

Avoiding Surprises in Your Medical Bills

A Guide for Consumers



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This guide will help you understand the questions you should ask to avoid receiving an unexpected medical bill. Many of the suggestions in the guide are designed for situations when you can schedule care in advance. The guide will also help you understand what you can do to lessen the chances of an unexpected balance bill in an emergency.

How Could a Medical Bill Be a Surprise?

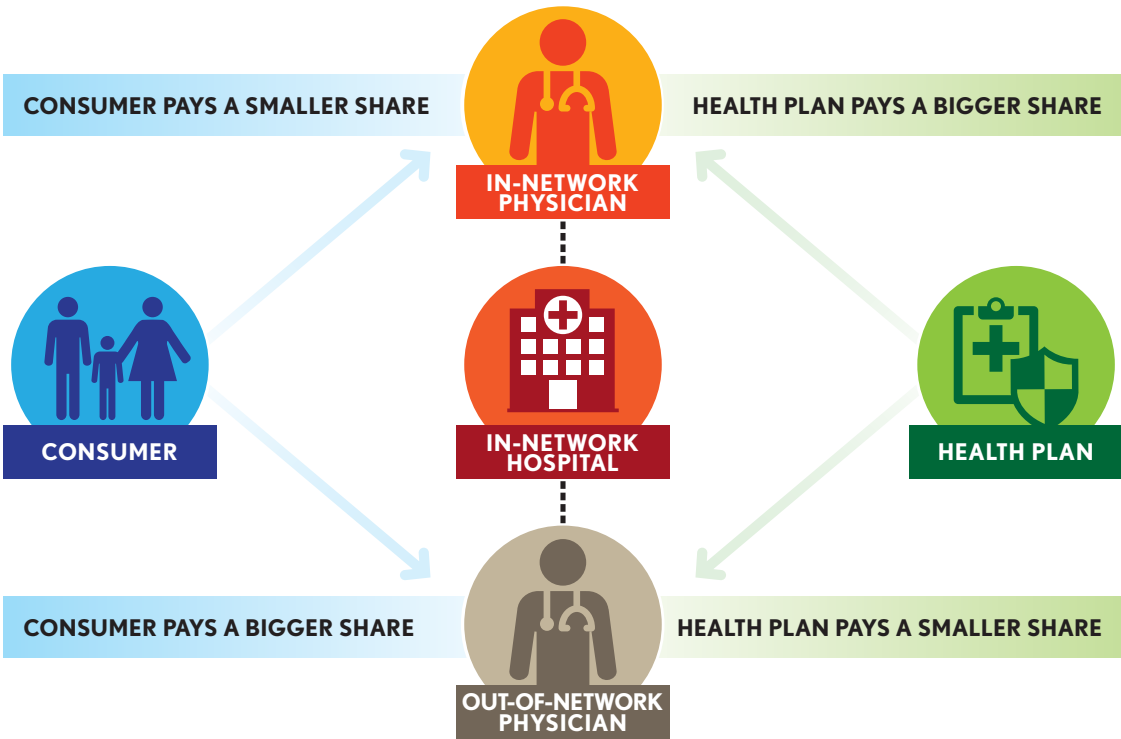


There are many people and places that provide healthcare services. Doctors, nurses, physician assistants, and other healthcare professionals are all **healthcare providers**, as are hospitals, surgery centers, and many other healthcare facilities.

Your health insurance plan may encourage you to use healthcare providers that are

in network, and can help you identify providers in your network and provide information you may need. Being in network means that these healthcare providers have an agreement, or **contract**, in place with your health plan. The contract defines the amount providers will be paid for their services, which is also known as the **negotiated rate**. The contract also requires the health plan to pay the providers directly. If healthcare providers are not in network (“out-of-network”), it simply means that they do not have a contract or a negotiated rate with your health plan.

If a healthcare provider is not in network, you may have to pay more for their services. Also, your health plan may not always cover care that is not in network. Whether your health plan pays a provider who is not in network and how much it pays depend on the terms of your policy with your health plan. If the amount the health plan pays under your policy is less than what the provider charges for the service, the provider might bill you for the difference, or balance. This is a **balance bill**.



Some doctors who treat patients at hospitals that are in your health plan’s network may be “out of network” with your health plan. Read on for examples.

