Data Submission Template

Hospital Discounted Care and CICP

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Objectives

- Definitions
- Submission Instructions
- Template Coding
- Data Elements
- Template Tabs
- Submission Timeline
- Dashboards

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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 not employed by your facility

- Provider – all Hospitals and Physicians as defined above

- State Fiscal Year (SFY) – July 2023 to June 2024

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Submission Details

- Data reporting is now submitted directly to the Department of Health Care Policy and Financing (HCPF)

- The submission file must be in the format we provide
  - ➢If a facility has any questions, please contact HCPF immediately via email hcpf_HospDiscountCare@state.co.us

Submission Instructions

- Submission instructions will be posted on Hospital Discounted Care website
- Data will be submitted using BOX
  - Same system used for audit submissions
  - Questions using BOX can be sent to hcpf_HospDiscountCare@state.co.us
- Providers will see a confirmation that the data was successfully submitted but will not receive an automatic email

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Template Coding

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

- Green data elements are conditionally required (columns will have pound signs '#' and the listed conditions under which they are required)

- **Grey data elements are optional**

- Coding has been added to show required cells in the sheets that must be completed
  - ➢Cells required to be filled out will turn red if empty as file is being filled out

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Missing Data Elements

- For any blue coded * (required) elements that cannot be provided, the facility will need to submit to the Hospital Discounted Care inbox (hcpf_HospDiscountCare@state.co.us) 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.

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Data Type 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 or dollar signs

- Date = mm/dd/yyyy (time stamp is not needed)

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Template Tabs

Tab Name	Optional or Required
Hospital and Satellites	Optional
Physicians	Optional
Collection Agencies	Optional
Third Parties	Optional
Hospital Totals	Required*
Patient Demographics	Required*
Screening-Application	Required*
Visit-Admission-Charges	Required*
Payment Plans	Required# – if applicable
Collections	Required# – if applicable

Hospital and Satellites

- Basic information about the Hospital and any associated satellites that are following Hospital Discounted Care.

- 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 non employed physicians/physician groups that performed services at the hospital and/or satellite facilities during the State Fiscal Year

- Data Elements:
  - Facility ID[#] - Medicare, Medicaid, NPI, etc.
    - ID for the facility that a physician provided services in, if multiple use hospital ID
  - Name of Non-Employed Physician/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 or Email – varchar

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Collection Agencies

- Information about collection agencies that approved Hospital Discounted Care patient accounts were sold to during the State Fiscal Year

- 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

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Third Parties (1/2)

- Information about any third parties that were responsible for any payments for services for uninsured/Hospital Discounted Care patients during the State Fiscal Year.

- 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 a 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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HCPF

Questions?

Hospital Totals* (1/10)

- 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* - integer

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Hospital Totals* (2/10)

A	B	C	D	E
Facility 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*

Hospital Totals* (3/10)

- 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

Hospital Totals* (4/10)

F	G	H	I	J
Total Screenings Completed for Insured Patients*	Total Applications Completed for Insured Patients*	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*

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Hospital Totals* (5/10)

- 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* (6/10)

K	L	M	N
Total number of payment plans paid in full due to cumulative thirty-six months of payments reached for uninsured patients*	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*

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Hospital Totals* (7/10)

- 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

Hospital Totals* (8/10)

O	P	Q	R	S
Total number of payment plans paid in full due to cumulative thirty-six months of payments reached for insured patients*	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*

