



Promoting Community Benefit and Medical Billing Transparency in SW Georgia

Over half of debt collection actions contain medical debts, leading to food and housing insecurity, as well as bankruptcy for many consumers. Medical debt strikes insured and uninsured people alike. In Georgia, where our rate of uninsured individuals is third in the nation and our lawmakers have refused Medicaid expansion, medical debt traps already cash-strapped Georgians into a cycle of poverty. Southwest Georgia, in particular, has some of the highest insurance premiums in the country due primarily to the lack of competition among providers and insurers. This level of consolidation leaves consumers with little choice about where to seek care and incentivizes predatory medical billing practices.

Due to unfair and discriminatory barriers to health care, Black people are more likely to incur medical debt. While 19% of people in Georgia have a medical bill in collection, it increases to 21% among individuals of color. In Dougherty County, home to the city of Albany and Phoebe Putney Hospital, 25% of individuals of color have a medical bill in collection. Data show Black and brown people are the most affected by unaffordable health care and medical debt. It is therefore critical that hospitals should develop their community benefit, billing, and collections policies through a racial justice and health equity lens.

To improve hospital policies with an aim to promote economic security, racial equity, and increase access to care for all patients, we suggest three general policy goals, with underlying strategies, to drive reform. Throughout this project, we will work with community members, community health workers, and community-based groups in Southwest Georgia to develop specific community-driven policy solutions.

While specific policy recommendations will be developed through community engagement, our general policy goals include:

Goal 1: Increase patient confidence that healthcare is available at an affordable cost.

- Comply with new federal requirements to post prices for medical procedures and do so in a way that is easily accessible, understandable, and usable for community members
- Ensure patients have clear cost information at the point of admission.
- Require hospital staff to screen patients for financial assistance eligibility at the point of admission AND prior to billing.
- Provide patients ample opportunity to apply for financial assistance throughout the billing cycle.
- Proactively offer interest-free payment plans to patients who do not qualify for a full-write off of the debt with terms they can afford to pay while covering other basic living expenses.
- Include a hardship provision to keep bills from exceeding a certain percentage of household income.



Goal 2: Ensure billing and collection practices are fair and transparent.

- Apply financial assistance, billing, and collection practices consistently and equitably across the patient population without discrimination on any basis.
- Prohibit hospitals and third-party vendors from targeting low-income, uninsured, or underinsured patients for non-payment.
- Protect self-pay patients, both under- and uninsured, from paying higher prices that those negotiated by insurance companies.
- Proactively post information about financial assistance on signage in admitting and waiting rooms, on websites, and in bill inserts.
- Gather and act on feedback from patients and community partners on how financial assistance policies, billing, and collections practices are working for the patient population.
- Require hospitals to send patients all charges in a single, itemized bill.

Goal 3: Align hospital community benefit spending with community health needs.

- Require hospitals to meaningfully gather input from community members of color and those experiencing the greatest health risk factors identified in Community Health Needs Assessments.
- Employ inclusive outreach strategies that are relevant, and culturally and linguistically appropriate to the communities served.
- Directly target community benefit spending to reduce medical debt among low-income, under- and uninsured, and debt-burdened populations, with an intentional focus on communities of color.
- Train hospital staff to screen patients for eligibility for public and social welfare programs and to assist with enrollment.
- Fund financial counseling programs to increase financial security among low-income, under- and uninsured, and debt-burdened populations, with an intentional focus on communities of color.
- Educate hospital staff and community members about medical billing and debt collection rights.
- Require hospitals to publish annual reports (in a standard format) detailing CBEs, property tax exemption status, and charity care. Prohibit hospitals from using Medicare under payments in CBE.