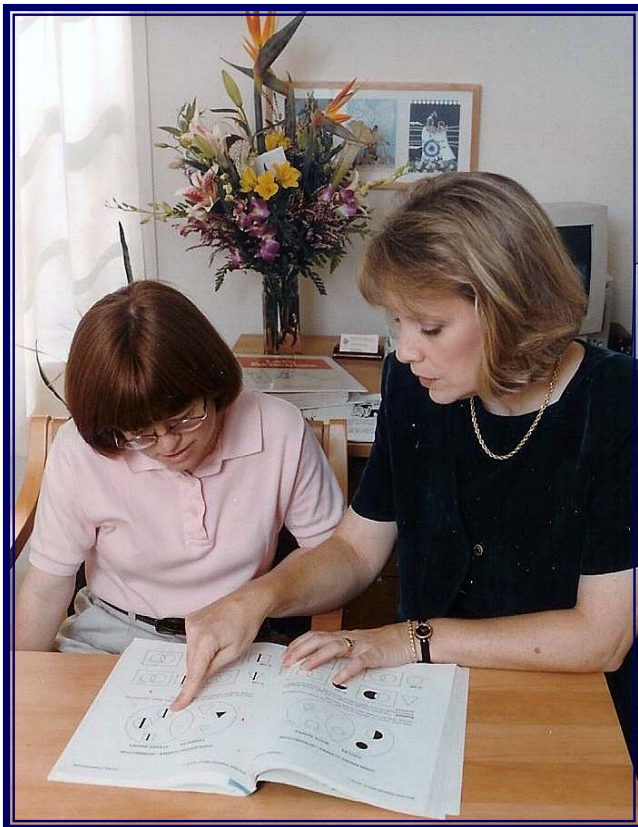




**SPEECH PATHWAYS, P.C.**

# **New Client Handbook**

**Working Together For Successful Communication**



#### **What's Inside...**

- **Welcome to Speech Pathways**
- **About speech therapy**
- **Financial questions and answers**
- **Insurance coverage and speech therapy**
- **Understanding your insurance policy**
- **General SPW policy information**
- **Advocacy:**
  - Know your rights**
  - Understand your responsibilities**

**JANUARY 2006**

Dear New Client,

Welcome to [Speech Pathways, P.C.](#), Houston's premier speech therapy provider. Speech Pathways is a full service speech therapy provider dedicated to providing professional therapy services to you. Our services cover the full spectrum of speech and language disorders to meet all your needs.

The administrative and therapy staffs are knowledgeable and helpful. Our administrative staff knows about the business aspects of the therapeutic process. They will help you make good decisions about managing your speech services. Our therapy staff are consummate professionals with over 80 years of combined experience and leadership in the field of speech pathology. We will work hard together to make you successful because your achievements are our successes.

The key to success is to understanding the business and treatment aspects of speech therapy. This New Client Handbook contains very important information about our services about financial obligations, insurance company guidelines and regulations and advocacy. The final page of this manual gives you a place to write any important notes or questions. Read all the information carefully. Share it with involved family members. Ask any questions you may have about what you read, and begin participating in the therapy process today.

Speech therapy is a cooperative effort between our staff and you. Together we can make a difference in your communication.

Thank you for choosing [Speech Pathways](#). We're your avenue to better communication skills.

Sincerely,

*Gretchen Bebb*

Gretchen Bebb, MS, CCC-SLP, MM  
Managing Director Therapeutic Services  
Speech Pathways, P.C.

Quick reference information:

Phone: 713-660-8232

Fax: 713-660-0472

Email: [frontdesk@speechpathways.com](mailto:frontdesk@speechpathways.com)

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**Financial responsibility** helps you maximize your treatment benefits and maintain accountability for the business portion of your treatment process. **You are financially responsible for all services.**

## INSURANCE

Speech Pathways files insurance claims as a courtesy to you. We provide speech therapy services as ancillary providers for a number of health insurance companies. As ancillary providers, Speech Pathways is not an employee of any insurance company. The insurance company has chosen our team to provide quality services to you to meet their need to provide speech therapy services under specific benefit plans. We also provide for PPO plans for whom we are not listed as providers. Benefit payments under those plans are based on plan guidelines.

**Your services will not be covered by your insurance company if your specific speech or language problem is not a covered benefit under your chosen health plan. READ AND LEARN YOUR BENEFIT PLAN.** See the Advocacy Section on page 8 of this **Handbook** for critical information about managing insurance plan coverage.

