



Advancing Healthcare Access

Responsible Financial Assistance, Billing
and Collection Policies for Hospitals

About this report

Throughout the United States, hospitals and health systems continue to explore strategies to address and expand health access. Effective health access strategy is achieved by ensuring that all individuals have the opportunity to achieve optimal health through standard business processes that are clear, accessible and inclusive. This approach fosters a healthcare environment where every member of the community can easily navigate, engage with

and benefit from available care, ultimately improving health outcomes for all. Toward that end, this report provides guidance to hospitals and health systems that are assessing ways to strengthen institutional policies related to financial assistance, billing and collection. Those efforts will further support and promote health access and healthier communities going forward.

INTRODUCTION

It is well recognized that financial and resource constraints can cause individuals and families — ranging from low- and moderate-income to even higher mid-income households — to delay or forgo necessary care or experience financial hardship. Case in point: A KFF study conducted in 2023 found that one in four adults had skipped or postponed needed healthcare due to cost concerns. Among uninsured adults, 61% reported doing so.¹

When access issues come into play, it can become more challenging for patients to easily use financial assistance. For example, a patient who is not fully proficient in the provided healthcare language or terminology may have difficulty understanding financial assistance eligibility information. Limited health literacy can further compound this challenge, as patients may struggle to interpret medical bills, insurance coverage details or application instructions. Also, someone who lacks internet or mobile access may be

challenged and unable to apply for assistance online. That's why it's critical to simplify and streamline the consumer experience — meeting patients where they are, using clear communication and offering flexible access points to help them get support with confidence.

With the prevalence of high-deductible health plans in the U.S. healthcare market further complicating access issues, the [Healthcare Financial Management Association \(HFMA\)](#) and [Advocata Solutions](#) have identified an unmet need for a better practice guide for hospital financial assistance and billing and collection practices focusing on health access as a key factor at a time when nearly a quarter of working-age adults have health insurance that leaves them underinsured.² This report aims to identify leading practices that help support hospitals to continue their focus on protecting patients against medical debt while providing important access to timely medical care needed to live healthier lives.

¹ Lope, L., Montero, A., Presiado, M., et. al., “Americans’ Challenges with Health Care Costs,” KFF, March 1, 2024.

² Collins, S.R., and Gupta, A., “The State of Health Insurance Coverage in the U.S.: Findings from the Commonwealth Fund 2024 Biennial Health Insurance Survey,” The Commonwealth Fund, Nov. 21, 2024.

WHO SHOULD READ THIS REPORT

The primary audiences for this work include hospitals and health systems and their business affiliates (e.g., collection agencies) and credit bureaus. The better practices include benchmarks, guidelines, tools, training and resources to consider prior to using extraordinary collection actions, or ECAs, which include credit reporting, debt sale and legal actions such as wage garnishment and property liens. (Although the term “extraordinary collection actions” applies in a regulatory context only to not-for-profit hospitals, the better practices context captured in this document is intended to apply to both for-profit and not-for-profit hospitals.)

The secondary audiences for this work include patients, through the providers who work with them directly, and the policy community. This work is intended to help educate, inform and engage these key stakeholders about better

practices for resolving the patient portion of medical bills in the age of higher cost-sharing plan design.

Payers should be informed of these initiatives, as they share responsibility for improving healthcare access for their members and those eligible for group health plans or individual exchange plans managed by payers.

To enhance access, employers, payers and relevant government agencies should be incentivized to help patients enroll in appropriately structured cost-sharing agreements based on their individual needs and resources, and cover premiums for eligible group and exchange plans. Sharing financial responsibility across all stakeholders in the healthcare continuum will foster more sustainable, long-term solutions and healthier communities.

HOW THIS REPORT WAS DEVELOPED

HFMA collaborated with [Advocatia](#) and [Community Catalyst](#) on a qualitative research-based study to examine and find realistic and sustainable ways to strengthen linkages among hospital financial assistance, billing and collection policies, and health access.

