

What Can Hospitals Do?



Play 1: Ensure that financial policies and practices promote organizational values and mission of improving health

Organizational culture sets the tone for how a hospital functions and how hospital leaders set priorities.

Achieving any organizational change requires fostering a supportive culture—and implementing new efforts to reduce medical debt is no exception.¹⁰

Goal: Support organizational culture change to align financial policies with the mission of improving patient health.

Why This Matters: When hospitals do not consider patients' financial well-being, they undermine their missions and patient trust. Patients will be less likely to return for care they need. This can harm the health of the communities hospitals serve.^{11, 12, 13, 14}

Reflection Questions for Hospital Leaders



- Are the hospital's financial policies and practices aligned with the mission of improving patient health?
- Who is included in setting financial policies and practices? What departments or individuals are involved? Who else could or should be involved?
- How do leaders and staff learn about the financial challenges patients face? How can the patient financial experience become visible to departments that do not routinely interact with patients?



Quick Preview: Highlights from This Play

- **Zoom out by engaging hospital leaders.** Hospital leaders have a unique overview of the big picture: how hospital functions fit together and impact each other. See Recommendation 1: *Engage hospital leaders who are responsible for the hospital's impact on the community* (page 8).
- **Get the right people in one room.** Financial policy is usually set without clinical, community benefit, or patient perspectives present. See Recommendation 2: *Develop a broad committee representing varied hospital functions for determining hospital policies related to financial assistance and medical billing and collection* (page 9).
- **Start with your own staff.** Employees frequently carry the same financial burdens as patients. Supporting them builds both capacity and empathy. See Recommendation 3: *Foster an internal environment of care and trust throughout the organization, starting with hospital employees* (page 10).
- **Run your own numbers.** Calculate what collections actually contribute as a share of total revenue before assuming the practice is financially necessary. See Recommendation 4: *Assess the return on investment of medical debt collection activities* (page 11).


Tool 1. Checklist to Assess Organizational Readiness

To assess readiness for implementing patient-centered financial policies and practices, complete the checklist below. If you answer No more often than Yes, the recommendations in this play may help identify where to begin.

Question	Y/N
Are hospital leaders aware of the hospital's patient financial policies and practices?	
Is providing financial assistance for patients facing financial barriers seen as a key component of your institutional mission?	
Do hospital leaders treat addressing patient medical debt as an organizational priority?	
Is there a standing working relationship between revenue cycle leaders and patient experience or community benefit leaders?	
Do you know what share of total revenue your collection activities generate?	
Do you educate staff at all levels about the financial assistance policy?	
Do hospital staff who may be facing financial barriers to care have access to financial assistance and support?	
Do you collect any data on patients' financial experience of care?	

Adapted from the reflection questions (page 7) and from the decision points described in the Parkland Health case example.

RECOMMENDATION 1
Engage hospital leaders who are responsible for the hospital's impact on the community.

Rationale: The CEO, Board, and other top leaders have an overall view of how the hospital is functioning and its impact in the community. Many hospitals serve as anchor institutions and are invested in the economic capacity and wellbeing of the community.^{15,16} Given their unique vantage point and influence in the organization, engaging hospital leaders on the issue of medical debt can be highly impactful.

Challenge: Hospital CEOs and other top leaders are confronting competing priorities and may be difficult to reach.

Taking Action: Many hospitals have executive rounds, where hospital leaders visit frontline and other department staff to gain an understanding of the issues that employees are confronting. This can provide an opportunity for staff to raise the issue of health care costs and medical debt with hospital leaders.¹⁷ See **Tool 2** on page 9 for talking points.


28%

About one in four adults
skipped or postponed care
in the past year due to cost


62%

About three out of five uninsured adults
skipped or postponed care
in the past year due to cost

**Tool 2. The Value of Addressing Medical Debt for Hospital Leaders**

These talking points are designed to help build support among hospital leaders to address medical debt.

Value Statement	Description
Financial practices are visible, and they shape community trust.	Many hospitals serve as anchor institutions and express explicit commitments to improve community health. ^{18,19} Collection practices that produce housing, employment, or credit consequences for patients undermine those commitments, and community members notice the gap between the hospital's stated mission and their experience.
Medical debt affects whether patients come back.	Patients delay or avoid care when they fear unaffordable bills. About one in four adults (28%) reported skipping or postponing care in the past year due to cost; among those who are uninsured, the number jumps to about three out of five (62%). ²⁰ Community members also describe how stories about unexpected bills travel through social networks and discourage others from seeking care. Financial policy is therefore an access question, not only a revenue question.
Reducing patient financial harm advances existing programs.	Nonprofit hospitals carry community benefit requirements, including financial assistance policies. ²¹ Framing this work as strengthening what the organization is already accountable for, rather than as a new initiative, lowers the barrier to engaging with hospital leaders. See Recommendation 3: Strengthen current hospital obligations regarding financial assistance as a part of hospital community benefit (Play 2, page 15).
The financial impact of collected debt may be smaller than you assume.	Organizations often treat aggressive collection activity as financially necessary without having recently measured the net revenue it generates. Although collections may not always be negligible, the costs (both administrative expenses and patient harm) and benefits of collecting debt should be measured, not assumed. See Recommendation 4: Assess the return on investment of medical debt collection activities (page 11).

