy



Course Overview

01

Reading a
Contract/
Securing Fee
Schedules

02

Third Party
Administrators

03

Components of an
Acceptable Payment

**I DON'T ALWAYS CALL
INSURANCE COMPANIES**



**BUT WHEN I DO, I KEEP SAYING
"REPRESENTATIVE" OR
HITTING RANDOM NUMBERS
UNTIL I CAN TALK TO SOMEONE**

**How many of you dislike working with insurance companies?
Do you think this would be improved if they all had the same benefit?**

And...

- What if they had a standardized Explanation of Benefits (EOB)?

Tips for Reading Contracts

Fee Schedule

Balance Billing

Language for MDs/DOs

Free Tests

Fee Schedules

Activity

How do you request fee schedules in your office?

How successful have you been?

How to Request Fee Schedules

When asking for updated fee schedules, have the payer send those to you.
If they say they can't, submit your top 10-12 common codes for them to supply their fee schedule.

Reading a Contract: Considerations Prior to Signing

- Obtain the fee schedule
 - You wouldn't buy a car without looking at the sticker price
 - At minimum, ask for the codes that you utilize most often
- Do they reimburse for all the codes you perform for all of your services and devices, including CROS, BICROS, CIs and Bahas/Pontos?
- How often is it updated and how do they notify you of that and other updates (e.g., policies, newsletters, website)?

Reading a Contract (cont.)

- In and out of network provisions and differences
- Don't assume the payer is in compliance with Medicare, federal and state regulations
- Obtain legal counsel to review contracts
 - Well-versed in applicable federal and state health care regulations

Contracting Tidbits

- Must be in compliance with:
 - Federal Statutes
 - Anti-Kickback Statutes
 - Safe Harbors
 - Stark Laws
 - Medicare requirements
 - Health Information Portability Accountability Act (HIPAA)
 - Occupational Safety and Health Act (OSHA)
 - American Disabilities Act (ADA)
 - State Statutes
 - Some may be more stringent than the federal regulations

Are You Speaking the Same Language?

- Balance billing is likely disallowed for covered services
- Balance billing definition
 - Many think it is the difference between what was billed and what was paid
 - It is the difference between what was billed and what is *allowed*
 - What are the billable charges?
 - Co-pays? (specific dollar amount)
 - Required to be collected
 - OR**
 - Co-insurance? (percentage)
 - AND**
 - Deductibles are required to be collected
- **ASK IF THE PATIENT CAN SHARE IN THE COST OF A SERVICE BEYOND THEIR BENEFIT (non-covered)**

What
doesn't kill
you still
requires a
co-pay.

Contracting Questions (cont.)

- Denial process
- Termination process
- How much professional liability must you carry?
 - Typical is \$1,000,000/\$3,000,000

Steps to Contracting

- Complete Application and Credentialing Process
 - Will need a License, NPI and Tax ID
 - http://www.caqh.org/pdf/CAQH_Provider_Applicationv5_2006-10-31.pdf

Audigy has our own credentialing department and can do this for you!

Contracting (cont.)

- Need to know if you can afford to be a provider:
 - Overhead costs, practice expenses?
 - Must know your hourly rate
 - Number of patients you can expect; know the major players in your community
 - Do you have to give something(s) away?
 - Can't give away comprehensive audiometry (92557) if you are filing it to Medicare
 - Some plans require free testing
 - It is specified in the contract

Contracting (cont.)

- Beware of the invoice submission request unless payment is based on invoice + a percentage
 - Some payers are requiring the invoice along with medical records for payment
- Beware of the boiler plate contract
 - Requirements may not apply to audiologists e.g., a 24/7 call schedule
- What may be a beneficial arrangement for the practice down the street may **not** be for your practice
- Contracting must be data-driven, not fear driven
- If it's not sustainable, just say no

More Considerations

- Negotiated rate
 - Different rates for different payers
- Verification process
 - Should be a requirement for EVERY patient
 - Complete before hearing aid evaluation/functional needs assessment
- Ability of patient cost sharing?
 - The MOST important question
 - Under what circumstances?
 - Will the patient's responsibility be reflected on the EOB?
 - Will they allow S1001, deluxe item, patient aware for the upgrade?
 - Does the payer have a waiver they can offer?
 - If not, can you create your own?

More Considerations (cont.)

- Do you need a separate contract for Durable Medical Equipment (DME) if providing cochlear implant and/or osseointegrated devices?
 - Will any discounts on the diagnostic side be applied to these services?
 - Does the plan consider hearing aids to be DME?

