Schedule DCFA – Debt Collection and Financial Assistance Report

Overview

Schedule DCFA is provided for hospitals to report specific information on their debt collection and financial assistance processes and experience.

Detailed Instructions
Attach the hospital's policies and procedures for assigning a debt to a collection agent collection, and for compensating such collection agents for services rendered. (PDF format required for electronic submission.)

Heading Section

Hospital Name Line

Enter on this line the complete name of the hospital.

Hospital Number Line

Enter on this line the four-digit hospital number assigned by the HSCRC to the reporting hospital, e.g., 0015.

Reporting Period

Enter on this line the fiscal year being reported, e.g., FY 2021

CREDIT & COLLECTION

Column 1

Lines 1-5

Enter on each line, 1 -5, as needed, the name (s) of any collection agent (s) used during the reported fiscal year.

Column 1

Line 6

Enter on this line the number of liens placed on residences during the reported fiscal year.

Line 7

Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year.

FINANCIAL ASSISTANCE

Column 1

Line 8

Enter on this line the total number of patients who completed a
financial assistance application.

Line 9

Enter on this line the total number of patients who partially completed a
financial assistance application.

Line 10

Enter on this line the total number of patients who received free care.

Line 11

Enter on this line the total number of patients who received reduced-cost care.

Column 1

Line 12

Enter on this line the total number of patients who received financial assistance.

Columns 2,3,4,5,6,7,8,9,10

Line 12

Enter on this line in the applicable column, by race or ethnicity, the number of patients who
received financial assistance.

Line 13

Enter on this line the in the applicable column the number of male or male gender identity
patients who received financial assistance.

Line 14

Enter on this line the in the applicable column the number of female or female gender identity
patients who received financial assistance.

Line 15

Enter on this line the in the applicable column the number of patients who do not identify by gender who received financial assistance.

Column 1

Line 16

Enter on this line the total number of patients who were denied financial assistance.

Columns 2,3,4,5,6,7,8,9,10

Line 16

Enter on this line in the applicable column, by race or ethnicity, the number of patients who were denied financial assistance.

Line 17

Enter on this line the in the applicable column the number of male or male gender identity patients who  were denied financial assistance.

Line 18

Enter on this line the in the applicable column the number of female or female gender identity patients who were denied financial assistance.

Line 19

Enter on this line the in the applicable column the number of patients who do not identify by gender whowere denied financial assistance.

Column 1

Line 20

Enter on this this line the total amount of charges for hospital services provided to patients who received free care.

Line 21

Enter on this line the total amount of of charges for hospital services provided to patients who received reduced-cost care whether covered by financial assistance or billed to the patient.