

THE

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Editors Note: *One of the most important things you can do to improve revenue is to require your front-desk staff to collect co-pays on the date of service. Included in this issue is an article outlining how to train your staff to do this effectively and tactfully. Many of the balances we see turned over to collections are patient co-payments that could have been collected during the encounter. As always, we welcome your comments and suggestions. Please email them to: support@corerecovery.biz*

Payment for Medical Services Rendered to Minor Children **Both parents responsible despite divorce**

The question of responsibility for payment for services rendered to minor children comes up constantly. Who is responsible, especially when parents may no longer be living together? “The obligation of parents to provide support to their minor children, according to their means and ability to pay, is absolute by statute and common law. [*Marylmogene Bassett Hospital v. Eric J. Dahlberg*, 229 ad.2d 781, 645 N.Y.S.D.2d 578 (Third Dept, 1996)] This obligation to provide support includes the responsibility to pay for necessary medical services rendered to their minor children.

In New York and Pennsylvania for example, the law defines a minor as an individual who has not attained the age of 18 years. However, there is a general requirement in both states that parents provide for the support of their children, until they are 21 years of age. Only emancipation, marriage, adoption, abandonment of the parent by the child or a statute will act to relieve a parent of this duty,” says Attorney Frederic W. Burr, a health law collections expert with the firm of Burr & Reid in Vestal, NY. (Other states’ laws may be similar, but be sure to check with local counsel.)

Emancipation

Emancipation is an act carried out by the parent, either expressly or through implication, Burr explains. He goes on to say that giving a minor child a document of emancipation would be one way for a parent to expressly emancipate their child. However, the emancipation would not be effective if the child still lived at home and depended on the parent for financial support.

“If the child moves away from the parental home and sets up his or her own household with parental consent, the law will imply emancipation of the minor by the parent. A court will deem emancipation to have taken place where a parent conducts himself in a way that is inconsistent with the performance of parental obligations. The marriage of a minor will also operate to emancipate the minor regardless of any act the parent may undertake,” Burr says.

Ordinarily, a child is emancipated at the age of 21 even though he or she continues to live with his or her parents. In Pennsylvania, for example, a parent may be liable for the necessary support of an adult child who has a physical or mental condition that exists at the

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the child reaches maturity, and prevents the child from being self-supporting or emancipated.

Both Parents Responsible

“Many of our [health care provider] clients have been presented with the situation of a non-custodial parent refusing to pay for necessary medical services rendered to a minor child based on a separation agreement, Family Court order or a divorce decree. A medical provider rendering necessary medical services to a minor child may look to either or both parents for payment of the medical bill. This is true, even if the parents have a court order, separation agreement or divorce decree which apportions their respective rights and obligations on this issue between themselves. The medical provider is not a party to any private agreement or court order between the parties. The medical provider has no legal obligation to become involved in the private matrimonial disputes of its patients. Should a parent pay a bill that he or she feels is owed by the other parent pursuant to an agreement or court order they are free to pursue the other party for reimbursement.

As always, any specific case should be referred to counsel for review,” Burr explains.

10 Tips for Happiness

1. ***Don't worry.*** It's among the most unproductive of all activities.
2. ***Don't be afraid.*** Most of what we fear never happens.
3. ***Don't cross bridges before you come to them.*** No one has managed it so far.
4. ***Don't get overwhelmed by frustration.*** It's rooted in self-pity.
5. ***Don't take problems to bed with you.*** They're no fun to cozy up to.
6. ***Don't borrow problems from others.*** They can handle their stuff better than you can.
7. ***Don't relive the past, whether good or bad.*** Yesterday's gone.
8. ***Take each problem as it comes.*** You can tackle only one at a time anyway.
9. ***Be a good listener.*** It's hard to learn anything when you're doing all the talking.
10. ***Count your blessings.*** Even if they're small, remember: The little things add up.

Setting the Rules

When you are setting up payment arrangements with patients, let them know exactly what you expect from them. For example, you may say:

- “I've noticed in your file that you have agreed to pay \$100 by April 10th. I will look for the payment by the 13th. Do you agree?”
- “If your payment of \$100 is not here by the 13th, I will call you the next day for payment in full. Do you understand the importance of keeping your promise?”