And once you sign...

- Review contract every 6 months
- Ensure that you are submitting claims in a timely fashion which the contract may stipulate
- Ensure that you are being paid the correct amount and within the specified time frame according to the contract as well as any timely filing (prompt pay) requirements in your state
 - Penalties and late fees may apply
- If you see inconsistencies with payments and you have exhausted all efforts in the denial process, as long as it is not a self-funded plan, you have the option of contacting your state insurance commission
 - If you alert the payer to this prior, you may get a ramped up resolution

Denial/Appeal

- When to appeal?
 - When your reimbursement was not as patient's contract stipulated
 - Need to monitor
 - There is a contract with the patient and their insurance company
 - There is a contract with the patient's payer and you

More tidbits

- Does the discount you offer for diagnostics apply to hearing aids/assistive listening devices?

Audigy Resources

audigycare Our Mission: AudigyCare's team is dedicated to assisting members with all third party billing and reimbursement issues including credentialing, coding, reimbursement and compliance issues as well as assisting in navigating the maze of legal and business issues with insurance contracting.

Hearing Aid Insurance Verification Form

Date _____ Patient's Name _____
 Insured's Name _____ Patient's DOB _____
 Policy Number _____ Insurance Company _____
 Representative _____ Reference # _____
 Reimburse? Yes/No _____ Participating Provider? Yes/No _____
 Allowable Benefit _____ In Network? Yes/No _____ Amount used to date _____
 Is the patient allowed to upgrade to technology beyond their benefit? Yes/No _____
 Is a waiver required? Yes/No _____ Is there one the payer has? Yes/No _____ Allowed to use our own? Yes/No _____
 How much more does the patient need to meet their deductible? _____ Who so was it _____
 Are there co-pays or co-insurance amounts required? Yes/No _____ Invoice _____
 What is the out of network benefit for those out of network? _____
 Is the hearing aid benefit: _____
 Annual _____ Every 2 years _____ Every 3 years _____ Every 5 years _____
 Is a discount required? Yes/No _____ If yes, how much? _____
 Does the plan require Medicare denial? _____ Physician Order/Referral _____
 Are copays allowed to be billed separately? Yes/No _____

audigycare AudigyCare was created by a group of the nation's top hearing care professionals to deliver industry-leading hearing care services with consistency of service in an ever-shifting healthcare marketplace.

Sample waiver for hearing aid use (copy to be given to patient)

I, Patient name, understand that my insurance, _____, will cover \$_____ as a covered benefit.

I have chosen to share in the cost upgrade to more sophisticated technology, a non-covered service, and as such, is my financial responsibility. I agree to pay \$_____ for these non-covered fees and understand that my explanation of benefits (EOB) will reflect covered services.

Patient's signature _____
 Date of signature _____
 Audiologist's signature _____
 Date of signature _____

www.audigycare.com
 (360) 558-5658

ADA Resources:

- <http://www.audiologist.org/important-considerations-for-audiologists-when-reviewing-third-party-payer-provider-contracts>

Activity

What is your current process to find what you will be paid for services, especially hearing aids?

- Phone?
- Online?

Do you think by asking different questions that you could increase the payment and reduce your frustration?

- What questions would you ask?

Even More Considerations

- What requirements are specified by the payer?
 - Free hearing evaluations?
 - Free batteries?
 - Level of technology?
 - Required number of visits?

Overall Steps

1

Read your contract before signing and ensure that fair reimbursement rates are included in the accompanying fee schedule.

2

When an EOB arrives, ensure that you were paid the contracted rate.

3

Find out who your provider relations representative is for each plan so you have a contact point. Some payers no longer have them.

When Is It Time to Walk Away?

When the process defies the time and expenses incurred to be reimbursed

When the payment is less than the contracted rate

When fair reimbursement is not what you are receiving

Components Of An Acceptable Payment

- Does it meet your contract's fee schedule?
- If it doesn't...appeal!
- Create a spread sheet of all payers and their reimbursement schedules
 - Can you insert this into your OMS system?
- And what about those Third Party Administrators (TPAs)???

