

## How to Help Patients Who Can't Pay

BY LINDA ROACH, CONTRIBUTING WRITER

**A**s the dust settles after the fight over health care reform, the news has been mixed for those Americans who have been unable to pay for medical care.

On the one hand, changes taking effect this year should widen access to insurance for some groups—namely, children, young adults, some low-income single adults and people with preexisting conditions. But on the other hand, the gradual phase-in of the other provisions means the total number of uninsured won't decline much until 2014, according to congressional estimates. Furthermore, there is concern that changes to employer-sponsored plans will increase underinsurance, as insurers attempt to hold down premiums by slashing benefits and increasing copayments to unaffordable levels.

### How Your Practice Can Help

For at least the next three years, it seems there will be no shortage of Americans who need exams, medica-

tion and even surgery but can't afford to pay. Yet it is possible to serve these patients and still support the practice's bottom line, as the examples below show.

### Example 1: Mason Eye Institute, at the University of Missouri-Columbia.

Gaye A. Baker, OCS, the reimbursement coordinator at the University of Missouri-Columbia's Mason Eye Institute, has seen the proportion of uninsured patients double since 2006, to 10 percent this year. But with training and creativity, a practice's billing staff can routinely help patients find free or low-cost drugs, copayment assistance and even money for surgery, she said.

"We go 'above and beyond' to try to find care for our patients," said Ms. Baker. "We fill out the various applications for them, coordinate the pieces and, to a certain extent, even serve as financial counselors." Over the past several years at Mason Eye Institute, Ms. Baker has taken the lead in developing a coordinated approach to tracking down funds.

First, her staff looks for state funds that might be available. It makes sense to check state agencies first because "the foundations will not fund patients who are eligible for state aid," she said. In her state, office visits and some glaucoma medications can be covered by Medicaid, as well as two programs run by the Missouri Department of Social Services: Rehabilitation Services

### Risk Management

If an ophthalmic practice decides it cannot afford to care for an unfunded or underfunded patient, it should notify the patient in writing and provide a referral for continuing care elsewhere. OMIC addresses this topic—and provides a sample letter—on its Web site: Go to [www.omic.com](http://www.omic.com), select "Risk Management Recommendations" and scroll down to "Terminating the Physician-Patient Relationship for Financial Reasons."



for the Blind and Prevention of Blindness.

"We also work with the Missouri Lions Club's Eye Indigent Fund, which covers office visits, some medications and sometimes the cost of transplant tissue—but never surgical costs. For the surgical costs we approach the Knights Templar Eye Foundation. If the patient meets the program's financial guidelines, the Knights will, based on a fee schedule, pay a portion of the hospital, physician and anesthesia costs for the surgery. In addition, they may make a payment toward intraocular lenses and eyeglasses following cataract surgery," she said.

"Finally, we check with the patients



Each month, Practice Perfect addresses one of the AAOE's seven key competencies of practice management. To learn more about the AAOE, visit [www.aao.org/aaoe](http://www.aao.org/aaoe).

afterward and, if they are having continued follow-up, the Lions Club might then help them pay for their medicines.” Ms. Baker’s staff also relies on a variety of patient assistance programs that can provide those in need with

medicines and eyeglasses for free or at low cost.

*Ms. Baker will moderate Underinsured Patients, a Lunch with the Experts Roundtable at the Joint Meeting in Chicago. (Monday, Oct. 18, from 12:45 to*

*1:45 p.m.; event code “RT21”; advance tickets cost \$45 and are available online at [www.aao.org/2010](http://www.aao.org/2010).)*

