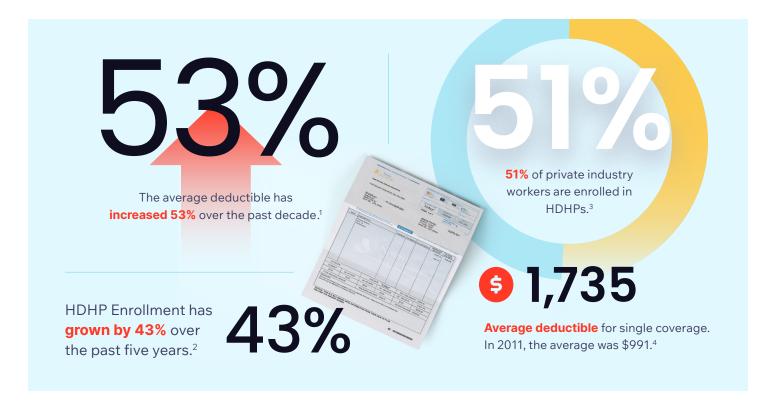
Guide to Managing Deductible Season



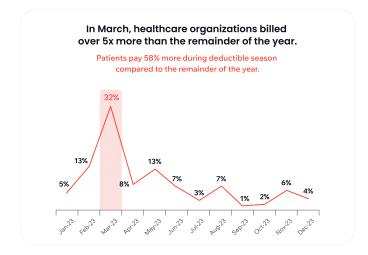




ABOVE Deductibles are higher today than they were 10 years ago. As a result, practices and billing companies feel the effects and spend more time dealing with patient collections, especially during the first quarter of the year.

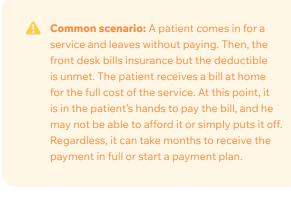
Ready, Set, Deductible Reset

Billing teams are presented with many challenges during the first few months of the calendar year when deductibles reset. This time period, typically January through March, is known as deductible season. However, deductible season does not have to be synonymous with collection challenges, dips in revenue, and confused patients. There are steps you can take to minimize delay in capital, create a positive patient experience, and run your business efficiently.



Challenges During Deductible Season

- Reduced practice income. Higher patient responsibility at the beginning of the year means reduced reimbursement from insurance. A dip in income is common.
- 2 **Slower payment speeds**. If you aren't prepared, it can take over six months to receive payment for a service that you provided in January.



Higher cost for patients. Many patients are not prepared to pay a higher balance. About one-fourth of U.S. adults (26%) say they or a household member have had problems paying medical bills.⁵

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Steps for Success During Deductible Season

With preparation, practices can mitigate the challenges associated with deductible season and remain financially secure during the first quarter of the year.

- Check for insurance eligibility. The new year means new insurance plans for many patients. However, patients may forget to update their providers. Check for eligibility and benefits before patients come in for their visit. This way, data is up to date and providers get paid the full amount on time. To speed up the process, make sure your staff has website access for insurance carriers so verification can be completed online instead of by phone call. Plus, checking for eligibility ahead of time allows practices to communicate the most accurate information to patients when they arrive for their visit. When the front desk is organized, providers build trust and loyalty. While you check for eligibility, send new paperwork to patients for both insurance and demographic verification.
- every patient at his or her first visit of the year.

 This is especially important during the months of
 January through March when out-of-pocket costs are
 higher because deductibles have not yet been met.
 Scanning images of patients' insurance cards into a
 HIPAA-compliant software saves time and reduces
 the likelihood of human error. If there is the slightest
 mistake in the input of insurance information, there
 is little a billing company can do to collect from a
 patient until it is corrected. In that case, a practice
 may be waiting for a patient to update their insurance
 information for months.
- Collect money before you see a patient. Use the time while a patient waits to collect payment. The same standard applies for telehealth services. With Inbox Health's Checkout card reader, you can simplify the patient collection process and organize workflows by keeping all payments in one place. The feature also allows you to securely keep credit cards on file so you have accurate payment information for subsequent transactions. Patients don't like high pressure around money when they visit their doctor, so practices need to make sure the payment process is streamlined and low stress. If you remove ambiguity around what

Sample Script:





Front desk representative: Of course.

The cost of the visit is an out-of-pocket expense that will apply toward your deductible.

Patient: Thanks, do you take credit cards?