This study was guided by HFMA’s industry-consensus *Best Practices for Resolution of Medical Accounts* and the Joint Commission’s *Patient-Centered Communication Standards*. HFMA’s medical accounts best practices advocates for providers to analyze financial assistance, bad debt write-offs, and ECAs by patient race and ethnicity. The Joint Commission standards were designed to “inspire hospitals to integrate concepts from the communication, cultural competence, and patient- and family-centered care fields into their organizations.”¹ These frameworks were

instrumental in identifying hospitals with exemplary systems for monitoring and improving their financial practices.

During the course of this study, HFMA revenue cycle and policy experts, Community Catalyst patient advocacy experts, and Advocatia’s eligibility and enrollment experts conducted interviews with four health system senior revenue cycle professionals who represent 97 hospitals and more than 900 sites of care in 10 key states, focusing on practices surrounding patient access to care, financial assistance, and billing and collection policies. The analysis included audits of financial workflows, free and discounted care policies, and staff hiring and training documents.

This study provides a structure for guidance and paves the way for additional research on access practices in healthcare financial assistance and collection processes.

¹ The Joint Commission was not involved with the research or development of this report.

Better Practices: Accessing Patient Financial Assistance

To enhance access to patient financial assistance, hospitals should implement better practices that accommodate the varying needs of their communities. This approach ensures that all patients receive clear, accessible and essential financial support, empowering them to navigate both immediate and long-term healthcare needs, such as Medicaid and other applicable medical coverage. Better practices are approaches or strategies that may be considered for their potential to improve desired results. They are not rigid recommendations, but rather flexible guidelines that offer insight into ways of addressing challenges. These practices serve as options for consideration, allowing decision-makers to evaluate their applicability based on the specific context, needs and goals for advancing access. These practices are valuable options for reflection, providing space for thoughtful decision-making rather than prescriptive advice.

By implementing comprehensive training for staff, leveraging technology, establishing transparent and standardized policies, and actively engaging with community feedback,

hospitals can better avoid patient financial burden, further break down barriers to care and provide accessible financial assistance.

The following better practices, derived from a study of healthcare stakeholders across the United States, are designed to enhance patient trust, understanding and satisfaction while ensuring that hospitals fulfill their commitment to delivering accessible and compassionate care to every individual they serve.

The better practices that follow are divided into four key focus areas within the hospital's patient financial assistance workflow to facilitate easy adoption based on each hospital's or health system's own unique set of needs:

- (1) Financial assistance eligibility
- (2) Consumer access to financial assistance
- (3) Hospital staff recruitment, training and retention
- (4) Hospital billing, collection and bad debt policies, analysis and audits

SECTION 1 FINANCIAL ASSISTANCE ELIGIBILITY

These better practices provide hospitals with concrete, specific guidance about determining patient eligibility for financial assistance, including free and discounted care. They address income status, residency status, prior balances, presumptive screening and more.

1.1. Insurance status. Hospital provides medical coverage, eligibility screening and financial assistance to both uninsured and underinsured patients. (As one example, the Commonwealth Fund considers someone underinsured if their out-of-pocket costs, excluding premiums, over the prior 12 months totaled at least 10% of household income; or out-of-pocket costs, excluding premiums, are at least 5% of income for households earning less than 200% of the Federal Poverty Level (FPL); or their deductible is at least 5% of household income.) For uninsured patients, ensure

that patients that are Medicaid, Medicare or ACA eligible are screened and enrolled.

1.2. Income threshold for free care. Hospital's financial assistance policy (FAP) may provide free care for patients/households at or below 200% of FPL.

1.3. Income threshold for discounted care. The FAP may provide discounts for patients/households at or below 400% of FPL.

1.4. Balance as % of income. The FAP may consider patient balances at a certain percentage of household income for discounts benchmarked through presumptive eligibility tools assessing patient demographics and financial criteria.

1.5. Self-pay discount. Hospitals may consider a “self-pay discount” for noncosmetic items and services to patients who are uninsured and ineligible for financial assistance.

1.6. Financial hardship declaration. Consider a hospital policy that does not require patients to declare financial hardship before receiving information about the FAP.

1.7. Employed clinicians. Hospital may provide financial assistance for services furnished by clinicians who are employed by and provide services for the hospital.

