CHOOSEWELL

# Estimating Costs and Reviewing EOB's for an outpatient office visit

For more details, see http://chooselivewell.com/estimating-costs/ .

## Short Form

***Step 1:*** ***Choose your Provider.***

***Step 2:*** ***Call the clinic to schedule your appointment, but also …*** Confirm that your Provider is still In Network. Ask if they bill Facility Fees or consumables separate from procedures (a common practice for hospital owned outpatient clinics); if they do, ask how much. If the facility fee seems excessive you might check other physician practices elsewhere where there are no facility fees.

Provide your reason for visit, schedule your appointment and provide all of your insurance plan information.

***Step 3:*** ***In the same call, ask if all anticipated services (based on your Reason for Visit) are allowed benefits under your plan, and what your insurance company's Allowed Charges are. Make sure they include diagnostic tests.***

***Step 4:*** ***Ask if past patients with similar Reasons for Visit had any common unpredicted procedures.***

***Step 5 (optional depending on your confidence in the info gathered in steps 3 and 4): Call your insurance plan, tell them you're seeing an in network provider, and ask what their Allowed Amounts are for the CPT codes you anticipate.***

***Step 6:*** ***Go in for your appointment.*** Get treated. Thank your doctors, nurses, and staff who worked with you.

***Step 7:*** ***On checkout, you may be asked for some money. Pay up.***

***Step 8:  Go home and enjoy life.***

***Step 9:  When your EOB comes later (10 – 60+ days) from your insurance company, review it carefully.*** Specifically look for dates of service, service descriptions, duplicates, and surprise facility fees or excluded benefits. If you made a payment when you received the services, does that payment reconcile with the amount you're responsible for on the EOB?

***Step 10:  If you didn't make a payment up front, or only made a partial payment, then you will soon be getting a bill from your provider.*** It should reflect the exact amount your EOB states is your responsibility (or the difference if you made a partial payment up front).

***Step 11:  Share your experience.*** By sharing your experiences, insights or stories, we improve other's chances and of making well informed choices.

***Step 12:  Go back to enjoying life.***

---

*Be sure you understand our Disclaimer – see the full text at the end of the detailed form.*

CHOOSEWELL

# Detailed Form

***Step 1: Choose your Provider.***

Check your insurance plan's web site to see if your #1 choice for a provider is In Network for your plan. If so, go to Step 2. If not, consider taking some preparatory steps before you decide how important it is to you to use an in-network provider, then proceed to Step 2

***Step 2: Call the clinic to schedule your appointment, but also …***

_____ Confirm that your Provider is still In Network. They should be, but on the off chance that they've dropped out mid-year (many insurance plans are slow to update their web sites with this info), you don't want to pay the price later.

_____ Ask if they bill Facility Fees or consumables separate from procedures (a common practice for hospital owned outpatient clinics); if they do, ask how much. If the facility fee seems excessive you might check other physician practices elsewhere where there are no facility fees.

Presuming their in network status is confirmed and your OK with the facility fee answers …

_____ Provide your reason for visit, schedule your appointment and provide all of your insurance plan information.

*Note: It's very important that you provide as much detail possible in your Reason for Visit, since some practices schedule different time blocks for different types of visits or request that you do different preparation. For example, if you need your blood pressure prescription renewed and you have some questions about a pain in your foot, but you're also overdue for a physical, tell the appointment scheduler everything. If you were to tell them you're coming in for a physical and thinking to yourself that you'll just ask the doc a few extra questions about your foot while*

*you're there, they may not schedule the right amount of time, AND any questions in the steps below will get you inaccurate answers.*

The practice may be organized to have you speak to a front desk person for scheduling your appointment, but may need to transfer you to a billing person to confirm in network status. If so, confirm that last since you'll want the billing person for the next couple of steps.

***Step 3: In the same call, ask if all anticipated services (based on your Reason for Visit) are allowed benefits under your plan, and what your insurance company's Allowed Charges are. Make sure they include diagnostic tests.***

A billing person should know this, but if they don't, then get the associated CPT codes and units and go to Step 3.1. **If they are included benefits for your plan, are they done under the provider's tax ID? If not, are the diagnostic service providers also in your plan's network?** This is a very carefully worded question and very few patients know how to ask it properly. Many providers work in Medical Office Buildings that include laboratory and imaging centers owned by independent companies or the local hospital, which may or may not be in your plan's network. If you ask whether diagnostic tests are done 'in your office' or 'in house', or something similar, you may get a response like 'Of course. They're right here on the same floor, and you can get them before you leave.' That answer assumes you're concerned about location convenience (as are the vast majority of the patients scheduling appointments), when what you're really asking is whether you'll benefit from your plan's negotiated Allowed Amounts, or get stuck with inflated Provider Charges.

