Emerging Practices for Screening Patients for Financial Assistance

Town Hall Call

July 16, 2025

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- All participants will be able to view the questions and answers during the duration of the webinar.
  - You will be receiving responses in real time from a member of our team.
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  - Some questions may be answered live – please pay close attention.

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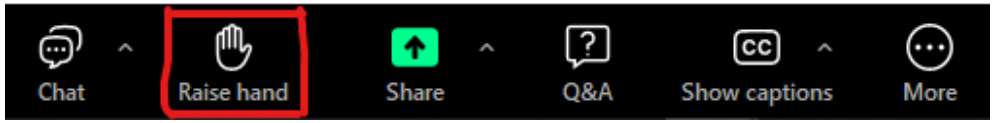

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Introductions

Heather Scott
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Undue Medical Debt

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Undue Medical Debt

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Agenda

- Updates in 2025 Leapfrog Hospital Survey
- 2025 Hospital Screening Practices
- Hospital Performance in Billing Ethics Standard
- Undue Medical Debt: What We Do and Why
- Policy Approaches to Medical Debt
- In focus: Presumptive Eligibility for Financial Assistance
- Provider Landscape
- Approaches to Connecting Patients to Affordable Care
- Q&A

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2024 Leapfrog Hospital Survey Questions

Additional Questions (Optional – Fact Finding Only)

4) Does your hospital screen patients to determine if they are eligible for your hospital's financial assistance program, regardless of whether they apply for financial assistance? *If "No, we do not screen patients for eligibility for financial assistance unless the patient applies for financial assistance" or "No, our hospital does not have a financial assistance program," skip question #5 and continue to the next subsection.*	○ Yes, using a presumptive eligibility tool licensed from a third-party ○ Yes, using our hospital's own approach to assessing eligibility for financial assistance ○ No, we do not screen patients for eligibility for financial assistance unless the patient applies for financial assistance ○ No, our hospital does not have a financial assistance program
5) Does your hospital notify ALL patients who were determined to be eligible for your hospital's financial assistance program that they have qualified for the program within 30 days of the determination?	○ Yes ○ No

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2025 Leapfrog Hospital Survey Questions

Additional Questions (Optional – Fact Finding Only)

4) Does your hospital screen ALL patients to determine if they are eligible for your hospital's financial assistance program, regardless of whether they apply for financial assistance? *If "no, we only screen uninsured patients for financial assistance eligibility" or "no, we only screen patients who have applied for financial assistance," skip question #5 and continue to question #6.* *If "no, our hospital does not have a financial assistance program," skip questions #5-7 and continue to the next subsection.*	○ Yes, using a presumptive eligibility tool licensed from a third-party ○ Yes, using our hospital's own approach to assessing financial assistance eligibility ○ No, we only screen uninsured patients for financial assistance eligibility ○ No, we only screen patients who have applied for financial assistance ○ No, our hospital does not have a financial assistance program
5) Does your hospital notify ALL patients who were determined to be eligible for your hospital's financial assistance program that they have qualified for the program within 30 days of the determination?	○ Yes ○ No
6) Does your hospital's financial assistance program apply to ALL clinician fees, in addition to facility fees, for clinicians with privileges at your hospital?	○ Yes ○ No ○ No, but we include a list of covered providers and services in our financial assistance application
7) Does your hospital's financial assistance application include notification that some services, including physician services, may be billed separately?	○ Yes ○ No