1.8. Residency status. Consider allowing patients to qualify for financial assistance whether or not they reside in the service area.

1.9. Refugee care. Hospital may work with state and community programs to seek assistance for ongoing care for refugees if the state Medicaid agency does not provide such coverage.

1.10. Prior balances. Consider assessing and applying FAP eligibility decisions to all outstanding medical debt associated with medically necessary care owed by guarantor.

1.11. Presumptive screening. Consider medical coverage and FAP screening to uninsured and underinsured patients through a presumptive screening process prior to extraordinary collection actions.

1.12. Patient notification. Hospital may notify patients when they qualify for presumptive FAP and may inform them that their medical bill has been adjusted accordingly.

SECTION 2 CONSUMER ACCESS TO FINANCIAL ASSISTANCE

Financial assistance policies (FAPs) can only benefit patients and other consumers if they are aware of the policies, can easily access them, and find them clear and readily understandable. The better practices in this section address when, where and how to best provide information on financial assistance to all patients, including those who face barriers to access. As early in the registration process as possible, patients should be screened for eligibility for all available assistance, including government programs. This action will often have the added benefit of facilitating patient follow-up care with providers and improving access to prescription medication. Hospitals should also consider establishing working relationships with business partners, payers, technology platforms, state agencies or community services that can assist patients with the application and follow-up process.

2.1. Financial assistance signage. Hospitals have clear and legible financial assistance signage in the facility that is easily visible to patients and visitors.

2.2. Information on patient bills. Availability of financial assistance, including contact information and financial assistance website address, is clearly and legibly stated on patient

bills in languages that are spoken by 1,000 people or 5% of residents in the hospital’s community, whichever is less.

2.3. Distribution of plain language summary.^{1*} Plain language is communication that is clear, concise and well-organized, allowing the intended audience to easily understand and use the information. It avoids jargon, complex sentences and technical terms, instead using straightforward wording, logical structure and reader-friendly design. The goal of plain language is to improve comprehension, accessibility and usability, particularly for individuals with varying levels of literacy or subject-matter knowledge. Written plain language financial assistance summaries are distributed to patients at multiple touchpoints, including (but not limited to):

- Registration
- Patient visits
- Time of discharge
- Whenever a patient statement/bill is sent to the patient, via mail or electronically
- When an extraordinary collection action is approved

¹ The summary should be sent along with the final notice that gives patient/responsible party 30 days to respond.

2.4. Plain language summary content. The hospital financial assistance summary clearly explains all eligibility criteria and requirements and may include the following:

- Overview of the financial assistance that is offered.
- Summary of the steps to apply for financial assistance.
- Website address or other means by which copies of the full FAP can be obtained.
- Hospital contact information for the team that can help with the FAP and process to apply for financial assistance.
- Statement that clearly communicates that translation assistance is available at no cost to the patient. Translation services should be available for all languages represented in the community that are spoken by 1,000 people or 5% of community residents, whichever is less. Providers may use real-time translation services available by phone or virtual video.
- Statement that an FAP-eligible individual may not be charged more than amounts generally billed to those with insurance.

2.5. Website navigation. Hospital's main web page hosts a direct link to the financial assistance information and application that is easily accessible in one or two clicks.

2.6. Financial assistance application methods. Patients can apply for financial assistance using the following methods:

- In person, with or without the assistance of hospital counselors.
- Through the mail, by paper application.
- Online through the hospital's webpage, via SMS text, through the online portal, or by using a partner screening and enrollment platform to complete an application.
- Through the patient's electronic health record portal.

2.7. State and federal program eligibility in lieu of application. The hospital accepts financial assistance screening eligibility from state and federal programs with similar thresholds for assistance (i.e., Supplemental Nutrition Assistance Program, Children's Health Insurance Program, etc.).

2.8. Web page content. The following financial assistance information is easily accessible on the financial assistance information web page:

- Plain language (5th grade reading level) summary of the FAP
- Application for financial assistance
- Hospital's full FAP
- Hospital's billing and collection policy
- All the above content should be published in languages spoken by 1,000 people or 5% of residents in the hospital's community, whichever is less.
- A telephone number that financial assistance applicants can call for more information.
- Average patient call wait-time should be less than 2 minutes to ensure patient questions are answered.