## WHAT IS INVOLVED IN FILING INSURANCE CLAIMS?

- Benefit verification: **Benefit verification is not a guarantee of payment from the insurance company.** Speech Pathways' staff verifies benefits prior to your initial evaluation. Verification tells you whether payment is available for the evaluation under your benefit plan, but is not a guarantee of insurance payment.
- Pre-authorization: We pre-authorize all therapy services following the evaluation. Speech therapy treatment authorization is based on the therapist's diagnosis and subsequent coding of your specific speech or language issue. Pre-authorization lets you know if speech therapy for your specific problem is covered under your benefit plan. This process may take anywhere from 2 weeks to 6 months depending upon your insurance company. We suggest you make private payments during the pre-authorization period to expedite the treatment process. We also urge you to actively participate in the pre-authorization process by calling your insurance company to check the status of your authorization daily. The more you push, the faster they respond to your request.
- Authorization updates: Insurance companies usually give a specific number of services based on your plan benefits or on insurance company regulations. You may or may not be eligible for additional services when your authorization expires and re-authorization will require an authorization update. You will be notified when your authorization expires and how that expiration affects your treatment and payment status. We try to avoid lapses in treatment coverage while updating authorizations. This is not always possible. We accept private

payments during any interim period. We hold therapy time spots for a limited number of sessions and encourage you to actively participate in the authorization process.

- Expediting your insurance benefit coverage: You are the policyholder. As such, the insurance companies pay more attention to you than they do to us. You have chosen their company and pay premiums to them specifically to pay for your services. It often becomes necessary for families to advocate on their own behalf. Please see the Advocacy Section on page 13 of this handbook for suggestions relating to communicating your needs to your insurance company.

### WHO FILES INSURANCE CLAIMS?

- Speech Pathways files insurance claims for approved services to companies for whom we are providers.
- We file claims in a timely fashion and expect payment within 15 days of filing.
- If we are not providers for your company, we will provide you the necessary paperwork to file independently.
- Speech Pathways does not file for reimbursement for services to Medicare or to Medicaid members. Only physicians, hospitals and rehabilitation facilities may file Medicare or Medicaid claims. We will complete the necessary statement requirements and provide them to you for filing.

### FAILURE OF YOUR INSURANCE COMPANY TO RESPOND TO CLAIMS

If your insurance company fails to respond to a claim within 60 days of our filing date, **you are responsible for immediate payment** of all the billed services.

### CO-PAYMENTS

Co-payments are integral to many insurance plans. Your therapist will collect your co-payment prior to each service. **By law, copayments cannot be waived.**

### DEDUCTIBLES

Coverage for services is available only after you meet all deductible obligations based on your benefit plan. Speech Pathways will charge you the regular insurance rate until you meet those obligations.

### CO-INSURANCE

Co-insurance payments are payable to your therapist at the time of service.

### PRIVATE PAY

Private payment arrangements are worked out through the Speech Pathways billing department as needed.

Attendance is a key factor in the success of your program and in our ability to help you succeed. It is very important to attend therapy regularly and to do your homework. We designate your regularly scheduled time to you. Your therapist plans activities specifically for you and commits a portion of his/her time to you.

### **CANCELLATIONS**

Speech Pathways requires a 24-hour cancellation notice for therapy sessions and a 48-hour cancellation notice for evaluations. These timeframes allow us time to give your designated appointment time to someone who is waiting for an appointment or needs to make up an appointment. Late cancellations are charged to you at the regular session fee and are due prior to your next appointment. Insurance companies do not cover missed appointments. You may reschedule your appointment nullifying the cancellation fee as long as the appointment takes place within five business days of your cancelled appointment.

### **NO SHOWS**

No shows are charged at the regular hourly rate and are due prior to your next appointment. You may reschedule a no show appointment nullifying the cancellation fee by rescheduling your appointment to take place within five business days of the appointment you missed. Insurance companies do not cover no show charges. Two, consecutive missed appointments, without contacting our office, constitutes removal from the schedule.

### **ACCIDENTS AND ILLNESS HAPPEN**

Accidents and illness may strike at the last minute leaving no choice but to cancel your appointment with less than 24 hours notice. If you or your child is sick, you may provide a physician's note corroborating the illness and you will not be charged. We will be happy to reschedule the appointment when you get well. Should your therapist become ill, you will be scheduled at your normal time with another therapist or notified and rescheduled when there is an available time. Contact the office manager with any concerns.

### **RESCHEDULING MISSED APPOINTMENTS**

You may make up your missed appointment within five business days at no charge. We will try to schedule you with your regular therapist. If this is not possible, your make up appointment may be scheduled with another therapist. The therapist seeing you for your make-up appointment will contact your regular therapist about your treatment goals and activities prior to your make-up appointment.

Quick telephone reference:

Medical Center Location: 713-660-8232

Katy Location: 281-492-0254

Speech Pathways offers payment options to help you meet the financial obligations associated with the speech therapy process.

