

## INSTRUCTIONS AND DEFINITIONS

### GENERAL INSTRUCTIONS

This plan includes only policy and procedure information. Charge, utilization, and Hill-Burton information is collected on the *Hospital Fiscal Survey*.

All questions on this form must be completed in order for your hospital to meet the statutory requirement to file an uncompensated health care plan. Do not attach a hospital policy and procedure form instead of summarizing the information requested for a section.

If your hospital is jointly operated in connection with a nursing home, home health agency, or other organization, the hospital shall only submit the required information for the **hospital** [ss. HFS 120.12 (2) (b) 5. b., c. Wis. Adm. Code].

You can submit via web, return a copy by e-mail to [whainfocenter@wha.org](mailto:whainfocenter@wha.org) or by U.S. mail to the WHA Information Center, LLC, P.O. Box 259038, Madison, Wisconsin 53725-9038.

If you have any questions about completing this form, contact Julie Callies via e-mail at [jcallies@wha.org](mailto:jcallies@wha.org) or by telephone at (608) 274-1820/(800) 231-8340.

### Line-by-Line Instructions

#### 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.**

#### 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. [s. HFS 120.03 (2), (4), Wis. Adm. Code]

**"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 nonqualification 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; or
- Bad debts [s. HFS 120.03 (2), Wis. Adm. Code].

**II. DEFINITIONS (continued)**

**“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 [s. HFS 120.03 (2), Wis. Adm. Code].

**“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