2.9. Community engagement. The accessibility of the hospital's information about financial assistance and the application process may be vetted with community stakeholders and has been found to be easily accessible.

2.10. Unwillingness to apply for Medicaid. Financial assistance is made available to patients who may be reluctant to apply for certain assistance due to reasons such as immigration status or cultural and religious beliefs.

2.11. Right to exercise discretion. Hospital management may be permitted to exercise discretion in granting (but not denying) financial assistance in special circumstances.

2.12. Free interpretation services. Hospital offers free interpretation services for patients in need when financial counseling is provided.

SECTION 3 HOSPITAL STAFF RECRUITMENT, TRAINING AND RETENTION

As described in these better practices, hospital staff who have interactions with patients about financial matters should have advanced skills and knowledge necessary to assist patients with the financial assistance application process, explain health insurance options and government benefit programs, and help patients understand hospital bills. Communication is often enhanced when staff demographics reflect the composition of the hospital's community and when staff receive training that emphasizes cultural competency and a patient advocacy orientation.

3.1. Standardized practices. Hospital hiring practices and policies strive to build a workforce that reflects the composition of the community it serves.

3.2. Ability to assist patients with application process. Financial counselors with above-average knowledge of the hospital's financial assistance policy (FAP) and procedures and a proactive approach to guide patients through the application process.

3.3. Ability to explain coverage options. Financial assistance staff are provided with advanced training to understand and explain the coverage, benefits and limitations of various coverage plans, including Medicare, Medicaid, marketplace plans, and coverage policies and procedures frequently used by commercial insurance (e.g., prior authorization).

3.4. Ability to help patients understand bills. Financial counselors are trained in medical billing and coding and understand how services are charged and claims processed so they can best assist patients in understanding their bills.

3.5. Collaboration with external parties. Hospital financial services and clinical support teams may collaborate with community centers, counselors, social workers and other resources to learn about federal, state and local assistance programs available to patients.

3.6. Listening and communication skills. Financial counselors are recruited and hired with a skill set to listen actively and explain complex financial information clearly and empathetically, tailoring their approach to each patient's unique situation.

3.7. Cultural competency. Hospital training emphasizes cultural competency, addressing barriers and sensitivities to enhance patient trust, understanding, satisfaction and compliance.

3.8. Liaison with interpreters. Hospital staff are trained in how to promptly connect patients with interpretation services and/or language resources.

3.9. Patient advocacy orientation. Financial counselors are trained as patient advocates who strive to secure favorable outcomes for patients regarding payment plans, bill reductions, medical coverage and/or financial assistance.

3.10. Professional development. Hospital implements regular training sessions, shadowing and workshops to keep staff updated on changes in healthcare financial assistance, health insurance eligibility and regulations.

3.11. Monitoring retention rates. The hospital tracks retention rates for financial assistance staff, analyzes the underlying causes of low retention, and implements improvements based on its findings.

3.12. Compensation reviews. Hospital conducts salary and benefits reviews to ensure financial assistance staff are fairly paid and receive competitive benefits.

SECTION 4 HOSPITAL BILLING, COLLECTION AND BAD DEBT POLICIES, ANALYSIS AND AUDITS

These better practices establish guardrails for billing patients; initiating extraordinary collection actions (ECAs); aligning the actions of third-party collection agents with hospital policies and controls; and auditing outcomes. They also address the need for ongoing community engagement.

4.1. Annual cap on patient payments. Hospital may set an annual cap on amounts collected from patients, ensuring that payments do not exceed a certain percentage of patient income. For example, hospitals may use the Commonwealth Fund example of 10% of their annual or monthly income, regardless of financial assistance determinations.

4.2. Offer of financial assistance. Hospital policies and training ensure that patients are offered financial assistance when discussing payment or payment plans.