HEALTHCARE PROVIDERS	Doctors, nurses, physician assistants, and other healthcare professionals. Also, hospitals, surgery centers, and many other healthcare facilities.
NEGOTIATED RATE	Amount that providers will be paid for their services. Health plans and providers have contracts that define these rates.
BALANCE BILL	When the amount paid by your health plan to an out-of-network provider is less than the provider’s bill, the provider might bill you for the difference.

HOW COULD A MEDICAL BILL BE A SURPRISE? CONTINUED



As a consumer, you want to make sure that you are making decisions that help you avoid paying more than expected for healthcare services. If you can do so, you want to make these decisions before you have committed to a healthcare procedure or service.

Planning in advance will help give you peace of mind during your procedure. It can also lessen your chances of a surprise when you receive the bill for your procedure.

Many health plans also have an **out-of-pocket maximum**. This means that once you spend the maximum amount, you do not have any more **cost-sharing responsibilities** for services that your health plan covers. Cost-sharing responsibilities include things like deductibles, copayments, and coinsurance. But if you use a provider that is not in network, the amount you pay for that provider's services may not count toward your out-of-pocket maximum. This means you might have to pay any cost-sharing responsibilities as well as any balance bills from the provider, even if you have reached your health plan's out-of-pocket maximum.

You often have a chance to choose a healthcare provider in advance. The choice is yours, but it is very important that you understand whether that provider is in network and what that means in terms of the cost to you.

It is also important to understand that even if you choose a hospital that is in network, you may still receive care at that hospital from a doctor or other healthcare professional, such as a physician assistant or physical therapist, who is not in network. Just because a hospital participates in the health plan's network does not mean that all the healthcare

Just because a hospital participates in the health plan's network does not mean that all the healthcare professionals you will interact with at the hospital are also in network.

professionals you will interact with at the hospital also are in network. Similarly, your healthcare professional might be in network but refer you to receive services at a hospital or other facility that is not in network.

Sometimes you cannot choose a healthcare provider in advance. This is often the case when you need emergency care. In other cases, you may not be aware of everyone who will be providing services as part of your procedure. In these situations, you could receive an unexpected bill for out-of-network services.

What Can You Do To Avoid an Unexpected Balance Bill?



BALANCE BILL

When the amount paid by your health plan to an out-of-network provider is less than the provider's bill, the provider might bill you for the difference.

If you understand the issue and the questions you need to ask, you should be able to reduce your chances of an unexpected balance bill. This guide offers several tips and questions you can ask to find out whether a healthcare provider is in network. It also gives you some examples of common medical services to help you understand when you should ask questions and who can help answer them.

Tips for avoiding an unexpected balance bill when you can schedule care in advance

- 1. Ask what providers are in your health plan's network.** Before you select a health plan, ask to see the health plan's directory of providers that are in your health plan's network. Are the doctors and hospitals you and your family members use listed in the directory? If they are not, are you satisfied with the providers who are in the network?
- 2. Ask how your health plan covers care from a provider who is not in network.** Care from providers who are not in the network will usually be more expensive. The higher cost for out-of-network care encourages you to get care from the providers who are in network. If you want to use an out-of-network provider, work with your health plan and the provider to get an estimate of what your actual payment will be.

Health plans may offer lower premiums if you are willing to get care from a small network of providers. If you choose a

plan with a small provider network, remember that you will need to be more careful to check that the providers you would like to go to are in network.

- 3. When you need to get a service, check again with both your provider and the health plan to make sure that the provider is in the network.**

Agreements between health plans and providers sometimes change. A provider who was in the health plan's network when you purchased your health plan may no longer be in the network when you need care.

For the most up-to-date information from your health plan, check the health plan's online directory of in-network providers. If you have any questions, call the health plan's customer service number. Also call your healthcare professional's office and the hospital or other facility where you will receive your service to make sure that they are still in your health plan's network.



- 4. If you need to see a specialist healthcare professional, also check to make sure that the specialist is in the network.** Sometimes your primary care provider will recommend that you see a physician specialist or other healthcare professional. You will also want to check with the specialist's office or your health plan to make sure that the specialist is in your health plan's network.

