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Free Care Monitoring Project:

*A Toolbox for Advocates Seeking to
Improve Hospital Free Care Programs*



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Table of Contents

Free Care Monitoring Survey Protocols and Forms

Uninsured Caller

Community Agency Caller

Faith-based Visit

Training Handout – “Points to Remember” and Individual Assignment

Free Care Monitoring Assignment Sheet

Debriefing Session: Facilitator’s Agenda

Debriefing Session: Template for Reporting Findings



Uninsured Phone Protocol



COMMUNITY CATALYST

U

Free Care Survey

page 1 of 3

Your Name: _____

Your Phone: _____

Hospital: _____

Phone Number: _____

Dates Phoned: _____

Times Phoned: _____

Caller Language: _____

NOTES:

CHECK ANY THAT APPLY:

The person I spoke to refused to answer my questions or refer me to someone else.

- Call 1
- Call 2
- Call 3

I was transferred many times.

- Call 1
- Call 2
- Call 3

People were rude to me.

I would not feel comfortable going to this hospital for care.

Uninsured Caller Telephone Script

page 2 of 3

U

I [or a friend or family member] am uninsured and may need some medical services at the hospital sometime soon, and I have some questions about free care or financial assistance for people that can't afford services.

Question	Next Step	Record each person spoken to (name, title, department, phone #, bilingual?) and their response		
		Call 1	Call 2	Call 3
1 Do you give free care if someone's income is limited?	If yes , go to question 2. If no , ask what happens if a person comes in who is uninsured and cannot pay for services? If don't know , ask who would know, can you be transferred.			
2 Is free care available to undocumented immigrants?	If yes , go to question 3. If no , ask how can I get care? Will I be charged? Then go to question 3.			
3 Do you have a written policy?	If yes , go to question 4. If no , go to question 5. If don't know , ask who would know, can you be transferred.			
4 Can you send it to me?	If yes , go to next question. If no , go to next question. If don't know , ask who would know, can you be transferred.			

Uninsured Caller Telephone Script

page 3 of 3

U

Question	Next Step	Record each person spoken to (name, title, department, phone #, bilingual?) and their response		
		Call 1	Call 2	Call 3
5 Is there an application or other paperwork?	If yes , ask if they can send it to you. Then, go on to next question. ----- If no , go to next question. ----- If don't know , ask who would know, can you be transferred.			
6 What services are covered?	If s/he tells you , go to next question. ----- If don't know , ask who would know, can you be transferred.			
7 Who do you talk to at the hospital to get free care?	If s/he tells you , thank them and say goodbye. ----- If don't know , ask who would know, can you be transferred.			

Community Agency Phone Protocol



C

Free Care Survey

page 1 of 4

Your Name: _____

Your Phone: _____

Hospital: _____

Phone Number: _____

Dates Phoned: _____

Times Phoned: _____

NOTES:

CHECK ANY THAT APPLY:

The person I spoke to refused to answer my questions or refer me to someone else.

- Call 1
- Call 2
- Call 3

I was transferred many times.

- Call 1
- Call 2
- Call 3

People were rude to me.

I would not feel comfortable going to this hospital for care.

Community Agency Telephone Script

page 2 of 4

C

I am on the staff of _____ agency. My job has recently changed to include some community outreach responsibilities. In my job I see a good number of people with very limited means who are uninsured and have pressing health problems. I would like to get information about the hospital free or charity care policy.

Question	Next Step	Record each person spoken to (name, title, department, phone #, bilingual?) and their response	
		Social Service Department	Billing Department
1 Do you have an explicit free care policy?	<p>If yes, go to question 2.</p> <p>If no, ask if they are sure. Is there someone else you could speak to? If no, ask what happens if a person comes in who is uninsured and cannot pay for services.</p> <p>If don't know, ask who would know, can you be transferred.</p>		
2 Is free care available to undocumented immigrants?	<p>If yes, go to question 3.</p> <p>If no, ask how can a person get care? Will s/he be charged? Then go to question 3.</p>		
3 Can I get a copy?	<p>If yes, go to question 4.</p> <p>If no, go to question 4.</p> <p>If don't know, ask who would know, can you be transferred.</p>		
4 Is there an application or other paperwork?	<p>If yes, go to question 5.</p> <p>If no, go to question 6.</p> <p>If don't know, ask who would know, can you be transferred.</p>		