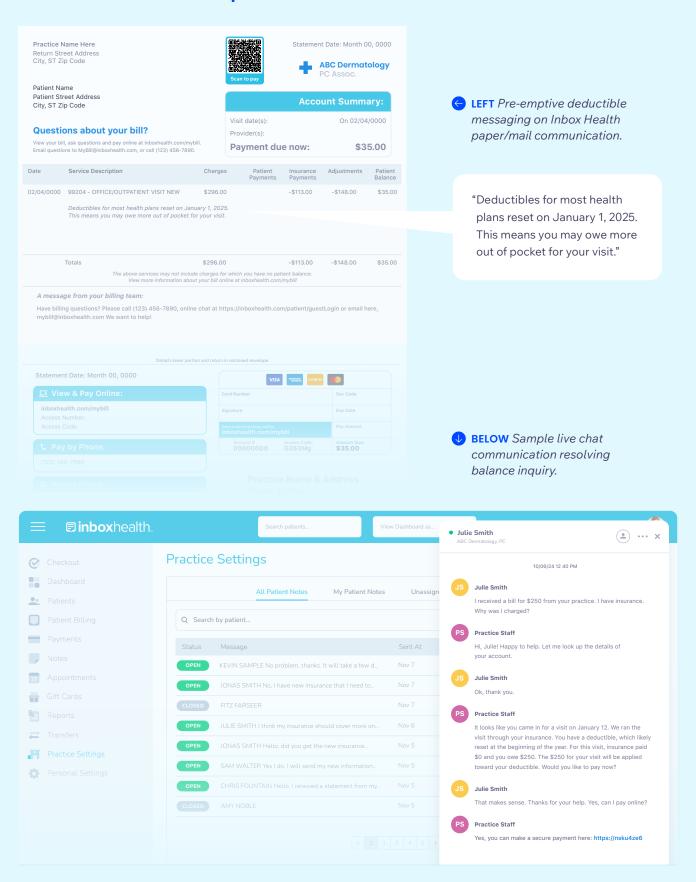
Front desk representative: Yes, we take credit cards, digital wallet payments, ACH, and paper checks.

- ✓ Update your website. As a doctor, you are your patient's ally in navigating insurance. Update messaging on your website to empower patients to take control of their healthcare. Consider adding an FAQ or a glossary of insurance terms. See next page for sample messaging.
- Make payment convenient and transparent. Doctors get paid faster when payment is easier. Give patients the choice to pay with credit card, digital wallet, phone payment, or paper checks. Technology solutions like Inbox Health allow the front desk to accept a variety of payment methods and empower patients to set up a payment plan if necessary. In the event you are unable to collect payment up front, patient statements need to be easy to understand by clearly showing the cost of service, what insurance paid, and what the patient owes. On Inbox Health's statements, for example, you even have the option to add a custom note during deductilbe season to further explain the bill. Patients are empowered to pay when they understand the charges.
- Support your patients with clear communication channels. No one likes to spend hours on the phone sorting out medical bills. Patients may have more questions about their medical bills during deductible season, so it's important to have fast, empathetic support in place. Consider using software that offers communication through live chat, email, text, and phone call. The faster a patient is able to get his question answered, the faster you'll receive payment.





Communication Examples



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Sample Messaging for Your Website

Sample Messaging:

Deductibles for most health plans reset on January 1, 2025. This means you may owe more out of pocket for your visit. As a reminder, visits start at \$____. However, your plan may cover certain preventive services. We recommend all patients review their insurance plan.

Need help navigating insurance? Familiarize yourself with these common terms:

- **Deductible:** The amount you pay for covered health care services before your insurance plan starts to pay.
- Copayment: A fixed amount you pay for a covered health care service after you've paid your deductible.
- Coinsurance: The percentage of costs of a covered health care service you pay after you've paid your deductible.
- Premium: The amount you pay for your health insurance every month.
- Allowed amount: The maximum amount a plan will
 pay for a covered health care service. May also be
 called "eligible expense," "payment allowance," or
 "negotiated rate."
- In network: The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.
- Out of network: The facilities, providers, and suppliers outside of your plan's network.
- Out-of-pocket costs: Your expenses for medical care that aren't reimbursed by insurance. Out-ofpocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.
- Preventive services: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Contributor:



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Jeff is an entrepreneur, CEO of Red House, mid-cap RCM investor, and healthcare practice owner. He believes in keeping healthcare diverse, non-consolidated, and provides services to ensure doctors can efficiently operate in the business of medicine. Red House distinguishes itself by incorporating Al-backed RPA processes, developing work culture for a new era, and deepening payer and patient relationships.

About Inbox Health

Inbox Health directly addresses one of the fastest-growing problems in healthcare—the challenge of patient A/R. Built for billing teams, Inbox Health automates patient billing and payments and modernizes the support experience. Inbox Health improves patient engagement by providing clear medical bills immediately after service, choice of payment methods and communication channels, and fast, empathetic support through the phone and live chat. By improving the patient experience, billers see an increase in profitability and collection speeds, reduce paper statement costs, and spend less time on the phone with patients.

Learn more at inboxhealth.com

- 1. Kaiser Family Foundation Employer Health Benefits Survey
- 2. Value Penguin
- 3. U.S. Bureau of Labor Statistics
- 4. Kaiser Family Foundation Employer Health Benefits Survey (2019)
- 5. Kaiser Family Foundation Employer Health Benefits Survey (2019)

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