

Healthcare Anchor Network and Undue Medical Debt Cohort Mind the Gap: Connecting Community Benefit and Patient Billing

Cohort Overview

The <u>Healthcare Anchor Network</u> (HAN) is partnering with <u>Undue Medical Debt</u> to recruit a cohort that would support up to 6 of HAN members to work collaboratively over 14 months to learn about medical billing practices and community health needs in order to advance a patient-centered agenda that minimizes the harm of unpaid medical bills.

What is the challenge we're seeking to address in this cohort?

Medical billing staff are often disconnected from staff working to advance the hospital's mission through community benefit and improving population health. However, medical debt is a growing and harmful issue for many people leading them to make tradeoffs that can harm their physical and mental health. Hospitals increasingly face challenges in collecting payments from insurers; recent data shows that I in 3 inpatient claims were not paid within three months and 15% of patient claims were denied in the first guarter of 2023 for commercial payers. Additionally, patients are struggling with inadequate health insurance plans that require high deductibles and out-ofpocket costs that are unaffordable. Addressing medical debt for patients is an important part of achieving good health outcomes. Aligning awareness and practice across these two groups will help streamline solutions that maximize good health for patients and revenue for hospitals.

Undue Medical Debt has expertise in medical billing and community engagement; they are able to support information sharing and learning to develop and advance a shared patient-centered agenda that minimizes the harm of unpaid medical bills. In addition, they provide medical debt relief for millions of people in partnership with hospitals. Leveraging donated dollars, Undue abolishes patient medical debt in bulk. As a result of their partnership with hospitals, they are able to provide an analysis of a hospital's patient debt and information to strengthen financial assistance policies and practices.

What is the goal of this cohort, and why work together as opposed to individually?

Objectives of this cohort are three-fold:

- Meet and learn about each other's roles and goals in addition to increasing awareness about medical debt
- Develop a shared set of practices that mitigate the harm of medical debt for patients, including abolishing medical debt for patients
- 3. Adopt and influence policy and practice change at the institutional level

What are the anticipated outcomes of this cohort?

By the end of this cohort, health systems can expect to have:

- A working knowledge of revenue cycle policy and practice norms and an understanding of how their organization's approach to revenue cycle compares to other organizations'.
- A stronger appreciation of medical debt and its harms for patients (how does a bill become medical debt; what are the demographics in my community; what are the key policy drivers of medical debt)
- A set of internal and external resources to support patients and revenue cycle staff in navigating unpaid medical bills

- An opportunity to partner with Undue Medical Debt to assist patients with existing medical debt
- A strategy to engage and influence policy and practice change in the local setting, including media and communications strategies

What are the expectations for participants?

In order to participate, HAN members would commit to bringing together a cross-departmental team of at least three but no more than five people, including:

- One individual who leads Revenue Cycle (for example, vice president of finance) *Required*
- A deputy leader from Revenue Cycle *Required*
- A representative of Community Benefit, Population Health, Community Health Equity, Social Impact, or Anchor Mission teams **Required**
- A representative who has knowledge of the organization's employee financial wellness strategy (for example, individuals in Human Resources) *Optional*
- An representative of Operations or Patient Experience *Optional*

The series consists of one in-person meeting and seven virtual sessions over 14 months. Sessions will take place on Zoom and will run approximately two hours. Preparation time will vary, with some requests for networking with internal stakeholders in between sessions.

Each individual in the cohort must agree to participate in the sessions listed below and miss no more than one meeting:

- Monday, July 29, 2024
- Monday, September 9-10, 2024 (in person event)
- Monday, November 18, 2024
- Monday, January 20, 2025
- Monday, March 24, 2025

- Monday, May 19, 2025
- Monday, July 21, 2025
- Monday, September 22, 2025

How are participants selected?

Participating member organizations will be selected pending satisfaction of several criteria:

- Applicants must affirm a commitment for shared accountability to advance one change in policy or practice related to medical billing.
- Applicants must demonstrate a commitment to advancing patient-centered billing practices.
- Applicants must agree to share outcomes, success stories and challenges.
- Individuals in each member organization team must commit to participate in at least six of the seven Zoom sessions. At least one individual from each participating member organization must be in attendance for each session.

In addition, we will consider additional factors in order to create a diverse cohort, such as: organization type (e.g., rural-serving, safety net hospital), organization size, geography served, and where the organization is on their journey to advance patient-centered billing.

How much does it cost to participate?

There is no financial cost to HAN member organizations. Travel and lodging costs (one night of hotel accommodations) will be provided for the September in-person meeting for two team members. The meeting will be held in a location that is geographically central to the cohort teams.

How to apply

Complete the application form and submit it via email to Felicia Boodram (fboodram@anchornetwork.org) by **Friday, May 31, 2024**.