Community Agency Telephone Script

page 3 of 4

C

Question	Next Step	Record each person spoken to (name, title, department, phone #, bilingual?) and their response	
		Social Service Department	Billing Department
5 Can you send me a copy?	<p>If <u>yes</u>, go to next question.</p> <p>.....</p> <p>If <u>no</u>, go to next question.</p> <p>.....</p> <p>If <u>don't know</u>, ask who would know, can you be transferred.</p>		
6 What documentation is required when people apply?	<p>If <u>s/he tells you</u>, go to next question.</p> <p>.....</p> <p>If <u>don't know</u>, ask who would know, can you be transferred.</p>		
7 Is eligibility just based on income or does it also look at assets, like if the person owns a home or car?	<p>If <u>yes</u>, go to next question.</p> <p>.....</p> <p>If <u>no</u>, go to next question.</p> <p>.....</p> <p>If <u>don't know</u>, ask who would know, can you be transferred.</p>		

Community Agency Telephone Script

page 4 of 4

C

Question	Next Step	Record each person spoken to (name, title, department, phone #, bilingual?) and their response	
		Social Service Department	Billing Department
8 What services are covered?	<p>If <u>s/he tells you</u>, go to next question.</p> <p>.....</p> <p>If <u>don't know</u>, ask who would know, can you be transferred.</p>		
9 Who do you talk to at the hospital to get free care?	<p>If <u>s/he tells you</u>, go to next question.</p> <p>.....</p> <p>If <u>don't know</u>, ask who would know, can you be transferred.</p>		
10 Do you send bills to people who have low incomes?	<p>If <u>yes</u> or <u>no</u>, thank them and say goodbye.</p> <p>.....</p> <p>If <u>don't know</u>, ask who would know, can you be transferred.</p>		

Faith-Based Visit Protocol



F

Free Care Survey

page 1 of 3

Your Name: _____

Your Phone: _____

Hospital: _____

Phone Number: _____

Dates You Visited: _____

Time You Visited: _____

NOTES:

CHECK ANY THAT APPLY:

The person I spoke to refused to answer my questions or refer me to someone else.

I was referred to others many times.

People were rude to me.

I would not feel comfortable going to this hospital for care.

Faith-Based Visit Protocol

page 2 of 3

F

I am a volunteer on my organization's health and social action committee. We see many members with very limited means who are uninsured and have pressing health problems. I'd like to find out about the hospital's free or charity care policy.

Instructions for Visit

1	<p>Look around for any signs/postings about payment, charity care.</p> <p>General waiting area <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Patient intake area <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other [describe] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	NOTES:
2	<p>See if there are any other information materials about clinics and/or community services. Take brochures about such services.</p>	NOTES:

Questions for Staff

When staff is not busy or if someone asks if they can help you [see script above]:

	Question	Next Step	Record each person spoken to (name, title, department, phone #, bilingual?) and their response
1	<p>Do you have a written free care policy? If yes, can I get a copy?</p>	<p>If yes, go to next question.</p> <hr/> <p>If no or don't know, ask who would know and where are they located?</p>	

Faith-Based Visit Protocol

page 3 of 3

F

	Question	Next Step	Record each person spoken to (name, title, department, phone #, bilingual?) and their response
2	Do you have an application?	If yes , can I get a copy? If don't know , ask who would know, and where are they located.	
3	Is eligibility just based on income or does it look at assets, like if a person owns a car or house?	If they know , go to next question. If don't know , ask who would know, and where are they located.	
4	What income levels do you use to qualify people?	If they know , go to next question. If don't know , ask who would know, and where are they located.	
5	What services can be covered by free care?	If they know , thank them and end conversation. If don't know , ask who would know, and where are they located.	

Points to Remember About The Monitoring Process

1. Documenting what happens is the most important part of this effort.
2. Write down what you heard as closely as possible. Write legibly!
3. You may or may not get the answers that you want – whether you do or not is important information.
4. Don't feel pressured to add onto your basic "story" or answer other questions about yourself.
5. Be polite, but stick to your questions.
6. If information about other options is offered, express appreciation and record this information, but return to trying to get your free care questions answered.
7. Non-English speaking callers: Stick with the language throughout. Keep track of the length of time it takes to get a person who responds in the correct language.

