Data Submission Template

Hospital Discounted Care and CICP

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Objectives

- Data Template Tabs
- Submission Timeline
- Contractor Information

Definitions

- Hospital – facility that falls under HDC by law
- Physician – any Licensed Health Care Professional
- Provider – all Hospitals and Physicians as defined above
- State Fiscal Year (SFY) – July to June

Hospital and Satellites

- Basic information about the Hospital and any associated satellites that are following HDC, either by law or by choice
- Data Elements:
  - Facility Medicare ID
  - Facility Legal Name
  - Facility DBA
  - Facility Address
  - Facility Zip
  - Facility County
  - Main or Satellite

Physicians

- Information about physicians/physician groups that performed services at the hospital and/or satellite facilities during the SFY
- Data Elements:
  - Facility Medicare ID
    - ID for facility physician provided services in, if multiple use hospital ID
  - Physician Name/Group
    - Do not need to name all individual physicians of a group
  - Address
  - County
  - Zip
  - Phone Number

Collection Agencies

- Information about collection agencies that patient accounts were sold to during the SFY
- Data Elements:
  - Facility Medicare ID
  - Collection Agency Name/Group
  - Address
  - County
  - Zip
  - Phone Number

Third Parties (1/2)

- Information about any third parties that were responsible for any payments for services for uninsured/HDC patients during the SFY
- Third party means an individual, institution, corporation, or public or private agency which is or may be liable to pay all or any part of the medical cost of an injury, a disease, or the disability of an applicant for or recipient of Hospital Discounted Care

Third Parties (2/2)

- Data Elements
  - Facility Medicare ID
  - Third Party Payer Name/Group
  - Address
  - County
  - Zip
  - Phone Number
  - In or Out of Network
    - Choices are In, Out, or N/A for those where network does not apply

Questions?

Hospital Totals (1/5)

- Data Elements:
  - Facility Medicare ID
  - Total Screenings Completed for Uninsured Patients
  - Total Decline Screening Forms Completed for Uninsured Patients
  - Total Applications Completed for Uninsured Patients
  - Total Uninsured Patients who were not screened and did not formally decline screening for Uninsured Patients
  - Total Screenings Completed for Insured Patients
  - Total Applications Completed for Insured Patients

Hospital Totals (2/5)

- Data Elements:
  - Total number of uninsured patients who received a payment plan
  - Total number of payment plans created for uninsured patients
  - Total number of payment plans paid in full prior to the cumulative thirty-six months of payments for uninsured patients
  - Total number of payment plans paid in full due to cumulative thirty-six months of payments reached for uninsured patients

Hospital Totals (3/5)

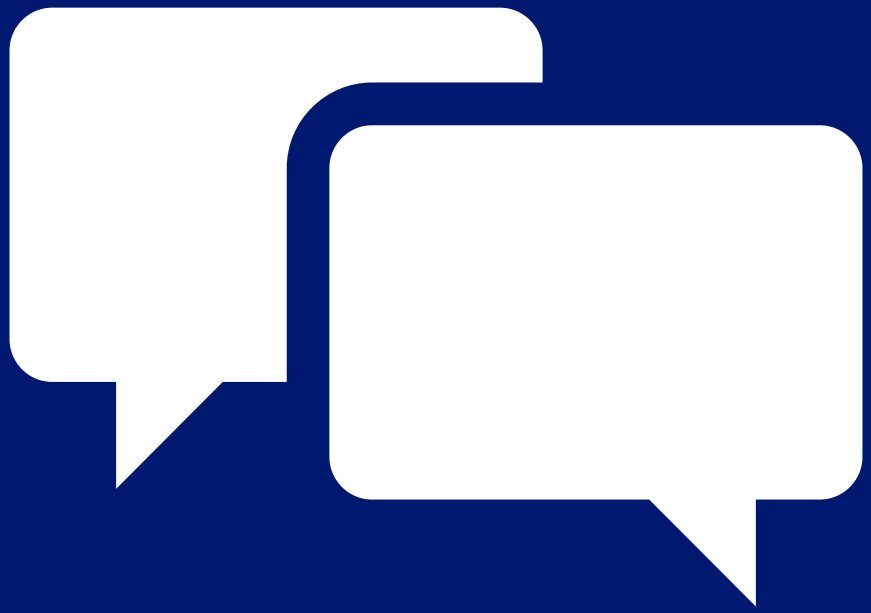
- Data Elements:
  - Total number of insured patients who received a payment plan
  - Total number of payment plans created for insured patients
  - Total number of payment plans paid in full prior to the cumulative thirty-six months of payments for insured patients
  - Total number of payment plans paid in full due to cumulative thirty-six months of payments reached for insured patients

