

## 2024 UNCOMPENSATED HEALTH CARE PLAN

### I. GENERAL DEFINITIONS

#### 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. \*Income - means... \*Utilization - means...

DEFINITIONS

### II. GENERAL INFORMATION

#### Eligibility for Financial Aid

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

☐

Yes **FAPOL -- Y**

☐

No **FAPOL -- N**

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

☐

Yes **FAREQ -- Y**

☐

No **FAREQ -- N**

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

☐

Yes **FAINC -- Y**

☐

No **FAINC -- N**

5. Income threshold for financial aid eligibility to qualify for fee reduction (leave blank if N/A):\*

% of the federal poverty level

**FAREDPER**

OR \$ Per Year

**FAREDDOL**

6. Income threshold for financial aid eligibility to qualify to have all fees waived (leave blank if N/A):\*

% of the federal poverty level

**FAWAIVPER**

OR \$ Per Year

**FAWAIVDOL**

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

☐

Yes **FAASSE --**  
**Y**

☐

No **FAASSE --**  
**N**

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

☐

W-2 Form and/or pay stubs **FADOCW2 -- Y**

☐

Tax returns **FADOCSTR -- Y**

☐

Bank statements **FADOCBS -- Y**

☐

Loan Documents **FADOCSLD -- Y**

☐

Other **FADOCOTH -- Y**

☐

Not Applicable **FADOCNA -- Y**

If Other, specify:

**FADOCOTHTXT**

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

☐

Medicaid/BadgerCare **FAREVBC -- Y**

☐

General Relief **FAREVGR -- Y**

☐

Other Government Programs **FAREVOGP -- Y**

☐

Not Applicable/No Review of Eligibility **FAREVNA -- Y**

### Collection Policies

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

☐

Yes **CPDEBT --**  
**Y**

☐

No **CPDEBT --**  
**N**

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 **CPREC --**  
**Y**

☐

No **CPREC -- N**

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 **CPAGREE -**  
**-- Y**

☐

No **CPAGREE -**  
**- N**

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 CPFORE --  
Y

☐

No CPFORE --  
N

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 CPPOLICE  
-- Y

☐

No CPPOLICE  
-- N

### 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 HBCHAR --  
Y

☐

No HBCHAR --  
N

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

☐

Yes HBDEV --  
Y

☐

No HBDEV -- N

## III. INCOME DETERMINATION/ VERIFICATION PROCEDURES

### 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.

INCOMETER

18. Summarize the procedures followed to verify financial information provided by the patient.

VERIFICPROCS

## IV. PROCEDURE FOR INFORMING THE PUBLIC

### Procedure for Informing the Public

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

☐ Yes **IPFA -- Y** ☐ No **IPFA -- N**

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

☐ Emergency Rooms **IPINFOER -- Y**

☐ Financial Service Offices **IPINFOFSO -- Y**

☐ At Time of Registration **IPINFOATR -- Y**

☐ Other **IPINFOOTH -- Y**

If other, specify:

**IPINFOOHTXT**

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 **IPTRAIN -- Y** ☐ No **IPTRAIN -- N**

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

☐ Yes **IPTRANS -- Y** ☐ No **IPTRANS -- N**