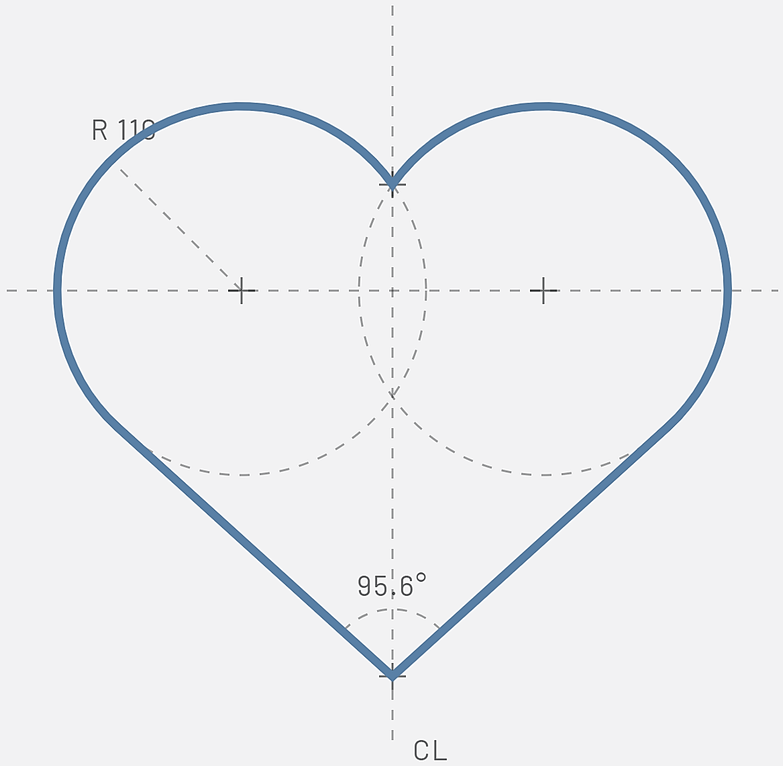
NJ HFMA ANNUAL INSTITUTE 2026

Revenue with Respect



Patient-Centered Financial Communication That Protects Trust and Strengthens Performance

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Chief Operations Officer, Care Cap Plus

Today's Expectations: Protect Both Outcomes

The goal is not "patient or margin." It is a reliable, compliant process that helps patients resolve valid balances while protecting trust and loyalty.

Compassion Is a Learned Operating Discipline

- Modeled by Leadership
- Reinforced Through Training
- Embedded in Daily Workflows
- Measured by Patient and Financial Outcomes

