

# **New Myriad Customer Service Procedures (Effective May 1, 2008)**

## **Frequently Asked Questions**

**Please use the following link to access a presentation introducing the new Customer Service Procedures:**

<https://www.callinfo.com/archives/playback.jsp?id=cteg5ofx>

### **1. What is the new Customer Service process?**

Once the patient's specimen has been received in the laboratory, we will evaluate the accompanying paperwork for completeness. Most specimens that are accompanied with the required information will be immediately released into the laboratory process. All tests must include a complete Test Request Form.

For insurance billing, a copy of both sides of the insurance card(s) is required. While the specimen is being processed, Myriad will work with the healthcare provider's office and insurance company to obtain any necessary authorizations, referrals and in-network waivers. Only if the patient's estimated coinsurance is expected to exceed \$375, or testing is not a covered benefit, will Myriad contact the patient prior to releasing the specimen into the testing process.

### **2. Will the new procedures result in more out-of-pocket expense for patients?**

No. Field testing demonstrated there was no difference in patient's out-of-pocket amounts. More than 90% of patients receive coverage and the average coverage is 90%. In fact, patients with coverage levels of 90-100% rarely have deductibles for this testing.

### **3. What about potential deductible amounts for my patients?**

Patients will continue to be responsible for applicable coinsurance and deductible amounts related to Myriad testing. Many patients meet their deductible over the course of a year due to the numerous medical services they require; Myriad testing is just one of the services that may contribute to the patient's yearly out-of-pocket deductible. Myriad will contact the patient prior to releasing their specimen into the testing process if the patient's estimated coinsurance is expected to exceed \$375. Patients may receive a bill from Myriad for more than \$375 if they have an unmet deductible amounts at the time the insurance processes the Myriad claim. Patients with the most common coverage levels of 90-100% for Myriad testing, rarely have deductibles for testing. If a patient is concerned about their potential deductible amount, they may contact their insurance company for information specific to their deductible for out-patient laboratory services.

**4. Will there be a new Test Request Form (TRF) and how will it be distributed to healthcare providers?**

A new TRF (dated REV 01/08) must be used for Myriad to process the specimen using our new procedures. The new TRF is designed to reduce your time, and includes:

- space for you to indicate your Myriad account number for that specific office location (rather than detailing out your address and other demographic information);
- medical necessity language included in the informed consent signature block that will reduce the need for Letters of Medical Necessity; and
- a simplified patient billing option section.

Your area Account Executive will be changing-out the old TRFs in existing kits in their clients' offices. New/replacement kits sent to healthcare providers after May 1st will contain the new TRFs and can be requested by calling 1-800 4-MYRIAD.

**5. What could prevent a specimen from being released into testing immediately upon sample receipt by Myriad?**

While this is not an exhaustive list, specimens will not be released into testing until the following situations are resolved:

- Complete TRF (including clinical history and required signatures)
- For insurance billing cases:
  - Copy of insurance card(s)
  - Insurance carrier requires pre-authorization or a PCP referral prior to patient blood draw or test release, or
  - The patient's coinsurance amount is more than \$375.

If a sample is not released into testing within three business days after sample receipt, we will notify you of the delay. If test release has been delayed, we will also notify you when the test has been released so that you know to expect results within 14 days of release.

**6. Do the requirements for Medicare or Medicaid patients change?**

No. For all Medicare patients, a patient-signed copy of the informed consent must still be submitted with the completed TRF, copy of insurance card(s) and blood sample. If the patient does not meet Medicare criteria, a completed Advance Beneficiary Notice is also required. Medicaid plans vary by state, and each case will be handled individually.

**7. What if a patient refuses testing because their personal financial situation prohibits them from paying up to \$375 coinsurance for Myriad tests?**

Although test results will likely be delayed for several weeks, if a Process Exception Form is submitted along with the patient's sample, we can provide benefit information specific to your patient's case. If your patient has any expected-out-of-pocket amount, we will contact your patient prior to releasing their sample into testing. Although not required, before submitting a Process Exception Form we encourage you to contact our Customer Service Department so we can review the patient's insurance and provide more information about the level expected of coverage and the specific requirements for your patient's insurance. Process Exception Forms can be obtained through Customer Service or your Myriad representative.

**8. What happens if a patient has a question regarding a bill from Myriad?**

It is very important to us that patients contact our billing department by calling the 800 number on the Myriad invoice (800-725-2722) if they have any questions so that we can work to resolve the situation.

**9. What about insurance verification without specimen submission?**

We will no longer be processing insurance verification requests without a specimen. Healthcare providers who submit such requests will be asked by a Myriad Patient Services Coordinator (PSC) to submit a patient specimen in order to initiate testing procedures. In the rare occurrence that the insurance carrier will not provide payment for a specimen without a pre-authorization that is dated prior to the blood draw, the PSC will coordinate appropriate authorizations and blood draws with the ordering healthcare provider.

**10. When will these changes take place?**

The new TRFs will start arriving in specimen kits after May 1st. Your area Account Executive will work with your office staff to ensure that you have a supply of the appropriate TRFs available to you and will change out old TRFs in test kits you may have on hand. We will continue to accept old TRFs until your Myriad representative is able to make contact with the office.

**11. Will my Patient Services Coordinator change?**

You will continue to have one main contact person, the Patient Services Coordinator, for questions regarding Myriad processes, as well as questions about specific cases. Your Customer Service team will include your PSC as well as Insurance Specialists. The Insurance Specialists will contact you if there are specific insurance requirements for a case. Your area Account Executive will introduce you to your Customer Service team.