RECOMMENDATION 2**Develop a broad committee representing varied hospital functions for determining hospital policies related to financial assistance and medical billing and collection.**

Rationale: Because medical debt has far-reaching consequences that extend beyond hospital revenue, bringing in varied perspectives can help in designing innovative solutions that incorporate a broader, systems-level view.

Challenge: Hospital operations are highly complex with specialized departments that are often siloed. For example, addressing financial assistance and medical debt usually falls within the purview of the finance department, and impacts on patients may not be well understood among financial leaders. Additionally, financial practices are often disconnected from clinical care teams, patient experience teams, or community benefit staff, which impedes a holistic approach to address patient financial issues.

Taking Action: Engage representatives, including leaders and frontline staff from financial teams, revenue cycle, clinical care, population health/community benefit, hospital social work, legal and regulatory, hospital board, and patient and community groups.



Key Point for Communicating with Patients and Staff

Patients and staff may have pre-conceived notions about financial assistance and who should receive it. Emphasize that eligibility for assistance is set by the health system as an objective assessment of patients' resources and ability to pay, and that it is a meaningful resource for eligible patients regardless of insurance status.

RECOMMENDATION 3

Foster an internal environment of care and trust throughout the organization, starting with hospital employees.

Rationale: Ensuring the wellbeing of one's own employees represents an important part of the solution toward culture change around medical debt.

Challenge: Hospital staff may be experiencing medical debt or other financial challenges themselves, affecting their own wellbeing, trust in the health system, and ability to be supportive of patients in a similar situation.

Taking Action: Prioritize medical debt relief and assistance to hospital staff to ensure their own wellbeing and that they are well-positioned to assist patients with financial support.



Case in Point: Parkland Health Supports Employees Facing the Same Barriers as Patients

As part of a broader effort to align financial practices with its mission, Parkland Health expanded support programs for its own workforce. This included childcare resources, on-site dental services, assistance in navigating health benefits, financial wellness programming, stress management seminars, and resources to reduce reliance on predatory lending. Leaders viewed these investments as reinforcing organizational values by recognizing that staff are themselves exposed to medical debt, while strengthening empathy for patients in similar circumstances and reducing stigma around financial hardship.

Lessons Learned

- Financial hardship is not solely a patient issue. Staff frequently face the same barriers and supporting them builds both capability and understanding.
- Parkland hires from the communities it serves, which tied employee experience and patient experience closely together and made the connection legible to hospital leaders.
- Parkland is a large public safety-net system. While a smaller organization may not be able to fund the same programs, organizations can still seek ways to prioritize staff financial wellbeing as part of their solution to medical debt in their communities.

See the full Parkland Health case example in the appendix for how this fit within a wider sequence of decisions (page A-1).



RECOMMENDATION 4

Assess the return on investment (ROI) of medical debt collection activities.

Rationale: Given the time, staffing, and resources needed to collect payments from patients, hospitals may find that pursuing such collection efforts is not worth the costs.²²

Challenge: Measuring the ROI of medical debt collections requires a holistic approach that considers a multitude of costs and benefits, including for the system, clinicians, other staff, patients, and the community.

Taking Action: Talk to the revenue cycle team to request this data. Also consider:

- Intangible costs, such as the impact on patient experience and trust, along with the organization's broader reputation and investment in the community.
- Whether any technology used in the collections process is helping or hindering, and in what ways.
- Potentially distinguishing the ROI of collection activities across different patient populations (e.g., high- vs low-income). Small ROIs for a hospital can have disproportionate impacts on patients' financial wellbeing.

RECOMMENDATION 5

Treat the financial experience as a part of the overall patient experience of care.

Rationale: By adopting a comprehensive perspective of what patient care entails, hospitals can gain a better understanding of how patients experience the full hospital encounter.

Challenge: Hospital departments are specialized to address siloed aspects of a patient's journey, from clinical care to financial billing.

Taking Action: Include questions about the patient's financial experience in hospital patient experience surveys to provide a complete picture of the hospital encounter, which can help to further inform hospital financial policies and practices.



Resources for Additional Information

- [An Organizational Chart in Health Care Explained](#), Tulane University School of Public Health & Tropical Medicine (2024): Provides an overview of how various hospital leadership, management, and staff roles are typically structured.
- [Mind the Gap: Connecting Community Benefit and Patient Billing Leaders to Improve Health and Financial Outcomes](#), Undue Medical Debt (2025): Provides an in-depth exploration for bringing revenue cycle and community benefit leaders together to collaboratively address the issue of patient medical debt.
- [Creating Economic Opportunity through Healthcare Career Pathways: An Impact Workforce Toolkit \(section on Institutional System Changes\)](#), Healthcare Anchor Network (2026): Provides information, tools, and resources for hospitals to implement workforce strategies focused on career development and staff support.

What Can Hospitals Do?