PATIENT

- Clarity
- Dignity
- A Workable Path Forward

FINANCIAL

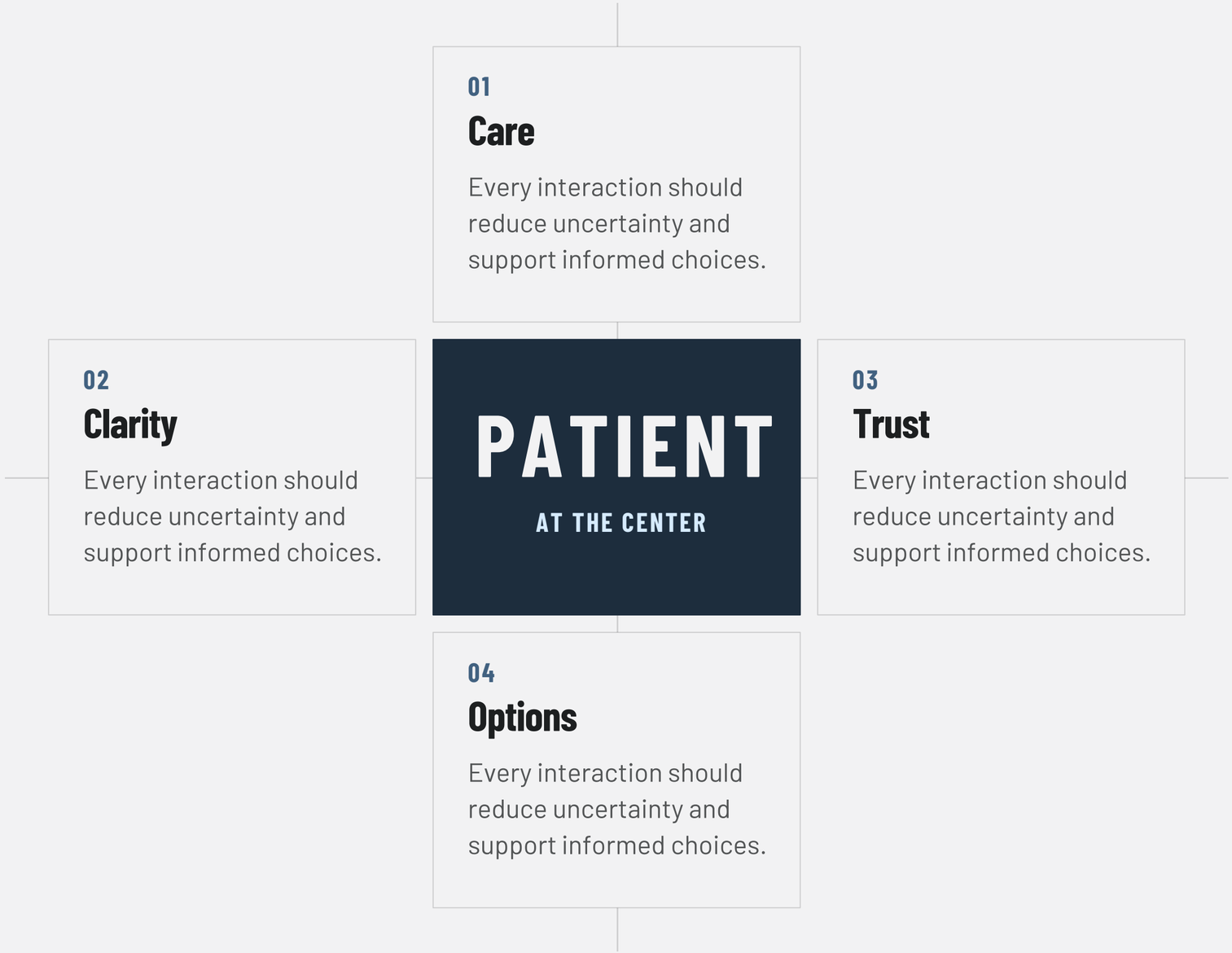
- Earlier Resolution
- More Kept Commitments
- Lower Cost-to-Collect

COMPLIANCE

- Consistent Screening
- Accurate Notices
- Defensible Actions

We Are Ultimately Here for the Patient

Revenue cycle outcomes matter. How we achieve them matters, too.



Mission and Margin Are Not Competing Goals

A better financial experience can support both trust and revenue integrity.

01

Patient Experience

+ Clear Explanations
+ Respect and Privacy
+ Early Assistance
+ Choice in How to Resolve Balances

02

Operational Discipline

+ Accurate Eligibility
+ Timely Estimates
+ Standard Work
+ Escalation and Follow-Through

03

Financial Sustainability

+ Fewer Avoidable Disputes
+ Faster Resolution
+ Less Rework
+ Healthier Cash Flow

The unifying strategy: remove friction without removing accountability.

BUILD THE FOUNDATION

Be an HFMA Best Practices Adopter

HFMA's Patient Financial Communications Best Practices: voluntary, consensus guidelines for when, where, who and what in every financial conversation with a patient.

