



# Hospital Discounted Care Data Reporting

## *SMART Act Hearing - January 2026*

Under hospital financial assistance requirements pursuant to §25.5-3-505, C.R.S., referred to as Hospital Discounted Care, all Colorado general and Critical Access hospitals, and all licensed health care professionals who provide services within those hospitals, report data to HCPF to evaluate compliance with the legislative requirements. These requirements include: screening and eligibility determination, payment plans, and collection practices across race, ethnicity, age, and primary language spoken in the home. Prior to this year's submission, hospital data submissions included information from the professionals for patients seen at their facilities. Senate Bill (SB) 24-116 changed the reporting requirement to direct professionals to report their own data to HCPF effective September 1, 2025.

Hospitals and professionals report data annually to HCPF by September 1 for the prior state fiscal year. This report includes data covering FY 2024-25 for the hospitals and January through June 2025 for the professionals. Subsequent data submissions from professionals will cover the state's full fiscal year.

Overall, 84 of the 85 hospitals met the statutory reporting requirements.<sup>1</sup> In total, 67,863 patients received financial assistance for their hospital bills through Hospital Discounted Care and/or the Colorado Indigent Care Program (CICP) during FY 2024-25. This represents an increase of 3,690 patients, or 5.75%, from the 64,173 reported in 2023-24.

Sixteen professional groups submitted data for 8,692 Hospital Discounted Care-eligible patients they served at hospital facilities. HCPF is working in collaboration with the hospitals to identify additional professional groups and improve their comprehension of reporting requirements in hopes of increasing reporting compliance for this group in the future.

Hospitals are required to submit data including demographic information for all uninsured patients. Additionally, hospitals report data for all insured patients who requested financial assistance. Hospitals are also required to provide patients' screening and application status including whether the patient:

- was still in the process of completing their screening or application,
- was determined eligible for Hospital Discounted Care and/or CICP,

<sup>1</sup> Kit Carson County Memorial Hospital reported FY 2024-25 data, but was unable to provide patient screening information. Their patients are included in the total patient demographics but HCPF could not determine which patients were eligible for Hospital Discounted Care from their submission.



- was determined eligible for the hospital's internal program if they did not qualify for Hospital Discounted Care or CICP,
- decided to remain self-pay,
- applied and qualified for Health First Colorado/Child Health Plan Plus (CHP+), or
- was not contacted and/or was unreachable, and therefore had no available screening information.

Professionals are required to submit data including demographic information for all Hospital Discounted Care patients they served within hospital facilities. Hospitals are solely responsible for the screening and application processes, and therefore are also responsible for informing professionals of their shared patients who are determined eligible for Hospital Discounted Care. Professionals expressed challenges related to reporting patient demographics due to communication issues with hospitals as well as limitations of their own systems to store demographic information. To help mitigate these issues, HCPF was able to allow professionals to report patient hospital Medical Record Numbers alongside the professional's patient Medical Record Number which enables HCPF to pull the patients' demographics from the hospital submissions. This process was successful for most professionals' data, but some patient data were unable to be linked and are included in the "not provided" demographics set in the professional data submissions.