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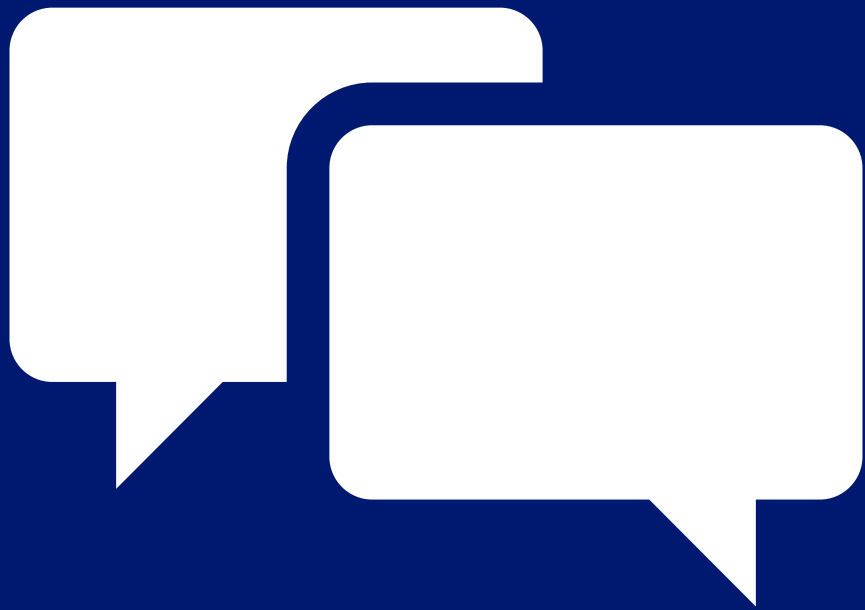Department of Health Care
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Hospital Totals* (9/10)

- 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

Hospital Totals* (10/10)

T	U	V	W	X	Y
Largest account balance sent to collections for uninsured patients*	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*

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Questions?

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Patient Demographics* (1/4)

- Information on all uninsured patients who received services and all insured patients who requested to be screened for financial assistance at the Hospital during the State Fiscal Year
  - ➤ Insured patients that requested to be screened even if Hospital Discounted Care was not said by name
- Collection of patient demographics is mandated by the statute language

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Patient Demographics* (2/4)

- Medical Record Number (MRN) 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/encounter numbers, additional data may be required to tie all accounts to each patient
  - ➢ HCPF will work with each facility individually to ensure accounts are tied to correct patients within data
  - ➢ Please reach out to us via the inbox

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Patient Demographics* (3/4)

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Medical Record Number (MRN)* - varchar
  - Encounter Number - varchar
  - Race* - alpha
  - Ethnicity* - alpha
  - DOB* - date
  - Preferred Language* - alpha
  - Insurance Status* – alpha (Insured, Uninsured, Unknown)
  - Patient Zip Code – number
  - Patient State- alpha
  - Patient County – varchar (County name or CICP County number)

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Patient Demographics* (4/4)

A	B	C	D
Facility ID*	Medical Record Number (MRN)*	Race*	Ethnicity*
	123	Wite	Latino

F	G	H	I	J	K
DOB*	Preferred Language*	Insurance Status*	Patient Zip Code	Patient State	Patient County
1/1/1886					

A	B	C	D
Facility ID*	Medical Record Number (MRN)*	Race*	Ethnicity*
12345	123	two or more races	unknown

E	F	G	H	I	J
DOB*	Preferred Language*	Insurance Status*	Patient Zip Code	Patient State	Patient County
2/24/1984	other	insured			

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Screening-Application* (1/5)

- Any patient listed in this tab must also be listed in the patient demographics tab

- Patients that signed a Decline Screening Form must be included on this tab

- 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

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Screening-Application* (2/5)

A	B	C	D	E	F	G	H
Facility ID*	Medical Record Number (MRN)*	Encounter Number	Date of Service	Date of Discharge	Date of Screening	Date Decline Screening form Signed	Date Application Started

I	J	K	L	M
Date Application Completed	FPG % Determination	Final Determination (HDC, CICP, or Internal Charity Care)*	If No Final Determination, Explain (If "Other" is selected for Final Determination)#	Reason for Hospital Discounted Care Denial (If Applicable)#

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Screening-Application* (3/5)

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Medical Record Number (MRN)* - varchar
  - Encounter Number - 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* (4/5)

- Data Elements:
  - FPG % Determination - integer
    - Number, even if over 250
    - Can also use Denied/Ineligible if over 250
  - Final Determination (HDC, CICP, Internal Charity, etc.)* - varchar
    - CICP providers can also use HDC/CICP
  - If No Final Determination, Explain (If "Other" is selected for Final Determination)#
  - Reason for Hospital Discounted Care Denial (If Applicable)#
    - Over income, No response to contact attempts, Did not submit all required documentation, etc.