Hospital Totals (4/5)

- Data Elements:
  - Total number of accounts for uninsured patients sent to collections by Facility
  - Total number of accounts for uninsured patients sent to collections by Physicians
  - Smallest account balance sent to collections for uninsured patients
  - Average account balance sent to collections for uninsured patients
  - Largest account balance sent to collections for uninsured patients

Hospital Totals (5/5)

- Data Elements:
  - Total number of accounts for insured patients sent to collections by Facility
  - Total number of accounts for insured patients sent to collections by Physicians
  - Smallest account balance sent to collections for insured patients
  - Average account balance sent to collections for insured patients
  - Largest account balance sent to collections for insured patients



Questions?

Patient Demographics (1/3)

- Information on all uninsured patients who received services and all insured patients who requested to be screened at the Hospital during the SFY
- Collection of patient demographics is mandated by the statute language

Patient Demographics (2/3)

- Data Elements:
  - Facility Medicare ID
  - Patient Identifier
  - Race
  - Ethnicity
  - DOB
  - Preferred Language
  - Insurance Status
  - Patient Zip Code
  - Patient County

Patient Demographics (3/3)

- Patient Identifier should be a unique ID tied to all accounts associated with the patient
- If your facility does not have a specific ID tied to each patient and instead goes by account numbers, additional data may be required to tie all accounts to each patient

Screening-Application (1/4)

- Patients will be duplicated in this tab for every date of service they have
- Dates of service that belong to the same Episode of Care should have nearly identical information in the columns containing screening and application information
  - Example included in a few slides

Screening-Application (2/4)

- Data Elements:
  - Facility Medicare ID
  - Patient Identifier
  - Date of Service
  - Date of Discharge
  - Date of Screening
  - Date Decline Screening form Signed
  - Date Application Started
  - Date Application Completed

Screening-Application (3/4)

- Data Elements:
  - FPG Determination
    - Number, even if over 250
    - Can also use Denied/Ineligible if over 250
  - Reason for Denial
    - Over income, No response to contact attempts, Did not submit all required documentation, etc.
  - HDC, CICP, or Internal Charity
    - CICP providers can also use HDC/CICP

Screening-Application (4/4)

Date of Service	Date of Discharge	Date of Screening	Date Decline Screening form Signed	Date Application Started	Date Application Completed
9/25/2022	9/30/2022	10/20/2022	9/29/2022	11/3/2022	12/7/2022
10/17/2022	10/17/2022	10/20/2022		11/3/2022	12/7/2022
11/3/2022	11/3/2022	10/20/2022		11/3/2022	12/7/2022
11/18/2022	11/18/2022	10/20/2022		11/3/2022	12/7/2022
12/6/2022	12/6/2022	10/20/2022		11/3/2022	12/7/2022
12/21/2022	12/21/2022	10/20/2022		11/3/2022	12/7/2022

Questions?

Visit-Admission-Charges (1/2)

- Will include all visits/admissions for all insured patients who qualify for HDC and all uninsured patients
  - Including patients who opted to only apply for the provider's internal charity care

Visit-Admission-Charges (2/2)

- Data Elements:
  - Facility Medicare ID
  - Patient Identifier
  - Outpatient or Inpatient
  - Number of days if Inpatient
  - Charges
  - Medicare/Medicaid Allowed Amount
  - Third Party Liability
  - Patient Liability

Payment Plans (1/3)

- Information on all payment plans created for HDC eligible patients
- If multiple dates of service are included in one payment plan, should be a line for each date of service with identical information about payment plan
  - Example included in a few slides
- Payment plans may be reported in multiple years if the plan starts in one SFY and is completed in another

Payment Plans (2/3)

- Data Elements:
  - Facility Medicare ID
  - Patient Identifier
  - Date of Service
    - For inpatient stays, can either use admission or discharge date
  - Date Payment Plan Established
  - Total amount of Payment Plan
  - Date Payment Plan Completed
    - Should be blank for any payment plans still running
  - Amount written off at end of Payment Plan

Payment Plans (3/3)