## **PAYMENT METHODS**

- Cash payments: We accept cash and personal checks.
- Credit card payments: We offer credit card payment options. Many clients find it easier to keep a credit card number on file with us. You may choose the debit schedule that meets your needs and obligations.
- Payment plans: Payment plans are available. Contact the Speech Pathways Office Manager to discuss this option.

## **CREDIT CARD USE AUTHORIZATION FORM**

You may keep your credit card number on file with our office. To do this, complete the Credit Card Use Authorization form in the back pocket of this packet.

## **RETURNED CHECKS**

There is a \$35 insufficient check funds charge. This charge is to be paid in addition to your regular therapy charge and is due prior to your next therapy appointment.

## **CREDITS TO YOUR ACCOUNT**

Any monies collected from your insurance company after personal payment has been made will be credited to the remaining account balance or refunded to you. This does not include co-payments.

## **SPECIAL PROGRAMS OR DEVICES**

Your therapist will occasionally recommend a special program or device to help facilitate your treatment. You may choose to lease or buy these items from your therapist. You must purchase other programs or devices at your discretion. These items are not usually reimbursable through your insurance company and Speech Pathways will not bill these charges to your insurance company.

## **STATEMENTS**

Speech Pathways sends you a statement of your account when there is an action or actions you need to take. Your statement will reflect the status of your account. You will see what has been billed to your insurance company, the status of your co-payments and any balance due.

### **CLIENT FINANCIAL RESPONSIBILITY FORM**

Your **Handbook** contains a Client Financial Responsibility Form in the back pocket. Read it carefully. Sign and date the document and give it to the administrator in charge.

### **RELEASE OF INFORMATION**

Our office requires you to sign a records release form so we can share pertinent diagnostic, treatment and billing information with your doctor and insurance company. This document also allows us to request previous therapy and medical records as necessary. The form is located at the back of this **Handbook** and should be completed and returned on the day of your evaluation.

### **SAY CHEESE, PLEASE!**

We want to take your picture! (Say Cheese Release Form is located at the end of this handbook.) This form is optional. It is a request, not a policy.

- Speech Pathways has the unique ability to scan your picture onto all documents associated with your care. This makes you a smiling face to the insurance company. We don't know how well it works, but it can't hurt for you to become a person to them and not just a number. Let us take your picture.
- Your picture may also be used promote speech services through posters and brochures. We feel the best way to do that is to present snapshots of real clients participating in the therapy process.

**EXPEDITING YOUR INSURANCE BENEFIT COVERAGE BEGINS WITH YOU** and may be the most important thing you do to maximize your insurance benefit potential. This means you must take an active role in coordinating your insurance plan benefits with our office, your benefits coordinator and/or insurance company representative. Additionally, it means promoting the value of speech services for you and for others.

## 11 STEPS TO MAXIMIZING BENEFIT COVERAGE

### 1. **KNOW YOUR POLICY**

- a. Is speech therapy a covered benefit under your plan? If so, what are the exclusions. Does your plan exclude your communication problem?
- b. Is your policy self-funded or fully funded? This makes a difference.
  - i. *Self-funded* plans are benefit packages designed by your place of work and may carry limitations. Example: accident or injury only, etc. They may also limit the number of available services to 20, 40 or 60 visits per calendar year. Each plan is different. Read yours carefully.
  - ii. *Fully funded* plans are those directly provided through insurance carriers. These plans carry limitations as well and limitations reflect the policy you purchase. Estimate your benefit needs when you purchase your plan.
- c. Are more visits available to you when your initial authorization expires?
- d. Is your plan an HMO, PPO, EPO, etc.? Plan benefits and expectations vary based on the plan product you purchase.
- d. Do you have a deductible?
- e. Do you have a co-insurance payment?
- f. Have you discussed your policy benefits with Speech Pathways' office staff?

### 2. **KNOW THE TEAM PLAYERS**

You are the team leader in charge of coordinating efforts to access your policy benefits. The members of your team include your referring doctor, your benefits coordinator, your insurance plan representative, your therapist, other related medical specialists and our office staff. Each person supplies a piece to the puzzle of successful coverage advocacy. You are the team leader. As such, it is your job to make sure that each team member performs their part.