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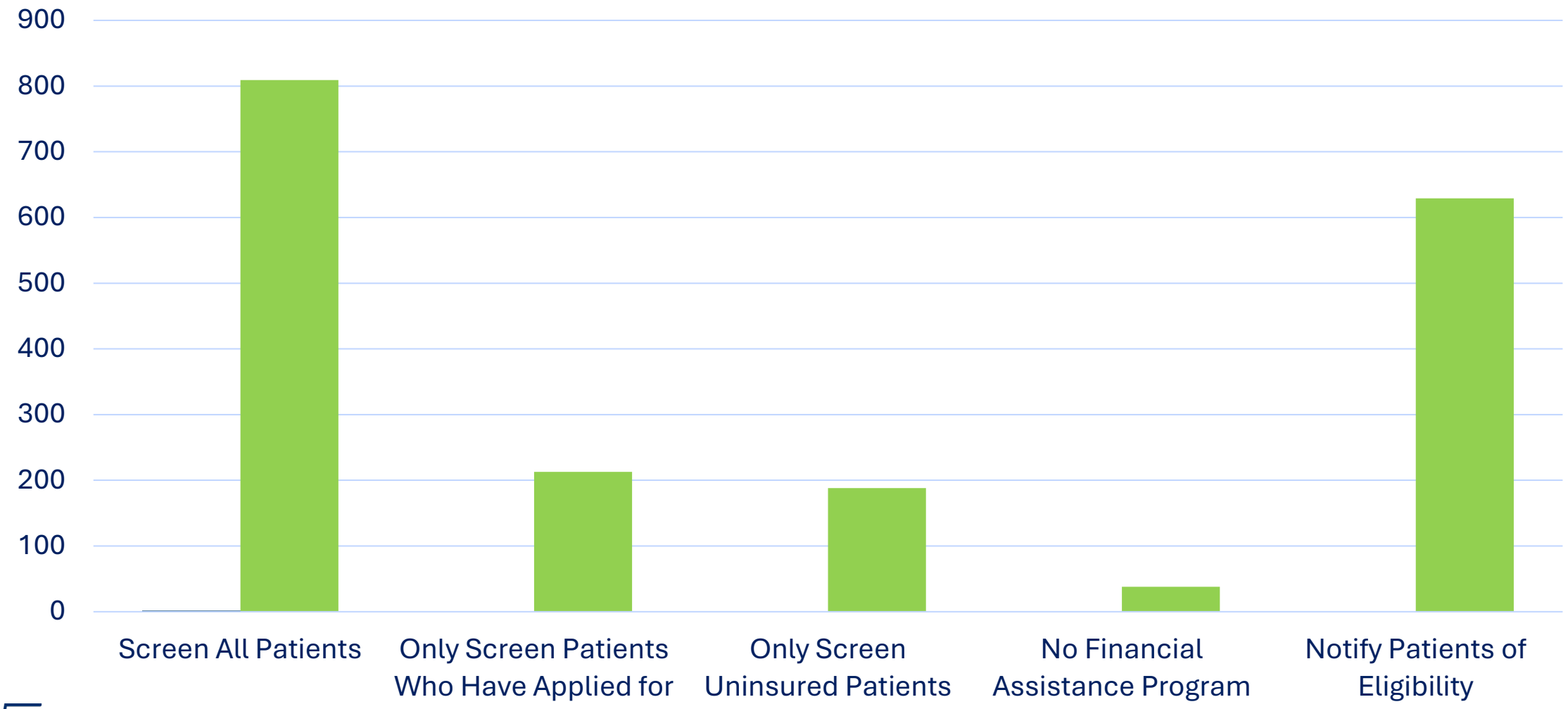
2025 Hospital Screening Practices