Play 2: Support fair and transparent hospital financial practices that reduce administrative burden for patients

Patients encounter numerous barriers as they navigate the financial aspects of care.

Information on insurance coverage, billing, and financial assistance can be difficult to find or interpret, which means patients may not be aware of or understand their options.^{23,24,25}

There are several opportunities to improve the patient financial experience – from improving the availability and administration of financial assistance to providing clear communications and support during the billing process. The following section explores how hospitals can improve support for patients as they navigate the complexity of hospital financial processes.

Goal 1: Prevent medical debt through patient-centered programs.

Why This Matters: Reducing medical debt can begin with prevention by providing financial assistance and other relevant support.

Reflection Questions for Hospital Leaders



- At what point do patients first learn about financial assistance?
- How do we establish our financial assistance eligibility criteria?
- What support options exist for patients who do not qualify for hospital financial assistance?
- Do we offer financial options that may be harmful to patients, such as high interest or deferred interest credit cards?
- Do clinical teams know what financial assistance is available and how to connect patients to it?



Quick Preview: Highlights from This Play

- **Screen at intake.** Screening for Hospital Presumptive Eligibility (HPE) for Medicaid can remove the financial assistance application entirely for patients who qualify. See Recommendation 1: *Participate in Hospital Presumptive Eligibility (HPE) programs to facilitate temporary Medicaid coverage for eligible patients* (page 13)
- **Some of this is subtraction.** Several items in this play are practices to stop rather than programs to start. They are the fastest to act on and the easiest to verify. See Tool 3: *Practice Audit: Which of these does your organization currently do?* (page 17)
- **Find out what is actually happening.** Map every collection activity across the organization, including those run by outside vendors. Leaders are often surprised. See Recommendation 2 (under Goal 2 in this play): *Align contracts with external vendors and partners to ensure ethical and patient-centered practices* (page 17).

**RECOMMENDATION 1****Participate in Hospital Presumptive Eligibility (HPE) programs to facilitate temporary Medicaid coverage for eligible patients.**

Rationale: HPE programs allow hospitals to provide coverage for up to two months to individuals whose income and household size are likely to make them eligible for Medicaid, with the potential for ongoing coverage.²⁶ They help patients afford care while reducing uncompensated costs for the hospital.^{27,28}

Challenge: Application processes and Medicaid requirements are complex, and only hospital employees who are properly trained and certified can make HPE determinations, although third-party contractors can help with application support.²⁹

Taking Action: Assign dedicated staff who are trained and certified in HPE determinations to submit applications, and to follow up with patients on filing a full Medicaid application for ongoing coverage.

Caution! Be transparent with patients about how Medicaid patient data may be used and shared.

RECOMMENDATION 2**Improve access to financial assistance.**

Rationale: By recognizing patient financial needs at the start of the patient encounter, hospitals can help prevent patient medical debt.³⁰ Nonprofit hospitals are required under federal law and the Affordable Care Act to adopt and publicize a financial assistance policy.³¹ Many states also set additional financial assistance requirements for hospitals.³²

Challenge: While IRS regulations set specific standards on sharing financial assistance policies and plain language summaries, they do not provide guidance on best practices for promoting and implementing financial assistance protocols. Additionally, federal financial assistance requirements do not apply to for-profit hospitals, and state regulations vary. However, many for-profit hospitals and hospitals in states without regulated minimums still provide access to financial assistance programs, so a lack of regulation is not justification to avoid action.

Taking Action: Both for-profit and nonprofit hospitals have a number of options for improving the accessibility of financial assistance:

- Expand awareness about the availability of financial assistance programs:
 - Provide information in easily accessible and understandable language, and in appropriate languages for the given location.^{33,34}
 - Convey that financial assistance is intended to provide equitable access to care and has no impact on care quality.
 - Post information in all patient areas of the hospital, on the hospital website's homepage, in patient portals, and on all billing materials, with a central number to speak with a representative regarding questions.^{35,36}
 - During registration and discharge, explain the availability of financial assistance and have patients sign acknowledgements about the availability of financial assistance for qualified patients.
- Simplify application procedures and requirements^{37,38,39}:
 - Use presumptive eligibility for financial assistance at intake to screen patients based on household income and size or participation in government programs, e.g., Supplemental Nutrition Assistance Program (SNAP) or Women, Infants and Children Nutrition Program (WIC).
 - Simplify any application forms, avoid ancillary requirements (e.g., related to area of residence, asset considerations, and insurance status), minimize documentation needs, and offer flexible documentation options (e.g., pay stubs, tax returns, or direct verification with employers).
 - Ensure financial assistance screening occurs before moving patients to a payment plan or taking any collection actions.



Case in Point: DuPage Health Coalition on Challenging Assumptions

The DuPage Health Coalition's financial counselors work with patients across multiple independent health systems in DuPage County, Illinois. As one leader observed, health systems often believed their financial assistance policies were generous but lacked understanding of the practical barriers that kept patients from using them, such as difficulty navigating applications, burdensome documentation requirements, and complex administrative processes.

