



I hope you are enjoying your Summer. This month we discuss the latest update with the Affordable Care Act and things your office can do to prepare for the increase in patient self-pay responsibility.

Collection Tip of the Month

One trend that's made it tougher for providers to collect the money they're owed: an increase in patient responsibility. Thanks to higher-deductible plans, a greater number of uninsured patients, and larger co-pays, more of the money owed to providers is coming directly from patients' pockets. While getting reimbursement from insurance companies is difficult, collecting from patients is one of the biggest challenges hospitals and practices face. And as those funds start making up a larger percentage of providers' incomes, collecting them is becoming more and more critical.

Bad debt often comes from patients. In a 2010 survey conducted by the Association for Work Process Improvement providers reported that around 10% of their revenue was collected directly from patients. But despite the low percentage, those same organizations said that more than half (58%) of all their bad debt came from outstanding patient balances.

The medical billing process is completely different from almost every other consumer transaction. At a retail store, a customer pays money and then receives a product. But at a healthcare provider office, in many cases, the service is performed and then the patient gets a bill several weeks later.

That makes it much easier for patients to avoid paying, forget about what they owe, or withhold payment because the cost is higher than they had expected. As health care becomes more consumer-driven, providers need to alter their billing process so it more closely resembles consumers' retail transactions. Patients need more info One critical difference between transactions in health care and those in other industries: in many cases, at the



time of service neither the provider nor the patient knows how much the individual will owe. Often, that's because estimation of the patient's responsibility is too difficult, time-consuming, or costly for office staff to calculate. At most smaller practices, an employee has to sit down and perform a manual patient estimation; in this setting, staff is already stretched thin performing a variety of tasks. Even at a large provider

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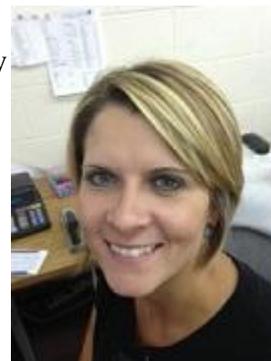
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that has its own contract management system, the work of keeping all the information in that system up-to-date can be a huge burden. However, investing in an effective patient estimation tool – and making sure office staff collects and verifies all necessary information before or at the time of care – can allow providers to get an accurate calculation of what patients will owe before services or procedures are rendered. Estimation tools make calculations based on key data, including demographic, insurance and coding information. Once a provider has that information, the patient's estimated responsibility can be calculated, and that information can be relayed to the patient when they come in for the visit, or even at the time of an appointment's confirmation several days in advance.

Associate Spotlight

Our featured employee this month is Kristy Chaney. Kristy has been with CDA for 3 years. Kristy worked for 2 years in the collection department before training to become a payment clerk. Kristy is married and enjoys spending time with her 3 children. In her spare time she is an avid scrap booker.



Industry News

The Obama administration announced on July 2 that it would be delaying for one year the mandate that larger businesses provide health insurance to employees under the Affordable Care Act. Originally, the law required that employers with more than 50 full-time workers provide health insurance by the start of 2014, or pay penalties. Now, these businesses have until 2015 to comply. Valerie Jarrett, a senior advisor to President Barack Obama, wrote on a White House blog that the administration is providing employers “as much flexibility and transition time as possible ... to move to providing affordable, quality coverage to (their) workers.” Health insurance exchanges for individuals are still set to roll out on a state-by-state basis later this year, Jarrett writes. These exchanges are another major component of the Affordable Care Act. Open enrollment is set to begin Oct. 1, with coverage scheduled to kick in on Jan. 1, 2014. Applications will be accepted online through the new HealthCare.gov. The U.S. Department of Health and Human Services recently announced that it would be getting involved in the rate-setting process for health plans that will be sold on the exchanges.

How Can I Earn CEU's By Attending a CDA Seminar?

Many of you belong to various professional medical office management associations and are looking for industry professionals to conduct a seminar at your local or state meetings. CDA is now offering a free seminar called "9 Red Hot Ingredients to Fire Up your A/R Collections in Just 30 Minutes a Week?" for your medical or office managers association. We just conducted the seminar for the American Association of Professional Coders and they received 1.5 CEU's towards their professional certification for attending. Also, we were approved by the American Academy of Medical Administrators are allowing their members 1.5 CEU's for attending a live seminar or webinar.

You can view a short video on the seminar by going to <https://www.cdac.biz/spiceitup>

If you are interested in learning more about how you can bring our seminar to your association, please call Dave or Tony.

Thank You For Your Trust!!

We are looking to help more clients like you. The greatest form of flattery is when one of our clients refers us to one of their colleagues. If you know someone that can benefit from our services, let us know and we will be glad to follow up.

Chef Dave's Kitchen

Zucchini Omelet with Onions Ingredients:

20 oz. of zucchini
14 oz. of white onions
3 TBS of extra virgin olive oil
6 eggs
Parsley
Basil
Salt
Pepper

Peel the onions, divide into 2 parts lengthwise and cut them very finely. Chop the zucchini and slice. Heat 3 TSP of olive oil in a large pan and fry the onions while stirring on low heat. Once they become transparent and before browning, add the zucchini, increase the heat and cook approx 30 minutes. Flavor with salt and pepper. Take off heat when they are cooked, but still remaining slightly solid.

Whip the eggs in a bowl, salt them and add lukewarm zucchini, chopped parsley, and basil. Heat one TBS of oil in a non-stick pan, pour the eggs inside and level it.

Cook the omelet evenly, then turn it with a top and conclude the cooking. If you have difficulties with the pan, put the whole egg mixture in an oiled baking tin (24 cm) and cook the omelet in the oven (previously heated at 350 degrees for 20 minutes. Serve it lukewarm or cold.

All the best,

Tony Muscato, VP of Sales

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