Date of Service	Date Payment Plan Established	Total amount of Payment Plan	Date Payment Plan Completed	Amount written off at end of Payment Plan
10/18/2022	1/15/2023	465	6/15/2023	1634
10/29/2022	1/15/2023	465	6/15/2023	1634
11/9/2022	1/15/2023	465	6/15/2023	1634
9/6/2022	11/30/2022	2674		
10/5/2022	11/30/2022	2674		
3/16/2023	6/18/2023	995		
5/1/2023	6/18/2023	995		

Collections (1/3)

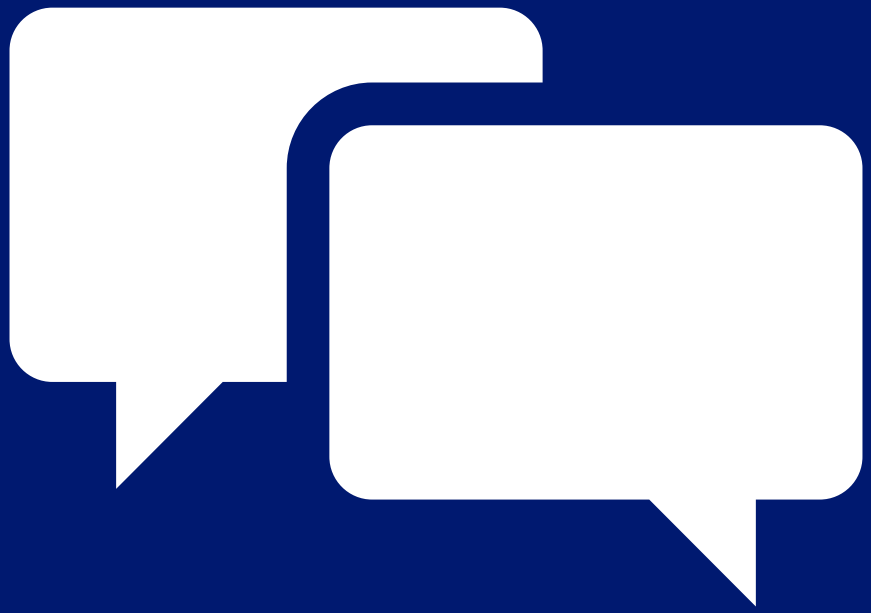
- Information on all accounts sent to collections for HDC eligible patients
- Hospitals will need to include information from all Physicians
  - Information can be combined into one file for all Physicians/Physician groups or submitted in separate files
  - Patient Identifiers need to tie to patients

Collections (2/3)

- Data Elements:
  - Facility Medicare ID
  - Patient Identifier
  - Date of Service
  - Date Patient was notified of any collection actions
  - Date Sent to Collections
  - Collection Agency Debt Sold To
  - Facility or Physician Name
  - Health Care Professional In or Out of Network
    - Only needs to be specified for Physicians

Collections (3/3)

- Data Elements (cont.):
  - Medicare/Medicaid Allowed Amount
  - Third Party Name
  - Amount of Third Party Payment
  - Third Party Copay Amount
  - Third Party Deductible Amount
  - Total Amount of Patient Payments
  - Amount of Account sent to Collections



Questions?

Submission Timeline

- Data covering September 2022 through June 2023 will be due **September 1, 2023**
- Hospitals will submit data through a Secure File Transfer Protocol (SFTP) set up by HCPF's contractor

Inzata

- HCPF has contracted with Inzata to collect and analyze data for Hospital Discounted Care
- We are working with Inzata to create dashboards that will be available to Providers that will show various data points
  - HCPF asked three hospitals to test the templates and submit data so the dashboards could be tested
- More info and training to come

Additional Training

- Screening and Application Processes
  - April 24, 9:00 to 11:00 a.m.
  - April 27, 1:00 to 3:00 p.m.
- Payment Plans and Collections
  - April 26, 1:00 to 3:00 p.m.
  - May 2, 1:00 to 3:00 p.m.
- Data Template
  - April 27, 9:00 to 11:00 a.m.
  - May 4, 1:00 to 3:00 p.m.
- Q&A
  - May 11, 1:00 to 4:00 p.m.

Office Hours

- Every Wednesday starting at 9:00am
- Meeting link and call-in information available on the Hospital Discounted Care website
- Come with any and all questions about HDC or CICP

Contact Info

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https://hcpf.colorado.gov/hospital-discounted-care

Thank you!