Lessons Learned

- Generous policies and accessible policies are different things, and the gap between them is usually invisible from inside the organization.
- Health systems can make a meaningful difference by focusing on how patients access financial assistance and streamlining those processes.

See the full DuPage Health Coalition case example in the appendix (page A-9).



Case in Point: Parkland Health Moves Financial Screening Upstream

Parkland Health shifted from a reactive collections model to identifying financial need as early as possible in the patient journey. It simplified its financial assistance application to fewer than two pages, focused primarily on demographic and income information, and made that single form an entry point to several pathways at once, including hospital financial assistance, Medicaid enrollment, and grant-funded programs. Parkland also established an eligibility call center, trained registration staff to identify financial concerns at intake and connect patients to counselors, embedded standardized screening and referral workflows in its electronic health record (EHR), and offered self-pay discounts to eligible patients. Leaders reported that billing-related call volumes declined afterward, which they attributed in part to better patient education earlier in the process.

Lessons Learned

- The application itself is a barrier. Parkland's application was rewritten to under two pages, and one form opened several assistance pathways.
- Embedding processes in the EHR helped streamline and coordinate financial assistance across the organization, from registration to referrals and communication between financial counselors and clinicians. Parkland's leaders were explicit that manual workarounds would have added administrative burden and staffing needs.
- Documentation remains the hard part for patients with cash income, no fixed address, or limited paperwork. Parkland gave counselors latitude to accept alternative verification rather than apply rigid rules.

See the full Parkland Health case example in the appendix (page A-1).

**RECOMMENDATION 3****Strengthen current hospital obligations regarding financial assistance as a part of hospital community benefit.**

Rationale: Nonprofit hospital tax benefits are intended to be used for community support, including free or discounted care for eligible patients.⁴⁰

Challenge: Given budgetary concerns, hospitals may find it difficult to provide financial assistance, especially as federal guidance does not set standard eligibility thresholds or benefit amounts.

Taking Action: Align financial assistance spending with relevant benchmarks.

- For nonprofit hospitals that receive tax exemptions, consider whether your community investments and financial assistance spending meet the responsibility of these exemptions. As part of hospital community benefit, balance how funds are allocated across financial assistance and community programs in a way that is responsive to local needs and identified in community health needs assessments.
- Improve eligibility criteria for financial assistance, if possible. While hospitals must determine their own eligibility levels based on their financial situation, common eligibility thresholds can serve as guiding benchmarks (see box below).

**Common Eligibility Thresholds for Financial Assistance**

- Free care for families making 200% of federal poverty guidelines, or about \$54,000 for a family of three
- Discounted care for families making 400% of federal guidelines, or about \$109,000 for a family of three

Source: Saini V, Chalmers K, Smith P, Fu C, Back A, Talon V, Jean-Marie K, Serrato S. Hospital financial assistance and debt collection policies: a national dataset. Boston (MA): Lown Institute; 2025. (*dollar amounts revised based on 2026 federal poverty guidelines*)

RECOMMENDATION 4**Offer options for patients who do not qualify for financial assistance.**

Rationale: Given the high costs of health care, financial barriers to care remain present for many patients. Even those who have insurance are at increased risk, given the surge in high-deductible health plans and rising out-of-pocket costs.^{41,42}

Challenge: As hospitals are contending with their own revenue challenges, addressing the nuances of how patients understand hospital charges and pay their bills may not be top of mind for hospital leaders.

Taking Action: Provide transparent and flexible payment options.

- Provide good faith estimates for patients who are uninsured or self-pay, so they understand anticipated charges.
- Arranging for patients to pay over time is an important strategy for mitigating medical debt, as it facilitates payment for the hospital while providing needed flexibility to patients. To protect patients from accruing additional costs, such plans should be interest-free.

Caution!

- Educate/advise patients against using their credit cards for medical debt, as credit cards are considered financial debt not medical debt, with implications for any protections that may be available for medical debt.
- Do not store patients' credit card information in their electronic health record.
- Do not offer medical credit cards with fees or high interest rates, which can further trap patients in medical debt.

**RECOMMENDATION 5****Make guidance available to clinicians on how to address patient financial issues.**

Rationale: Seeing their patients struggle with affording health care and even going into medical debt, clinicians may experience a sense of moral injury⁴³ and often want to support patients in navigating the costs of care.

Challenge: Clinicians' primary role is focused on care delivery, and they have little control over whether patients can afford the care they need. Moreover, clinicians have limited time and resources to discuss financial aspects of care with patients.

Taking Action: Hospitals can support clinicians so they are well-equipped to assist their patients.

- Share a summary with clinicians of the hospital's financial assistance policies.
- Ensure clinicians are aware of where to direct patients who may need additional help with the financial aspects of their care.
- Provide clinicians with resources for addressing costs of care with patients, such as guidelines, tools, scripts, and EHR reminders.

Goal 2: Uphold patient-centered practices following care delivery.

Why This Matters: Prioritizing mission-aligned and patient-centered approaches remains significant even after care has been delivered so that financial operations reinforce the institution's core purpose of promoting patient health.

