AUDACITY Bolder than Ever

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Optimizing Third-Party Payer Reimbursements

Debbie Abel, AuD Manager, Coding and Contracting Audigy



Course Overview

01 Reading a Contract/ Securing Fee Schedules

02 Third Party Administrators 03

Components of an Acceptable Payment

DON'T ALWAYS CALL INSURANCE COMPANIES WHEN I DO, I KEEP SAYING BUT "REPRESENTATIVE" OR ITTING RANDOM NUMBERS TIL I CAN TALK TO SOMEO

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

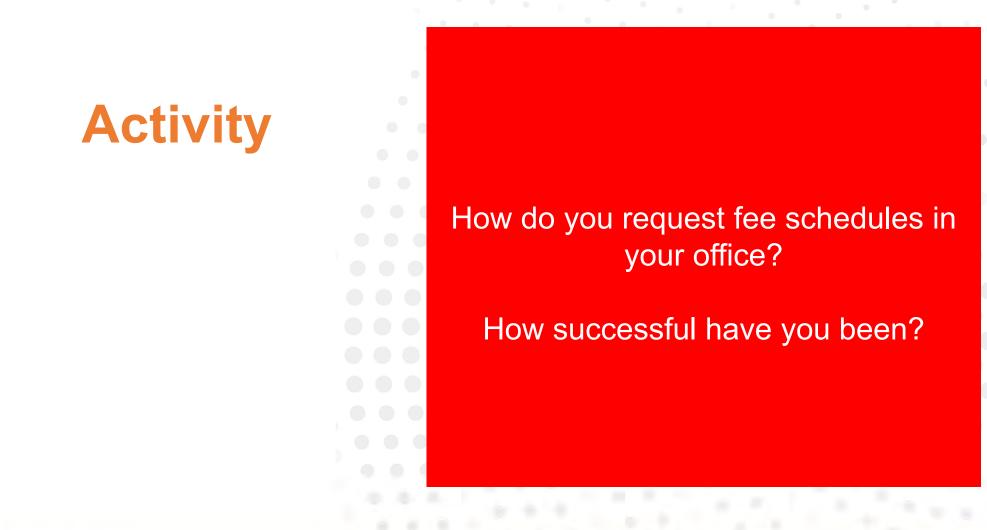
Fee Schedule

Balance Billing

Language for MDs/DOs

Free Tests

Fee Schedules



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 that 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
 - <u>http://www.caqh.org/pdf/CAQH_Provider_Applicationv5_2006-10-31.pdf</u>

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 <u>not</u> 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 \$1001, 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 osseo-integrated 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



ADA Resources:

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



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?



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

Overall Steps

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

2

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

3

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/followup 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
- \checkmark 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

Camplifon Hearing Health Care

	Economy	Standard	Advantage	Signature	Premier
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 Bluetoo	oth 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.



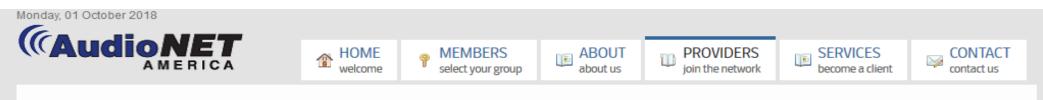
Are you looking for a provider ?

AudioNet is a National Provider Network that subof 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 gualified providers to service our members contracts with various Hearing Aid networks throughout and monitoring the quality of products rendered, AudioNet is able to the country to give eligible members the best selection 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
TruHearing	\$<75.00 (pt. or ins.)	\$325-600	3 including HAF (after:35/30; 65/60)	<u>Signia/Sivantos</u>
Amplifon Hearing	\$48.00	\$250-800	<u>1 year</u> free f/u	Amplifon
Nations Hearing	\$0.00	\$350-600	4 including HAF	
Epic Hearing Healthcare	\$20-90.00	\$250-750	3 in 1 st year	Sonova
American Hearing Benefits	UCR procedures, notify patient prior	\$500-800	\$20 after 6 months	Starkey
HearUSA	Depends	\$400-750	?	Sivantos
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 mg, \$20/visit for lesser of 30 mg 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)	Oticon
AudioNet partners with AHB				
(UAW), Beltone, HearUSA and YHN				

Considerations and Trends

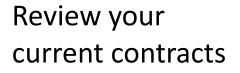
Options:

- Itemize for all third party payers: <u>http://www.audiology.org/practice/reimbursement/Docume</u> nts/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



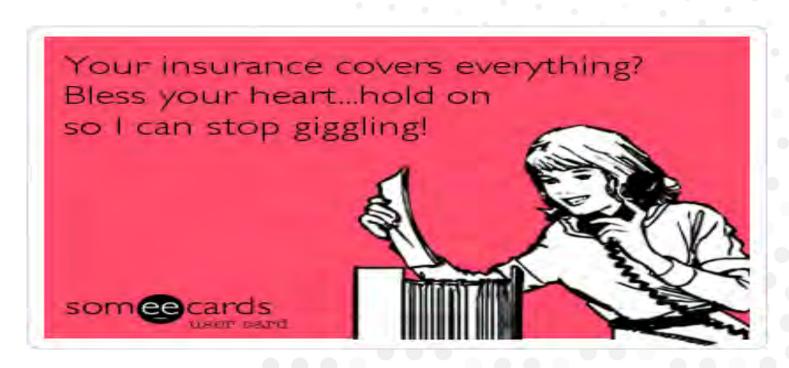


Evaluate if the fee schedule is fair; if not, renegotiate

Request reimbursement for the codes you perform



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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