Remember that even if both your primary care provider and the specialist they are referring you to are part of the same practice group, they may not both be in the network. You should ask your primary care provider to refer you to an in-network specialist. Once you have a referral to a specialist, confirm with that specialist that they are in network when you make your appointment.

- 5. If you need to have a procedure, ask where it will take place.** Where will your procedure take place? If your doctor provides services at more than one location, ask what your options might be. For example, the location may be a hospital, an outpatient surgery center, or another facility. You will want to check that the facility is in the network.

- 6. Ask who else might be involved in your procedure.**

In addition to the doctor you have chosen for your procedure, there are often other healthcare professionals who are involved in a medical procedure. For example, an **anesthesiologist** or **nurse anesthetist** may give you medicine that helps you sleep through the procedure.

Who can help you get this information? There are several possible sources. Always make clear that you are asking for this information to make sure that you will receive care from providers in your health plan's network. Information sources include:

- *Your doctor.* When your doctor recommends a procedure, he or she should be able to tell you where it will take place. If your doctor provides services at more than one location, ask if you can choose the location. Also ask your doctor who else might be involved in the procedure. Will you need medicine to help you sleep during the procedure? Will someone need to look at x-rays or images, or examine a tissue sample? If so, who will provide these services?

Your doctor may not be able to tell you whether other healthcare professionals who will be involved in your procedure are in your health plan's network. But your doctor can help you form a list of services that will be part of the procedure.

WHAT CAN YOU DO TO AVOID AN UNEXPECTED BALANCE BILL? CONTINUED



- *The hospital or other facility where your procedure will take place.* Once you know where your procedure will take place, you will want to call the facility to make sure that it is in your health plan network. When you call the facility, also ask which healthcare professionals and practice groups the facility uses for the services that your doctor has told you might be needed during your procedure. Ask the facility if those services will be provided by an in-network healthcare professional. If the facility does not have that information, contact the healthcare professional's practice group to make sure that they are in network.
 - *Your health plan.* Also check with your health plan to confirm that the facility and healthcare professionals who will be involved in your procedure are in the plan's network. Use your health plan's online directory of providers or call the health plan's customer service number if you have any questions.
- 7. Give yourself plenty of time.** Most healthcare services and procedures are scheduled in advance. Take advantage of this time to get answers to any questions about whether your healthcare providers are in network. You will often be asked not to eat the night before your procedure or to follow other instructions that might give you some physical discomfort. You will not want to deal with questions about whether your providers are in network on the day of your procedure.
- 8. Write down all the information you receive.** Keep a record of the providers with whom you spoke, the date of your conversation or communication, and what information you received in answer to your questions. If there are any issues that come up after you have received services, your written record will help show that you tried to check that your providers were in network as you communicate with your health plan or a provider. You can use the "Planning for My Procedure" form included in this guide to record this information.
- 9. If you think you received an incorrect medical bill, or question the amount of the bill, seek help.** Go to your health plan first. Be prepared to describe what you think is wrong about the bill and the efforts you made to make sure that you were staying in your health plan's network of providers. If your health plan agrees that there may be a problem with the bill, ask them to help you resolve the issue with the healthcare provider who sent you the bill.
- If you still question the bill after speaking with your health plan, contact the provider who sent the bill. Again, be prepared to describe why you think it is wrong and the efforts you made to make sure that the provider was in your health plan's network.

WHAT CAN YOU DO TO AVOID AN UNEXPECTED BALANCE BILL? CONTINUED



In an emergency, you don't have time to take the steps you should take for services or procedures that you schedule in advance. But there are steps you can take to lessen your chance of receiving a balance bill if you need emergency care. Taking these steps may be especially important if you have children, someone with a serious medical condition, or an elderly family member living in your home.