Reflection Questions for Hospital Leaders

- What kind of support do patients receive to help them understand their bills?
- Do patients know they can reach out if they are facing financial barriers to payment?
- Do you know what collection activities occur across your organization, including those managed by outside vendors?
- Do you know whether your hospital or partners are reporting patients' medical debt to credit agencies?

RECOMMENDATION 1**Adopt ethical billing and responsible debt collection practices.**

Rationale: Implementing and communicating clear and fair billing processes can help improve patient understanding of charges and their overall experience of care.⁴⁴

Challenge: Hospital billing and collection processes are highly complex with specialized departments, making it difficult for patients to easily understand and navigate. Debt collection practices might be routinized, with an automated process for unpaid bills.

Taking Action: Hospitals have a number of opportunities to streamline their billing processes and mitigate medical debt for patients.

- Provide timely and transparent billing notices so patients can understand the charges and their responsibility.⁴⁵
- Provide access to a billing representative to answer questions that patients may have throughout the billing process and the adjudication cycle of a claim.⁴⁶
- Charge self-pay patients rates that do not exceed insured rates, as patients are unlikely to be able to afford rates higher than reasonable charges negotiated by insurers.
- Do not engage in extraordinary collections actions (ECAs):
 - Avoid selling debt to third parties, especially without oversight and guarantee that other ECAs will not be used
 - Avoid reporting medical debt to credit agencies
 - Avoid delaying or denying non-emergent care
 - Avoid taking legal action, e.g., lawsuits, wage garnishment, property liens⁴⁷
- Advocate for state and federal laws to prohibit use of ECAs.



Why Aggressive Collection Actions Should NOT Be Pursued

- While extraordinary collections actions (ECAs) are generally legally allowed, this playbook recommends NOT engaging in ECAs due to the devastating impacts these actions can have on people's lives
- Even credit reporting can lead to disproportionately harmful consequences, affecting people's ability to obtain employment or housing—which only further jeopardizes their ability to pay

Tool 3. Practice Audit: Which of these does your organization currently do?

These are practices this play recommends avoiding. Each is a discrete action an organization may or may not take, making these practices a useful starting point and relatively easy to verify. Answer Yes, No, or Unknown.

Practices to Avoid!	We do this	A vendor does this for us
Storing patients' credit card information in the EHR to automatically charge them		
Offering or promoting medical credit cards		
Selling patient debt to third parties		
Reporting medical debt to credit agencies		
Denying non-emergent care to patients with outstanding balances		
Taking legal action, including lawsuits, wage garnishment, or property liens		

Answering "Unknown" to whether a vendor does this practice may be a red flag. Parkland Health's leaders found that although the hospital was not itself reporting patient debt, an outside vendor was doing so on its behalf, a practice they had not known was occurring. If you answered "Yes" to any of the statements, explore how you could halt that practice.

RECOMMENDATION 2

Align contracts with external vendors and partners to ensure ethical and patient-centered practices.

Rationale: While examining a hospital's internal financial policies is critical to protect patients from medical debt, it may be insufficient, given the many external relationships that affect patients' financial experiences.

Challenge: Hospitals often contract with third parties, such as physician groups or revenue cycle management companies, to support care delivery and hospital operations. These groups may have financial practices that conflict with those of the hospital.

Taking Action: Hospitals should require external vendors and partners to follow policies and practices that support patients.

- Require consistent billing ethics across all contracted entities, reviewing and revising any current contracts and issuing new requirements with new contracts.
- Explore the possibility of consolidating billing across all contracted entities to avoid multiple bills for the same visit, or provide white labeling (consistent bill formats) for streamlined and recognizable billing across contracted entities.
- Coordinate with insurers to provide patient education so patients have a clear understanding of their coverage.



Case in Point: DuPage Health Coalition on What Fragmented Billing Looks Like from Outside

DuPage staff described patients receiving separate bills from hospitals, physician groups, pathology laboratories, radiologists, anesthesiologists, and ambulance providers, often with no way to understand how the services were connected. Growing reliance on outsourced billing vendors compounded the problem; counselors reported long waits, dropped calls, and limited responsiveness even when experienced navigators called on a patient's behalf.

Lessons Learned

- If trained financial counselors cannot get answers from your billing vendor, patients will not either. Vendor responsiveness is a patient-facing quality.
- Consolidating billing across contracted entities addresses a problem patients experience constantly and hospitals rarely see.

See the full DuPage Health Coalition case example in the appendix (page A-9).

Goal 3: Assess the provision of hospital financial assistance and extent of patients' medical debt.

Why This Matters: Data collection and reporting help provide a more complete picture of hospital activities regarding financial assistance and debt collection, contributing to greater hospital transparency while also informing ethical financial approaches.

Reflection Questions for Hospital Leaders



- How will financial impacts be evaluated?
- What operational metrics should be monitored?
- How will we know whether patient financial harm has been reduced?

RECOMMENDATION 1

Collect and report data on financial assistance applications and medical debt collections.

