



Uncompensated Care Survey Manual

WHAIC Staff and Contact Information

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UNCOMPENSATED CARE SURVEY MANUAL INSTRUCTIONS AND DEFINITIONS

The Uncompensated Care Survey Manual is a supplement to the online survey tool. This manual includes instructions, definitions, and what to expect while completing the Uncompensated Care online survey application.

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 login username and password. [Click here for more information on roles and registration.](#)

The Uncompensated Care Survey submission timeline is included in all other survey timelines on the calendar and must be followed. See the calendar [here](#). For more information about the WHAIC survey process [click here](#).

I. HOSPITAL INFORMATION

Name and Address of Hospital	Any change to this information must be formally reported to the WHA Information Center within 45 days after the event.
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II. DEFINITIONS

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. If you do not have terms that need to be defined, **do not leave the answer space blank**; enter "Not Applicable."

Examples of [definitions](#):

"Uncompensated health care services" - charity care and bad debts.

"Charity care" - is to be recorded as a deduction from revenue for this purpose. It means health care a hospital provides to a patient who, after an investigation of the circumstances surrounding the patient's ability to pay, including non qualification for a public program, is determined by the hospital to be unable to pay all or a portion of the hospital's normal billed charges. Does not include any of the following:

- Care provided to patients for which a public program or public or private grant funds pay for any of the charges for the care
- Contractual adjustments in the provision of health care services below normal billed charges

- Differences between a hospital's charges and payments received for health care services provided to the hospital's employees, to public employees, or to prisoners
- Hospital charges associated with health care services for which a hospital reduces normal billed charges as a courtesy
- Bad debts

“Bad debt” is an expense item. It means claims arising from rendering patient care services that the hospital, using a sound credit and collection policy, determines are uncollectible, but does not include charity care.

“Individual patient visit ledger” (“ledger”) is the business record and resulting balance for a person who has utilized hospital services during a visit. Although there are exceptions, one “ledger” could apply to each of the following:

- An entire inpatient stay;
- All services rendered to an outpatient on a calendar day;
- An ambulance run pertaining to the transfer of a Medicare inpatient to another facility, or the transport of a Medicare patient to this facility for urgent, emergent, or inpatient service;
- Monthly durable medical equipment rentals; or
- An entire swing-bed stay.

III. GENERAL INFORMATION

Complete questions by checking appropriate box.

IV. INCOME DETERMINATION/VERIFICATION PROCEDURES

- A. Summarize the procedure(s) used by your hospital to determine a patient's ability to pay for health care services, as well as a description of your charity care program. Include in the summary:
1. The steps a patient must take to apply for charity care (include a sample of any application forms used);
 2. The standards your hospital uses to determine applicant eligibility for full or partial charity care (such as federal poverty guidelines); and
 3. A description of your hospital's charity care program (such as sliding scale for services, percentage discounts, full waiver of fees, etc.).
- B. Summarize how your hospital verifies financial information provided by patients. This may include the written documentation you require (such as W-2 forms or income tax returns) or when, what, and to whom follow-up phone calls are made.

DO NOT ATTACH A HOSPITAL POLICY AND PROCEDURE FORM INSTEAD OF SUMMARIZING THE INFORMATION FOR THIS SECTION.

V. PROCEDURE FOR INFORMING THE PUBLIC

Complete questions by checking appropriate box.