4.3. ECA initiation safeguards. Hospital policy defines “reasonable efforts” that will be carried out before ECAs are imposed. Reasonable efforts include ensuring the patient is aware of financial assistance opportunities, including through oral communications as well as in writing; timely processing of financial assistance attempts by the patient; taking into account the patient financial responsibility impact for multiple episodes of care; offering clear notification of reduced amounts owed for care or free care if a determination is made that a patient qualifies for financial assistance; and allowing reasonable time for the patient to apply for additional financial assistance before initiating ECAs.

4.4. ECA initiation timing. Hospital policy states that ECAs will not be undertaken for at least 120 days (about 4 months) after the first patient bill.

4.5. Business partner compliance. Hospital bad debt policies state that all third-party business partners are to follow hospital board-approved policies and comply with applicable federal and state laws and regulations.

4.6. Quality/compliance review of agents’ actions. Hospital conducts annual quality and compliance reviews of all third-party entities that collect on the hospital’s behalf.

4.7. Agents’ reporting of customer complaints.

Hospital’s customer services policy may require that all third-party agents submit all customer complaints to the hospital at minimum in a monthly or quarterly report for purposes of oversight and evaluation.

4.8. Audits of bad debt. Hospital may review medical debt account referrals to bad debt, analyzing various factors that may impact access to care and overall health outcomes.

4.9. Community engagement. Hospital can consider engaging twice per year with patient focus groups and community feedback groups regarding billing practices, collection policies, processes and analytics findings.

4.10. Focus on health needs assessment. Hospital’s community health needs assessment includes medical bad debt policies as part of its report.

Key Research Findings and Recommendations

Interviews with senior revenue cycle professionals yielded key findings and insights on the linkages between hospital operating margins and financial assistance resource allocation; the relationships between staffing, training and promoting access; factors that contribute to effective community outreach; ways to promote impartial treatment of all patients; and the impact of reducing barriers on improving patient access, advanced technology assets and affordability.

Strong hospital operating margins often promote robust operationalization of financial assistance by facilitating robust community outreach and high revenue cycle retention rates.

- **Strong operating margins are often linked to robust community outreach about financial assistance.** Hospitals with strong operating margins and a focus on patient-centered revenue cycle operations may be more likely to be equipped to deploy robust community outreach programs. Community outreach is crucial for informing patients and consumers about available financial assistance and soliciting their feedback.
- **Revenue cycle staff retention is linked to improved operational efficiency of financial assistance programs.** The ability to retain revenue cycle staff and effectively allocate ongoing training and resources is often directly linked to investing in operational efficiency and ease of access to financial assistance programs.

To reduce barriers in financial assistance, the right revenue cycle staff mix and ongoing training are key.

- **An adequate revenue cycle staffing complement and a varied mix of staff are beneficial.** Adequate staffing levels, with team members who reflect the communities they serve, are helpful for the accurate, respectful and

consistent implementation and optimization of financial assistance, billing and collection policies.

- **Frequent, thorough staff training on financial assistance is beneficial for promoting access in patient financial interactions.** Comprehensive and regular staff training on patient financial assistance resources is a factor in ensuring that accurate and timely information is provided to patients at all stages of their care and all care sites.
- **Training may help minimize disparities in operationalizing financial assistance policies.** Education and training that prioritizes holistic and unbiased clinical and financial patient support often helps minimize disparities in the application and operationalization of financial assistance policies.

Reducing unintended bias in financial assistance often starts before a health encounter begins.

- **When community outreach is done well, the community's healthcare financial literacy levels improve.** Effective community outreach often has a significant impact on patient knowledge about their financial assistance options and how to secure community resources to support their needs.
- **Dedicated community outreach teams often improve patient satisfaction.** Hospitals with dedicated community outreach teams often report higher levels of patient engagement and satisfaction.

Prioritizing patient-centered approaches to financial assistance programs and applying them consistently yields better outcomes.

- **Patient-centered approaches promote health access.** Hospitals that prioritized patient-centered approaches were usually better equipped to address the needs of all patients consistently.

