Guidelines for Conducting a Financial Conversation in the Emergency Department

Purpose: To communicate with the patient and identify the most appropriate resolution of the patient’s account.

Policy: Required for all ED treat and release patients utilizing proper interview techniques and communication skills in compliance with the Patient Financial Communications Best Practices from HFMA. Go to [www.hfma.org/communications](http://www.hfma.org/communications) to view the full set of guidelines

 Note: this policy may be modified to apply in an organization doing either beds-side registration or deskside registration at discharge. At no time should this interview interfere with patient care or violate EMTALA regulations concerning screening examination and stabilization requirements.

1. Preparation for interview
	1. Verify coverage
	2. Determine patient’s financial responsibility including estimating charges if necessary
	3. Have all necessary forms available
	4. Have resources handy to answer patient’s questions and/or concerns.
2. How to start interview
	1. Introduce yourself and talk with the patient before collection information.
		1. Mr/Mrs/Ms patient. My name is “your name. I hope you are feeling better soon and I appreciate your selection of our hospital for services today. While the doctor and nurses have been taking care of you, I reviewed your information so we can talk about your financial responsibility for today’s service.
	2. Assume all prior information may be incorrect
		1. Never hand the patient a face sheet to review demographics, confirm by asking for key information.
	3. Explain the purpose of the interview
	4. Be prepared to answer patient’s questions.
	5. Avoid any terms the patient may not understand
3. Reviewing verified insurance information
	1. Explain what has been done—how you confirmed their coverage
	2. Review the plan coverage and how you determined their responsibility.
	3. Identify the patient’s ability to resolve the account in an appropriate manner.
	4. Once you have identified the patient’s financial situation, pursue payment or financial assistance, as appropriate.
	5. Follow appropriate script based on the patient’s response.
4. Review patient’s liability as determined utilizing anticipation of charges, confirmed benefits and each patient’s current benefit status (deductible met, Out of pocket met, co-payment only, not covered, etc.) as applicable.
5. Patient with Insurance
	1. Explain what has been done-insurance benefit confirmed.
	2. Explain what the plan requires from the patient (co-payment, deductible, co-insurance) and what the amount is and identify the patient’s ability to pay.
	3. If able to pay, offer the standard payment options: cash, check, credit card, debit card.
	4. STOP talking and listen for patient’s response
	5. Follow script based on the patient’s response
6. Patient without insurance.
	1. Confirm non-coverage. “We do not have any insurance coverage listed for you. Is this correct, or do you have coverage that we missed?” (*If patient has insurance coverage, collect information and verify. If coverage is effective, proceed as appropriate for insured coverage based on identified benefits. If no coverage, continue).*
	2. Explain anticipated charges and how they were determined.
7. Insured Patient script.
	1. Your plan is in effect and provides coverage for emergency medical services at our facility. According to your plan information, you are responsible for a co-payment of $xxx for the services you received today.
8. Ask for payment.
	1. For your convenience, we accept checks, cash, and credit or debit cards for payment. How will you pay this co-payment today?
	2. STOP TALKING. WAIT FOR PATIENT TO RESPOND.
	3. Patient agrees to pay – Respond by saying “Thank You. I will process your payment and provide you with a receipt”. Thank the patient for taking care of their payment today.
	4. Steps to follow if the patient is unable to make payment or has questions or concerns.
	5. Respond to any of the patient’s concerns or questions utilizing the prepared script document as guidance. If you do not have the answer, ensure the patient that you will get them an answer.
	6. If patient unable to pay 100% of payment, offer additional alternatives, as applicable. Remember, your goal is to obtain a commitment from the patient to resolve the amount due.
		1. Ask what patient is able to pay. If patient’s offer is not within payment plan guidelines then refer for financial assistance according to your organization’s policies.
		2. Payment plan – remember payment in full is the preferred choice. Offer payment plan only payment if full is not an option.
			1. If patient is reluctant to agree to a payment plan, open dialog about assistance programs.
			2. If patient continues to refuse to pay or make arrangements, document account listing with what was offered and refused.
		3. Financial Assistance screening - Financial Assistance should be pursued under the following circumstances.
			1. Patient requests assistance
			2. Patient express an inability to pay
			3. Initiate application process for eligibility determination.
		4. If patient uncooperative, document the account and refer to supervisor for any further activity.
9. Close the interview by thanking the patient for their cooperation. Document the account with applicable information based on your conversation with the patient (i.e. payment plan, Medicaid eligibility process, etc.
10. Final comments
	1. Attitude dictates your success
	2. Avoid negatives
	3. Emphasize what you CAN do, not what you CAN’T do
	4. Never suggest necessary services will be delayed.
	5. Remember Goal is to obtain account resolution!

For more information on HFMA’s interactive e-learning materials related to all the Patient Financial Communication Best Practices, visit the education section of www. hfma.org.