

Examples of scripting for upfront collections

Below are examples of scripting used for upfront collections by patient access staff at Texas Health Resources in Arlington:

"I have no insurance."

"I understand. We are pleased to offer you an uninsured discount of 30% and that will bring your deposit due to \$_____. Which payment option would be best for you?"

"So is this all I am going to owe?"

"What I am providing you is an estimate based on the information that I have today. You will be billed for any outstanding balances after services."

"My ex-spouse is responsible for paying these bills."

"I understand. Unfortunately we cannot become involved in divorce decrees. As the presenting parent you are the responsible party for this account. You, in turn, can seek reimbursement from your ex-spouse. We do have several payment options I'd be glad to talk about today...."

"Send the bill to my attorney."

"Unfortunately, attorneys cannot guarantee the outcome of a case and, therefore, cannot guarantee payment for your claims. We've found that it works best for all parties involved if payment is made at the time of service. Once a settlement is reached, you will be reimbursed from those proceeds. I'd be glad to put this on your Visa or MasterCard today. Which payment option would work best for you?"

"Why do I have to pay my outstanding balance?"

"I understand that this may be something new for you. However, health care financial responsibility is a mutual relationship between the hospital and those who utilize its services. We provided those services for you on _____ and your outstanding balance is \$_____. We have several payment options available at this time. Which payment option would be best for you?"

"Is all you care about money?"

"Are you afraid I'm not going to pay after I leave?"

"I know that talking about the patient's portion due is sometimes a difficult subject. We have, however, found that it is best to talk about it up front so that there are no surprises for anyone later on. By doing this, I'm able to offer you several payment options today. Would you like to pay by cash, check, credit card, money order?"

"I'm always overcharged and it takes forever to get your money back."

"I understand how frustrating that can be. We've done our very best to make sure we have verified and estimated correctly. If you find that you are due a refund, please call our business office directly on this financial brochure and they will follow up and ensure your credit balance is promptly refunded. Now... how would you like to take care of this today?"

"I'll have to discuss this with my spouse."

"Sure, I understand, I'll be happy to get an outside line and step away so you can have some privacy to call him/her. What is the number where they can be reached?"

"It's not right to pay for a service before you have it done!"

"I'll stop back at discharge."

"I understand this may be something new for you. We have, however, found that it is best to talk about it up front so that there are no surprises for anyone later on. Also, once you're finished with your test/ procedure, you'll be ready to go home and won't have to worry about stopping back here. I have some payment options I'd be glad to talk to you about today..."

"Show me the bill."

"Sure! I'd be glad to show you how we arrived at your estimate today...."

"That's why I have insurance."

"Unfortunately insurance rarely covers all costs. As a service to you, we have already verified your coverage benefits and your estimated portion due today is \$_____. How would you like to take care of that?"

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"I don't get paid until next week."

"I'd be glad to put this on your Visa/ MC/ Discover / American Express. That way you'll be able to wait until their bill comes to make your payment. As a service to you, I can also contact our scheduling department to reschedule your procedure for next week? Which is best for you?"

"My insurance company said I do not have to pay up front."

"My employer told me not to pay because my insurance is contracted with your hospital."

"According to our contractual relationship with the payer, we are permitted to collect deductibles, copays, and the estimated patient cost share at the time of service. How would you like to take care of your estimated portion today?"

"My doctor said I did not have to pay."

"I've already paid the doctor."

"My doctor just said to come on over..."

"Keep in mind that the payment for hospital-rendered services is separate from physician charges. I know receiving a bill from different providers can become confusing. That's why it's important for us to let you know what your estimated portion due to the hospital will be before you have the service performed. Perhaps your doctor was referring to your account at their office."

"I don't have any money."

"I can't afford it right now."

"I am not working. How can I pay if I don't work?"

"I'm going to file bankruptcy."

"I understand. Why don't I have you talk with our financial counselor? This will help us determine how we can assist you in resolving your account balance."

"Why wasn't I told in advance that I would have to pay today?"

"We do our best to try to inform patients prior to their arrival of their portion due. However, your insurance handbook should detail for you the portion you are responsible for when receiving health care services. I apologize that you were not notified before your date of service. If you are not in a position to pay the total amount in full today, I'd be glad to go over several payment options we have..."

Source: Texas Health Resources.

to the loss of a major GM plant and the city's only remaining Fortune 500 company. "As a pediatric hospital, the tremendous loss of jobs has resulted in an unprecedented shift from commercial insurance to Medicaid coverage for many patients," says Scott. "People are scared and angry."

Many have never had to apply for assistance previously and may feel embarrassed about not being able to provide for their family. "It has become imperative that we communicate the opportunities available for public aid," says Scott.

In addition to offering this concrete type of help, conveying sympathy and understanding has become a critical skill for access. "We need to put ourselves in their shoes and try to understand why they may be dissatisfied," says Scott. "If the parent cannot be placated, staff should politely inform them that they would be happy to connect them with a supervisor."

At Texas Health Resources in Arlington, access staff go through a online upfront collection module that helps explain the purpose of collecting, how to ask the questions appropriately, and the various scenarios that could occur. "It is an online

module specific to collections and is mandatory for all patient access staff," says **Patricia Consolver**, CHAM, the organization's corporate director. (See examples of scripting used by staff, pg. 21.)

Offer more options

"There are more folks wanting to set up long-term payment plans to meet their high deductibles, but they are not interested in bank loan programs," says Consolver. "We have had to expand our options for patients."

If a patient has no outstanding balances, payment arrangements have been expanded from six months to 18 months, with no interest. "We have had quite a few take advantage of this option," says Consolver.

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