- **Consistency is key to meeting the needs of all communities.** Consistent application of financial assistance policies ensured that patients from all backgrounds received the support they needed to afford and access care.
- **Ensuring omni-channel accessibility enhances patient access to financial assistance.** Including online platforms, patient portals, in-person consultations, printed materials and call centers ensures that patients can easily obtain the information they need in a format that best suits their circumstances. This approach often improves transparency, reduces barriers and supports timely access to care.

Integrating financial assistance into the organizational culture and financial management of the hospital maximizes impact on patient access and affordability.

- **Train all hospital clinical and administrative teams.** Efficient, accurate and culturally sensitive financial assistance training and education for all hospital-based clinical and administrative teams can often positively support patient access to care.
- **Track outcomes.** Hospitals that effectively managed their revenue cycles tend to measure and monitor their organization's ability to provide timely and clear financial assistance, reduce the financial burden on patients, and improve initial and follow-up access to healthcare services.

The following chart provides a checklist for managers' use in advancing health access through improving financial assistance, billing and collection policies.

Management Action Steps to Advance Health Access Through Responsible Financial Assistance, Billing and Collection Policies		
Action step	Date started	Assigned to
Assessing financial resources and resource allocation to advancing financial access		
Based on your hospital's resource allocation and operating margin, brainstorm ways that more resources could be used for community outreach programs.		
Ensure patients with a balance are properly screened and enrolled into Medicaid or other applicable healthcare coverage.		
Identify strategies that could be implemented to maintain or increase revenue cycle staff retention rates.		
Reassess topics covered in onboarding sessions for revenue cycle staff to ensure that they contribute to staff retention.		
Review revenue cycle team education and training for practical content that is likely to boost staff retention.		
Measure the impact of community outreach and patient education on healthcare finances in reducing costs of care while maintaining or improving quality.		
Implement technologies that allow hospitals to qualify patients more efficiently by expanding and moving upstream the use of the same industry-accepted electronic screening solutions that are used to assess a patient/family's eligibility for medical coverage and/or financial assistance.		
Implement technologies and workflows that allow hospitals to assess a patient/family's presumptive eligibility for free or discounted care and a patient/family's propensity to pay to accurately and appropriately assess patient cost-sharing amounts.		
Monitoring staffing and training		
Conduct regular training sessions for hospital staff/teams (e.g., registration, financial counseling, clinical, billing and collection) on the financial assistance policy and billing processes.		
Revise hospital staff job descriptions to emphasize the responsibility to ensure patients receive timely and fairly distributed financial assistance information.		
Ensure staff training emphasizes the consistent evaluation of patients for medical coverage before assessing financial assistance, enhancing access to healthcare coverage while promoting financial stability for both patients and providers.		
Update staff training to ensure it is inclusive of cultural competency, and the appropriateness of using standardized language that recognizes all groups, and knowledge about how to access translation services for non-English speaking patients.		

Tracking and improving community outreach

Conduct outreach about the availability of financial assistance annually (or more often) to federally qualified health centers, free clinics, faith-based organizations, community caseworkers and social service agencies.		
Ensure that hospital staff have the necessary knowledge and resources to manage the healthcare-related needs of patients and consumers in the community.		
Conduct focus groups to field-test publicly available materials with patients to ensure the materials are accessible and understandable.		
Develop a patient advisory panel that includes hospital staff, community members and recent patients (if such a panel is not already in place).		
Connect the patient advisory panel's goals and accomplishments with financial results and broad outreach to the community, including groups who may not typically encounter information about hospital financial policies.		

Tracking accessibility of workflows

Assess whether a prudent layperson would conclude that information about financial assistance and the application is easy to find and understand.		
Do an internal audit to determine whether financial assistance documents are published in multiple languages, with an emphasis on the languages spoken in the hospital's community and determine whether translation services are provided within 24 hours for less common languages.		
Check that documented recruiting and hiring practices are in place to ensure that hospital teams reflect the composition of the communities they serve.		