- + Emergency Department — Only After Screening and Stabilization
- + Time of Service — Registration and Discharge
- + Advance of Service — Estimates, Coverage and Prior Balances
- + All Settings — Compassion, Standard Language, Privacy

NEW JERSEY ADOPTERS

AtlantiCare	Pomona
Mountainside Medical Center	Montclair
Pascack Valley Medical Center	Westwood
The Valley Hospital	Ridgewood

Source: HFMA, Patient Financial Communications Best Practices; hfma.org Adopter Organizations (Updated April 2026)

Why HFMA Adopter Recognition Matters

It is external recognition of an internal commitment to patient-centered financial communication.

01

For Patients

Signals a commitment to compassion, clarity, privacy, education and constructive solutions.

02

For Organizations

Creates a structured self-assessment, validates sound practices and identifies improvement opportunities.

03

For Communities

Demonstrates accountability to patients, employees, physicians and the broader community.

What Adopter Recognition Actually Means

A voluntary program grounded in review of an application and supporting documentation.

01

Commitment

The organization demonstrates commitment to excellence in patient financial communications.

02

Evidence

HFMA reviews the application and supporting documents describing organizational practices.

03

Visibility

Recognized organizations receive a certificate and may be listed by HFMA and communicate the accomplishment.

Important: recognition is self-attestation. HFMA's FAQ says no on-site review is involved.

Valley Health System: Officially Recognized

HFMA approved Valley's application as an Adopter in August 2023.

PFC

Patient Financial Communications

Best Practices Adopter

VALLEY HEALTH SYSTEM

WHAT HFMA CONFIRMED

Valley's application for recognition was approved.

WHAT IT REFLECTS

A commitment to follow the best practices and elevate the financial experience.

VALLEY-SPECIFIC STATUS

Valley's approval letter states the organization's Adopter status does not expire.

How to Apply

Patient Financial Communications Adopter Recognition Program

1
Confirm Scope

2
Build Team

3
Self-Assess

4
Close Gaps

5
Submit Evidence

6
Leadership Attests

WHO SHOULD BE INVOLVED

Patient Access, Revenue Cycle, Financial Counseling, Customer Service, Compliance, Quality, IT and executive leadership.

CURRENT HFMA LOGISTICS

All provider organizations may apply. HFMA currently states there is no deadline or fee and accepts complete electronic applications.

What You Need to Prove

Build a reviewer-ready evidence library before entering the application.

1

Written Policies

ED, Walk-In/Time of Service, Advance of Service and Prior Balances

2

Patient Journey

Registration, Eligibility, Estimates, Counseling, Assistance and Balance Resolution

3

Technology

Eligibility, Patient Responsibility Estimates, Prior Balances and Receipting

4

Training

New-Hire and Annual Role-Based Education with Attendance Evidence

5

Feedback

Surveys, Complaint Escalation, Response and Improvement Actions

6

Metrics + Attestation

Performance Measures, Executive Reporting and Leadership Accuracy Attestation

Best Practice/Patient Communication: Five Sections

The Best Practices organize patient financial communication by setting and accountability.

1

Emergency Department

2

Time of Service

3

Advance of Service

4

All Settings, including CBO

5

Measurement

Consistency • Clarity • Transparency • Patient Understanding

Emergency Department: Care Comes First/after steps

No financial discussion before screening and stabilization.

WHEN

After the patient has been medically screened and stabilized. Financial discussion must not interfere with care.

WHO

Trained registration or discharge staff for routine situations; financial counselors or supervisors for complex situations.

HOW

Focus on education. Explain that ability to pay will not interfere with emergency treatment and offer assistance information.

Advance of Service: Communicate Early

Create time for understanding before a financial obligation is incurred.

1

CONTACT

Use the most appropriate channel: outbound outreach, inbound inquiry, or scheduling/contact center.

2

VERIFY

Confirm demographics, insurance and eligibility information.

3

EXPLAIN

Discuss the estimated responsibility and explain that actual out-of-pocket cost may vary.

4

SUPPORT

Identify potential need and offer financial counseling, payment options and assistance information.