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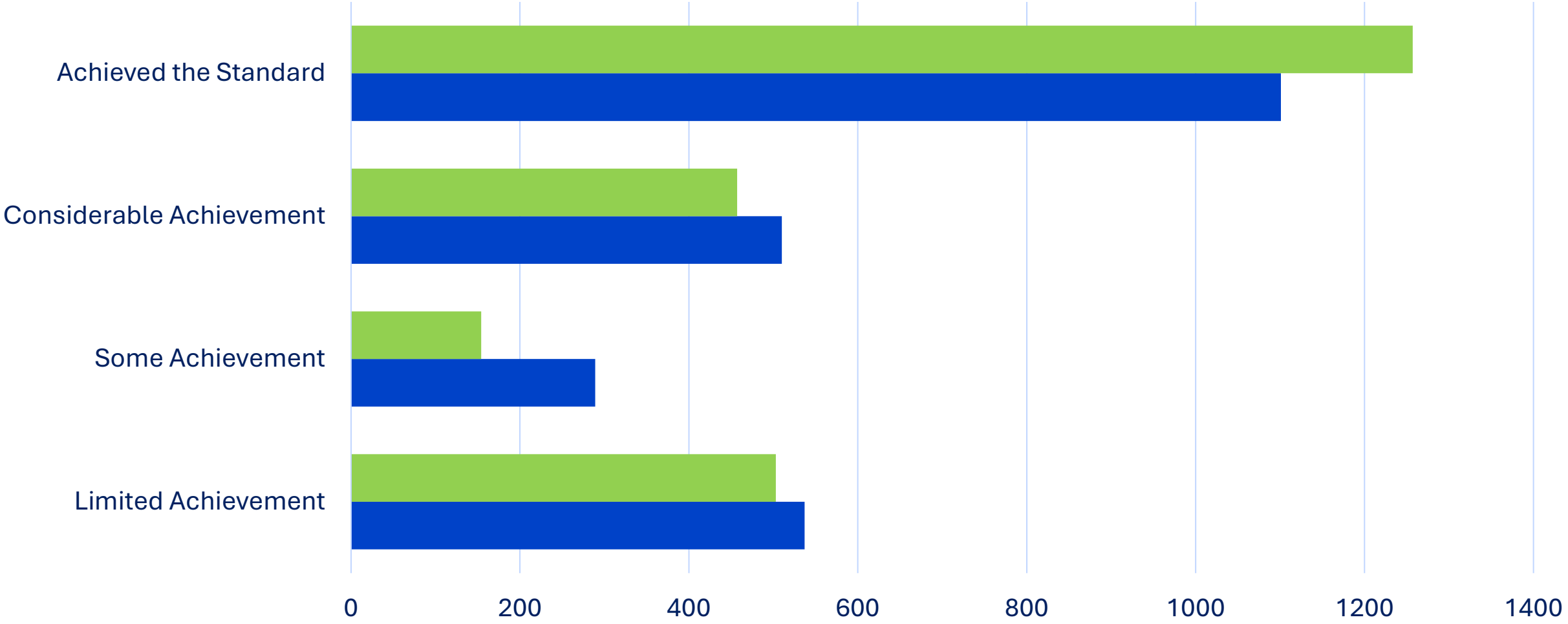
Hospital Performance in Billing Ethics Standard



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Giant Leaps for Patient Safety

Eva Stahl, VP Public Policy & Programs & Ruth Lande, VP Provider Relations

Emerging practices in patient billing

AGENDA

- Undue Medical Debt: what we do and why
- Policy approaches to medical debt
- In focus: presumptive eligibility for financial assistance
- Provider landscape
- Approaches to connecting patients to affordable care
- Q&A

WHO IS UNDUE MEDICAL DEBT?

- A unique 501(c)(3) national charity that acquires and relieves medical debt for low- and middle-income households
- Funded by donors, including individuals, faith-based organizations, foundations, corporations, and now local governments
- Nationally Undue has acquired and erased over $20 billion in medical debt for 13 million families
- Undue never collects on medical debt
- Erasing medical debt provides immediate relief. To prevent new debt, we push to improve the system by working with partners & policy makers

RECIPIENT TESTIMONIALS

“I am a single mom who has struggled with health issues and job security, making it difficult to stay on my feet. I appreciate the assistance with my medical debts; it feels like some of the weight has been lifted.

Thank you so much.”

Carley

GRAND RAPIDS, MI

“Thank you for such a kind, generous and very unexpected gift of paying my medical bill. I am a single mother taking care of my two beautiful kids. I don’t have medical insurance, but my two kids do. I work full time; 5 days a week, to support myself and my kids.

It is a huge relief to know my outstanding medical bill is no longer. My stress level has gone way down thanks to your organization. Thank you so much!”

