Tired of Bearing the Bill on Your Back?

Have you ever been to the doctor, presented your insurance information, paid your co-payment and deductible, only to be subsequently billed for those services by your provider? Chances are, your provider has sent your health care claim to your health plan, but the health plan has either delayed payment for the services or simply refused to pay the claim altogether.

By delaying payments to healthcare providers or to you, health plans earn interest on the money they receive from you and your employer. They assume that the average consumer will not fight back. Often you and your healthcare provider are left footing the bill for services that should be paid for by your health plan. There are many delay tactics that insurance companies use, particularly with chiropractic, physical therapy and mental health claims. See our website for more information, including ways to assist in getting your claims paid: www.healthdatawv.com and click on Info for Patients.

How bad is it? Prompt payment of claims is a problem for you as a patient and it is even a bigger problem for providers. Delayed payments severely hinder providers' abilities to keep their practices afloat. These payment delays also increase your healthcare costs and put billions of dollars in the pockets of health plans as they earn interest on every late claim.

What's the good news? Forty-seven states have passed prompt-pay legislation. Some laws have more "teeth" than others. A key motivator is a rule that requires payers to add 1 1/2 percent monthly interest to claims that are paid late. State laws may vary, but a recent communication from Medicare defines prompt payment as payment within 30 days for receipt of a "clean claim." A clean claim is defined as one that contains no defect or impropriety or particular circumstance that prevents timely payment from being made on the claim.

What's the bad news? Defining a "clean claim" in this manner gives the payer too much flexibility. This has resulted in a new round of denials and delay tactics for all sorts of reasons— all resulting in more work and headaches for you, the patient, and your provider. Here are a couple of examples:

- Sending you, the patient a form to fill out and return to the insurance company regarding a perceived "accident." All claims are denied until you return this form. While necessary in some cases, it is becoming even more prevalent with diagnoses that could not possibly be accident-related. Who pays? You do.
- Denying your claims until you return a form to your insurance company regarding "other insurance" that in most cases, you do not even have.

How patients can help. Health plans should not be allowed to profit from the abusive practice of delaying and denying payments to providers. After all, it's not their money. It is your and your employer's premium dollar that should rightfully be going towards your healthcare. Ultimately, you are responsible for your bills if your insurance company doesn't pay them. Help to make sure that your money is used to pay for healthcare services and not to support health plans that wish to profit from the use of your dollar— and leave you stuck with the bill.

- Understand your insurance coverage prior to seeking treatment. ❖
- Return all requests for information to your insurance company promptly.
- Assist your provider, if asked to do so, by making calls to your insurance company. Summarize your call in a complaint letter. Document your calls and letters.❖
- If necessary, file a complaint with your state's Insurance Commissioner. ❖

❖See our website www.healthdatawv.com for flyers on these topics!

PO Box 7593
Charleston, WV 25356
Phone: 304-755-8088