Tips for avoiding unexpected balance bills when you have an emergency

1. If you or someone in your family had an emergency, where would you go? Which emergency department is closest to your home? Which is closest to your job? Make a list of these emergency departments. Also, you may wish to download mobile apps that provide information about hospitals and emergency departments in your vicinity.
2. Check whether the emergency departments on your list are in network. Go to your health plan first and check the online directory or speak with customer service. Then contact the hospital or health system that operates the emergency department to confirm that they are in network.
3. When you contact the hospital and health system, ask whether they employ their emergency department doctors. If they do, the doctors will likely be in network. If an independent group provides emergency services for the hospital or health system, get the group's name. Then check with your health plan and the practice group to make sure that the group is in network. Take off your list any emergency departments that are not in your health plan's network or that use a practice group that is not in the network. You now have your list of preferred emergency departments.
4. If you need emergency care and call for emergency transportation, ask to be taken to one of the emergency departments on your list. **If you have any questions about your ability to drive, or whether you should drive a family member who needs emergency care, call 911 for emergency transportation.** Remember that even if you ask to go to an emergency department on your list, that decision is ultimately in the hands of the emergency response team. They will choose which emergency department is best able to handle your needs.
5. Also remember that the emergency medical transportation company may not be in your health plan's network. If that is the case, contact your health plan to see if they can advocate for you.

Finally, if you have any questions about whether you or a family member has an emergency, go to the emergency department. If the healthcare need is not an emergency, there may be better options to seek care within the area. These options include family practices with extended hours, urgent care centers, and walk-in clinics at a variety of retail locations.

How might these tips play out in real life? The following pages feature examples for three common procedures that many people encounter at some point in their lives.

Colonoscopy



A colonoscopy is a test that screens for possible signs of disease (for example, polyps, tumors, or ulcers) for which you may show no symptoms. Colonoscopies can find diseases at an early stage, when there might be a better chance of treatment for the disease.

Once you turn 50, your primary care provider may recommend that you get a colonoscopy. Even though this is a simple and common procedure, you will need to do a little research to make sure that you get all your care from in-network providers.

Who is involved?

A **gastroenterologist** is a doctor who does colonoscopies. Your primary care provider will refer you to a gastroenterologist or to a gastroenterology center that will schedule your procedure with a gastroenterologist who practices at that center. Once you have that referral, contact both your health plan and the gastroenterology center to confirm that both the gastroenterologist and the facility where the procedure will be performed are in network.

Most people are given medicine to help them sleep before their colonoscopy. An **anesthesiologist or nurse anesthetist** may give you this medicine. If your procedure will involve an anesthesiologist or nurse anesthetist, ask if they will bill you separately for their services. If so, get the name of the anesthesiologist or nurse anesthetist (and the name of their practice group) so you can ask if they are also in network. Check with both your health plan and the practice group to make sure the anesthesiologist or nurse anesthetist is in network.

If the gastroenterologist finds and removes any polyps or other tissue samples during your colonoscopy, they may be sent to a **pathologist or pathology lab** for examination. Ask who provides the pathology services and if the pathologist or pathology lab will bill you separately for those services. If so, get the name of the pathologist or the pathology lab and confirm their network status as well.

When should I ask about network status?

Here are two checkpoints you can use to make sure you have checked network status for the providers involved in your colonoscopy:

- *When your primary care provider refers you to a gastroenterologist.* Try to ask questions about network status as soon as you know who will be doing the procedure and where the procedure will take place.
- *When you receive instructions for your procedure.* Several weeks before the procedure, you will usually receive instructions on how to prepare for your colonoscopy. If you haven't checked the network status of your providers by the time you receive these instructions, do so now. You will want all your questions answered before you begin to prepare for the procedure.

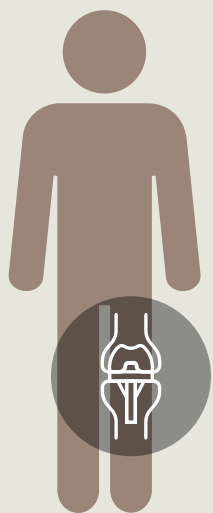
Is there anything else I need to know?

A routine colonoscopy is often called a **screening colonoscopy**. It is preventative care, so it is usually covered by your health plan with little or no charge to you. If you have a family history of colon disease or symptoms that indicate the need for a colonoscopy, you will likely have a **diagnostic colonoscopy**. You may have to pay regular deductibles, copayments, or coinsurance amounts for a diagnostic colonoscopy.

What if polyps are discovered and removed during a screening colonoscopy? The discovery and removal of a polyp is included in the screening colonoscopy. If you are billed for a diagnostic colonoscopy, ask if the procedure should have been billed as a screening colonoscopy. Then contact your health plan to find out whether the colonoscopy will be treated as a screening colonoscopy.