Rationale: Given public concerns around the high costs of care and medical debt, hospitals can track their performance and share progress, so communities are aware of hospital actions to mitigate the financial burdens of care.

Challenge: Hospital processes may not be set up for tracking financial assistance applications and debt collections.

Taking Action: Hospitals can opt to collect, monitor, and report on a few key data points, some of which they may already be collecting:

- Number of patient financial assistance applications attempted, completed, approved, and denied, including amount of assistance, insurance status, and patient demographics (e.g., income, race/ethnicity).
- Number of patients with unpaid bills, including amount of debt, insurance status, any extraordinary collection actions, and patient demographics (e.g., income, race/ethnicity).

**Tool 4. Starter Tracker for Patient Financial Assistance Data**

Use/adjust the table below to collect data on patient financial assistance. While more detailed data tracking may be more informative, the table serves as a starting point.

Measures	[fiscal year] Number	[fiscal year] Number	[fiscal year] Number
Patient financial assistance applications attempted			
Patient financial assistance applications completed			
Patient financial assistance applications denied			
Patient financial assistance applications approved			
Number of patients receiving financial assistance through presumptive eligibility for financial assistance via participation in public benefit programs, such as SNAP or WIC			
Number of patients receiving financial assistance through presumptive eligibility for financial assistance via income estimation			
Number of patients receiving free care via financial assistance			
Number of patients receiving discounted care via financial assistance			
Number of patients on a payment plan			

Adapted from [Hospital Financial Assistance Data Reporting Requirements in Illinois](#).

**Resources for Additional Information**

- [Hospital Presumptive Eligibility: Opportunities to Connect Uninsured Individuals to Coverage](#), Center for Health Care Strategies, Inc. (2014): Factsheet with guidance for hospitals on participating in HPE programs, including hospital responsibilities, requirements, and an illustrative example.
- [Hospital Toolkit: Practical Guidance to Help Hospitals Make Financial Assistance Known, Easy, and Fair, Dollar For \(2025\)](#): Provides practical guidance for financial assistance, appeals processes, and debt collection protections.
- [Predictive Analytics in the Age of Un\(der\)insurance: A Primer](#), Undue Medical Debt (2026): Provides guidance on how to use predictive tools to identify patients who are eligible for financial assistance, including challenges and effective strategies.
- [Advancing Healthcare Access: Responsible Financial Assistance, Billing and Collection Policies for Hospitals](#), Healthcare Financial Management Association and Advocata Solutions (2025): Outlines guidance for strengthening hospital policies, practices, and staffing related to financial assistance and billing and collection.
- [Hospital Billing Ethics](#), The Leapfrog Group (2026): Factsheet detailing the Leapfrog Hospital Survey measure for ethical billing practice standards.
- [Workflow Requirements for Cost-of-Care Conversations in Outpatient Settings Providing Oncology or Primary Care: A Qualitative, Human-Centered Design Study](#), Annals of Internal Medicine (2019): Provides guidance for cost conversations, clinic-based workflows, and accessing financial support.
- [Patient-Provider Cost-of-Care Conversations to Prevent Financial Toxicity](#), Clinical Journal of Oncology Nursing (2025): Includes conversation protocol, workflow process map, and a template to document cost conversations.
- [Healthcare Transparency: Talking to Patients about the Cost of Their Health Care](#), American College of Physicians (2019): Provides tools for clinicians and patients to support cost of care conversations, including guides for identifying cost distress, inquiring about health care costs, and estimating costs of care, among other resources.

What Can Hospitals Do?



Play 3: Engage patient- and community-oriented organizations to strengthen financial navigation and improve hospital financial practices

Patients often need support navigating the financial aspects of health care, from understanding insurance coverage and applying for financial assistance to resolving billing concerns and avoiding medical debt.

The US health care system is complex, and navigating these processes can be difficult even for patients more familiar with the system; challenges are compounded when patients receive care from multiple providers, receive multiple bills, or are not told how to get help.

By partnering with patient- and community-oriented organizations, hospitals can strengthen financial navigation, reduce administrative burden on patients and clinicians, and identify opportunities to improve financial policies and practices.

Goal: Engage community-oriented organizations to expand financial support, strengthen patient navigation, and inform system improvements.

Why This Matters: Hospitals may recognize the importance of financial navigation but may not have the staffing, expertise, or infrastructure needed to provide individualized support to every patient. Community-oriented organizations, including patient advocacy organizations, nonprofit financial navigators, and medical debt relief organizations, can extend hospital capacity by providing trusted support to patients while helping hospitals identify opportunities to improve financial processes.

These partnerships can also provide hospitals with valuable insight into patient experiences. Because community-oriented organizations often work across multiple hospitals and interact with patients throughout the financial journey, they may identify barriers that are difficult for hospitals to see from within their own operations.