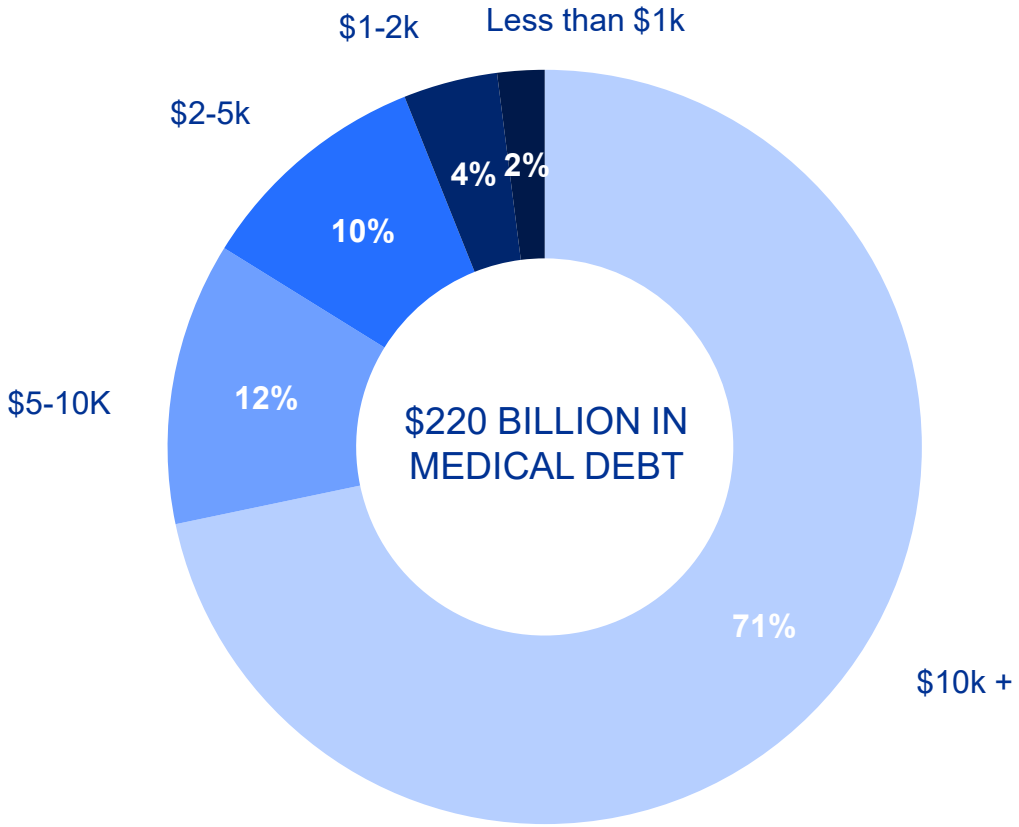
Alysia

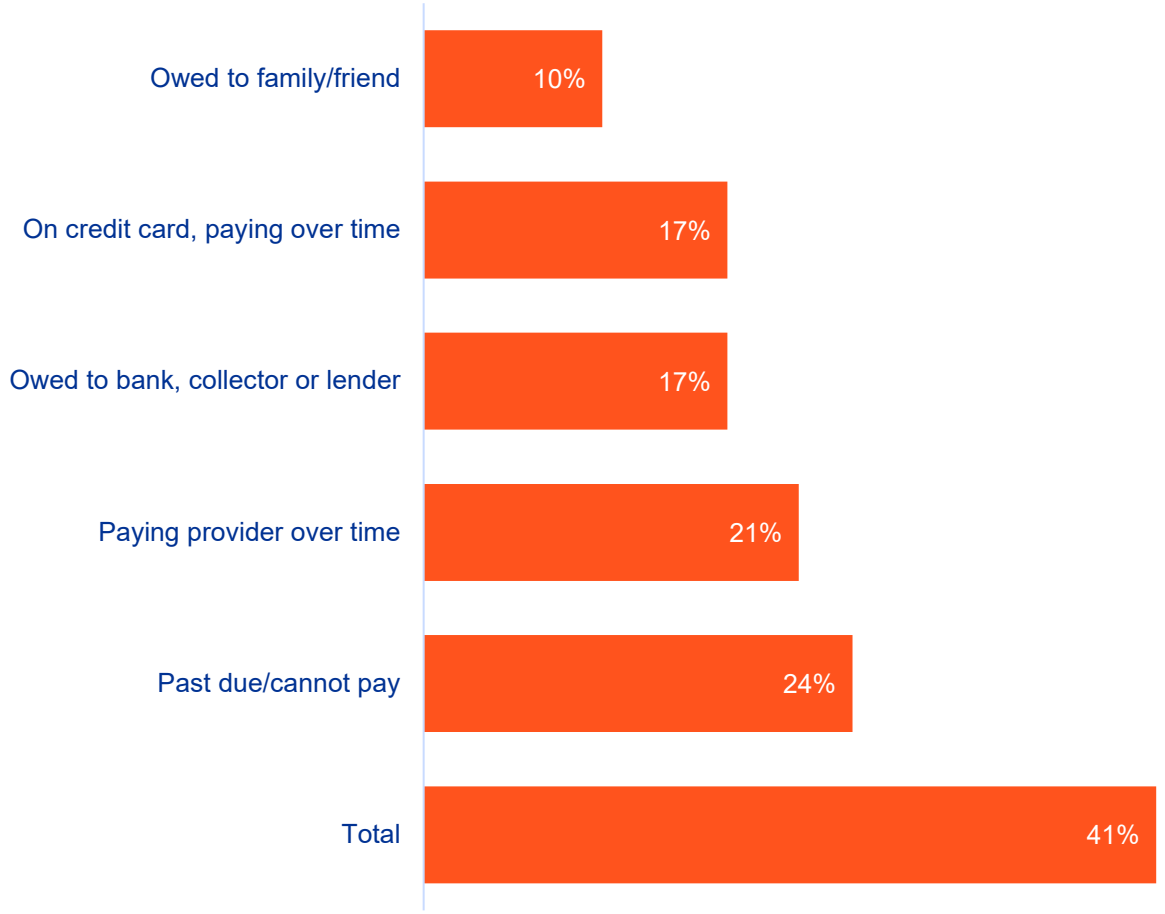
WESTLAND, MI

MEDICAL DEBT IS PERVASIVE

100 MILLION PEOPLE

1 in 4 people are struggling with medical bills

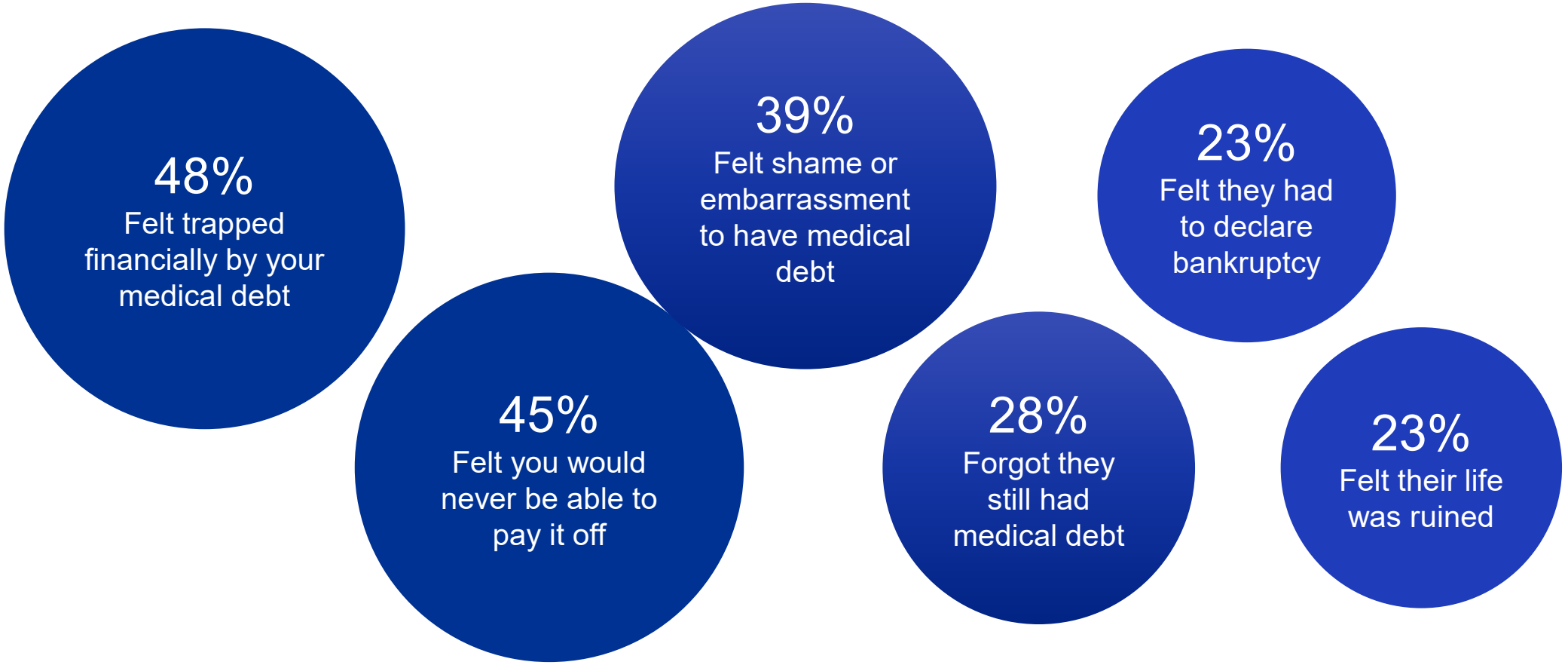




A KFF analysis of the 2020 SIPP found that one in ten adults in the U.S. Have significant medical debt (“significant” defined as medical debt of over $250) and that U.S. Adults owe at least $195 billion in medical debt.