Any follow-up care needed after the colonoscopy will be treated as medical care. It will be subject to any cost-sharing responsibilities you have under your health plan, such as deductibles, copayments, or coinsurance.

Hip or Knee Replacement



Hips and knees are two of the most important joints in the human body. And hip and knee replacement surgeries are among the most common surgeries performed in the United States. A hip or knee replacement surgery removes a damaged or diseased joint and replaces it with manmade parts. Around 7 million people in the United States are living with a replacement hip or knee.

Who is involved?

If you have pain in your hip or knee, your primary care provider may recommend that you see a doctor who specializes in **orthopedics**. Orthopedic specialists help fix problems with the bones and joints in our bodies. If your hip or knee is damaged, the orthopedic specialist might recommend that you have it replaced. If your primary care provider refers you to an orthopedic specialist, check with both your health plan and the orthopedic specialist's office to make sure the orthopedic specialist is in network.

Many hip and knee replacement surgeries take place in **hospitals**, but **outpatient surgery centers or other facilities** might also be used. Ask your orthopedic specialist what your options are. When you decide on a facility, check with your health plan and the facility to make sure it is also in network. If the facility is not in network, ask your health plan and orthopedic specialist to help you find one that is.

You will almost certainly be sedated for your surgery. An **anesthesiologist or nurse anesthetist** will give you your sedative. When you schedule your surgery with the facility, ask who will provide **anesthesiology services**. Also ask if they will bill you separately for their services. If so, check with both your health plan and the anesthesiologist or anesthesiology provider to make sure they are in network. In addition, a radiologist will look at your x-rays during your hospital stay to ensure that the new medical device is placed correctly. Check with both your health plan and the radiologist or radiology provider to make sure they are in network.

After your surgery, you will likely stay at the facility for a few days to recover. During this time, you will start physical therapy. Again, when you schedule the surgery with the facility, ask who provides **physical therapy services** at the facility. Also ask if they bill separately for their services. If so, check with both your health plan and the physical therapy provider to confirm network status.

After you leave the facility, you may be admitted to a **rehabilitation center**. This decision may not be made until after your surgery. Still, you can find out which rehabilitation centers the facility recommends before your surgery. Then you can check the network status of the rehabilitation center you prefer before your surgery. Again, check with both your health plan and the rehabilitation center.

During your rehabilitation, you may need the care of a **home health agency**. Your health plan will often cover skilled services the home health agency provides in your home, such as nursing visits or occupational therapy. You may also choose to use a **home health agency** to help with meals, bathing, light housekeeping and other parts of daily life. Some health plans will also cover these services, but you or your family may be responsible for some or all of the costs. You can also find out which home health agencies the facility recommends before your surgery, and check network status with your health plan and the recommended agency. Also confirm with your health plan which home health agency services they cover.

HIP OR KNEE REPLACEMENT CONTINUED



Whether you go home or go to a rehabilitation center, you will still need physical therapy. **This physical therapy provider may be different from the one you have in the hospital.**

Again, before your surgery, find out who the facility recommends for physical therapy services at home or at the rehabilitation center. Then, check network status with your health plan and the physical therapy provider.

When should I ask about network status?

You should try to get as many of your questions answered as possible before your surgery. Here are some checkpoints to help make sure you stay on track:

- **When your primary care provider refers you to an orthopedic specialist.** Now is the time to check the network status of the orthopedic specialist. When you speak to the orthopedic specialist (or the specialist's office), also ask which facilities (for example, a hospital or outpatient surgery center) she or he uses for surgeries. Check with your health plan to see which of these facilities are in network. If there are no in-network options, you may want to go back to your primary care provider to get the name of another orthopedic specialist who uses an in-network facility.