Best Practices for Every Conversation

These expectations apply in every care setting.

Compassion + Advocacy

Make education and patient support part of the discussion.

Standard Language

Use approved guidance for common financial conversations.

Proactive Communication

The provider takes the initiative to communicate.

Financial Assistance

Communicate availability of supportive assistance.

Understandable Communication

Use language the patient can understand and verify preferred contact method.

Privacy + Resolution

Use a sensitive setting and focus on amicable resolution.

Annual Training Expectations

Role-specific training every year.

BEST PRACTICES

Expectations Relevant to the Employee's Role

ASSISTANCE

Financial Assistance Policies and Coverage Solutions

OPTIONS

Available Financing and Alternatives for Uninsured Patients

LANGUAGE

Standard Wording and Customer-Service Behaviors

REGULATIONS

Applicable Laws and Regulations for the Role

EVIDENCE

Document Completion and Report Training to Leadership

BUILD THE FOUNDATION

What Digital Engagement Looks Like in 2026

Not just online payment — orchestration across the full financial lifecycle.

BEFORE CARE

Cost Transparency

Accurate, understandable estimates before care — not weeks later — build trust and prevent surprise disputes.

AT INTAKE

Financial Readiness

Verify eligibility, surface benefit limits and outline estimated responsibility before services are rendered.

AFTER CARE

Omni-Channel Outreach

Portal, text or email — matched to patient preference for stronger engagement and faster resolution.

RESOLUTION

Flexible Payment

Plans, digital scheduling and self-service let patients align payment with their cash flow.

THE TAKEAWAY

Friction delays payment. Rigid, one-size-fits-all plans lead to nonpayment.

The Leadership Challenge

Patients need a financial experience that is as intentional as the clinical experience.

PATIENT

- Understand What Is Owed and Why
- Find Help Without Having to Know the Right Words
- Choose a Workable Next Step
- Stay Connected to Care

FINANCIAL

- Resolve Valid Balances Earlier
- Increase Kept Commitments
- Reduce Avoidable Calls and Rework
- Lower Cost to Collect

COMPLIANCE

- Screen Consistently
- Give Required Notices
- Apply Lawful Payment Terms
- Document Every Handoff and Decision

Best in class is not “collect more at any cost.” It is clarity + choice + consistency.

Make the Path to Care Easy Before the Bill Exists

Financial readiness should remove barriers, not become another barrier.

- Provide Understandable Estimates Before Scheduled Care
- Verify Coverage and Explain Benefit Limitations Early
- Offer Financial Counseling Through Phone, Portal and in Person
- Use One Application Flow for Charity Care and System Financial Assistance
- Create a Warm Handoff When Care, Coverage or Affordability Is at Risk



Access First • Payment Second

Design the Financial-Assistance “Front Door”

Patients should not have to become policy experts to get help.

1

NOTICE

Proactive, Plain-Language Notice on Estimates, Statements, Portal and Calls

2

SCREEN

Coverage, Medicaid/NJ FamilyCare, Charity Care and Health-System FAP

3

ASSIST

Navigator Support, Document Checklist, Language Access and Status Visibility

4

DECIDE

Timely Determination with Clear Written Explanation

5

PROTECT

Pause Inappropriate Collection Activity and Coordinate Every Vendor

New Jersey: Installment-Plan Guardrails

Effective leadership translates law into system rules, scripts and audits.

≤ 3%

Of Monthly Income When Income Is Known

3%

Maximum Annual Interest

60 Days

Minimum Late-Payment Grace Period

6 Mo–5 Yrs

Term Range Based on Circumstances

120 Days

From First Bill Before Collection Action, with Plan Offered

30 Days

Additional Bill and Notice Before Action

Also review credit-reporting restrictions, wage-garnishment protections, mandatory notices, pending insurance reviews/appeals and defined exceptions.

