WHA | INFORMATION CENTER

Uncompensated Care Survey Manual

WHAIC Staff and Contact Information

(608) 274-1820 (Madison area)

(800) 231-8340 (Toll Free)

WHA Information Center Staff:

Brian Competente, Vice President

WHAIC Data Submissions and General Questions

Cindy Case, Director, Data Management and Integrity (Wipop Primary Contact)

Heather Scambler, Program Specialist (Survey Primary Contact)

For general questions email us at:

whainfocenter@wha.org

WHA Information Center Website: https://www.whainfocenter.com/

UNCOMPENSATED CARE SURVEY

INSTRUCTIONS AND DEFINITIONS

The Uncompensated Care Survey Manual includes instructions, definitions, and what to expect while completing the Uncompensated Care online survey application. WHA Information Center (WHAIC) collects and distributes survey data in multiple online publications that can be found under the Data Products Tab at http://www.whainfocenter.com/.

The Uncompensated Care survey form must be submitted to the WHAIC within 120 calendar days following the close of the hospital's previous reporting fiscal year. Hospitals that change their reporting fiscal year need to submit 12 months of data. Hospitals that are new or that close/merge need to submit an Uncompensated Care survey even if it is a partial year. A hospital may request an extension for up to 30 calendar days.

For more information on the deadlines for the current year see the Survey Submission Calendar.

The Uncompensated Care Survey is to be completed with hospital data only. Hospitals who are part of, or affiliated with a system, must submit separate surveys for each hospital. Chapter 153 of the Wisconsin Statutes directs what information must be submitted to WHAIC.

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.

I. GENERAL DEFINTIONS

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

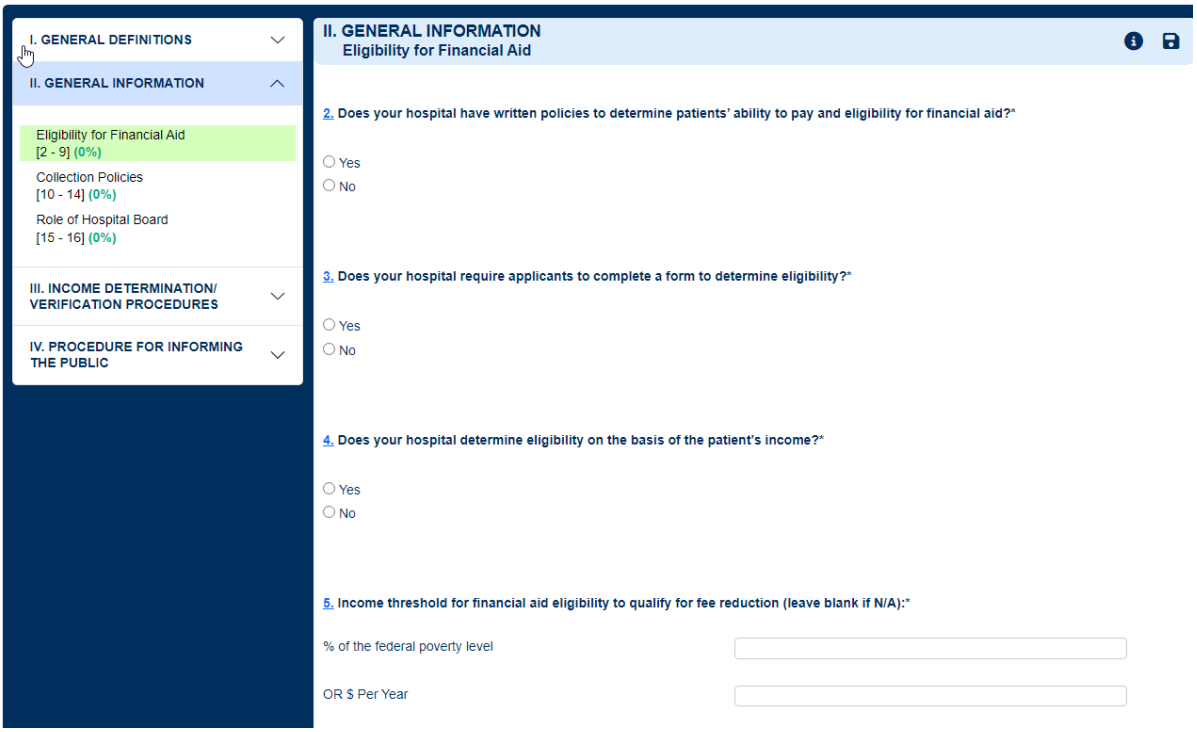
"Bad debt" is an expense item. It means claims arising from rendering patient care services that the hospital, using a sound credit and collection policy, determines are uncollectible, but does not include charity care.