- The **referring physician** provides primary medical information. He/she writes prescriptive orders for both evaluation and treatment services. He/she receives a copy of evaluation and progress reports and serves as an advisor to you and your therapist.
- Your **benefits coordinator** knows your plan benefits based on company policy decisions. This person will help you interpret your plan benefits and can

- serve as a coordinator with the insurance company if necessary.
- Your **insurance plan representative** is usually a clerk responding to incoming calls at your insurance company. That person has access to basic plan information but cannot tell you if the services are truly covered or not. They have computer access to the status of authorizations and claims, but have no say-so in determining coverage.
  - Your **therapist** evaluates you to determine the underlying cause of your speech and/or language concern. After the initial evaluation, test findings are recorded on the evaluation report that is reviewed with you. Copies are sent to your referring physician and to the insurance company with accompanying billing information. The therapist is responsible for coding your diagnosis through the use of standard billing codes called ICD-9 codes. These codes identify the underlying nature of the problem as clearly as possible. Your therapist also writes support documents as necessary to assist you with support of medical necessity and appeals needs.
  - Other **medical specialists** may include medical or diagnostic specialist who contributes information relating to your condition. These supportive reports help support the diagnostic findings and support the need for speech services.
  - Our **administrative staff** submits daily billings to the insurance companies, provides assistance to you during verification and authorization processes and files documentation with your insurance company as it relates to billings and appeals.

Visit with the team members and familiarize yourself with their supportive roles and input as it relates to your speech treatment plan.

### **3. FIND A MENTOR**

Identify a person in your Human Resource department or a particularly helpful customer service representative at the insurance company. Ask how to contact them and speak to them directly when you need help.

### **4. BE PERSISTENT**

Call your insurance company daily if necessary to obtain authorization or appeals information. Write their number in a handy place or put it in the speed dial section of your telephone. Make this a priority.

### **5. DOCUMENT ALL CONVERSATIONS**

- a. Your **Handbook** contains a Contact Log on pages 12 and 13 to document conversations about care and financial management.
- b. Make a note every time you talk to someone about your insurance concerns. Include the date of the conversation, the name of the person with whom you spoke. Identify them by their first name, last initial and/or reference #. Write a brief description of the pertinent facts of the conversation. Note: Insurance companies usually give first names only.

**6. GET ALL AUTHORIZATIONS IN WRITING**

For fully funded plans, Senate Bill 418 from the Texas Insurance Code states that written authorization for services is a document of adjudication. This makes it a legal agreement and as such is a promissory note from the insurance company for service payments during the indicated service period. **Insist on written authorizations.**

**7. MAKE YOUR VOICE HEARD: JOIN YOUR COMPANY'S BENEFITS COORDINATOR IN SELECTING POLICY BENEFITS FOR THE PRECEDING YEAR**

- a. Never assume anything. Be prudent in investigating plan options *prior to* any plan changes.
- b. Know when your company changes benefit years. It varies from company to company and may happen in almost any month of the year.
- c. Begin six months ahead of the benefit year change to lobby your company for the maximum benefit package you feel is necessary to meet your speech coverage needs.
- d. Are there other employees needing the same benefit? There is strength in numbers. Ask co-workers about their insurance needs and be vocal about yours to them. They may also advocate on your behalf.

**8. PAY ATTENTION TO EOBs AND STATEMENTS**

- a. EOB stands for Explanation of Benefits. This is an account statement you receive monthly from your insurance company. Open them promptly and review payment considerations immediately. Call us with concerns and do it promptly. It is best to catch denials as quickly as possible. This helps manage your financial obligations.
- b. Speech Pathways sends statements when there is action required on your account. Read the information carefully and call the accounts manager at Speech Pathways with any questions. The number is 713-660-8232.

**9. CLAIM DENIAL IS NOT A FINAL DETERMINATION**

Insurance companies often deny services initially to delay payment responsibilities. Denial, however, is a **red flag** and requires immediate action.

**10. YOU CAN APPEAL A CLAIM DENIAL- KNOW YOUR RIGHTS**

- a. Identify the reason for the denial based on written information from your insurance company.
- b. Discuss the denial with your therapist, physician and our billing staff.
- c. Prepare the necessary appeals documents including:
  - i. A letter of medical necessity from your physician
  - ii. A support letter justifying the need for services from your therapist
  - iii. Any supportive documentation from other healthcare

- professionals
- iv. All documentation associated with service denial including, but not limited to, reports, daily notes and billing documents
- d. Submit your appeal to the proper place in a timely manner.
  - i. Most denial letters indicate the time during which you may make an appeal and the place where the appeal is to be sent. Follow this information carefully.
  - ii. Follow your submission with frequent telephone calls to the insurance company appeals department. This demonstrates your concern and it is true that the squeaky wheel gets the grease. Document your conversations.
- e. You have the right to contact the Texas Department of Insurance.
  - i. You may call 1-800-578-4677 or go online to <http://www.tdi.state.tx.us/> to seek assistance or file a complaint if you feel your insurance company is not meeting their obligations. Choose the “Consumer” tab.

### **11. KEEP US INFORMED**

You are the team leader, but we are here to support you. Contact us about your inquiries and progress. Let us know how we can help you.