When you do this, the arrangement is repeated, which helps reaffirm the promise to the patient. By answering you, the patient verbally commits to the terms. You also let the patient know ahead of time that the balance will be due if the payment is even one day late. This creates urgency to keep the arrangement.

Then, you also must be sure you keep your promise. If you said payment in full is due if payment is late, request payment in full. If you said this is the only payment arrangement you will agree to, don't lose credibility by setting up another one.

Helping Staff Learn to Collect from Patients

If you have tried to find educational tools to help your employees learn to collect from patients and failed, the following may be helpful to you. Crystal Reeves of the Coker group, medical practice management consultants, has some suggestions.

Managers can help their staff members overcome their reluctance to ask patients for money by providing them with scripts for asking for payment and by conducting role-play sessions to help them in meeting patient objections.

Asking for Payment Using Good Customer Service Skills

For example, you could use a statement like “Your co-payment for today’s services comes to...” or “Your portion of payment for today’s services is...” and then follow the statement with “Would you like to take care of that by cash, check, or charge card?” Let the patient know that you do expect payment today, and that you are offering them payment options.

Employees can be coached to avoid using terms such as “Would you like to take care of that today?” which indicates to the patient that they have the option of paying later.

Present a United Front

If patients have been permitted to leave the office without paying in the past, the front-desk staff encounters resistance from the patients to pay as they try to collect at the time of service. For that reason, it is important to provide a “united front” and make sure that all the front-desk staff are diligent in collecting co-payments and providing education on the new policy.

When patients respond to a request for payment with “You’ve always billed me for my co-payments or “They’ve never asked for that before.” You can help your staff by providing them with ways to meet these objections. Prewritten answers will assist the staff in responding. For example, “I understand that this may be a change for you. Just to make you aware, our new policy is to collect the patients portion at the time of service. Would you like to take care of today’s portion by cash, check or charge card?”

Educate Medical Staff, too

Some practices report a problem when the patient complains to the physician about collection policies. Sometimes the physician reverses the policy. That may be due to physicians being caught off-guard and responding with a quick “Don’t worry about it.” However, when that happens you can almost see all future co-payments go swirling down the drain. Responses such as the following can help a physician or nurse show a patient that they still care for him as a person, but they are supporting office policies,

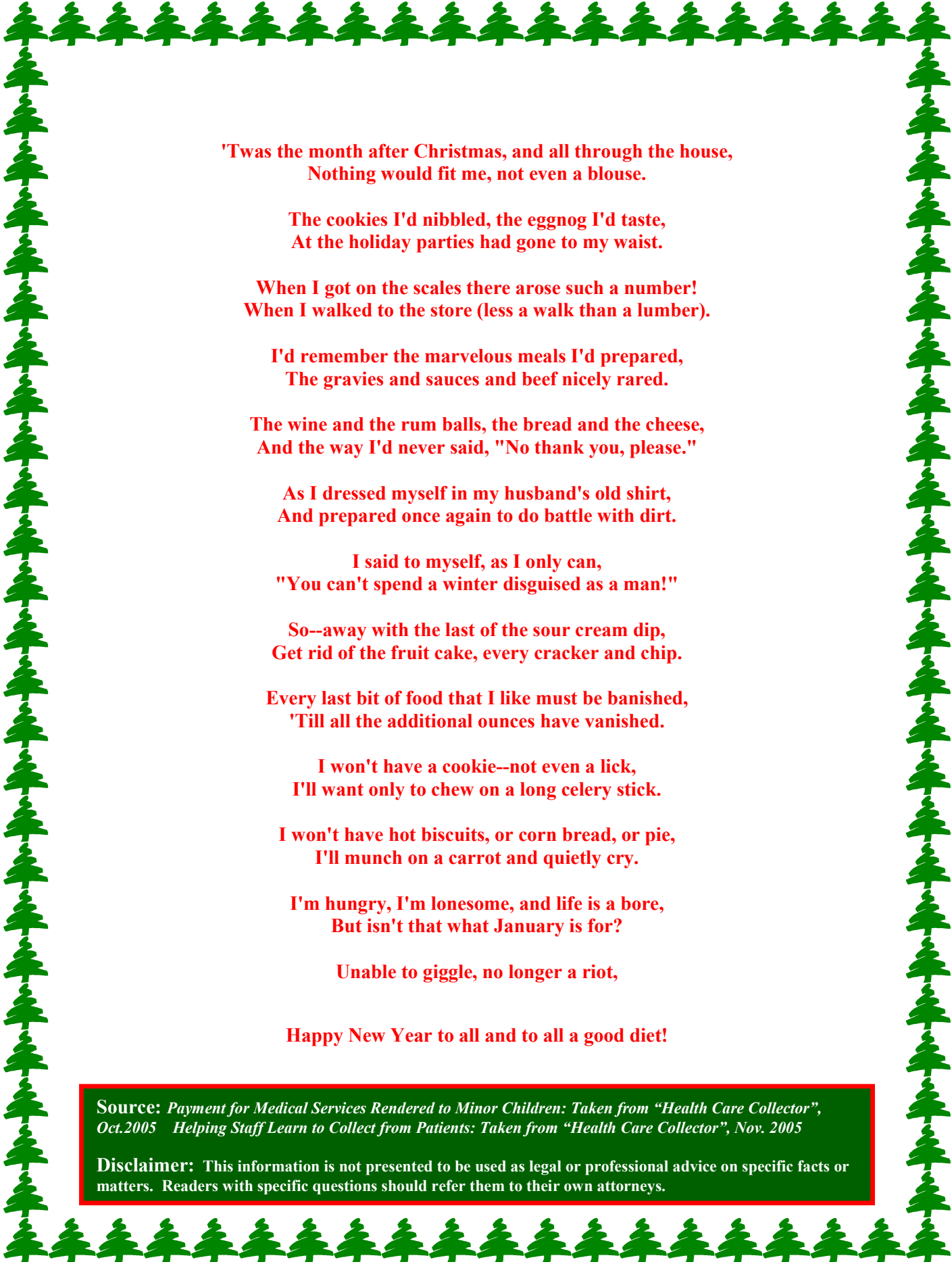
“Yes, Mrs. Jones, I realize this is a change from our past policy, but we’ve found that it is necessary so that we can continue to provide you with the quality of health care that you’ve received in the past. Our front-desk staff members are only following our instructions to collect all co-payments at the time of the service. I hope you can understand.”

