

HOSPITAL UNCOMPENSATED HEALTH CARE PLAN TEMPLATE

WHA INFORMATION CENTER

NOTE: Refer to the detailed instructions contained in the [Uncompensated Care Survey Manual](#).

This is a blank template to use to share the basic questions of the survey with other people in the organization in preparation for gathering all the necessary information to complete the online survey.

All survey data must be entered and submitted through the online [secured portal](#). Each staff member completing a portion of the survey must have their own username and password. [Click here for more information on roles and registration](#).

This information can also be printed from the survey portal.

*Disclaimer-the uncompensated care survey manual and the online portal contains the most accurate up-to-date information.

This template does not reference a specific year as all data is submitted through the online portal for the current year. Abbreviations Previous Fiscal Year denoted with PFY and Current Fiscal Year denoted with CFY.

I. HOSPITAL INFORMATION

Hospital Name and Address

WHAIC 3-digit ID# _____

FY Beginning Date

_____/_____/_____
Mo. Day Yr.

FY Ending Date

_____/_____/_____
Mo. Day Yr.

II. DEFINITIONS

1. Define any terms used in your hospital's uncompensated health care plan that may be defined or used differently in another plan or setting. Two examples have been provided on the form for you to define if they are used in your plan.

Income – means

Utilization - means...

III. GENERAL INFORMATION

A. Eligibility for Financial Aid

2. Does your hospital have written policies to determine patients' ability to pay and eligibility for financial aid?

Yes
 No

3. Does your hospital require applicants to complete a form to determine eligibility?

Yes
 No

4. Does your hospital determine eligibility on the basis of the patient's income?

Yes
 No

5. Income threshold for financial aid eligibility to qualify for fee reduction:

_____ % of the federal poverty level. Or \$ _____ Per year
_____ N/A

6. Income threshold for financial aid eligibility to qualify to have all fees waived:

_____ % of the federal poverty level. Or \$ _____ Per year
_____ N/A

7. Does the hospital consider assets in determining eligibility for financial aid?

Yes

___ **No**

8. Requested documentation of patient resources include (check all that apply):

- W-2 forms and/or pay stubs
- Tax returns
- Bank statements
- Loan Documents
- Other: _____
- Not Applicable

9. Does the hospital's review include a determination of eligibility for (check all that apply):

- Medicaid/BadgerCare
- General Relief
- Other government programs
- Not Applicable/No Review of Eligibility

B. Collection Policies

10. Does your hospital have written policies about when and under whose authority patient debt is advanced for collection?

___ **Yes**
___ **No**

11. Does your hospital review the patient's record to determine if reasonable efforts were undertaken to determine if financial assistance should have been offered before assigning the case to a collection agency?

___ **Yes**
___ **No**

12. Does your hospital obtain written agreements from collection agencies that they will adhere to hospital-defined standards to be used by such agencies?

___ **Yes**
___ **No**

13. In seeking payment for an outstanding hospital bill, might your hospital seek to force a sale or foreclosure of a patient's primary residence?

___ **Yes**
___ **No**

14. In seeking payment for an outstanding hospital bill, might your hospital request that a patient be taken into police custody as a means of requiring the patient to appear in court?

___ **Yes**
___ **No**

C. Role of Hospital Board

15. Is your hospital's board provided with a report of charity care and financial aid at least once annually?

Yes
 No

16. Does your hospital's board have a role in developing and/or approving financial aid policies?

Yes
 No

IV. INCOME DETERMINATION / VERIFICATION PROCEDURES

17. Summarize the procedures used to determine a patient's ability to pay for health care services, as well as a description of your charity care program. (Attach additional pages if necessary.)

18. Summarize the procedures followed to verify financial information provided by the patient. (Attach additional pages if necessary.)

V. PROCEDURE FOR INFORMING THE PUBLIC

19. Does the hospital have procedures to inform the public about the availability of financial aid/charity care?

- Yes**
 No

20. If yes, where/when is information made available (check all that apply):

- Emergency Rooms
 Financial Service Offices
 At time of registration
 Other: _____

21. Does your hospital provide training to personnel who interact with patients about financial aid availability, how to communicate that availability to patients and how to direct patients to appropriate financial aid staff?

- Yes**
 No

22. Does your hospital make translation services available as needed?

- Yes**
 No