



### THE ADA AND CARING FOR HEARING-IMPAIRED PATIENTS

Since 1990, when the Americans with Disabilities Act (ADA) became law, businesses and medical practices have become familiar with ADA rules that require building modifications to accommodate the needs of handicapped persons. Examples include constructing ramps and wider doorways for wheelchair access.

The rules regarding services for deaf and hearing-impaired patients, however, have received less attention. But they are just as important — especially for healthcare providers.

#### Rights of hearing-impaired patients

According to the ADA, any person who has a physical or mental impairment that limits a major life activity cannot be discriminated against. In the case of hearing-impaired patients, this means that physicians and healthcare providers must offer effective means of communication for those patients and their family members.

Moreover, the provider or facility must cover the cost of providing the services to ensure that effective communication with the patient occurs, unless doing so causes an undue burden or expense.

#### Communication is key

You may be able to communicate effectively with your hearing-impaired patients by using gestures or writing questions on a notepad. But if those methods won't suffice, the practice must hire a qualified interpreter to help communicate needed information. The practice must also cover the costs if a patient or family requests an interpreter.

ADA rules don't allow family members or friends of a patient to provide interpretation. The regulation defines a qualified interpreter as a person "who is able to interpret *effectively, accurately and impartially* [emphasis added], both receptively and expressly, using any necessary specialized vocabulary." Family and friends may have an emotional involvement that could impair an impartial translation.

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## HOW TO MANAGE REFUNDS AND PATIENT CREDIT BALANCES

What happens when either an insurance company or patient doesn't pay according to your set fees, causing an overpayment and, consequently, an account credit balance? Is your practice prepared to deal with this situation?

Insurance company refunds and patient credit balances tend to accumulate quickly and take significant practice resources to rectify; they also may create a cash flow challenge for your practice. Credit balances in your practice can occur when:

- You receive duplicate payment for the same date of service,
- Both patient and insurance pay for the same services,
- Payment is received for the wrong patient, or
- Incorrect payments are made (either date or type of service).

Establishing a protocol to help identify and manage incorrect or duplicate payments will help your staff expedite refunding money that is not rightfully yours.

### PUT YOUR BILLING SYSTEM TO WORK

Use your practice's billing software to help identify credit balances. Most applications show the copayment levels, deductibles, noncovered services and current fee schedules for insurance plan details that are entered into the system.

Run credit balance reports as a normal course of your month-end closing, and follow up on outstanding balances regularly, just as you do with the normal outstanding accounts receivable. Refunds should be regularly processed and paid out, normally once or twice a month. This will also help your

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### Situations that may require an interpreter include:

- Discussing symptoms and medical conditions,
- Explaining test results,
- Explaining diagnosis, treatment options, and prognosis,
- Obtaining informed consent,
- Providing instructions for medications or follow-up treatments, and
- Discussing complex billing or insurance issues.

Interpreters can be found through various local and state organizations. Start by calling your local hearing and speech center. National organizations that can assist in finding interpreters are the Registry of Interpreters for the Deaf ([www.rid.org](http://www.rid.org)) or the National Association of the Deaf ([www.nad.org](http://www.nad.org)).

### It's your responsibility

Medical practices have an obligation to provide interpretive services to patients who require them. In some states, Medicaid may cover some of the costs, and it's possible that your contracted carriers may also help cover these expenses. But even if you must foot the bill alone, consider it a cost of doing business and, more important, providing quality care to your patients.

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## PHYSICIANS ARE CHANGING PRACTICE PHILOSOPHY

Physicians have long provided certain administrative convenience services, such as writing letters for family medical leave, to their patients at no charge. Unfortunately, the number of hours spent completing forms has significantly increased over the last several years.

A survey by Merritt, Hawkins & Associates, a physician search and consulting firm, shows that the majority of doctors surveyed say they spent less than four hours weekly on nonclinical paperwork chores when first starting their practices. Today, one-third report spending seven to 10 hours per week on paperwork; another 12% say they spend up to 14 hours each week.

This drag on productive time, along with other increasing administrative overhead costs and declining reimbursement rates, has caused many practices to begin charging patients for these administrative fees.

## What fees are fair game?

Practices are now starting to charge for:

- Completing forms, writing letters and copying and faxing records for patients,
- Nonemergency or nonurgent after-hours and weekend phone consultations, such as prescription refills or discussing test results,
- E-mail consultations,
- Helping patients appeal health plan denials or get coverage for noncovered services,
- Coordinating out-of-town care for patients who are traveling,
- Arranging for social services and transportation, and
- “No-show” appointments.