PATIENTS FEEL TRAPPED

Nearly half say they feel “trapped” by their medical debt and almost as many said they thought they “would never be able to pay off” their debt.



Source: Trapped: America’s crippling medical debt crisis, 2023

POLICY GOALS

Affordable, comprehensive, and easy-to-understand health coverage

More

Fair and simple medical billing practices

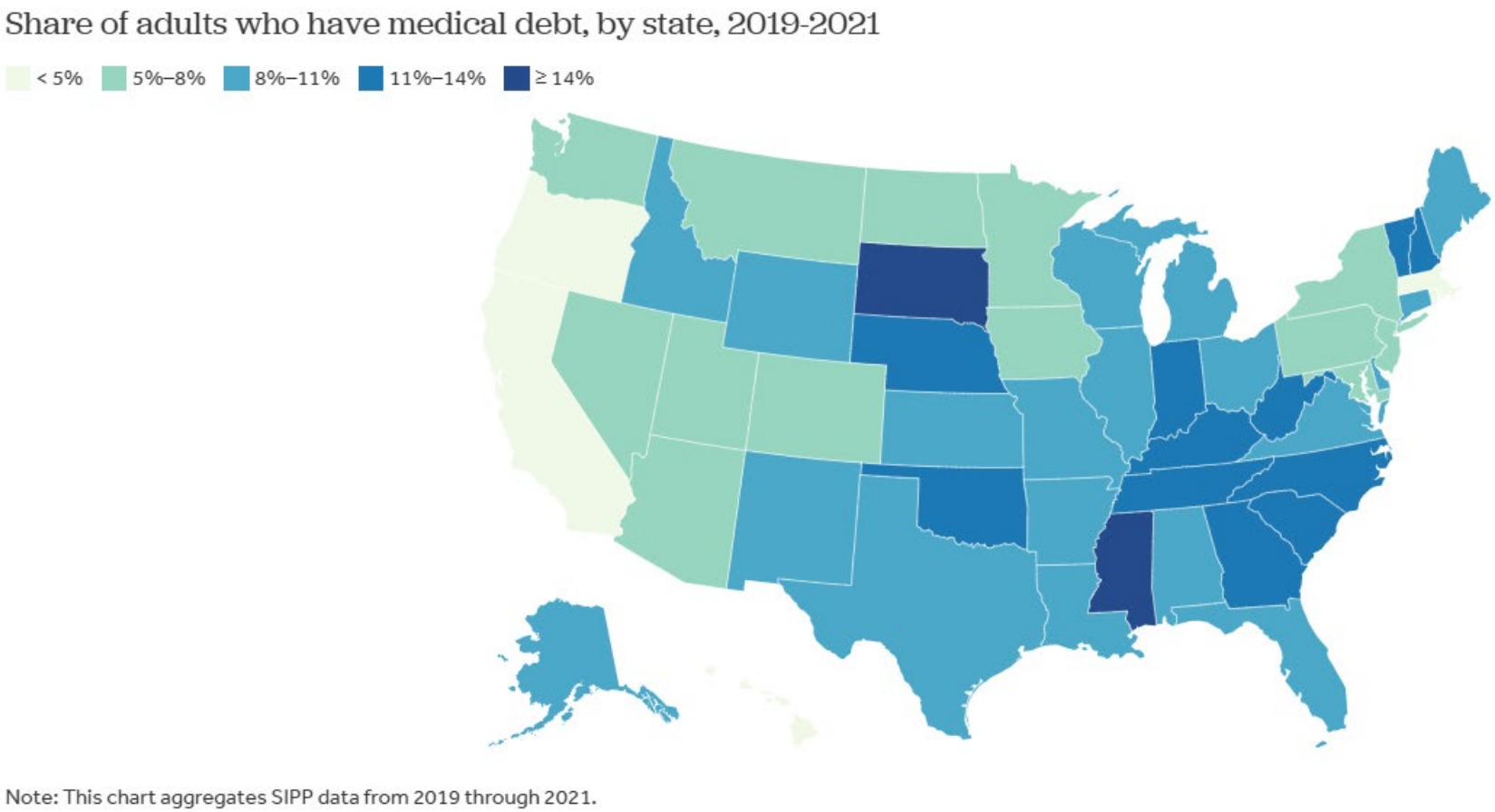
More

Ban extraordinary collection actions and monitor medical debt through data collection

More

Medical debt is inevitable when health insurance is unaffordable, has large coverage gaps, or has unmanageable out-of-pocket amounts.

COVERAGE DECISIONS BY POLICY MAKERS



PRESUMPTIVE ELIGIBILITY: THE BIG PICTURE

WHY?

Insurance ≠ affordability: soaring deductibles and rising costs

- Yet, timely access to financial assistance (FAP) improves outcomes for ambulatory sensitive conditions