New Jersey Charity Care/Individual Financial Assistance Policies

Free or reduced-charge necessary hospital care for eligible patients at New Jersey acute care hospitals/Extend % for FAP Valley uses 500%, include other entities for specific services

≤200% FPL	201-225% FPL	226-250% FPL	251-275% FPL	276-300% FPL	>300% FPL
0%	20%	40%	60%	80%	100%
Patient pays	Patient pays	Patient pays	Patient pays	Patient pays	Patient pays

ELIGIBILITY

Coverage and residency rules apply. Income and asset criteria must be met. Assistance may be available to some nonresidents under specific provisions.

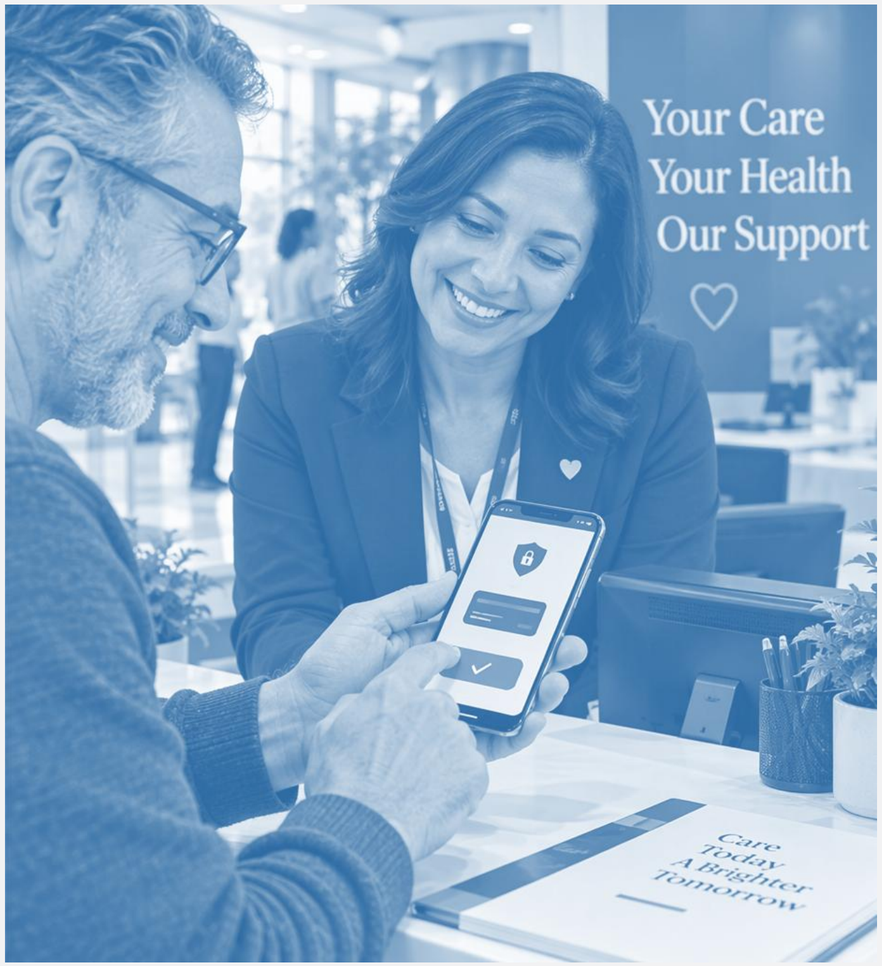
ASSET LIMITS

$7,500 Individual
$15,000 Family

Spend-down provisions may apply.

SCOPE

Necessary inpatient and outpatient hospital care. Separate professional and ancillary bills may not be covered.



Digital Payment Should Feel Familiar and Safe

Convenience is a collection strategy when it is paired with transparency and support.

Mobile-Responsive Guest Pay and Portal Pay
Text-to-Pay and Email Links Using Verified, Branded Domains
Saved Payment Methods, Autopay and Digital Receipts
Self-Service Installment-Plan Enrollment and Balance Visibility
Language Accessibility and Screen-Reader Compatibility
Easy Movement from “Pay” to “Get Help” Without Losing Context

Never let digital convenience become digital-only access.