*Note: You need the amounts they anticipate your insurance plan will pay ('Allowed Amount'); NOT what the provider will bill ('Provider or Charge Master Charges'), since the Provider Charges are meaningless to you. This will almost certainly require a billing person. If you're talking to a front desk person, they might be coached to respond with 'we won't know until we see you and have billed your insurance'. You may also get other efforts to deflect this question, since it may take some effort to look up. On occasion, some practices have even replied with 'We can't discuss that*

*because it would be a HIPAA (patient privacy) violation', which is utter nonsense, since they're discussing it with you! Explain politely to them that you'd like to know before you attend, since you'll be paying some or all of the costs out of pocket. Be persistent, and ask to speak to a billing or office manager if you get resistance. But here I have to deliver some disappointing news; many insurance plans have, in their contracts with the providers, deemed their Allowed Amounts to be 'confidential'. If the practice evokes this, you're out of luck. Just ask what CPT codes they plan on billing and how many units of each.*

| Allowed Benefits (with CPT codes) | Allowed Charges |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

***Step 4: Ask if past patients with similar Reasons for Visit had any common unpredicted procedures.***

For example, if 20% of them get a certain reflexive diagnostic test based on their interview, history and physical exam, you want to know about this. Then follow with the same q's from Step 3.

| Allowed Benefits (with CPT codes) | Allowed Charges |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

***Step 5 (optional depending on your confidence in the info gathered in steps 3 and 4): Call your insurance plan, tell them you're seeing an in network provider, and ask what their Allowed Amounts are for the CPT codes you anticipate.***

***Step 6: Go in for your appointment.***

Get treated. Thank your doctors, nurses, and staff who worked with you.

***Step 7: On checkout, you may be asked for some money. Pay up.***

Less sophisticated practices will submit their bill to your insurance plan, let them adjudicate it, wait for their EOB, then bill you for your portion later. The more sophisticated practices will want to collect all or as much of your portion of the bill as possible, since collecting from patients directly is often difficult after they've left the office (and results in high levels of bad debt write-offs). Your practice has access to the terms of your insurance plan (co-pays, co-insurance, and how much of your annual deducible has already been met). If they've gone to the effort of getting this from your insurance company, and if you have a high deductible plan, the bill may be hundreds of dollars or more. If they ask for this, be certain that they're collecting from you based on

the Allowed Amounts they anticipate from the insurance plan – NOT their Provider Charges.

For example, let's assume that you have more than $1000 yet to meet on your annual deductible, and that the clinic's Provider Charges for a Problem Visit with several labs and one diagnostic image may total $952. Assuming they're all included benefits, your insurance plan's Allowed Amount may be $231.52. If the practice wants you to pay before you leave, be sure you're paying $231.52 instead of paying the $952. If you don't, over $720 of your money will be sitting in the provider's bank account until they've received their EOB from your plan and cut you a check back for the difference. The EOB that would result from this example is included below from BCBS.

***Step 8: Go home and enjoy life.***

***Step 9: When your EOB comes later (10 – 60+ days) from your insurance company, review it carefully.***

Specifically look for the following;

_____ Are the dates of service correct?

_____ Do you understand the service descriptions, and did you actually receive all the services represented?

_____ Are there any apparent duplicates or other billing errors (which neither you nor the insurance company should pay for)?

_____ Are there any surprises regarding included vs excluded benefits? Any unanticipated Facility Fees?

_____ If you made a payment when you received the services, does that payment reconcile with the amount you're responsible for on the EOB?

If you find any problems, your next best step is usually to call your insurance company, since the EOB you received is generated by the insurance company, and only they can compare it to the actual bill they've received from your provider. If you can't work out the problem with the insurance company representative, then ask if the two of you can call the practice together and resolve the issue.

***Step 10: If you didn't make a payment up front, or only made a partial payment, then you will soon be getting a bill from your provider.***

It should reflect the exact amount your EOB states is your responsibility (or the difference if you made a partial payment up front). If you can't pay the outstanding balance in one payment, contact your provider's billing office and work out a payment plan.

***Step 11: Share your experience.*** By sharing your experiences, insights or stories, we improve other's chances and of making well informed choices. Start by sharing your experience with the ChooseWell community at http://chooselivewell.com/share-an-experience/ .

There are several other groups who are already sharing experiences that we wanted to make sure you know about:

If you have a condition, symptoms, or are receiving a treatment, take a look at Patients Like Me (https://www.patientslikeme.com/ ). They provide connections with others like you for education and social support.

Smart Patients (https://www.smartpatients.com/ ) is an online community where patients and caregivers can learn from others like them. This includes information on research, clinical trials, and personal stories.

If you're interested in consumer feedback specific to medications, Iodine (http://www.iodine.com/ ) is a 'Community of over 100,000 people sharing their medication experience and advice.'

Yelp (http://www.yelp.com/ ). That's right, the same app you used to find a good Greek restaurant when you were visiting a new town. It's not a typo. You can either enter 'Doctors' in the main search window, or navigate to 'More Categories', then 'All Categories', then 'Health & Medical', then 'Doctors' followed by their specialty (or another category if something other than a doctor).

CAHPS surveys (http://www.ahrq.gov/cahps/surveys-guidance/index.html ) ask patients to report on their experiences with a range of health care services delivered in ambulatory, hospital, dialysis, nursing home and other settings.

***Step 12: Go back to enjoying life.***

---

*Be sure you understand our Disclaimer –*

We coach, support, educate, and empower. We illuminate options you may not have known you had. But we don't decide what's right for you in your unique circumstances; only you can do that. And we don't provide medical, financial, or legal advice; nor do we replace the valuable counsel of those who do.

The ChooseWell website, blog, and any other branded communication contains general wellness, medical, health insurance, legal and financial information that is meant to inform and educate the reader, and to prepare them for conversations with appropriate professional advisors. The applicability of the information contained varies based on each person's unique circumstances including, but not limited to, their personal health, medical conditions, insurance coverage, and the state or geographic region in which they live. Readers should consult with their doctors, employers, insurance brokers, lawyers, accountants, and financial advisors about their specific situations, as this content does not replace their counsel. It is provided with the understanding that the publisher and author shall have neither the liability nor responsibility to anyone who feels that information provided caused, directly or indirectly, any loss or damage.