Quick Preview: Highlights from This Play

- **Identify existing expertise.** Many organizations already help patients understand coverage, apply for assistance, and resolve financial barriers. Community partnerships are most effective when organizations work together to connect patients with financial navigation services, not simply when hospitals provide patients with a phone number. Establish clear referral and follow-up processes. Community Health Needs Assessments (CHNAs) can help you understand how these organizations are serving patients outside the hospital walls. See Recommendation 1: *Build partnerships to help patients navigate financial challenges* (page 21).
- **Listen to what organizational partners are seeing.** Organizations that regularly work with patients can help identify gaps between hospital policies and patients' ability to access services. Start early in the patient journey to identify barriers that contribute to medical debt, then engage organizational partners to help address those gaps. See Recommendation 2: *Use partnerships to identify and fix system barriers* (page 22).
- **Use partnerships to address existing and prevent new debt.** Connect patients with organizations that can provide immediate debt relief, while also using those partnerships to identify barriers that may contribute to new debt. See Recommendation 3: *Partner to address existing debt while preventing new debt* (page 23).



Reflection Questions for Hospital Leaders

- Which organizations already help our patients navigate health care costs?
- Where do patients experience the greatest confusion or financial burden, and how do we ensure patients successfully connect with referred services?
- Do our clinicians and staff know what patient and community resources are available?
- How do we coordinate with community partners after making a referral?
- Are we investing in partnerships that improve patient outcomes rather than simply outsourcing financial functions? How do we measure this?
- How do we incorporate feedback from community-oriented partners into hospital improvements?

RECOMMENDATION 1

Build partnerships to help patients navigate financial challenges.

Rationale: Financial navigation requires specialized knowledge of insurance coverage, hospital financial assistance policies, billing processes, and available resources. While some hospitals have dedicated financial counselors, many do not have sufficient staffing capacity to provide individualized support to every patient experiencing financial challenges.

Community-oriented organizations can help fill this gap by helping patients navigate complex financial processes and connecting them with available resources. Organizations that support patients across multiple hospitals may also identify common barriers and opportunities for improvement that hospitals may not see internally.

Challenge: Effective partnerships require more than providing patients with a referral list. Hospitals must establish relationships with trusted organizations and create clear referral pathways.

Hospitals may also need to dedicate staff time to identifying partners, maintaining relationships, and ensuring referrals successfully connect patients with support.

Taking Action: Build relationships and referral systems that help connect patients with trusted sources of financial support.

- Identify nonprofit organizations, patient advocacy organizations, and other community-oriented partners with financial navigation expertise. Counties can also be a source of information for area resources to help patients address the financial aspects of care.
- Establish referral processes that are simple for patients, clinicians, and staff.
- Clarify roles and responsibilities between hospital staff and community-oriented partners, including how the hospital helps the community-oriented organizations sustain their work, whether through direct investment or by strengthening and informing broader funder networks locally.
- Create regular communication channels to discuss outcomes and patient barriers and opportunities for improvement.
- Review referral patterns and patient feedback to identify opportunities to strengthen navigation.

Caution!

- Do not rely on community-oriented organizations solely as referral outlets; establish mechanisms for communication, collaboration, and shared learning.
- Without strong partnerships, patients may experience fragmented support, additional challenges navigating services, or referrals to resources that do not fully address their needs.
- Ensure that community-oriented organizations are appropriately compensated for the services they are providing.

**Tool 5. Community Partnership Readiness Checklist**

Purpose: To help hospitals assess whether they have the infrastructure and staffing needed to build and sustain equitable partnerships with community-oriented organizations. If you answer mostly No, the recommendations in this play may help identify where to begin.

	Y/N
We have identified the patient financial challenges we want to address or are open to identifying patient challenges.	
We have identified existing community-oriented organizations with relevant expertise	
We have identified a hospital point person responsible for partnership coordination.	
We have established referral workflows that enable communication between departments that don't typically collaborate, e.g. community benefit leaders, revenue cycle, and financial assistance staff.	
We have a process for receiving and acting on partner feedback, e.g. through board representation, surveys, Patient and Family Advisory Councils (PFACs), one-on-one meetings, or other avenues for ongoing input and course correction.	
We have clarified data-sharing and privacy expectations.	

RECOMMENDATION 2**Use partnerships to identify and fix system barriers.**

Rationale: Community-oriented organizations often see the practical challenges that patients experience when attempting to understand bills, access financial assistance, resolve billing questions, or navigate health care costs. Because these organizations frequently work across multiple hospitals and support patients throughout their financial journey, they can provide valuable insight into gaps between hospital policies and patients' experiences in practice.

Partner feedback can help hospitals identify opportunities to improve financial assistance processes, billing practices, referral pathways, and other systems that contribute to patient confusion or burden.

Challenge: Sustaining meaningful partnerships requires dedicated staff time, resources, and organizational commitment. Establishing regular communication, clarifying roles, and integrating collaboration into existing workflows can help ensure both hospitals and community-oriented organizations have the capacity to participate meaningfully.

Taking Action: Create feedback loops with community partners to better understand patient needs and improve processes.

- Establish regular communication channels with organizational partners.
- Ask partners what barriers patients most frequently encounter when navigating financial processes.
- Review whether patients are successfully accessing available financial assistance and other resources.
- Share recurring themes identified by partner organizations with relevant internal teams.
- Incorporate partner feedback into reviews of financial assistance, billing, and navigation processes.
- Follow up with partners about actions taken in response to their feedback.

