An Open Letter to Patients

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A healthcare professional takes time to address some of the misconceptions patients may have when they present for care.

Source: Physicians Practice

As healthcare professionals, we have a lot of responsibilities. We have to know compliance issues, HIPAA privacy laws, a vast understanding of all insurance plans, and their inner workings and intricacies. The rules and regulations we as healthcare professionals are bound to are part of the job, and we understand that.

We want you to know that in order for you to walk through our front door, hours of work have already been put into making your experience with us a positive and effective one. There are several tasks that have to take place just to make sure we take your specific insurance plan. Oh, you have Blue Cross, do you? Do you know how many plans land under the Blue Cross umbrella? That some of those plans do not include the services you may require today? Don't feel bad. At first we didn't, either, until we weren't paid for your visit.

We decided to be proactive and start researching your insurance plan prior to your arrival. With the time spent up front, and the reimbursement rate we receive from your insurance plan, we barely make ten dollars for your visit. Sometimes, we actually lose money on visits. It's very frustrating for us, as healthcare providers, too.

When we ask you for your co-pay, charging you your cost-share of the visit (what your insurance company said is your portion of the cost of the visit, i.e., coinsurance or deductible), please don't yell at staff and make a scene. We do our best to take the time to explain your benefits to you, and appreciate the respect back. That is the plan you purchased and pay for each month, and it also may be the only money we make that day. Please be patient with us and understand we are trying to pay our staff, and keep our practice clean and safe for you.

We understand that it's a misconception on your part that we accept fiscal responsibility for your visits because you dropped a plastic card on the desk that says you have insurance. Healthcare providers used to welcome everyone with open arms, and we would even adjust co-pays and other cost-shares simply because we are there to treat patients and all of that money stuff really wasn't our focus. But then we had to close our doors because we couldn't pay our staff, and purchase equipment or supplies to treat you.

Insurance companies are not the same as they were 20 years ago. They have made it very difficult for providers to operate and stay in business. This is not your fault, but please understand that it is your fiscal and personal responsibility to understand your benefits. If you are not clear, don't roll the dice and "see what happens." Call your insurance company and ask questions.

Healthcare providers are not as willing to accept you with open arms anymore. We may let you at the time of service if your plan does not cover services and that you are responsible to pay up front costs. We know all too well when someone says, "Send me a bill," it's rare we actually get paid. We are out thousands (literally) of dollars. Some providers are hopeful, they keep sending you a bill, and you keep shredding it. You justify it by saying things like, "The service wasn't that great." Or "How can they charge so much?" Providing healthcare to you is expensive.

You need understand that we, as providers, do not set the contracted rates with your insurance plan. The rates are set by the insurance companies based upon demographic area, how much the next guy is willing to accept as payment (often less) and these companies keep cutting our pay-per-visit, even though we continue to provide quality service.

When you see that there are 10 people in the lobby, you have to understand that in order for us to provide you quality service we have to see more patients. When you come in for a non-urgent reason and you see the nurse or physician's assistant it's to help us keep costs down, so we can continue to pay rent in our location. Landlords are increasing our cost to stay in the area you live, so we keep paying more and more just to be able to provide you the care we do, in the perfect location for you.
I know many of you are frustrated with having to pay anywhere from $6,000 to $10,000 for a deductible prior to the insurance plan ever paying a dime. I know this confuses some of you since you pay for insurance every month. The payment you make to the plan does not pay towards your deductible. That's the monthly cost of having health insurance. Oftentimes we are asked, "Why can't I just pay cash then?" Unfortunately, we are under a contractual obligation with your health plan. This means if we are a contracted preferred provider and aware you have this plan, we have to follow our contract guidelines, and that means you have to pay your deductible, and not a cash rate. I know some of this might be news to you, but the healthcare field is not the easiest to maneuver around. We need to be able to pay specialists in our practice to keep up on government regulations, rules, compliance, HIPAA privacy laws, and find new ways to educate ourselves on health plans' new payment delay tactics. Please work with us as we accept you into our practice and provide you with the best service we can.

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