# Data Submission Template

## Hospital Discounted Care and CICP

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# Objectives

- Contractor Information
- Data Template Tabs
- Submission Timeline

# Inzata

- HCPF has contracted with Inzata to collect and analyze data for Hospital Discounted Care

- We have worked with Inzata to create dashboards that will be available to Providers that will show various data points

- Inzata held a provider training on July 13th, their slides, recording and instruction manual is posted on HCPF website

# Submission Details

- Submission can be in multiple formats, does not have to be in Excel
- Tabs can be combined or separated as needed
  - ➢Facility ID **MUST** be the first column in all submission tabs
- Submission can be multiple files

# Definitions

- Hospital – all hospitals licensed as general acute or critical access, all freestanding emergency rooms, and all outpatient facilities licensed as an on-campus service or department of the hospital or listed as an off-campus location under a hospital's license

- Physician – any Licensed Health Care Professional

- Provider – all Hospitals and Physicians as defined above

- State Fiscal Year (SFY) – July to June

- Blue data elements are required (also have stars*)

- Grey data elements are optional

# Data Elements

- For any blue coded (required) elements that cannot be provided, the facility will need to submit to HCPF what is being done to ensure this data can be collected in the future and the approximate date of this being rectified and reported.

- Elements not provided will be more closely monitored during the facility's audit and throughout the year.

# Data Dictionary

- Varchar = various characters, letters and/or numbers

- Numeric = numbers only

- Alpha = letters only

- Phone number = 10-digit phone number

- Integer = whole numbers, no decimals

- Dollar amount = dollars, either with or without cents

- Date = mm/dd/yyyy

# 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 ID* - Medicare, Medicaid, NPI, etc.
  - Facility Legal Name - varchar
  - Facility DBA – varchar
  - Facility Address - varchar
  - Facility Zip - numeric
  - Facility County – varchar (County name or CICP County number)
  - Main or Satellite - alpha

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# Physicians

- Information about physicians/physician groups that performed services at the hospital and/or satellite facilities during the SFY

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
    - ID for facility physician provided services in, if multiple use hospital ID
  - Physician Name/Group - varchar
    - Do not need to name all individual physicians of a group
  - Address - varchar
  - County – varchar (County name or CICP County number)
  - Zip - numeric
  - Phone Number – numeric

# Collection Agencies

- Information about collection agencies that patient accounts were sold to during the SFY

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Collection Agency Name/Group – varchar
  - Address - varchar
  - County – varchar (County name or CICP County number)
  - Zip - numeric
  - Phone Number – 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

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# Third Parties (2/2)

- Data Elements
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Third Party Payer Name/Group - varchar
  - Address - varchar
  - County – varchar (County name or CICP County number)
  - Zip - numeric
  - Phone Number – phone number
  - In or Out of Network - alpha
    - Choices are In, Out, or N/A for those where network does not apply

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**Questions?**

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# Hospital Totals (1/5)

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Total Screenings Completed for Uninsured Patients* - integer
  - Total Decline Screening Forms Completed for Uninsured Patients* - integer
  - Total Applications Completed for Uninsured Patients* - integer
  - Total Uninsured Patients who were not screened and did not formally decline screening for Uninsured Patients* - integer

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# Hospital Totals (2/5)

- Data Elements:
  - ➢ Total Screenings Completed for Insured Patients* - integer
  - ➢ Total Applications Completed for Insured Patients* - integer
  - ➢ Total number of uninsured patients who received a payment plan* - integer
  - ➢ Total number of payment plans created for uninsured patients* - integer
  - ➢ Total number of payment plans paid in full prior to the cumulative thirty-six months of payments for uninsured patients* - integer

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# Hospital Totals (3/5)

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

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# Hospital Totals (4/5)

- Data Elements:
  - ➢Total number of payment plans paid in full due to cumulative thirty-six months of payments reached for insured patients* - integer
  - ➢Total number of accounts for uninsured patients sent to collections by Facility* - integer
  - ➢Total number of accounts for uninsured patients sent to collections by Physicians* - integer
  - ➢Smallest account balance sent to collections for uninsured patients* - dollar amount
  - ➢Average account balance sent to collections for uninsured patients* - dollar amount

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# Hospital Totals (5/5)