- **When the orthopedic specialist recommends that you have a hip or knee replaced.** If you have not already checked, now is the time to make sure the facility where your surgery will take place is in network. Also start working with the orthopedic specialist and the facility to make a list of who else will be involved during and after your surgery.
- **When you schedule your surgery with the facility.** Be sure you have checked the network status of the anesthesiology, radiology, and physical therapy providers who will help you at the facility during and after your surgery. This is also a good time to check the network status of the rehabilitation center, home health agency, and physical therapy provider who may help you after you leave the facility. Don't hesitate to ask your hospital discharge planner for help.
- **When there is a decision on where you will receive care after you leave the facility.** If you have not already checked, make sure the rehabilitation center, home health agency, and physical therapy provider who will help you at home or at the rehabilitation center are all in network. Remember that this decision might be made after your surgery.

Pregnancy and Childbirth



Healthcare services for pregnancy and childbirth are unique. Bringing a new life into the world is both exciting and a bit daunting.

You will have new responsibilities and new expenses, including those associated with your care during pregnancy and childbirth. Careful planning can help relieve some of the worries most expectant parents will have and help avoid any financial surprises.

Who is involved?

When you learn that you are pregnant, your first step will be to choose a healthcare professional, such as an **obstetrician** or a **nurse-midwife**, who specializes in the care of expectant mothers, including delivery of your baby. When you choose this healthcare professional, you will also want to think about where you would like to deliver your baby. If you have a facility in mind, such as a hospital or birth center, make sure your healthcare professional offers services at that location. Then make sure both your healthcare professional and the facility are in network by checking with your health plan, the obstetrician, and the facility where you plan to give birth.

Also remember that you may deliver your baby at a time when your obstetrician or nurse-midwife is out of town or otherwise cannot be there. In that case, another obstetrician or nurse-midwife from your chosen healthcare professional's practice will be there. Ask the practice to confirm that all its healthcare professionals are in network for your health plan.

During your pregnancy, you will have regular visits with your obstetrician or nurse-midwife to monitor your health and the health of your baby. Several routine tests will be performed. Depending on the outcomes of those tests, your obstetrician or nurse-midwife may want to refer you to a specialist provider. If you need a referral to a specialist, ask for a specialist in your network. Confirm network status with the specialist and your health plan before your appointment date.

Before you reach your due date, you should select a **pediatrician** or **family practitioner** who specializes in the care of children. Your pediatrician or family practitioner will care for your baby once the baby is born. Contact your health plan and the pediatrician or family practitioner's office to confirm that he or she is in network. Also ask if the other healthcare professionals in the practice are in network in case your child needs care when your doctor is not available.

If you are delivering your baby in a hospital, there might be other healthcare professionals involved in the delivery. For example, during labor, one of your choices for pain relief is medicine you will receive by injection into your lower back. This medicine, often called an **epidural**, will be given to you by an **anesthesiologist**. In some cases, your obstetrician will deliver the baby using a **Caesarean section** (also called a C-section). This is a common surgical procedure. An anesthesiologist will be involved in this procedure. An **assistant surgeon** may also be there to help your obstetrician with the procedure.

After you deliver your baby, your pediatrician may visit you and the baby in the hospital. If your baby has any health issues that require specialized care, a **consulting pediatrician** or **neonatologist** may also provide services. A **neonatologist** is a doctor who specializes in the care of newborn infants.



When should I ask about network status?

Here are some common checkpoints to make sure you have checked the network status of your providers before the time to deliver your baby arrives.

- **When you learn you are pregnant.** This is time to select your obstetrician or nurse-midwife and the facility where you want to deliver your baby. Check the network status of the obstetrician or nurse-midwife before your first appointment. As soon as you have decided upon a facility for the delivery, check to make sure that location is in network as well. If you choose to deliver the baby at home, you will want a back-up plan for emergency transport to a hospital, so confirm that the hospital you would use in an emergency is in network.
- **When you have decided on a facility for your delivery.** Contact the facility where you plan to deliver your baby and ask them to provide the names of the anesthesiology practice and neonatology practice that provide services to expectant mothers and infants at the hospital. Ask who else may be involved with a regular or a C-section delivery (including, for example, assistant surgeons). Use the “Planning for My Procedure” form included in this guide to record the possible services you will receive and the names of the providers and their practice groups. Then follow up with your health plan and the providers on your list to confirm their network status. If they are not in network, and you do not wish to change locations, work with your health plan and the providers in advance to understand how any services they provide will be paid for, and what your potential financial responsibility would be.