Training Agenda

To meet the needs of your front-desk staff, you may want to set up a training agenda. Consider the following topics:

- 1) Introduction to co-payments and their role in reimbursement;
- 2) Advantages to collecting co-payments at check-in or check-out;
- 3) Determining the co-payment;
- 4) Determining how much to collect; and
- 5) How to respond to the patient when:
 - ◆ The patient says he/she has no co-payment;
 - ◆ The patient says he/she has no money with him/her;
 - ◆ The patient asks you to bill him/her for the amount;
 - ◆ The patient says he/she will bring it next time;
 - ◆ The patient says the doctor said not to worry about it; or
 - ◆ The patient threatens to see another doctor.

Trying to collect money late in the revenue cycle (after 30 or 60 days) may or may not be successful. However, the most effective way to improve revenues is to collect all that is due you at the time of service.



'Twas the month after Christmas, and all through the house,
Nothing would fit me, not even a blouse.

The cookies I'd nibbled, the eggnog I'd taste,
At the holiday parties had gone to my waist.

When I got on the scales there arose such a number!
When I walked to the store (less a walk than a lumber).

I'd remember the marvelous meals I'd prepared,
The gravies and sauces and beef nicely rared.

The wine and the rum balls, the bread and the cheese,
And the way I'd never said, "No thank you, please."

As I dressed myself in my husband's old shirt,
And prepared once again to do battle with dirt.

I said to myself, as I only can,
"You can't spend a winter disguised as a man!"

So--away with the last of the sour cream dip,
Get rid of the fruit cake, every cracker and chip.

Every last bit of food that I like must be banished,
'Till all the additional ounces have vanished.

I won't have a cookie--not even a lick,
I'll want only to chew on a long celery stick.

I won't have hot biscuits, or corn bread, or pie,
I'll munch on a carrot and quietly cry.

I'm hungry, I'm lonesome, and life is a bore,
But isn't that what January is for?

Unable to giggle, no longer a riot,

Happy New Year to all and to all a good diet!

Source: *Payment for Medical Services Rendered to Minor Children: Taken from "Health Care Collector", Oct. 2005* *Helping Staff Learn to Collect from Patients: Taken from "Health Care Collector", Nov. 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.