- Data Elements:
  - ➢ Largest account balance sent to collections for uninsured patients* - dollar amount
  - ➢ Total number of accounts for insured patients sent to collections by Facility* - integer
  - ➢ Total number of accounts for insured patients sent to collections by Physicians* - integer
  - ➢ Smallest account balance sent to collections for insured patients* – dollar amount
  - ➢ Average account balance sent to collections for insured patients* - dollar amount
  - ➢ Largest account balance sent to collections for insured patients* - dollar amount

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# 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 ID* - Medicare, Medicaid, NPI, etc.
  - Patient Identifier* - varchar
  - Race* - alpha
  - Ethnicity* - alpha
  - DOB* - date
  - Preferred Language* - alpha
  - Insurance Status* – alpha
  - Patient Zip Code - number
  - Patient County – varchar (County name or CICP County number)

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# 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 ID* - Medicare, Medicaid, NPI, etc.
  - Patient Identifier* - varchar
  - Date of Service – date
  - Date of Discharge – date
  - Date of Screening - date
  - Date Decline Screening form Signed - date
  - Date Application Started - date
  - Date Application Completed - date

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# Screening-Application (3/4)

- Data Elements:
  - FPG Determination - integer
    - Number, even if over 250
    - Can also use Denied/Ineligible if over 250
  - Reason for Denial* - varchar
    - Over income, No response to contact attempts, Did not submit all required documentation, etc.
  - HDC, CICP, or Internal Charity* - varchar
    - 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 | 11/03/2022 | 12/07/2022 |
| 10/17/2022 | 10/17/2022 | 10/20/2022 | | 11/03/2022 | 12/07/2022 |
| 11/03/2022 | 11/03/2022 | 10/20/2022 | | 11/03/2022 | 12/07/2022 |
| 11/18/2022 | 11/18/2022 | 10/20/2022 | | 11/03/2022 | 12/07/2022 |
| 12/06/2022 | 12/06/2022 | 10/20/2022 | | 11/03/2022 | 12/07/2022 |
| 12/21/2022 | 12/21/2022 | 10/20/2022 | | 11/03/2022 | 12/07/2022 |

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# Questions?

# Visit-Admission-Charges (1/2)

- Will include all visits/admissions for:
  - ➢ all uninsured patients
  - ➢ all insured patients who completed an application and were found eligible for HDC
  - ➢ All patients who opted to only apply for the provider's internal charity care

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# Visit-Admission-Charges (2/2)

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Patient Identifier* - varchar
  - Outpatient or Inpatient - varchar
  - Number of days if Inpatient* - integer
  - Charges* - dollar amount
  - Medicare/Medicaid Allowed Amount* - dollar amount
  - Third Party Liability* - dollar amount
  - Patient Liability* - dollar amount

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# Payment Plans (1/3)

- Information on all payment plans created for HDC eligible patients
  - ➢ Facility and physicians
- 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 to follow
- Payment plans may be reported in multiple years if the plan starts in one SFY and is completed in another

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# Payment Plans (2/3)

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

# Payment Plans (3/3)

| Facility ID | Patient ID | Date of Service | Date Payment Plan Established | Total amount of Payment Plan | Date Payment Plan Completed | Amount written off at end of Payment Plan |
|---|---|---|---|---|---|---|
| 520089 | T997378 | 10/18/2022 | 1/15/2023 | 465 | 6/15/2023 | 1634 |
| 520089 | T997378 | 10/29/2022 | 1/15/2023 | 465 | 6/15/2023 | 1634 |
| 520089 | T997378 | 11/09/2022 | 1/15/2023 | 465 | 6/15/2023 | 1634 |
| 520089 | N588468 | | | 2674 | | |
| 520089 | N588468 | | | 2674 | | |
| 520089 | L247958 | | 6/18/2023 | 995 | | |
| 520089 | L247958 | | 6/18/2023 | 995 | | |
| 520089 | P657128 | | | 1295 | | 4837 |

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# 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

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# Collections (2/3)

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

# Collections (3/3)

- Data Elements (cont.):
  - HDC Allowed Amount – dollar amount
  - Third Party Name - varchar
  - Amount of Third-Party Payment* - dollar amount
  - Date of Third-Party Payment - date
  - Third Party Copay Amount – dollar amount
  - Third Party Deductible Amount – dollar amount
  - Total Amount of Patient Payments – dollar amount
  - Amount of Account sent to Collections* - dollar amount

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

- Audits will be a separate submission starting approximately November 2023

# 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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## Thank you!

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