- **When you choose a pediatrician or family practitioner.** Early on in your pregnancy, ask your obstetrician or nurse-midwife when you should choose a pediatrician or family practitioner. If you don’t have a pediatrician or family practitioner in mind, ask who your obstetrician or nurse-midwife recommends. It is always a good idea to ask for several recommendations. Once you have chosen a pediatrician or family practitioner, confirm network status with the pediatrician or family practitioner and your health plan right away.
- **If you have a pre-delivery visit to a hospital or birth center.** Many facilities offer a pre-delivery visit to make you more comfortable with the facility before your delivery. The visit itself is not a good time to ask questions about the network status of providers who provide services at the facility—they will have a lot of other topics to cover! But you can use the date of the visit as a reminder to check network status of the providers if you have not yet done so.

Is there anything else I need to know?

Several health systems are now offering “pregnancy care packages” for pregnancy and childbirth services. Pregnancy care packages coordinate the care you receive before, during, and after your delivery, and may offer a total price estimate for that care. See if any health systems in your community offer a pregnancy care package. Make sure you find out if they are in your health plan’s network. Also make sure you understand what is included in the package.

Are My Providers In Network?

Use this form to make a list of who will be involved in your care and where your care will take place. Then record the conversations you have with your health plan, healthcare professionals, or facilities to confirm that all your providers are in network.

Who Will Be Involved?

Work with your primary care provider, specialist healthcare professional, or facility to make a list of **who** will provide services during your procedure. Here are a few tips:

- Ask if you can get the name of the individual healthcare professional. The name, however, may not be available because individual professional services may not be scheduled until shortly before your procedure.
- If the name of the healthcare professional is not available, get the name of the practice group that provides the services. Examples of services provided during and after a procedure include anesthesiology, pathology, radiology, and physical therapy. Remember that these are just examples: Ask if your procedure will require services from other healthcare professionals.
- Check network status with both your health plan and the individual healthcare professional or practice group.
- If you discover that a healthcare professional is not in network, go back to your health plan and your primary care provider or specialist to help you find an in-network alternative.

	SERVICE 1	SERVICE 2	SERVICE 3
Service Provided			
Individual Healthcare Professional's Name (if available)			
Healthcare Professional's Practice Group Name			
Who I Spoke with at the Health Plan	NAME DATE	NAME DATE	NAME DATE
Who I Spoke with at the Practice Group	NAME DATE	NAME DATE	NAME DATE
In Network?	☐ YES ☐ NO NOTES	☐ YES ☐ NO NOTES	☐ YES ☐ NO NOTES

ARE MY PROVIDERS IN NETWORK? CONTINUED

Where Will My Care Take Place?

Again, work with your primary care provider, specialist, or facility to find out **where** you will get your care, both during and after your procedure. Here are some tips:

- Get the name of the facility and also ask what part of your procedure will take place there. This will help you understand the steps involved in your procedure. Examples of facilities include hospitals, outpatient surgery centers, or rehabilitation centers. Remember that these are just examples: Ask if there are any other facilities where you will receive care as part of your procedure.
- Check network status with both your health plan and the facility.
- If you discover that a facility is not in network, go back to your health plan and your primary care provider or specialist to help you find an in-network alternative.

	SERVICE 1	SERVICE 2	SERVICE 3
Name of Facility			
What Will Take Place Here?			
Who I Spoke with at the Health Plan	NAME _____ DATE _____	NAME _____ DATE _____	NAME _____ DATE _____
Who I Spoke with at the Facility	NAME _____ DATE _____	NAME _____ DATE _____	NAME _____ DATE _____
In Network?	☐ YES ☐ NO NOTES _____	☐ YES ☐ NO NOTES _____	☐ YES ☐ NO NOTES _____

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The Healthcare Financial Management Association (HFMA) is the nation's premier membership organization for healthcare finance leaders. HFMA builds and supports coalitions with other healthcare associations and industry groups to achieve consensus on solutions for the challenges the U.S. healthcare system faces today. Working with a broad cross-section of stakeholders, HFMA identifies gaps throughout the healthcare delivery system and bridges them through the establishment and sharing of knowledge and best practices. We help healthcare stakeholders achieve optimal results by creating and providing education, analysis, and practical tools and solutions. Our mission is to lead the financial management of health care.

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