"**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.
- An entire swing-bed stay.

II. GENERAL INFORMATION

Complete the questions by checking the appropriate box.



III. INCOME DETERMINATION/VERIFICATION PROCEDURES

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

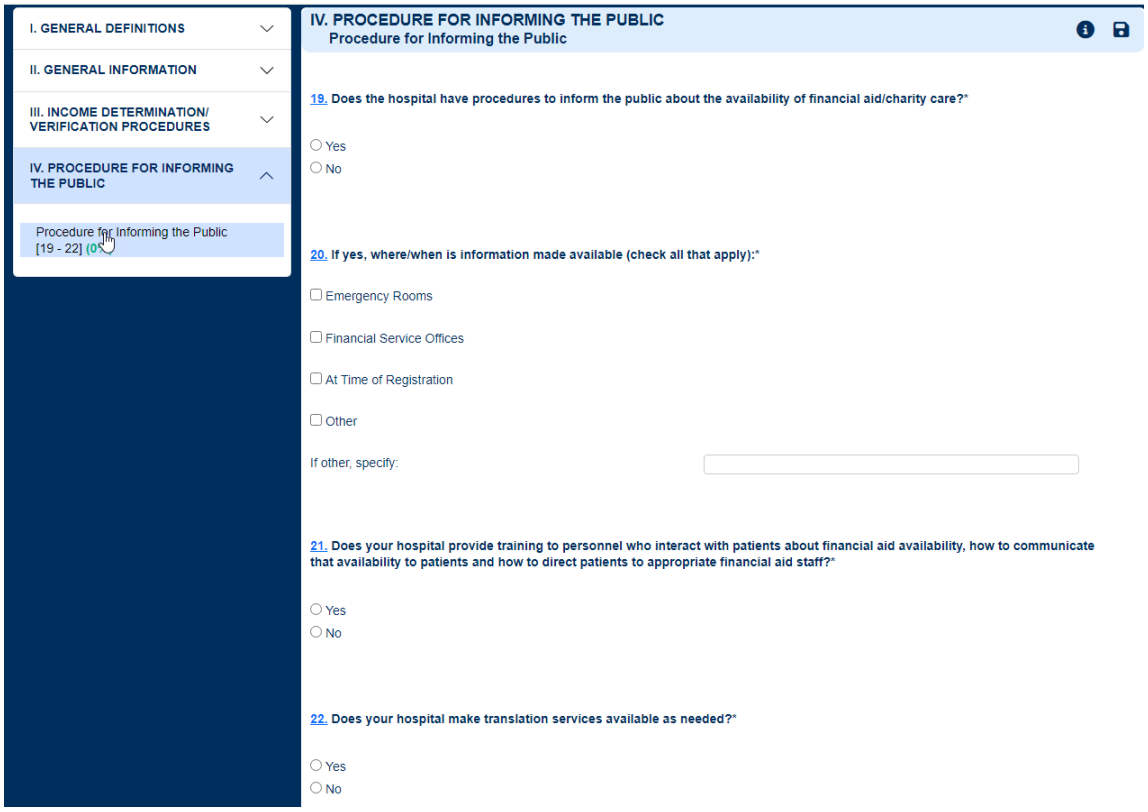
Summarize the procedure(s) used by your hospital to determine a patient's ability to pay for health care services, as well as a description of your charity care program. Include in the summary:

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).
3. A description of your hospital's charity care program (such as sliding scale for services, percentage discounts, full waiver of fees, etc.)

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.

IV. PROCEDURE FOR INFORMING THE PUBLIC

Complete the questions by checking the appropriate box.



Change Number	Date	Author	Update
1	09/2024	HS	Manual reviewed, updated screen shots to new Survey application.