Screening-Application* (5/5)

B	C	D	E	F	G	H	I
Medical Record Number (MRN)*	Encounter Number	Date of Service	Date of Discharge	Date of Screening	Date Decline Screening form Signed	Date Application Started	Date Application Completed
123		9/25/2022	9/30/2022	10/20/2022	09/29/2022	11/03/2022	12/07/2022
123		10/17/2022	10/17/2022	10/20/2022		11/03/2022	12/07/2022
123		11/3/2022	11/3/2022	10/20/2022		11/03/2022	12/07/2022
123		11/18/2022	11/18/2022	10/20/2022		11/03/2022	12/07/2022
123		12/6/2022	12/6/2022	10/20/2022		11/03/2022	12/07/2022

Visit-Admission-Charges* (1/3)

- Will include all visits/admissions for:
  - ➤ All uninsured patients
  - ➤ All insured patients who completed a screening and application and were found eligible for Hospital Discounted Care
  - ➤ All uninsured patients who opted to only apply for the provider's internal charity care or took the self pay discount
- Any patient listed in this tab must also be listed in the patient demographics tab

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Visit-Admission-Charges* (2/3)

A	B	C	D	E	F	G	H	I
Facility ID*	Medical Record Number (MRN)*	Encounter Number	Outpatient or Inpatient	Number of Inpatient Days (Only if Inpatient)#	Facility Charges*	Hospital Discounted Care Allowed Amount*	Third Party Liability (If Applicable)#	Patient Liability*

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Visit-Admission-Charges* (3/3)

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Medical Record Number (MRN)* - varchar
  - Encounter Number - varchar
  - Outpatient or Inpatient - varchar
  - Number of Inpatient Days (Only if Inpatient)# - integer
  - Facility Charges* - dollar amount
  - Hospital Discounted Care Allowed Amount* - dollar amount
  - Third Party Liability (If Applicable)# - dollar amount
  - Patient Liability* - dollar amount

Questions?

Payment Plans# (1/3)

- Information on all payment plans created for Hospital Discounted Care eligible patients
  - ➢Facility and physicians

- If multiple dates of service are included in one payment plan, there 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)

A	B	C	D	E	F	G	H
Facility ID*	Medical Record Number (MRN)*	Encounter Number	Date of Service	Date Payment Plan Established	Total amount of Payment Plan*	Date Payment Plan Completed	Amount written off at end of Payment Plan*

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Payment Plans# (3/4)

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Medical Record Number (MRN)* - varchar
  - Encounter Number – 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

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Payment Plans# (4/4)

	B	C	D	E	F	G	H
	Medical Record Number (MRN)*	Encounter Number	Date of Service	Date Payment Plan Established	Total amount of Payment Plan*	Date Payment Plan Completed	Amount written off at end of Payment Plan*
	T997378		10/18/2022	1/15/2023	465.00	6/15/2023	1634.00
	T997378		10/29/2022	1/15/2023	465.00	6/15/2023	1634.00
	T997378		11/9/2022	1/15/2023	465.00	6/15/2023	1634.00
	L247958			6/18/2023	995.00		2505.00
	L247958			6/18/2023	995.00		2505.00
	P657128	123056			1295.00		4837.00

Collections# (1/4)

- Information on all accounts sent to collections for Hospital Discounted Care 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, must be the same ID used for both hospital and physician initiated collections

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Collections# (2/4)

A	B	C	D	E	F	G	H
Facility ID*	Medical Record Number (MRN)*	Encounter Number	Date of Service	Date Patient was notified of any collection actions	Date Sent to Collections	Collection Agency Debt Sold To	Facility or Physician Name*

| I	J	K	L	M	N	O	P	Q
Health Care Professional In or Out of Network	Hospital Dicounted Care Allowed Amount	Third Party Name	Amount of Third Party Payment (If Applicable)#	Date of Third Party Payment	Third Party Copay Amount	Third Party Deductible Amount	Total Amount of Patient Payments	Amount of Account sent to Collections*

