



Patient Financial Communications

EMANUEL Medical Center	GOOD SAMARITAN Medical Center	MERIDIAN PARK Medical Center	MOUNT HOOD Medical Center	SALMON CREEK Medical Center	
RANDALL CHILDREN'S HOSPITAL Legacy Emanuel		LEGACY MEDICAL GROUP	LEGACY LABORATORY	LEGACY RESEARCH	LEGACY HOSPICE

Patient Financial Communication Best Practices

- Bring consistency, clarity, and transparency to patient financial communications
- Address communication in the ED, at the time of service outside ED, and in advance of service
- Outline steps for helping patients understand the cost of services they receive, their insurance coverage, and their individual responsibility
- Include a framework for measurement



Patient Financial Communication

- Adoption of Best Practices leads to higher patient satisfaction, industry recognition and also a higher performance
- Successful adopters of the best practices are encouraged to apply for the recognition of the HFMA's Patient Financial Communications Adopter



PATIENT FINANCIAL COMMUNICATIONS
Application for Adopter Recognition

Step 3 - Process Compliance Evaluation and Checklist

Patient Financial Communications in the Emergency Department

Please tell us about your patient financial communications in the Emergency Department, select the appropriate frequency or N/A if it does not apply:

- *1. We appropriately trained provider representatives; conduct these conversations with the patient or guarantor, patients are given the opportunity to request a patient advocate, designee or family member to assist.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *2. We conduct conversations with patients considered emergent during the discharge process.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *3. We conduct conversations with patients who do not have an emergency medical condition following the medical screening or as late as the discharge process.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *4. We inform patients that their ability to pay will not interfere with treatment of any emergency medical conditions.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *5. Once the medical screening has occurred and the patient is stabilized, we review insurance eligibility information with the patient to ensure information accuracy.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *6. If appropriate, we refer the patient to a financial counselor or offer information regarding our financial counseling services and assistance policies.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *7. We provide our patients as much information as possible about their estimated financial obligations.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *8. If applicable, we conduct a prior balance conversation on balances that are being pursued for collection.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *9. We routinely inquire about how the patient would like to resolve the balance for the current service and any prior balance the patient may have, if applicable.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A
- *10. During the discharge process, we routinely provide written information regarding our financial assistance program and a summary of the financial implications for the services rendered, including a phone number to call with questions.
 90%+ of the time 70-89% of the time Less than 70% of the time N/A

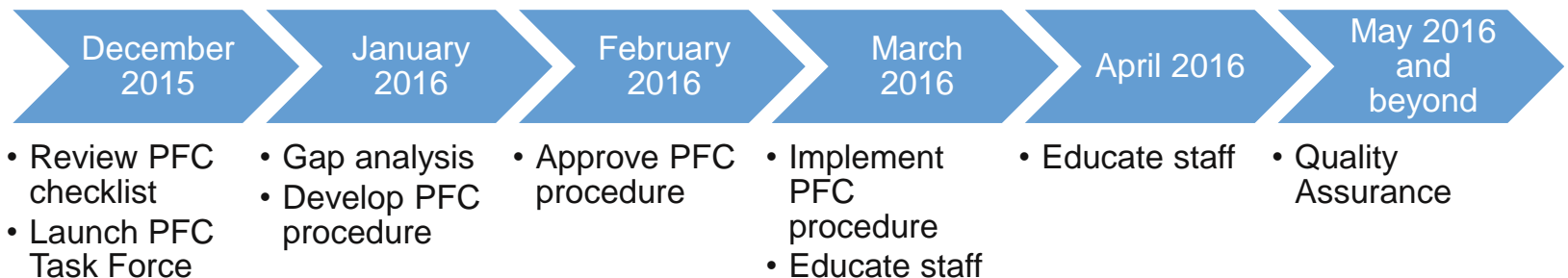
Addressing Financial Communications

- Focusing on the main areas
 - > Emergency Department
 - > Time of Service outside of the Emergency Department
 - > Advance of service
- All Patient Financial Interactions
- Measurement Criteria Framework



The Action Plan

1. Review HFMA's PFC checklist
2. Conduct Gap analysis
3. Develop and Implement one standard PFC Procedure
4. Educate, educate, educate
5. Launch PFC Improvement Taskforce
6. Quality Assurance
 1. Internal Secret Shopper program (estimates)
 2. PFC Shadowing



Review PFC checklist

hfma
healthcare financial management association

CHECKLIST

Is Your Organization Ready to Apply for Recognition as an Adopter of the PATIENT FINANCIAL COMMUNICATIONS BEST PRACTICES®?