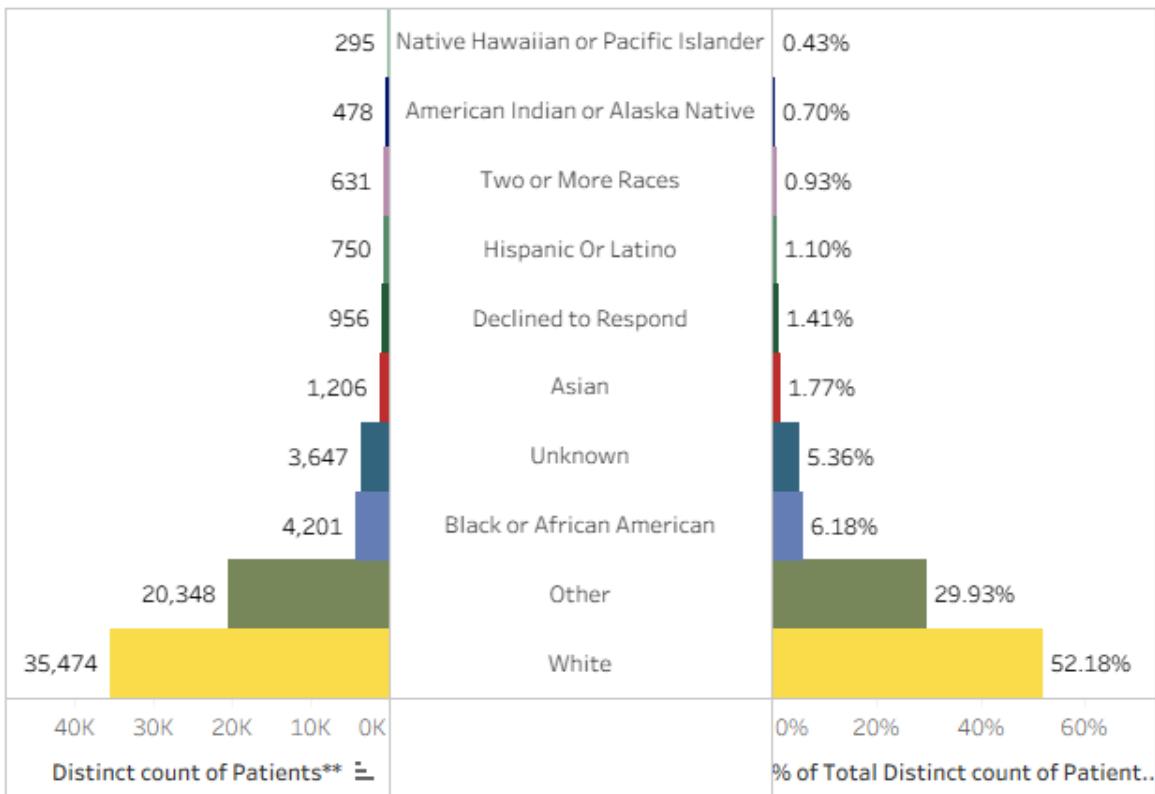
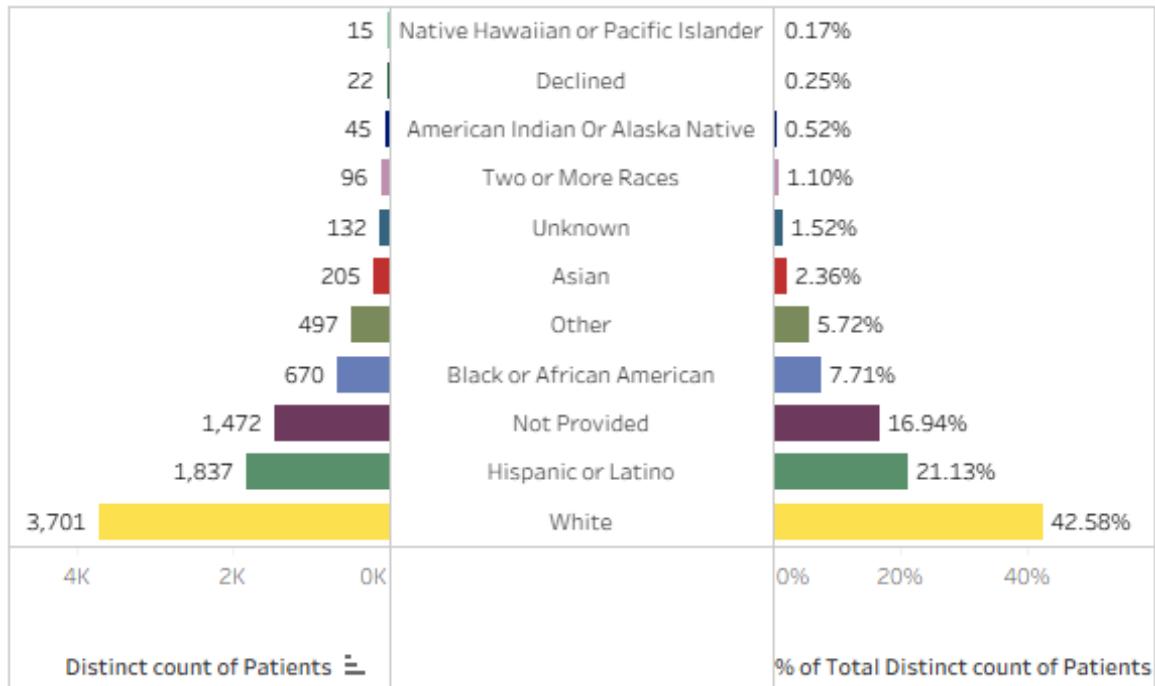
## **A. Patients Determined Eligible**

In FY 2024-25, the 84 reporting hospitals provided discounted care for 67,863 patients through Hospital Discounted Care and/or CICP. This represents an increase of 3,690 patients, or 5.75%, from the 64,173 patients who received such care in 2023-24.