Discounts and Incentives: Use a Controlled Menu

The goal is to reward timely resolution without creating inconsistency or unfairness.

PROMPT-PAY

A Defined Discount for Payment Within an Approved Window

Written Eligibility

PRE-SERVICE

A Consistent Option for Eligible Estimated Patient Responsibility

Standard Calculation

SETTLEMENT

Documented Authority Matrix for Aged Balances or Hardship

Approval Controls

AUTOPAY

Convenience-Based Enrollment, Not a Coercive Condition

Patient Disclosure

NON-CASH

Service Recovery Giveaways, Apology

Monitoring

Before launch: review payer contracts, federal/state requirements, nonprofit obligations, accounting treatment, consistency and patient equity.

Discount Opportunities

Tax Season and End-of-Year Discounting

Treat timing as an opportunity to offer choices, not pressure.

DO

- Segment Accounts Using Approved Criteria
- Lead with Help and Resolution Options
- Offer Secure Digital, Phone and Mail Channels
- Use Preferred Language and Contact Method
- Measure Opt-Outs, Complaints and Resolution

SAY

"I'm reaching out with good news."

"If this is a convenient time to address your balance, we can review payment and assistance options."

"Would it help to choose a date or plan that aligns with your budget?"

AVOID

- Assuming the Patient Received a Refund
- Creating False Urgency
- Using Shame or Celebratory Tax Language
- Leaving Out Assistance Information
- Over-Contacting Across Channels

Measure What Matters: A Balanced Scorecard

Cash alone cannot tell you whether the experience is sustainable or fair.

PATIENT

- Complaints and Compliments
- Financial-Assistance Conversion
- Digital Completion and Abandonment
- Repeat-Contact Rate

FINANCIAL

- Patient Net Collection Rate
- Payment-Plan Enrollment
- Promise-Kept Rate
- Cost to Collect

ACCESS + QUALITY

- Care Deferrals Linked to Cost
- Estimate Accuracy
- Coverage Discovery
- Language-Access Completion

COMPLIANCE

- Timely Notices
- Collection Holds
- Plan-Term Exceptions
- Vendor Audit Findings

BUILD THE FOUNDATION

Review Top Complaints/Inquiries

Improving the financial experience is an operational redesign, not just a complaint

COMMON CALLS/ISSUES

- Fragmented Systems Between Patient Access and Billing
- Estimate Tools Disconnected from Payment Platforms
- COB/Newborns
- Colonoscopies

AUDIT CALLS/COMPLAINTS

Your team is your message

THE IMPACT

Reduced Patterns	→	Fewer Inbound Calls
Track	→	Fewer Disputes
Partner	→	Shared values/goals
Better Engagement	→	Stronger Net Collections

Digital financial engagement is no longer experimental. It is foundational.

The CARE Conversation Model

C

CONNECT

Use the patient's name. Ask permission to discuss the balance.

A

ASSESS

Confirm understanding, coverage status and ability to pay.

R

RESOLVE

Match the account to the right path and explain the choices.

E

ENSURE

Confirm next step, amount, date, documentation and channel.

Words That Connect and Collect Without Escalating

REPLACE PRESSURE LANGUAGE

INSTEAD OF ~~"You need to pay today."~~

TRY **"I can help you understand the balance and choose the best next step."**

INSTEAD OF ~~"That is our policy."~~

TRY **"Let me explain the options available under the hospital's policy."**

USE COMMITMENT LANGUAGE

+ **"What amount is manageable today?"**
+ **"Would the 15th or the 30th work better?"**
+ **"Let me repeat what we agreed to."**
+ **"If circumstances change, contact us before the payment date so we can reassess."**

REVENUE WITH RESPECT

Train for the Moments That Derail Payment

"I never received a bill."	Confirm the address and channel, explain the balance, resend, and set the next contact date.
"Insurance should have paid."	Review coverage, COB, and denial status before assigning the amount to self-pay.
"I can’t afford this."	Screen for assistance and present approved payment options.
"I dispute this."	Document the concern, route it correctly, and apply any required hold.
"I already spoke with someone."	Review the prior documentation so the patient does not have to restart the conversation.