Check the boxes for items that apply to your organization. If you can check most of the boxes on this list, your organization is well positioned to apply for and receive recognition as an Adopter of the Patient Financial Communications Best Practices®. If some of these items don't yet apply to your organization, you have identified areas for improving your approach. HFMA offers an online training program that can help. For more information, visit hfma.org/pfcprogram.

- 1. We have a written policy and procedures to govern patient access activities related to patient financial communications in the following situations and settings:
 - a. Emergency department
 - b. Unscheduled (walk-in) patients at the time of service
 - c. Advance of service
- 2. Our financial policies specify what to do in the case of patients who have a prior balance when they present for and/or schedule care.
- 3. We have a toll-free number that is widely publicized that patients can call to receive assistance with financial matters and concerns.
- 4. I agree with the following statements:
 - a. Compassion, patient advocacy, and education are a part of all patient communications at my organization.
 - b. We use standard language to guide staff on the most common types of patient financial communications.
 - c. Face-to-face communications are used appropriately to facilitate one-time resolution.
 - d. Availability of supportive financial assistance is always communicated to the patient and the community.
 - e. We initiate financial communication with patients.
 - f. We include the patient's perspective in the development of the standard language used for patient financial communications.
 - g. We routinely verify patient information and the patient's preferred methods for future communication.
 - h. We respect patient privacy in all financial communications.
 - i. All of our patient financial communications focus on steps toward amicable resolution of financial obligations.

(continued)

- 5. We have technology solutions in place to support the following functions:
 - a. Insurance verification eligibility
 - b. Estimation to calculate the patient's responsibility for services
 - c. Identification of prior balances due
- 6. We have a process in place to assess our performance in areas related to patient financial communications.
- 7. We have a training program in place for staff in the Emergency Department, Patient Access, Financial Counseling, and Customer Service who deal with patient financial communications.
- 8. We can provide recent year-end data on the following performance metrics:
 - a. Net days in A/R
 - b. POS cash as a percentage of total patient cash
 - c. Insurance verified encounters as a percentage of total encounters
 - d. Pre-registered encounters as a percentage of scheduled encounters
- 9. Our CFO or Vice President of Revenue Cycle will attest to the accuracy of the information we submit in our application.

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graph TD
    A[HEALTHCARE DOLLARS & SENSE] --- B[Price Transparency]
    A --- C[Patient Financial Communications]
    A --- D[Medical Account Resolution]
  
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The Patient Financial Communications Best Practices are part of HFMA's Healthcare Dollars & Sense® initiative. hfma.org/dollars

Conduct Gap analysis

Step 4 - All Patient Financial Communications and Technology Evaluation

Best Practices for All Settings: Patient Financial Communications

Please check each of the practices below that accurately describe the current practices in your facility:

Current state:

✓ We already do a lot of the best practices identified in the industry.

The gap:

Documented standardized policies and procedures

- Compassion, patient advocacy, and education are a part of all patient communications.
- Standard language is used to guide staff on the most common types of patient financial communications.
- Face-to-face communications are used whenever possible to facilitate one-time resolution.
- Availability of supportive financial assistance.
- Communication with the patient is initiated in a timely manner.
- The patient's perspective is included in the financial communications.
- Communications are understandable by the patient.
- Communications include verification of patient information for future communication.
- Patient privacy is respected in all patient communications.
- A toll-free number is widely publicized through multiple channels and concerns.
- All patient financial communications focus on the patient's needs.