HCPF identified some reporting discrepancies in the FY 2023-24 data. As a result, HCPF held training for providers in May 2025. The training provided reporting and data submission best practices. HCPF found FY 2024-25 reported data showed improved data reporting from the previous year. The FY 2024-25 data will continue to inform updates to the reporting template and future training for providers. HCPF will continue helping resolve any remaining issues, such as patients being included in the demographics but not having any screening information submitted, or insured patients who did not request financial assistance being included.

The following charts and tables illustrate demographics of only the patients determined eligible for Hospital Discounted Care and/or CICP during FY 2024-25. The data submitted by professionals contains a subset of the Hospital Discounted Care eligible patients submitted by the hospitals, and therefore the professionals' reported patients are not added to the total number of patients served under Hospital Discounted Care. For information on all patients included in the hospital reported data for FY 2024-25, see [All Patients Included in Hospital Data and Identified Inconsistencies](#) within this Appendix B.



**Figure 1. Hospital Discounted Care Patients by Race (reported in Hospital data)****Figure 2. Hospital Discounted Care Patients by Race (reported in Professional data)**

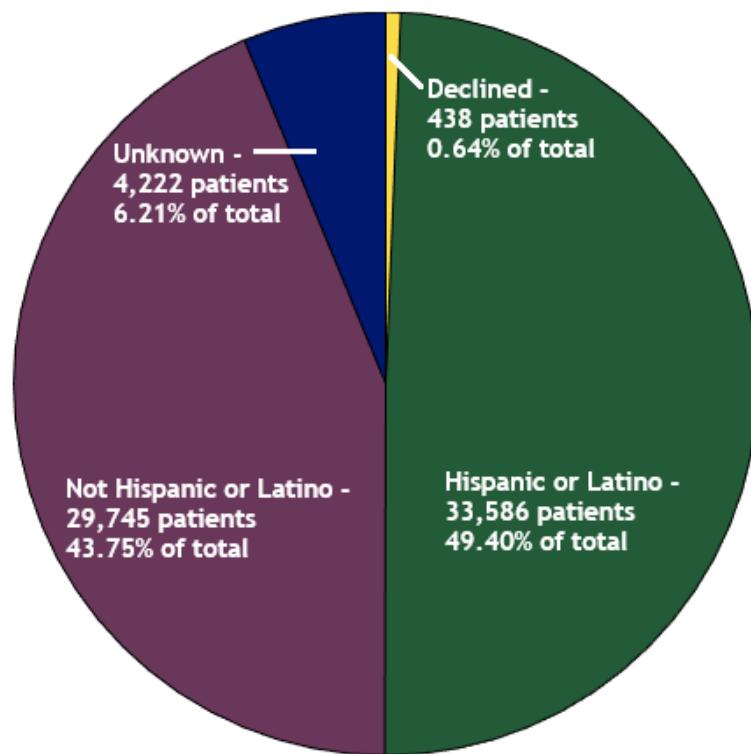
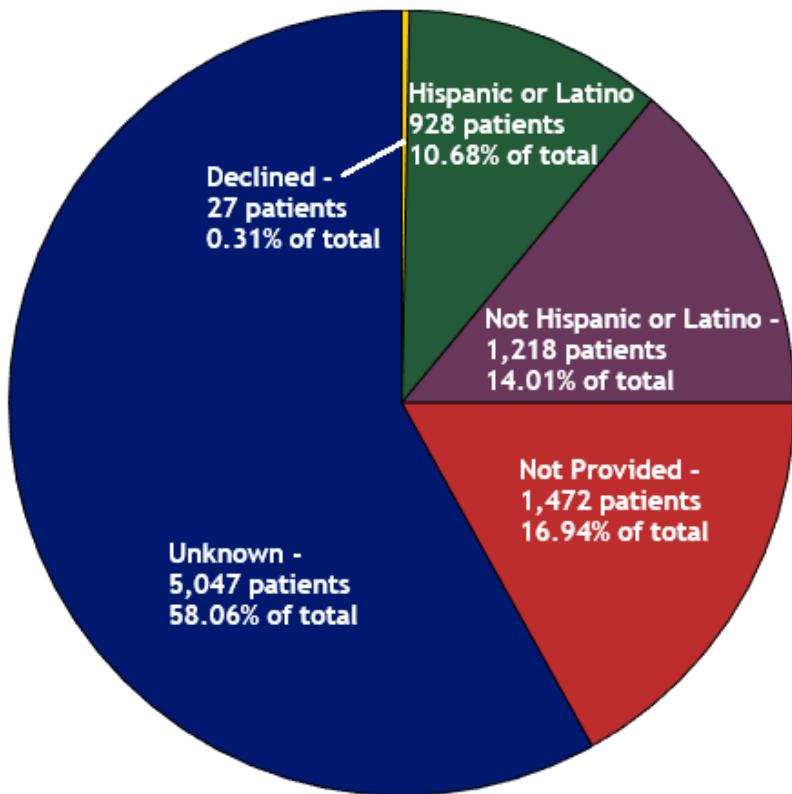
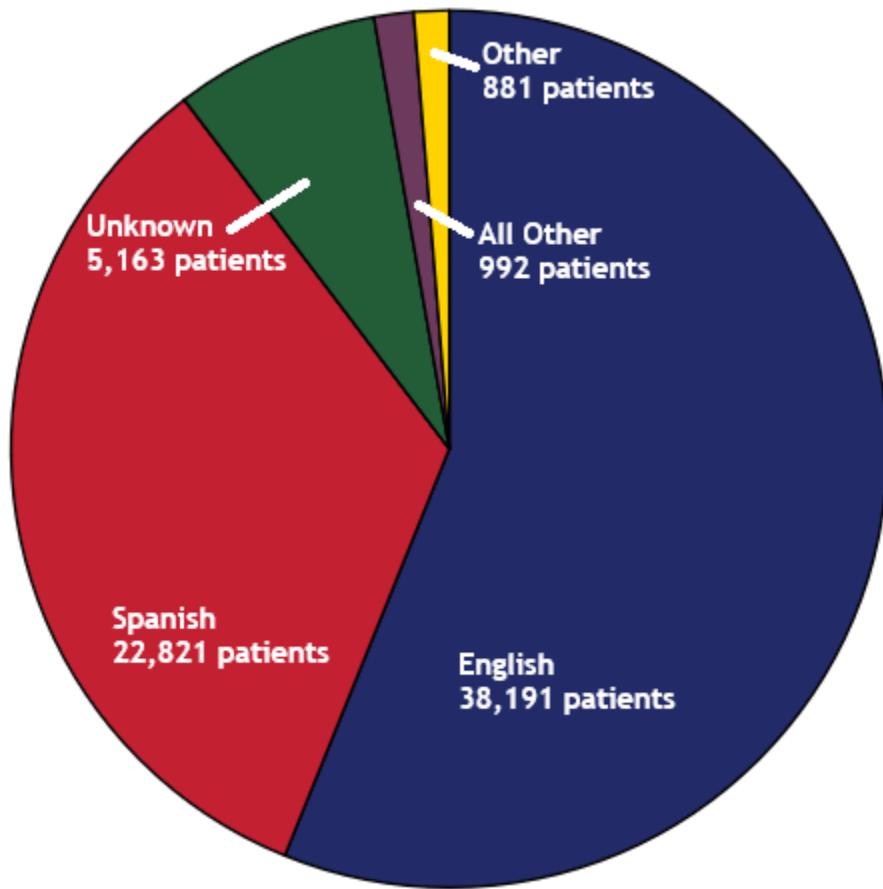
**Figure 3. Hospital Discounted Care Patients by Ethnicity (reported in Hospital data)****Figure 4. Hospital Discounted Care Patients by Ethnicity (reported in Professional data)**

Figure 5 and Table 7 show patients' reported preferred language, the vast majority being English and Spanish. The Other category includes all languages reported as the preferred language for less than 50 patients, and the All Other category includes all languages reported as the preferred language for at least 50 patients within the Hospital reported data, including the Declined group which includes 60 patients. The All Other grouping is broken out in Figure 6.