YOUR INDIVIDUAL ASSIGNMENT:

Hospital: _____

Phone Number: _____

Remember, if you have questions at any time,
please call _____ at (____) _____

Free Care Monitoring Project Debriefing Session Facilitator's Agenda

page 1 of 2

Agenda Item	Content	Comments
<p>Welcome, Introductions [10 minutes]</p>	<ul style="list-style-type: none"> • Opening facilitator comments/agenda review • Brief individual introductions 	
<p>Desired outcomes [5minutes]</p>	<ul style="list-style-type: none"> • Learn what people found out about hospital policies and what it felt like. • Start to think about how to use this information. 	
<p>Record findings [15 minutes]</p>	<p>Record information you obtained from calls or visits for each hospital on flipchart templates.</p>	<p>By quickly posting key findings, a collective picture will begin to emerge. Talk people through the template and ask them to briefly record their findings. Circulate and help people if needed.</p>
<p>Discuss our experiences and findings [50 minutes]</p> <p>NOTE: The time required for this segment depends on the number of hospitals surveyed.</p>	<p>Solicit from group:</p> <ul style="list-style-type: none"> • What was this experience as a whole like for you? • Review experiences with each hospital, soliciting additional comments from those who surveyed each hospital. • What patterns/similarities do you see? 	<p>This is an opportunity to increase people's passion and have the group collectively analyze its findings. Devote ample time to the first bullet: people will have stories they want to tell. Be sure to capture these stories and other "colorful" details as it may help with the report.</p>

Free Care Monitoring Project Debriefing Session Facilitator's Agenda

page 2 of 2

Agenda Item	Content	Comments
<p>Designing our own free care policy [15 minutes]</p>	<p>Brainstorm elements that should be included in a hospital free care policy.</p> <p>After brainstorm, you may wish to note any additional provisions that have been recommended by groups who have previously completed monitoring.</p>	<p>This helps the group to start to become pro-active and take leadership on the issue, rather than simply responding to the inadequate policies and practices that exist.</p>
<p>Influencing hospital free care [10 minutes]</p> <p>NOTE: This segment can be shortened or eliminated if you are running over.</p>	<ul style="list-style-type: none"> • Negotiating with hospitals • Raising public awareness • Community benefit and free care laws 	<p>Briefly introduces key elements of free care advocacy and sets stage for follow-up advocacy efforts</p>
<p>Next steps [10 minutes]</p>	<p>Present or brainstorm next steps and identify volunteers for specific tasks.</p>	<p>This session is likely to increase participants' excitement and willingness to be involved further. Thus, it is an important opportunity to plug them in.</p>
<p>Meeting Evaluation [5 minutes]</p>	<p>Conduct a brief evaluation of the session in a format you like to use. An easy format is simply:</p> <ul style="list-style-type: none"> • What worked well today? • What needs improvement? • Suggested changes for future meetings 	

Free Care Monitoring Project: Debriefing Template

page 1 of 2

The attached is a template for reporting findings at the Debriefing Session. Prepare a flipchart for each hospital based on the template and post it prior to beginning the session. (See Debriefing Session Facilitator's Agenda for more information on how to use this.) It takes a little while to prepare these, so get out your yardstick and go for it!

The categories are based on the standard free care survey form used by Community Catalyst and partnering organizations. If you modify the survey, you may wish to modify the reporting template as well. But remember, it does not need to capture everything people find out; it is meant as a "jump start" to provide a picture of the findings. It should focus on the key findings. After people have recorded this information, additional details (including quotes and other "color") can be drawn from participants in a more substantive discussion of their experience and findings.

Note that people should record as much as they found out for each call they made to each hospital (usually three calls for each uninsured caller and two calls for community agency callers). The calls should be recorded using the following categories and abbreviations:

EU = English-speaking uninsured caller
SU = Spanish-speaking uninsured caller [if you used other languages, modify]
CA = Community agency caller
V = Visitor

Visitor should indicate whether [1] signs were posted in locations; [2] written material was available; and [3] staff information was available. A row for recording this can be included as shown on the template OR this can be excluded from the chart and added verbally during reporting.

Information gathered through the surveys should be recorded using the following categories and abbreviations:

Provide FC – Does the hospital provide free care?
Written – Is there a written policy?
Policy Sent – If there is a written policy, did they send it?
Application Sent – If there is a standard application, did they send it?
Rude – Were any of the people you reached on this call rude?
Run around – Multiple transfers, no conclusive response

Debriefing Template

page 2 of 2

Hospital Name: _____

Call #	Provide free care?	Written?	Policy Sent	Application?	Application Sent	Rude	“Run-around”
EU 1							
EU 2							
EU 3							
SU 1							
SU 2							
SU 3							
CA 1							
CA 2							
V							