- However, many patients who qualify do not apply – including patients with conditions like cancer

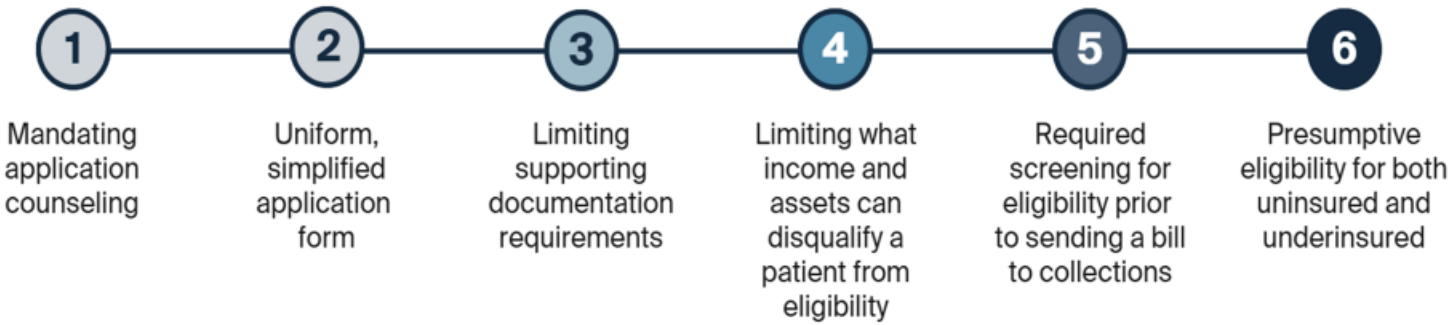
WHAT?

PE = better identification + earlier intervention

- **Collecting patient data** about individual circumstances (housing status, receiving means-tested benefits from Medicaid, SNAP, etc.
- **Verifying** patient income
- Predictive analytics tools that **estimate** patient income
- Individual credit data (payment history, spending patterns, estimated household size)
- Community-level data (socioeconomic status by Zip code, etc.)
- A blend of both

WHERE STATES ARE HEADED

State Options for Removing Application Barriers, from Least to Most Comprehensive

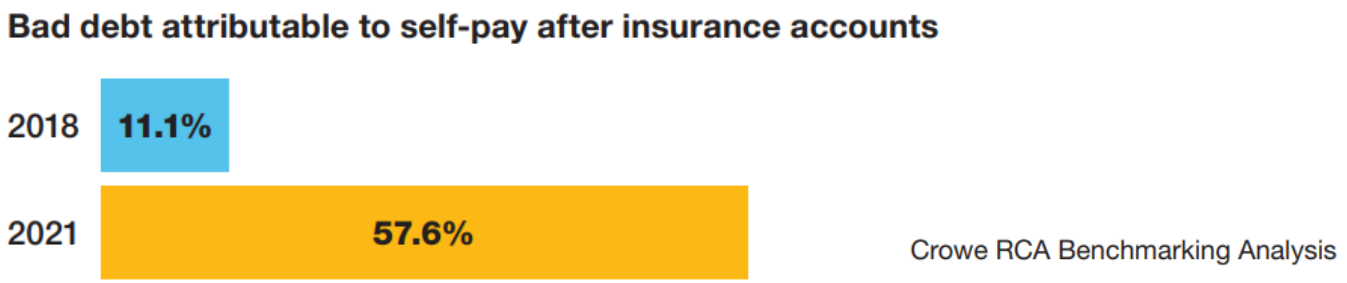


Source: Maanasa Kona, "State Options for Making Hospital Financial Assistance Programs More Accessible," *To the Point* (blog), Commonwealth Fund, Jan. 11, 2024. https://doi.org/10.26099/W18P-TY59