Tracking patient access proficiency

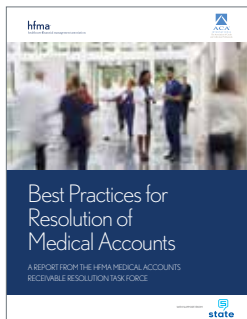
Implement <u>HFMA's best practices for patient-centered financial communications</u> .		
Determine whether patients and community members can access website information about financial assistance with minimal navigation.		
Evaluate the utility of a dedicated web page or otherwise provide a web portal for financial assistance information that is not combined with "Pay Your Bill" content.		
Establish a toll-free phone number or other means of immediate communication that enables patients to have human-to-human contact for questions and clarifications.		

Conclusion

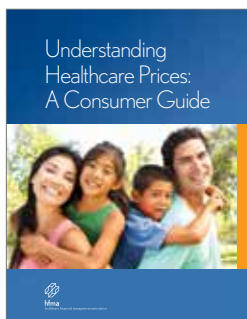
This report highlights the critical importance of accessible and consistent resource allocation, staffing, training, and community outreach and feedback in providing patient-centered and holistic workflows in hospitals. Ensuring that all patients are addressed equally in terms of affordability and access to care is essential for maintaining trust and providing high-quality healthcare services that meet community needs. Hospitals should continue to invest in their financial assistance team to enhance outreach, education and efficiency, and to support patient needs effectively based on the unique communities and patients they serve.

Designating these recommendations as “better” rather than best practices is meant to convey the need for continual reassessment and improvement. Hospitals are encouraged to consider going beyond our recommendations to meet community- and patient-specific needs. By implementing these better practices, hospitals may continue to optimize their financial assistance, billing and collection practices, ultimately leading to better patient access and outcomes, a more consistent healthcare system, and more vibrant, healthy communities.

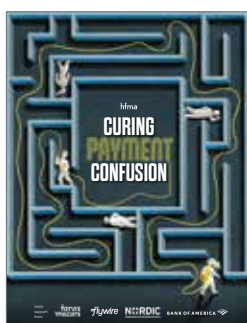
RECOMMENDED RESOURCES that Support Accessible Hospital Financial Assistance, Billing and Collection Practices for Hospitals and Patients



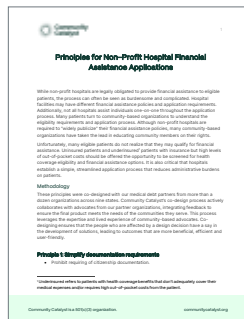
HFMA's Healthcare Dollars and Sense provides industry-consensus recommendations and best practices for meeting consumers' rising expectations, helping consumers make better healthcare decisions and improving the patient's financial experience. This initiative has four components: price transparency, patient financial communications, medical debt resolution and consumer education.



HFMA's Understanding Healthcare Prices: A Consumer Guide helps consumers understand where to get answers to their questions about healthcare prices, compare prices among providers and manage their out-of-pocket costs. Hospitals, physician practices, payers and others are encouraged to share this resource with consumers. Available in English and Spanish.



HFMA's Curing Payment Confusion offers insights on how healthcare organizations can create a better financial experience for patients.



Community Catalyst's Principles for Non-Profit Hospital Financial Assistance Applications is designed to summarize four key recommendations that patients should understand about not-for-profit hospital financial assistance requirements.



Community Catalyst's Principles for Improving Community Health and Economic Stability Through Hospital Policies promotes five principles that help to ensure hospital policies promote economic security and preserve access to care for all.



healthcare financial management association

The Healthcare Financial Management Association (HFMA) equips its members nationwide to navigate a complex healthcare landscape. Finance professionals in the full range of work settings, including hospitals, health systems, physician practices and health plans, trust HFMA to provide the guidance and tools to help them lead their organizations, and the industry, forward. HFMA is a not-for-profit, nonpartisan organization that advances healthcare by collaborating with other key stakeholders to address industry challenges and providing guidance, education, practical tools and solutions, and thought leadership. We lead the financial management of healthcare.



ADVOCATIA

Advocatia Solutions streamlines the process of finding available coverage and resources through unparalleled technology. Our platform empowers financial counselors and patients with the ability to engage and enroll in programs that reduce costs and improve outcomes. Please visit advocatia.io or reach out to sales@advocatia.io to learn more. For media inquiries, contact media@advocatia.io.

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