**Example 2: A suburban private practice, near Chicago.** In the Glenview, Ill., practice of David J. Palmer,

## WHEN PATIENTS CAN'T PAY: 21 Sources That Can Help

### EXAMS

**EyeCare America** celebrates its 25th anniversary this year. It offers its services through 7,000 volunteer Eye M.D.s. Seniors who have not had an eye exam for three years may be eligible for eye exams and up to one year of care at no out-of-pocket cost. Uninsured patients at increased risk for glaucoma who have not had an eye exam for 12 months may be eligible for a free glaucoma eye exam. Patients must be U.S. citizens or legal residents and cannot belong to an HMO or have eye care coverage through the VA. Medications, eyeglasses and surgery aren't covered, but ECA's website lists an A to Z of prescription assistance programs. ECA is an Academy Foundation program. ([www.eyecareamerica.org](http://www.eyecareamerica.org))

### EYEGASSES/EXAMS

**Lions Clubs** may pay for eye exams and eyeglasses. Go online and use “Find a Club” to contact your local club. (630-571-5466; [www.lionsclubs.org](http://www.lionsclubs.org))

**Low-cost eyeglasses online.** Patients can obtain single-vision prescription eyeglasses for as little as \$8 (plus shipping) from online optical dispensaries. Higher levels of refractive error may cost more. Patients will need to understand how frames are sized, pupil-to-pupil distances, etc. Websites include [www.zennioptical.com](http://www.zennioptical.com), [www.selectspecks.com](http://www.selectspecks.com) and [www.39dollarglasses.com](http://www.39dollarglasses.com).

**New Eyes for the Needy** provides vouchers for eyeglasses for adults and children but recently has had funding problems. Requests must come from a social worker, agency or school nurse working with patients. (973-376-4903; [www.neweyesfortheneedy.org](http://www.neweyesfortheneedy.org))

**OneSight** provides free in-store exams and eyewear at Luxottica and LensCrafters retail stores, and mobile clinics.

Recipients are preselected by local charities. See website for calendar of upcoming clinics. ([www.onesight.org/na/](http://www.onesight.org/na/))

**Prevent Blindness America** partners with providers of eye care and optical services providers to refer patients for free eye exams and eyeglasses. (800-331-2020; [www.preventblindness.org](http://www.preventblindness.org))

**SCHIP** (State Children's Health Insurance Program) provides children from low-income families with medical exams, eyeglasses, medications and other services at little or no cost. Access is through state Medicaid offices. (877-543-7669)

**Sight for Students** operates nationally through community partners, providing free eye exams and eyeglasses to children (up to age 18) if family income is less than 200 percent of the federal poverty level. (800-290-4964; [www.sightforstudents.org](http://www.sightforstudents.org))

**Vision USA** provides free exams and, in some cases, free or low-cost eyeglasses to low-income adults and children who lack vision coverage (public or private) and who have not had an eye exam within two years. (800-766-4466; [www.aoa.org/visionusa.xml](http://www.aoa.org/visionusa.xml))

### MEDICATIONS

**Drug discount cards** require careful scrutiny, especially those programs that charge a membership fee, according to consumer advocates. Savings can be as low as 10 percent and as high as 70 percent. Patients should verify discounts; assure that the medications they need are included; and watch out for hidden costs, such as shipping. One discount card worth noting is Together RxAccess (800-444-4106; [www.togetherrxaccess.com](http://www.togetherrxaccess.com)), which is jointly offered by 10 pharmaceutical companies.

**Genentech Access Solutions** helps the uninsured find public coverage for

Lucentis and other drugs, and helps the insured with obtaining approval for treatment. If coverage is denied, patients can apply for assistance from the Genentech Access to Care Foundation. (800-724-9394; [www.genentechaccessolutions.com](http://www.genentechaccessolutions.com))

**HealthWell Foundation** provides financial assistance to pay the high copayments required for treating life-threatening or chronic diseases (including AMD) with expensive new medications such as Lucentis. The program also helps in some cases with health insurance premiums. (800-675-8416; [www.healthwellfoundation.org](http://www.healthwellfoundation.org))

**Macugen Access Program** helps patients with wet AMD determine whether insurance will cover therapy with Macugen. If no other funding source can be found, patients who meet income criteria can receive up to one year of medication free. (866-272-8838; [www.macugen.com/map.asp](http://www.macugen.com/map.asp))