**Figure 5. Hospital Discounted Care Patients by English, Spanish, Unknown, Other, and All Other Languages (reported in Hospital data)**



**Table 7. Hospital Discounted Care Patients speaking English, Spanish, Unknown, or Other Languages not included in Figure 6 (reported in Hospital data)**

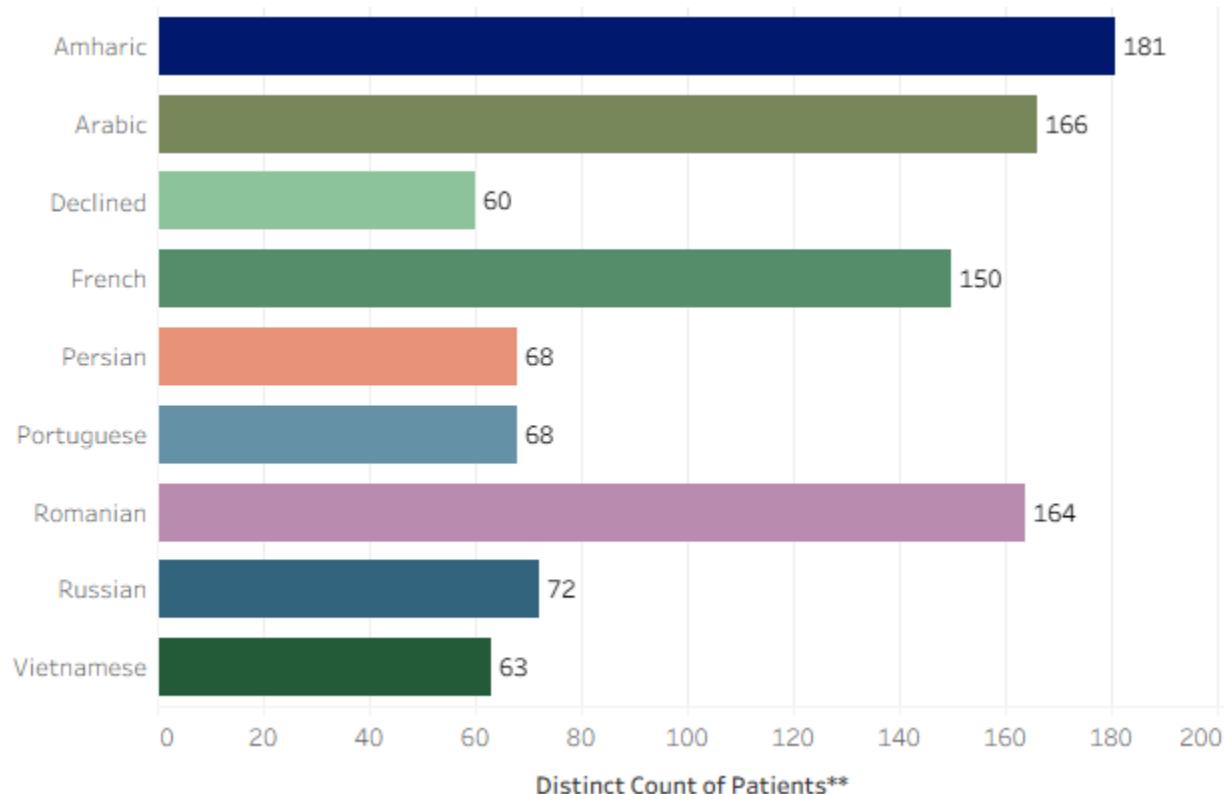
Preferred Language	Distinct Count of *MRNs	Percent of Total *MRNs
English	38,191	56.18%
Other	881	0.05%
Spanish	22,821	33.57%
Unknown	5,163	7.59%

Preferred Language	Distinct Count of *MRNs	Percent of Total *MRNs
<b>Total</b>	<b>67,056</b>	<b>98.64%</b>

\*MRN= Medical Record Number

Figure 6 only includes languages other than English, Spanish, unknown, and other, which are included as All Other in Figure 5. These four groupings far exceed the number of patients reporting preferred languages included in the All Other category, making analysis challenging to view within the same graph. Preferred Language indicates a patient's primary language for communication; it does not imply that this is their only spoken language.