PATIENT FINANCIAL COMMUNICATIONS APPLICATION FOR ADOPTER RECOGNITION								
Advance of Service	Frequency				Status			Documentation on File
<i>Please tell us about your patient financial communications in advance of service. Select the appropriate frequency or N/A if it does not apply.</i>	90-100% of the time	70-89% of the time	Less than 70% of the time	N/A	Plan needed Y/N	Plan in place Y/N	Future plan Y/N	Examples: Procedures, scripts, surveys, etc.
*1. We appropriately trained provider representatives conduct these conversations with the patient or guarantor; patients are given the opportunity to request a patient advocate, designee or family member to assist.						Y		
*2. We conduct conversations with patients using the most appropriate means of communication for the patient, which may include outbound contact to the patient in advance of service, inbound contact from the patient inquiring about an upcoming service or from the scheduling/contact center when the patient's appointment is made.								
*3. We routinely gather basic demographics, insurance coverage(s), and determine the potential need for financial assistance.								
*4. We routinely review insurance eligibility details with the patient to ensure accuracy.								
*5. We routinely inform uninsured patients that our goal is to collect information to identify paying solutions or financial assistance options that may assist them with their obligations for the visit.								
*6. If appropriate, we routinely refer patients to a financial counselor and/or offer information regarding our financial counseling services and assistance policies.								
*7. We have clear policies regarding the handling of patients with prior balances choosing to have elective and non-elective procedures as well as clear policies defining elective and non-elective procedures which we make available to patients and the public.								
*8. We routinely provide as much information as possible about the patient's estimated financial obligations both verbally and if requested, in writing.						Y		
*9. We routinely inform the patient that the actual costs								

Develop and Implement PFC procedure

- Gather key stakeholders
- Gather procedures, guidelines, handouts from Patient Access, Pre Registration, Financial Counseling and Customer Service to develop one, standardized Patient Financial Communication procedure
- Develop SharePoint site as one, easily accessible to all staff database
- Communicate to all Revenue Cycle departments and gather team feedback through out the process



Educate

- All Revenue Cycle departments required to complete the education
- Procedure reviewed in department huddles
- Online education for all staff
- Additional classroom education being developed

**LEGACY HEALTH
PATIENT FINANCIAL COMMUNICATIONS**




Procedure #: RevCycle001
Effective Date: March 1, 2016
Last Revision Date: February 24, 2016
Revised by: Patient Financial Communications Taskforce

Subject: Patient Financial Communications

Objective: To bring standardization and clarity to **patient financial communications (PFC)**. To outline steps, processes and scripting to help communicate cost of services and financial responsibility for all patients. To enable team members to strive for one-time resolution of questions/concerns through use of appropriate communication in face-to-face situations. To ensure patients are provided with all needed information to make informed decisions about the financial aspect of their care, i.e. payment plans, financial assistance. **To ensure that compassion, patient advocacy and emphasis on education are an integral part of all patient discussions.**

Minimum Necessary Guidelines: When using, disclosing or requesting Protected Health Information (PHI) from another covered entity, we will make reasonable efforts to limit Protected Health Information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. When in doubt, please refer to policy # LH 700.15 (Minimum Necessary Requirements).

Curriculum

	REV.Patient Financial Communications - Procedure Training Document 1
	REV.Patient Financial Communications - Procedure Training Document 2
	REV.Patient Financial Communications - Procedure - Test Take 15 question test, 80% required to pass. If the test isn't passed within 3 tries, the test will lock and not allow further attempts. To request an additional test attempt at this point, contact Carmen Daskalos or Iwona Mostowska.

PFC Task Force

- Formed to drive development of the PFC procedure
- Fostering inter departmental collaboration and knowledge exchange between front and back end departments for improved communication to patients
- Tasked with rapid process improvement around PFC, including standardization and update of all the procedures, handouts, scripting and guidelines used by staff participating in financial discussions with patients



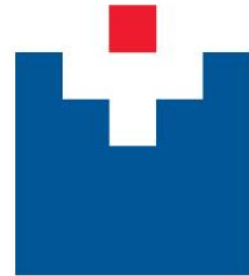
Quality Assurance

- Additional efforts put into place to ensure continuous process improvement
 - > Internal Secret Shopper to ensure standardized scripting and procedures used while providing estimates to patients
 - > PFC shadow
 - Internal efforts being developed to ensure compliance with the Legacy's PFC procedure
- PFC task force forum utilized for additional communication to teams



Questions?





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HEALTH

Thank you!



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