Policy	State
"Categorical" PE for individual circumstances (e.g. housing status, public programs, FQHC patient)	IL, MD
Expanding PE to all (or most) patients	OR, CA (proposed)
Incorporating PE into larger medical debt strategy	NC, LA County

PROVIDER STRUGGLES

- Insured have high, unaffordable deductibles and coinsurance
- Payer denials consume staff time, especially prior auth
- Uninsured not always eligible for Medicaid, or state slow at enrollment
- Many patients don’t apply for Financial Assistance
- Presumptive eligibility transactions expensive to run repeatedly for entire patient receivable



WHAT IS AN ETHICAL HOSPITAL/ASC TO DO?

- Not all hospitals have the same resources, or deal with similar community needs.
- Care avoidance is a common health issue: therefore, how you communicate your practices is almost as important as the practice itself.

COMMUNICATION AND CONNECTION TO COMMUNITY

- Community partners to help with coverage enrollment
- Lobbying for improved coverage
- Community-based hiring and investment. (Healthcare Anchor Network)
- Collaboration between hospital community benefit and patient billing
- Data monitoring/CHNAs/Ambulatory sensitive conditions in ED

TYPICAL PROVIDER PRACTICES

- Non-profit
- Never sold debt
- Doesn’t sue or credit-report
- Identify uninsured and help with enrollment in Medicaid
- Solid financial assistance
  - Includes insured
  - Free care to 200-600% FPL. If at the low end, discounts to 300-400%
  - Some use presumptive tools rather than solely rely on applications
- How presumptive is used
  - Increasingly not just uninsured
  - Often distorted by use of propensity to pay
  - May only be used late, in order to reclass, no notification

TYPICAL PROVIDER CONT.

- Some clinicians with privileges don’t participate in financial assistance
- May use financial partner to manage payment plans
  - Recourse or non-recourse
  - No interest or deferred interest
- Revenue cycle decisions may be outsourced or centralized far from communities being served
- State laws increasingly vary for patient billing
  - Limits on debt sales, interest charging, credit reporting and ECAs
  - Method of screening for financial assistance
- Payer Mix continues to be the biggest differentiator

FROM HEALTHCARE FINANCIAL MAGAZINE

Hospitals should consider a failure of an eligible patient to receive charity care as a "never event," he said, similar to how certain breakdowns in clinical processes are viewed.

"If they treated a patient getting sued for money who was eligible for charity care [like a never event], a lot of this would get fixed," Rushbanks said.

"Instead of just saying, 'We did what we were supposed to do. The patient didn't meet us in the middle,' [we should be] saying, 'Why aren't patients filling out the charity care application? Maybe we need to ditch the idea of an application. Maybe we need a presumptive eligibility model.'"

BEST PRACTICES

- Strong feedback and trust with community. E.g. Dupage Health Coalition
- All patient facing hospital employees educated about resources
- Community partners aware of and support enrollment work
- Presumptive FA run before first patient bill drops
- FA status visible in portal and lasts a year
- FA eligibility level for free care at 400% or based on local ALICE data
- No interest charged in payment plans and no ECAs
- Community based eligibility for FA to reduce stress of repeated income checking for each provider

RESOURCES

Coverage Cuts are Looming: Don't Face It Alone

From Medical Bill to Medical Debt

First Do No Harm: A Guide for Clinician Champions

Presumptive Financial Assistance: Intervening Upstream (Part 1 - 3)

Early, Easy, Engaged: Financial Assistance Policies Best Practices

Trapped: America's Crippling Medical Debt Crisis

Q&A

Questions?

Thank you for joining us today.

Questions? Contact the Help Desk at

https://leapfroghelpdesk.zendesk.com

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