**Figure 6. Hospital Discounted Care Patients by Preferred Language other than English, Spanish, Unknown, or Other (reported in Hospital data)**

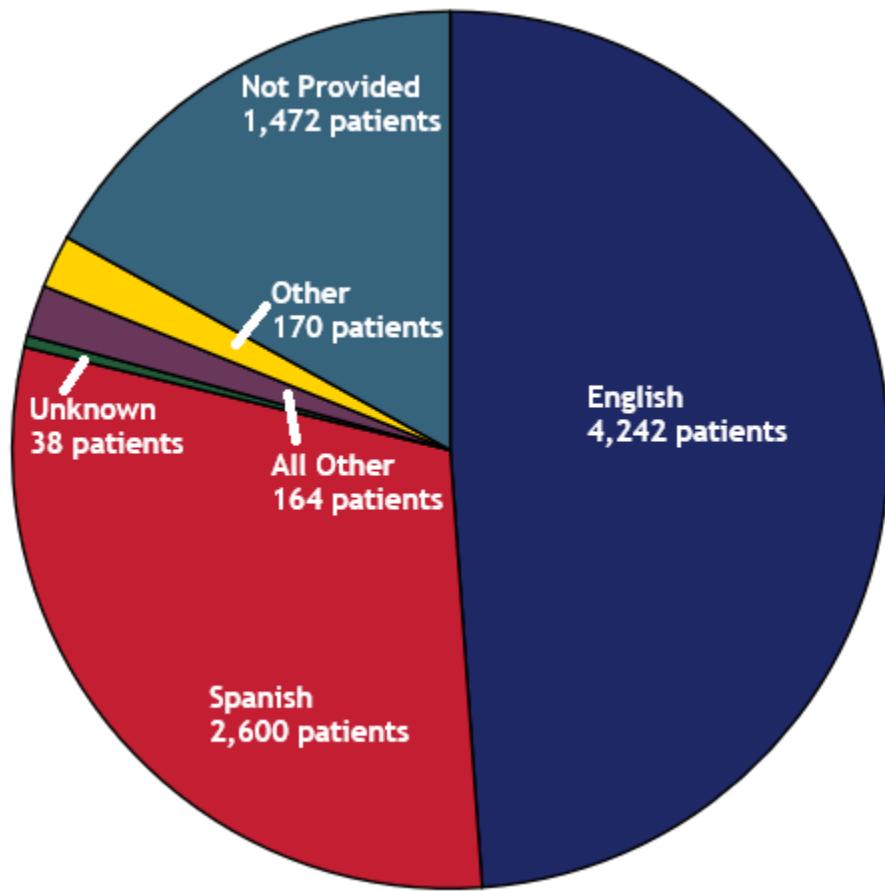


There were a small number of patients who were reported as having identified different preferred languages, during different encounters. Those patients have been included in the numbers for each language they identified as a preferred language.



Figure 7 and Table 8 show patients' reported preferred language, the vast majority being English, Spanish, and Not Provided. For consistency, the same language groupings were used for both the Professional data figures and the Hospital data figures

**Figure 7. Hospital Discounted Care Patients by English, Spanish, Unknown, Other, and All Other Languages (reported in Professional data)**