Fees for these administrative services range between annual payments of \$20 to \$50 for single or family coverage to a la carte menus covering payments from \$10 flat amounts to several hundred dollars for an hour of time.

## A controversial practice

Of course, payers take a dim view of charging patients additional fees for services associated with covered benefits. What a physician sees as fair, payers may view as “bundled,” or included as payment for other services.

The rules vary from payer to payer and can be hard to discern. Most health plan contracts don't include a list of covered services or information on what services are bundled. The CPT (Current Procedural Terminology) manual provides some clues, but health plans aren't bound to follow CPT to the letter, and many don't.

The American Medical Association (AMA) has affirmed that physicians have the right to set their own fees if they aren't excessive, and it recommends that doctors inform patients before assessing a fee. They assert that doctors should do simple insurance tasks without charge while being compensated for complex administrative services required by payers. The Centers for Medicare & Medicaid Services prohibits participating doctors from billing Medicare patients for covered services, including prescription refills.

Patient compliance with administrative service charges varies greatly in practices that have implemented them, and many practices report that they suffered no material financial effect when patients chose to leave.

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**practice manage its cash flow, because the practice won't have use of funds that it shouldn't have.**

## **ESTABLISH NEEDED CONTROLS**

**Cut down on the likelihood of employee fraud and embezzlement in your practice by implementing internal controls in the refunding process. All practices should have internal control systems, regardless of size. This includes properly segregating duties and authorization. For example, have one person review the refund documentation and another person cut the check.**

**First, have your office manager or a trusted supervisor review all refund requests and supporting documentation. If an insurance overpayment or duplicate payment is being refunded, the documentation must include a copy of the appropriate explanation of benefits.**

**The person reviewing the refund request must thoroughly understand the billing software to review accounts activity for accuracy of the refund amount. Finally, the patient accounts should be adjusted prior to mailing the check to ensure that your accounting records correspond to the cash disbursement.**

**Setting a routine and protocol for account credit balances will help you maintain cleaner accounts receivable and better manage patient accounts. Implementing appropriate internal controls over the refund process will ensure that refunds are issued appropriately and accurately — keeping cash for you and your patients flowing smoothly.**

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# L O C A T I O N S

## Alabama

Birmingham . . . . . 205.212.5300

## Georgia

Atlanta . . . . . 404.575.8900

## North Carolina

Asheville . . . . . 828.254.2254

Boone . . . . . 828.262.0997

Burnsville . . . . . 828.682.2876

Charlotte - Southpark . . . . 704.367.7020

Charlotte - Uptown . . . . . 704.334.3600

Durham . . . . . 919.484.0630

Greensboro . . . . . 336.275.4578

Greenville . . . . . 252.321.0505

Hendersonville . . . . . 828.692.9176

High Point . . . . . 336.889.5156

Raleigh . . . . . 919.876.4546

Rockingham . . . . . 910.895.4014

Salisbury . . . . . 704.636.9090

Sanford . . . . . 919.776.0555

Southern Pines . . . . . 910.692.8555

Sylva . . . . . 828.586.6200

Thomasville . . . . . 336.889.5156

Winston-Salem . . . . . 336.714.8100

## South Carolina

Greenville . . . . . 864.288.5544

Spartanburg . . . . . 864.583.5800

## Tennessee

Memphis . . . . . 901.684.2277

Brentwood/Nasville . . . . . 615.312.8272

## Texas

Dallas/Fort Worth . . . . . 817.276.4100

## West Virginia

Clarksburg . . . . . 304.622.0804

## Apply fees appropriately

If your practice decides to charge administrative fees, contact your attorney for advice on how to implement the fees without running into legal problems. The federal Truth in Lending Law requires that, in many situations, consumers be notified before fees are charged, and state collection laws may also have provisions that apply.

The AMA also offers other questions to consider when judging a fee's propriety:

- Is it excessive? Would a person knowledgeable about current medical fees have a “definite and firm conviction” that the fee is not too much?
- Does the fee fairly reflect the cost of the service? Is it on par with similar services performed by other local doctors?
- Are you showing compassion for the particular patient's ability to pay?
- In dealing with third-party payers, can simpler administrative tasks be done for free?
- Are you discussing fees with patients in advance and providing enough information?

## What will you do if patients don't pay?

If you implement a policy for assessing administrative fees, be sure to regularly assess the financial impact it has had (if any) on the practice. Consider tracking overall practice compliance, percentage of patient transfer requests and new patient compliance.

Physicians who have initiated these charges say that revenue received from incorporating extra charges into their business strategy helps them offset steep increases in overhead costs as well as stagnant Medicare reimbursement. For some, it makes the extra hours spent doing paperwork and returning phone calls a little easier to bear.



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