Caution!

Ensure that feedback from partner organizations leads to action and improvements in hospital processes and avoid collecting feedback without a clear plan for review, response, or follow-up.



Case in Point: DuPage Health Coalition Builds a Community-Based Navigation Network

Through Access DuPage, the DuPage Health Coalition connects uninsured and underinsured residents of DuPage County, IL with participating providers, care coordination services, and resources to address health care access and affordability challenges. The program creates a trusted pathway for patients who may otherwise struggle to navigate multiple systems independently, helping connect individuals with available support rather than relying on patients to identify resources and coordinate assistance on their own. By working across health systems and supporting patients throughout their care journeys, the coalition can help identify barriers that may not be visible from within any single health system.

Lessons Learned

- Financial navigation partnerships can extend health system capacity by connecting patients with community-oriented organizations that already have expertise supporting individuals through complex financial processes, from applying for financial assistance or health coverage to navigating medical billing.
- Effective partnerships require more than referrals. Clear roles, communication pathways, and shared expectations help ensure patients successfully connect with support.
- DuPage Health Coalition reflects a regional partnership model; smaller organizations may not be able to replicate the same structure, but the underlying approach (e.g. building relationships with trusted organizations already serving patients) can be adapted in many settings.

See the full DuPage Health Coalition case example in the appendix (page A–9).

RECOMMENDATION 3

Partner to address existing debt while preventing new debt.

Rationale: Some organizations specialize in medical debt relief and work with hospitals to eliminate qualifying debt for patients. These partnerships can provide immediate financial relief while also helping hospitals better understand patterns of unpaid bills and identify opportunities to strengthen upstream prevention strategies.

Debt relief partnerships can be one component of a broader strategy that includes accessible financial assistance, insurance navigation, transparent billing practices, and efforts to prevent avoidable medical debt.

Challenge: Hospitals must consider how debt relief fits within broader financial assistance policies and how patient information will be shared and protected.

In addition, relieving existing debt does not address the underlying systems that contribute to future medical debt. Hospitals should use lessons from these partnerships to identify opportunities for prevention.

Taking Action: Integrate debt relief partnerships into broader strategies to support patients and improve financial practices.

- Assess whether partnerships with medical debt relief organizations align with organizational goals and patient financial assistance strategies.
- Establish clear eligibility criteria for debt relief and clear processes for identifying and communicating with affected patients.
- Use insights from debt relief partnerships, including analyses of debt patterns and patient experiences, to identify opportunities to strengthen financial assistance and billing practices.

Caution!

- Debt relief does not replace the need for accessible financial assistance and patient-centered billing practices.
- Partnerships should be evaluated based on how they improve patient experiences and reduce financial burden.
- Ensure patients understand how their information will be used and protected.
- Avoid viewing debt relief as a standalone solution rather than part of a broader strategy to prevent medical debt.



Case in Point: Undue Medical Debt Partners with Health Systems to Address Existing Debt and Inform Future Prevention Efforts

Undue Medical Debt partners with health systems and other organizations to relieve qualifying medical debt and reduce the financial burden patients experience. Through these partnerships, organizations can identify eligible debt for relief and provide support to patients whose medical bills have become a source of ongoing financial hardship.

For health systems, partnerships with medical debt relief organizations can provide immediate support to patients while also creating opportunities to better understand patterns of financial hardship. Leaders should consider how debt relief fits within broader efforts to prevent future medical debt rather than viewing it as a standalone solution.

A health care provider can execute the legal and data-sharing agreements needed to securely transfer eligible account information, and Undue then identifies qualifying patients using income estimation tools and provides debt relief. Hospitals may choose to establish ongoing partnerships with Undue to review additional account cohorts, monitor trends over time, and evaluate the impact of workflow or policy changes.

Information gained through these efforts can help hospitals identify opportunities to strengthen upstream strategies, including financial assistance processes, insurance navigation, and billing practices.

Lessons Learned

- Medical debt relief can provide meaningful support for patients, but it should be paired with efforts to improve financial assistance, navigation, and billing practices.
- Successful partnerships require organizational readiness, including coordination across the departments that are responsible for financial operations, compliance, legal considerations, and patient communication.
- Debt relief partnerships can help health systems identify patterns in financial hardship and opportunities to address barriers before debt accumulates.
- Health systems should evaluate partnerships based on their impact on patients, including whether they reduce burden and improve access to support, rather than solely on operational outcomes.

See the full Undue Medical Debt case example in the appendix (page A-14).



Resources for Additional Information

- **Undue Medical Debt:** Partners with health systems to relieve qualifying medical debt and support broader efforts to understand and address medical debt.
- **Dollar For:** Supports patients in accessing hospital financial assistance and understanding charity care eligibility.
- **Patient Advocate Foundation:** Provides case management and financial navigation support for patients experiencing financial hardship.
- **Local community organizations:** Consider including local financial navigation, legal aid, and patient advocacy organizations relevant to your region.