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# *Program*

# *Policy*

# *Notice No. 12-06*

February 10, 2012

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- ◆ U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
- ◆ Health Resources and Services Administration
- ◆ Healthcare Systems Bureau

To: Facilities Obligated Under the General Hill-Burton Uncompensated Services Regulations and Unrestricted Availability Compliance Alternative (UACA)

Subject: Requirements for Facilities Obligated Under the Hill-Burton Uncompensated Services Regulations

This notice is to remind each facility obligated under the general Hill-Burton uncompensated services regulations and UACA of some of the regulatory requirements which may have an impact on a facility receiving credit and satisfying its Hill-Burton obligation.

To be in compliance, a facility must:

1. **Publish a notice of the availability of uncompensated services** in a local newspaper of general circulation, before the start of your fiscal year. The notice must include your facility's allocation plan, which can be effective no earlier than 60 days following publication.

**Provide free or reduced cost services in accordance with the published allocation plan in effect.** Services provided outside of your plan or to persons with incomes greater than that specified in your plan will not be credited toward your facility's Hill-Burton obligation.

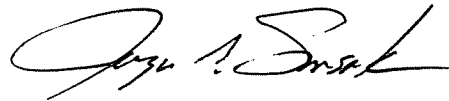
2. **Prepare and distribute individual notices to each person seeking services in your facility.** The individual notice must contain the same allocation plan specified in the published notice in effect and must be provided to all persons seeking services in all areas of the facility, regardless of their eligibility to receive Hill-Burton uncompensated services. This means the notice must be given to all inpatients, outpatients, and emergency room patients seeking services in the facility, including persons with Medicare, Medicaid, and other third-party insurance coverage.  
**FAILURE TO COMPLY WITH THE INDIVIDUAL WRITTEN NOTICE REQUIREMENT WILL RESULT IN THE TOTAL LOSS OF UNCOMPENSATED SERVICES CREDIT FOR THE PERIOD OF NONCOMPLIANCE.**

3. **Make written determinations of eligibility following a request for uncompensated services.** Consider any indication of an inability to pay as a request for Hill-Burton services. For example, a general inquiry about needing financial assistance or a statement that the person cannot afford to pay the bill must be considered a "request" for uncompensated services. Accordingly, the request must be responded to by presenting the individual with information about your Hill-Burton program and providing him/her the opportunity to apply for Hill-Burton assistance. We recommend that your facility develop written procedures and provide training to enable staff to recognize a "request" for uncompensated services and to make the appropriate response. Failure to do so could result in complaints of improper denials of Hill-Burton uncompensated services, and the facility would be subject to an investigation by the Department.

Be sure to include, on the determination of eligibility, the date you received the request, the date of the determination, the patient's family size and income information, whether services will be provided at no charge or at a reduced charge, and the date on which the services were or will be provided. **Failure to make determinations of eligibility and/or include the specified information will result in the loss of credit.**

4. **Accept a request for uncompensated services "at any time."** This means that an individual may make a request before, during, or after services are received, including after institution of a collection action (but prior to court judgment) against the individual. It also means that a person may make a request more than once for the same service where there is a change in eligibility.

If you have any questions, please contact: Division of Health Facilities, Healthcare Systems Bureau, Health Resources and Services Administration, Parklawn Building, 5600 Fishers Lane, Room 10-105, Rockville, Maryland 20857; telephone (301) 443-5656.



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