Third Party Administrators

Commercial networks with a large number of providers have been in place for several years

- ✓ 2,000-5,000 providers nationwide
- ✓ Numbers of enrollees is rising
- ✓ Exclusive contracts
 - May eliminate or taper access to your current patients
 - May restrict new ones from entering your practice
- Attractive to payers; they are being told hearing aids stave other financial draining medical conditions such as cognitive effects and diabetes

Health Risks

Hearing loss sufferers are 3x more likely to experience catastrophic falls

Hearing loss sufferers are 2x more likely to experience depression

Hearing loss sufferers are 2x more likely to suffer from dementia

Cost to Medicare

\$13,797
per patient hospitalization

\$20,046
yearly cost per patient

\$20,638
yearly cost per patient

\$54,481

WHAT DO THEY OFFER?

- ✓ Discounts for some plans, fitting/follow-up visits for others
 - ✓ With their exclusive contracts, may offer opportunities to see patients you would not have had access to
 - ✓ Circumvents online and big box sales
 - ✓ Keeps the provider in the mix
 - ✓ No cost of goods and no marketing dollars expended
- ✓ For these plans:
 - Hearing evaluation fees (\$0-\$75)
 - Fitting fees (\$200-\$800/ear)
 - Batteries (8/64 cells/1-2 years)
 - Specified number of rechecks
 - ✓ Know your hourly rate
 - ✓ Know the demographics of your area



Third Party Administrators



- **TruHearing**

- Blue Cross/Blue Shield has many contracts with TruHearing; continues to grow
- Promotes having “more than 5000 TruHearing Provider Locations”
- Dispensing fee is typically \$325- \$600/ear, depending on technology
- 3 visits in the first year at no charge
- Batteries first year (48/aid), discounts available after
- 45 day trial period
- After the initial 3 visits are fulfilled, can bill \$35 for a 30 minute visit or \$65 for a 60 minute visit
- Can offer extended warranty packages, but only \$250/year, regardless of the number of devices

Tru Hearing (cont.)

- If contracted with TruHearing, you may be reimbursed up to \$75 for the evaluation fee paid by the patient's insurance or the patient, not by TruHearing
- If not contracted directly with TruHearing, you can proceed as you choose, but contact your local plan representative when verifying benefits

Third Party Administrators (cont.)

- **American Hearing Benefits (AHB)**

- Part of AudioNet America which includes AHB, HearUSA, YHN
- Starkey devices via AudioNet America for UAW Ford and GM plans
- After 6 months, office visits can be filed for \$20/visit

- **EPIC**

- “Hearing healthcare benefit plan”
 - Partners with Phonak (and Lyric), Unitron, GN Resound, Starkey, Widex, Siemens, Oticon
- Contractor for services (e.g., UHC)

Third Party Administrators (cont.)

- **Amplifon**
 - Cigna
 - Fitting fees range from \$250-\$800/aid
 - Dispensing fees, testing
 - Free batteries for 2 years
 - 3 year repair, loss and damage warranty
 - 60 day trial period

	Economy	Standard	Advantage	Signature	Premier
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Number of Channels [?]	6	16	24	32	48
Sound Quality [?]	Fixed Noise and Feedback Reduction	Fixed Noise Reduction and Adaptive Feedback Reduction	Adaptive Noise and Feedback Reduction with Frequency Specific Option		Adaptive Noise and Feedback Reduction with Multiple Frequency Specific Options
Convenience Features [?]	Remote Control Connection	Additional Device Needed for Bluetooth and iOS and Android Control	Built-in Bluetooth and iOS and Android Control		

Economy**Standard****Advantage****Signature****Premier**

Microphone Directionality	One Non-Automatic Directional Microphone	Front Adaptive Directionality	Front Multi-Channel Adaptive Directionality	Front and Back Multi-Channel Adaptive Directionality	Automatic 360 (Front, Back and Sides) Multi-Channel Adaptive Directionality
Price* (Per Aid)	\$695 to \$995	\$1095 to \$1495	\$1495 to \$1895	\$1895 to \$2295	\$2395 to \$2995
Brands	Miracle-Ear®, Oticon, Rexton, Siemens/Signa, Sonic Innovations, Starkey, Unitron	Brands Offered: Miracle-Ear®, Oticon, Phonak, ReSound, Rexton, Siemens/Signa, Sonic Innovations Starkey, Unitron and Widex			
Styles	All styles are available at all technology levels. Behind-the-Ear, Receiver-in-the-Ear, Receiver-in-Canal, In-the-Ear, In-the-Canal, and Completely-in-the-Canal.				

*Pricing valid only at participating, in-network locations.



[Are you looking
for a provider ?](#)



AudioNet is a National Provider Network that sub-contracts with various Hearing Aid networks throughout the country to give eligible members the best selection of product and service under one network administrator. We have successfully sub-contracted with over 5,000 Audiologists/ENT's nationally to meet the contractual requirements of our customers, as well as the individual member's needs.