REVENUE WITH RESPECT

Measure the Patient and Financial Story Together

RESOLUTION

First-Contact Resolution

Promise Kept Rate

ACCESS

Screening Completion

Abandonment / Disconnect

CASH

Self-Pay Cash

Net Collection Rate

EFFICIENCY

Cost to Collect

Touches per Resolved Account

QUALITY

Complaint Themes

Script / Documentation QA

COMPLIANCE

Hold Accuracy

Notice and Timeline Accuracy

+ No single metric tells the whole story. Cash without access, quality, and compliance can conceal operational risk.

+ Human outcomes are often leading indicators of financial outcomes.

Turn Guardrails Into Controls

1

System

Automated Holds for Pending Appeals, Assistance Reviews and Protected Timelines

2

Forms

Current Notices, Readable Plan Terms, GFE Delivery and Retention

3

People

Training by Role; Scripts Linked to Escalation Rules

4

Vendors

Contract Standards, Monitoring, Complaint Review and Corrective Action

5

Audit

Sample Accounts from Estimate Through Final Resolution

+ Compliance should be visible in the workflow, not stored only in a policy binder.

GAME TIME

Audience Jeopardy: Choose a Category and Value

CARE MODEL	NJ LAW	SELF-PAY RIGHTS	BOTTOM LINE
$100	$100	$100	$100
$200	$200	$200	$200
$300	$300	$300	$300

END GAME →

CARE MODEL · $100

NOT QUITE. TRY AGAIN.

The first step, where you ask permission and establish respect.

A CONNECT

B ASSESS ✖

C ENSURE ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! CARE MODEL · $100 +$100

The first step, where you ask permission and establish respect.

A CONNECT ✓

B ASSESS ✗

C ENSURE ✗

BACK TO BOARD →

BACK TO QUESTION

CARE MODEL · $200

NOT QUITE. TRY AGAIN.

The step that confirms understanding, coverage and ability to pay.

A RESOLVE ✖

B ASSESS

C CONNECT ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! CARE MODEL · $200 +$200

The step that confirms understanding, coverage and ability to pay.

A RESOLVE ✗

B ASSESS ✓

C CONNECT ✗

BACK TO BOARD →

BACK TO QUESTION

CARE MODEL · $300

NOT QUITE. TRY AGAIN.

This final CARE step locks in amount, date, documentation and contact channel.

A CONNECT ✖

B RESOLVE ✖

C ENSURE

REVEAL ANSWER →

BACK TO BOARD

CORRECT! CARE MODEL · $300 +$300

This final CARE step locks in amount, date, documentation and contact channel.

A CONNECT ✗

B RESOLVE ✗

C ENSURE ✓

BACK TO BOARD →

BACK TO QUESTION

NJ LAW · $100

NOT QUITE. TRY AGAIN.

The minimum period after the first bill before a collection action, with a plan offered.

A 30 days ✖

B 60 days ✖

C 120 days

REVEAL ANSWER →

BACK TO BOARD

CORRECT! NJ LAW · $100 +$100

The minimum period after the first bill before a collection action, with a plan offered.

A 30 days ✗

B 60 days ✗

C 120 days ✓

BACK TO BOARD →

BACK TO QUESTION

NJ LAW · $200

NOT QUITE. TRY AGAIN.

The maximum annual interest rate named for medical debt and qualifying plans.

A 3 percent

B 5 percent ✖

C 8 percent ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! NJ LAW · $200 +$200

The maximum annual interest rate named for medical debt and qualifying plans.