Collections# (3/4)

- Data Elements:
  - Facility ID* - Medicare, Medicaid, NPI, etc.
  - Medical Record Number (MRN)* - varchar
  - Encounter Number - 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

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Collections# (4/4)

- Data Elements (cont.):
  - Hospital Discounted Care Allowed Amount – dollar amount
  - Third Party Name - varchar
  - Amount of Third-Party Payment (If Applicable)# - 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

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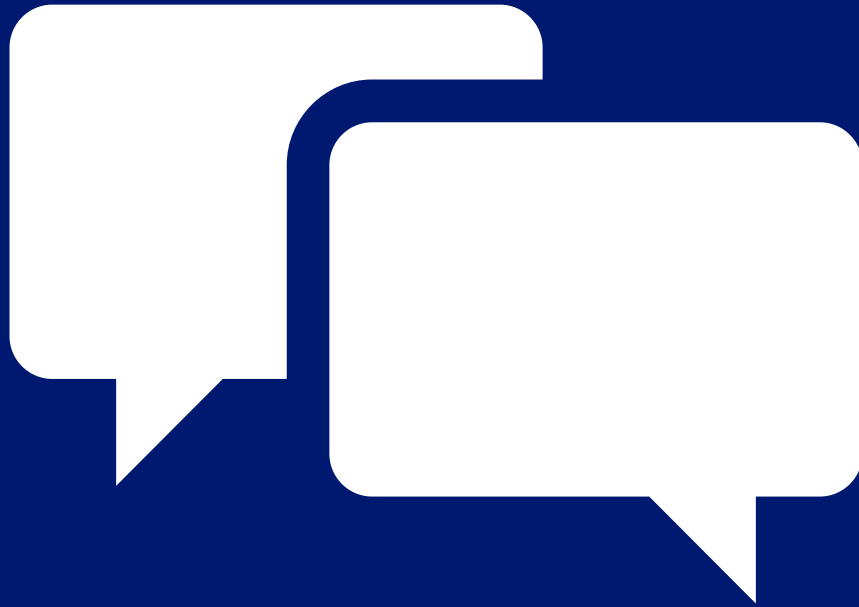
Questions?

Dashboards

- Dashboards will be available to Providers that at a minimum will show various data points included in the information that will be presented at HCPF's annual SMART hearing
  - Patient demographics
    - Age
    - Race
    - Ethnicity
    - Preferred Language
  - Screenings, decline screenings, applications

Submission Timeline

- Data covering July 2023 through June 2024 will be due **September 1, 2024**

- Hospitals will submit data through BOX, a Secure File Transfer Protocol (SFTP) set up by HCPF's team

- Audits will be a separate submission starting approximately November 2024
  - ➢Patient appeals will now be included
  - ➢Not collecting billing for uninsured patients that signed a Decline Screening Form

Additional Training

- Application and Income
  - June 4, 11:00 a.m. to 1:00 p.m.
  - June 11, 11:00 a.m. to 1:00 p.m.
- Screening and Decline Screening Forms
  - June 3, 1:00 to 3:00 p.m.
  - June 12, 12:00 to 2:00 p.m.
- Data Reporting
  - June 6, 10:00 a.m. to 12:00 p.m.
  - June 13, 1:00 to 3:00 p.m.
- Q&A
  - June 25, 1:00 to 3:00 p.m.

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Contact Info

o Questions should be sent to: HCPF_HospDiscountCare@state.co.us

o Hospital Discounted Care Website: https://hcpf.colorado.gov/hospital-discounted-care
  - ➢ Operations manual, FAQs, flowcharts, and much more

o Office Hours
  - ➢ Every other Wednesday at 9:00 a.m.
  - ➢ Meeting link and call-in information available on the Hospital Discounted Care website, no need to register

Thank you!