**NeedyMeds** offers a database of medications that can be obtained free or at low cost by uninsured, low-income patients, usually through manufacturer programs. Also provides Web-based software, PA-PRx, that helps you create and track the forms that pharmaceutical companies require for indigent patients. ([www.needymeds.org](http://www.needymeds.org))

**Partnership for Prescription Assistance** provides information about 475 public and private prescription assistance programs. Includes lists of free clinics and a database searchable by geographic area. It is funded by drug manufacturers. (888-477-2669; [www.ppparx.com](http://www.ppparx.com))

**Patient Access Network Foundation** provides up to \$4,000 in copay assistance to patients undergoing pharmaceutical treatment for AMD and who have

MD, most patients have insurance coverage, and those who fall on hard times usually are embarrassed to ask for help. The physician or front office staff might need to initiate a discussion or recommend resources if they

incomes less than 400 percent of the federal poverty level for their household size (for two people, this would be \$58,280). (866-316-7263; [www.panfoundation.org](http://www.panfoundation.org))

**RxAssist** provides consumer information, news and a directory of patient assistance programs that offer affordable or free medications. It lists sources—such as RxOutreach ([www.rxoutreach.org](http://www.rxoutreach.org))—that can reduce patient costs for generic medicines. (401-729-3284; [www.rxassist.org](http://www.rxassist.org))

**RxHope.com** provides a centralized system for a physician's staff member to access drug-company programs that can provide free or low-cost medicines. The secure, online system allows the user to fill out all forms, track the status of requests and order refills. The service is free to doctors and patients. (877-267-0517; [www.RxHope.com](http://www.RxHope.com))

**Xubex Pharmaceutical Services** offers low-cost generic drugs to patients who meet income guidelines. (866-699-8239; [www.xubex.com](http://www.xubex.com))

## SURGERY

**Knights Templar Eye Foundation** is a national program to pay ophthalmic surgical costs for low-income U.S. citizens who are uninsured. A letter of denial from a social or government agency is necessary for assistance. The program can pay for eyeglasses if associated with the surgery, but does not pay for follow-up care or medications. (847-490-3838; [www.knightstemplar.org](http://www.knightstemplar.org))

**Mission Cataract USA** lists practices that, on one day a year, offer free cataract surgery to people who lack the means to pay. (800-343-7265; [www.missioncataractusa.org](http://www.missioncataractusa.org))

notice behavior that suggests financial problems, such as missed follow-up exams or failure to pursue recommended treatment, he said. Staff members also might need to send additional reminders to these patients.

In some cases, Dr. Palmer asks the ambulatory surgery center that he usually uses to lower its fees for patients who are self-pays. "If it's an elective procedure, there's no reason why a physician's office couldn't call the facility and ask for lower rates."

**Example No. 3: Financing solutions in Texas.** Based in San Antonio, Albert Castillo provides management services for several eye care groups. Given the economic realities of the area, he noted that it is common for patients to have difficulty paying for care.

One solution was to bring in financing companies that lend patients money for copayment bills as low as \$300. However, in Mr. Castillo's experience, only about half of patients can qualify. As an alternative, patients are offered an automatic-debit payment plan, which involves small amounts being debited from their checking accounts each month. "The automatic-debit payment plan works out better than any other type of payment contract," said Mr. Castillo. "Without automatic debiting, patients on regular payment-arrangement plans will pay until they are healthy or the plans no longer need paying. Once they do not need to come back for subsequent care, they will stop paying."

Eyeglasses have a built-in enforcement mechanism that ensures full payment, said Mr. Castillo. "We allow patients to make regular payments on the cost of new eyeglasses, but they don't receive their glasses until the bill is paid in full."

*Got tips? If you have advice on using the 21 sources of help that are listed in this article, or if you want to recommend additional resources, please add your comments to the online version of Practice Perfect at [www.eyenetmagazine.org](http://www.eyenetmagazine.org). Only Academy members can access EyeNet's comments feature.*

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