A 3 percent ✓

B 5 percent ✗

C 8 percent ✗

BACK TO BOARD →

BACK TO QUESTION

NJ LAW · $300

NOT QUITE. TRY AGAIN.

What phrase summarizes the presentation's approach to helping patients navigate financial responsibility before balances become collections?

A Access First, Payment Second

B Bill First, Resolve Later ✖

C Revenue Before Service ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! NJ LAW · $300 +$300

What phrase summarizes the presentation's approach to helping patients navigate financial responsibility before balances become collections?

A Access First, Payment Second ✓

B Bill First, Resolve Later ✗

C Revenue Before Service ✗

BACK TO BOARD →

BACK TO QUESTION

SELF-PAY RIGHTS · $100

NOT QUITE. TRY AGAIN.

The estimate generally owed to uninsured or self-pay patients for scheduled care.

A Good Faith Estimate

B Explanation of Benefits ✖

C Financial Assistance Noti ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! SELF-PAY RIGHTS · $100 +$100

The estimate generally owed to uninsured or self-pay patients for scheduled care.

A Good Faith Estimate ✓

B Explanation of Benefits ✗

C Financial Assistance Noti ✗

BACK TO BOARD →

BACK TO QUESTION

SELF-PAY RIGHTS · $200

NOT QUITE. TRY AGAIN.

The bill-over-estimate amount that may trigger federal dispute eligibility.

A $250 or more ✖

B $400 or more

C $500 or more ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! SELF-PAY RIGHTS · $200 +$200

The bill-over-estimate amount that may trigger federal dispute eligibility.

A $250 or more ✗

B **$400 or more** ✓

C $500 or more ✗

BACK TO BOARD →

BACK TO QUESTION

SELF-PAY RIGHTS · $300

NOT QUITE. TRY AGAIN.

The federal tax rule requiring reasonable efforts before extraordinary collection actions.

A EMTALA ✖

B IRC Section 501(r)

C HIPAA ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! SELF-PAY RIGHTS · $300 +$300

The federal tax rule requiring reasonable efforts before extraordinary collection actions.

A EMTALA ✗

B IRC Section 501(r) ✓

C HIPAA ✗

BACK TO BOARD →

BACK TO QUESTION

BOTTOM LINE · $100

NOT QUITE. TRY AGAIN.

A metric showing whether promised payments actually arrive.

A First-contact resolution ✖

B Promise-kept rate

C Cost to collect ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! BOTTOM LINE · $100 +$100

A metric showing whether promised payments actually arrive.

A First-contact resolution ✗

B **Promise-kept rate** ✓

C Cost to collect ✗

BACK TO BOARD →

BACK TO QUESTION

BOTTOM LINE · $200

NOT QUITE. TRY AGAIN.

The operating principle that prevents handoff confusion.

A One account, one owner, one next step

B Access first, payment second ✖

C Clarity, choice and consistency ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! BOTTOM LINE · $200 +$200

The operating principle that prevents handoff confusion.

A One account, one owner, one next step ✓

B Access first, payment second ✗

C Clarity, choice and consistency ✗

BACK TO BOARD →

BACK TO QUESTION

BOTTOM LINE · $300

NOT QUITE. TRY AGAIN.

The dashboard design that pairs cash and efficiency with access, quality and compliance.

A Revenue forecast ✖

B Balanced scorecard

C Patient ledger ✖

REVEAL ANSWER →

BACK TO BOARD

CORRECT! BOTTOM LINE · $300 +$300

The dashboard design that pairs cash and efficiency with access, quality and compliance.

A Revenue forecast ✗

B **Balanced scorecard** ✓

C Patient ledger ✗

BACK TO BOARD →

BACK TO QUESTION

Collecting with Care

The patient is not an account balance.
The financial conversation is part of the care experience.

When we lead with clarity, compassion and options, we protect trust, support better decisions and strengthen the organization.

C	A	R	E