Mandating only the most qualified providers to service our members and monitoring the quality of products rendered, AudioNet is able to bring a level of "Provider Accountability" to the Hearing Aid industry that has never before been seen. Negotiating for "State of the Art" digital products within a Discounted Provider Network allows the eligible member a tremendous benefit enhancement of "up to Two (2) Standard Digital Hearing Aids, covered in full." The Fee Schedules, Product Models and Styles, etc., approved for distribution In-Network are outlined on this website.

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Join the AudioNet network

AudioNet is an "Audiologist Only" network. In order to be credentialed with one of our sub-contracted networks, you need to have an licensed Audiologist on staff to see our members. AudioNet America continues to work on developing the best network of audiologists to provide services to our groups' members. If you would like to become a provider in the AudioNet America Network, please contact one of the following subcontracted networks to sign up.

Network	Phone#	Products
American Hearing Benefits (AHB)	800-328-8602	Starkey, Audibel, NuEar
Beltone	800-621-1275	Beltone Products
Great Lakes Provider Network (GLPN)	866-701-1535	Widex, Starkey, Audibel, NuEar, Unitron
HearUSA	800-333-3389	Oticon, Hansaton, Siemens, Rexton, Phonak, Unitron, ReSound, Sonic Innovations, Miracle Ear
Your Hearing Network (YHN)	855-400-9764	Oticon, Phonak, Sonic, Unitron, Widex

We look forward to you joining our network of audiologists!

Let's Take a Closer Look:



Company	Testing Fees	Fitting Fees/ear	Follow-Up Visits	Owned by
<u>TruHearing</u>	\$<75.00 (pt. or ins.)	\$325-600	3 including HAF (after:35/30; 65/60)	<u>Signia/Sivantos</u>
<u>Amplifon Hearing</u>	\$48.00	\$250-800	<u>1 year</u> free f/u	<u>Amplifon</u>
Nations Hearing	\$0.00	\$350-600	4 including HAF	
Epic Hearing Healthcare	\$20-90.00	\$250-750	3 in <u>1st year</u>	<u>Sonova</u>
American Hearing Benefits	UCR procedures, notify patient prior	\$500-800	\$20 after 6 months	Starkey
<u>HearUSA</u>	Depends	\$400-750	?	<u>Sivantos</u>
Hearing Care Solutions	\$0.00	\$200-700	1 year	
Your Hearing Network (FEHBP, UAW, HEAR USA/AARP, AAA in some states, other plans in other states, Prime Health and ~12 others), "free access to AHAA members"	\$50-75.00 (pt. or ins.) Several of these plans disallow billing for the hearing evaluation and one allows \$110.87 for HE AND HAE	\$350-800 (one plan was \$1000, another is the difference between wholesale-retail network \$)	3 including HAF (\$35 for 60 or less OR \$65 for 60 min or >; can charge up to \$125 for reprogramming and fitting post replacement); after 6 mo, \$20/visit for lesser of 30 mo or aid's lifetime); some are a one year of f/u visits, others are \$25/visit up to \$75 for the year (if over 3, then free)	<u>Oticon</u>
AudioNet partners with AHB (UAW), Beltone, <u>HearUSA</u> and YHN				

Considerations and Trends

Options:

- Itemize for all third party payers:
http://www.audiology.org/practice/reimbursement/Documents/20120110_AAA_Guide_Itemizing_Prof_Serv.pdf
- Be paid for all your services; otherwise may be leaving money on the table

Itemization Example for BTEs, AU

- **V5010 OR S0618 OR 92590 OR 92591** Hearing aid evaluation(s)/Functional Communication Assessment
- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5160** Dispensing Fee, binaural
- **V5261** Hearing aid, digital, binaural, BTE
- **V5264** Ear mold/insert, not disposable, any type (2 units)
- **V5266** Battery
- **V5275** Ear impression, each
- **V5299** Hearing service, miscellaneous (extended service packages, for example)

Next Steps with Commercial Payers

1

Review your
current contracts

2

Evaluate if the fee
schedule is fair; if not,
renegotiate

Request
reimbursement for
the codes you
perform

3

Schedule a
meeting, annually
with your provider
representative;
some payers have
d/c reps



Patients need to be educated about insurance not reimbursing for all necessary services.

Need to stress evidence-based practices to ensure their success.

Thank you!

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