

**HOSPITAL UNCOMPENSATED HEALTH CARE PLAN  
FISCAL YEAR 2009**

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Completion of this form is required. Failure to complete and return this form to the WHA Information Center within 120 calendar days following the close of your hospital's fiscal year may result in a \$100 per day forfeiture.

**GENERAL INSTRUCTIONS:**

Complete and return this form via the web, to the address below or by e-mail ([whainfocenter@wha.org](mailto:whainfocenter@wha.org)) within 120 days following the close of your hospital's fiscal year. Keep a copy for your records.

WHA Information Center, LLC P.O. Box 259038 Madison, WI 53725-9038
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**I. HOSPITAL INFORMATION**

*Type or print in black ink.*

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Hospital Name and Address

WHA Hospital ID# \_\_\_\_\_

AHA Hospital ID# \_\_\_\_\_

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FY 2009 Beginning Date

FY 2009 Ending Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mo. Day Yr.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mo. Day Yr.

**II. DEFINITIONS**

Define any terms used in this plan that may be **subject to interpretation** including, but not limited to, the following:

**Income** – means

**Utilization** - means...

**III. GENERAL INFORMATION**

**A. Eligibility for Financial Aid**

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

**Yes**  
 **No**

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

**Yes**  
 **No**

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

**Yes**  
 **No**

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

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

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

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

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

**Yes**  
 **No**

7. 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

8. 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**

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

- Yes
- No

10. 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

11. 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

12. 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

13. 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**

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

- Yes
- No

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

- Yes
- No

**IV. INCOME DETERMINATION / VERIFICATION PROCEDURES**

16. 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.)

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

**V. PROCEDURE FOR INFORMING THE PUBLIC**

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

- Yes**
- No**

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

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

20. 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**

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

- Yes**
- No**