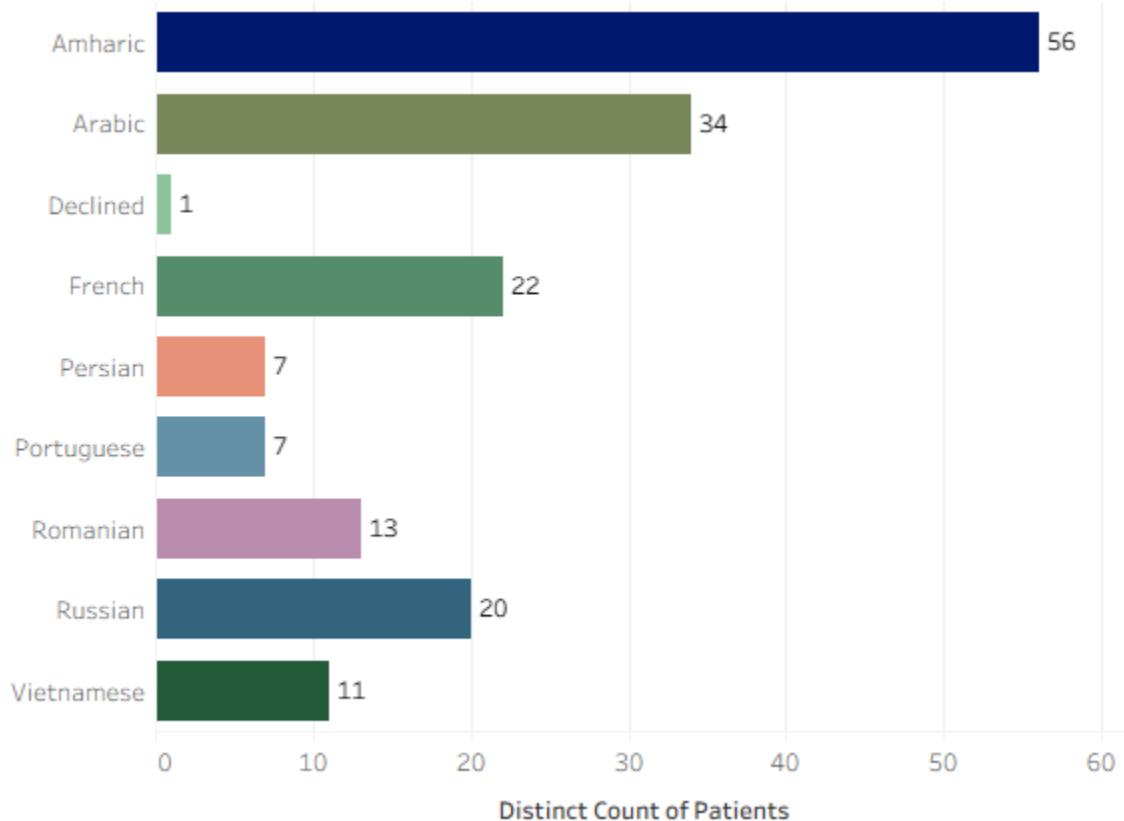
**Table 8. Hospital Discounted Care Patients speaking English, Spanish, Unknown, or Other Languages not included in Figure 8 (reported in Professional data)**

Preferred Language	Distinct Count of MRNs	Percent of Total MRNs
English	4,242	48.8%
Not Provided	1,472	16.94%
Other	170	1.96%
Spanish	2,600	29.91%
Unknown	38	0.44%
<b>Total</b>	<b>8,522</b>	<b>98.05%</b>



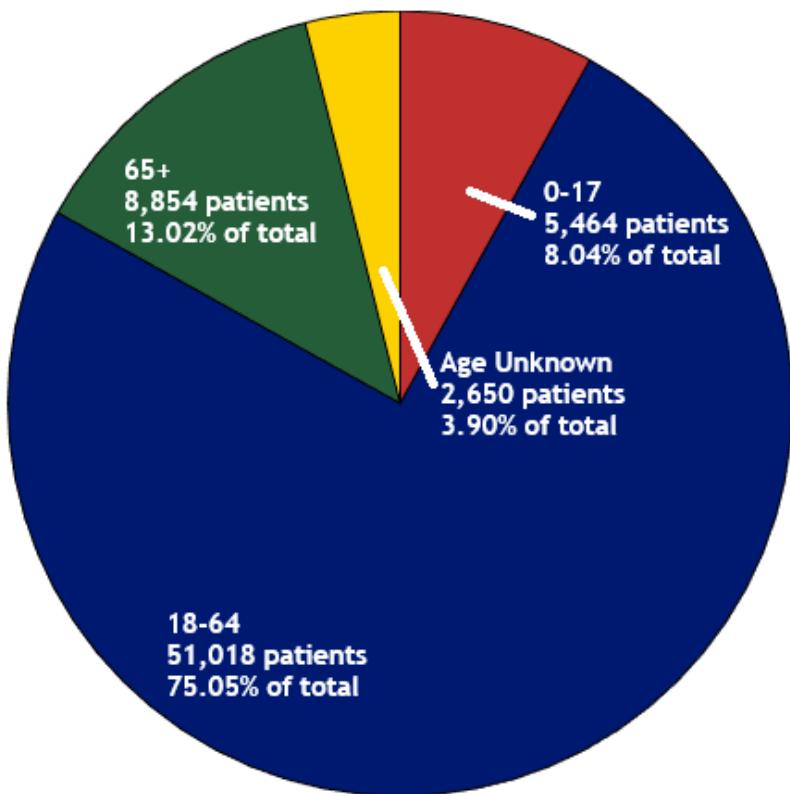
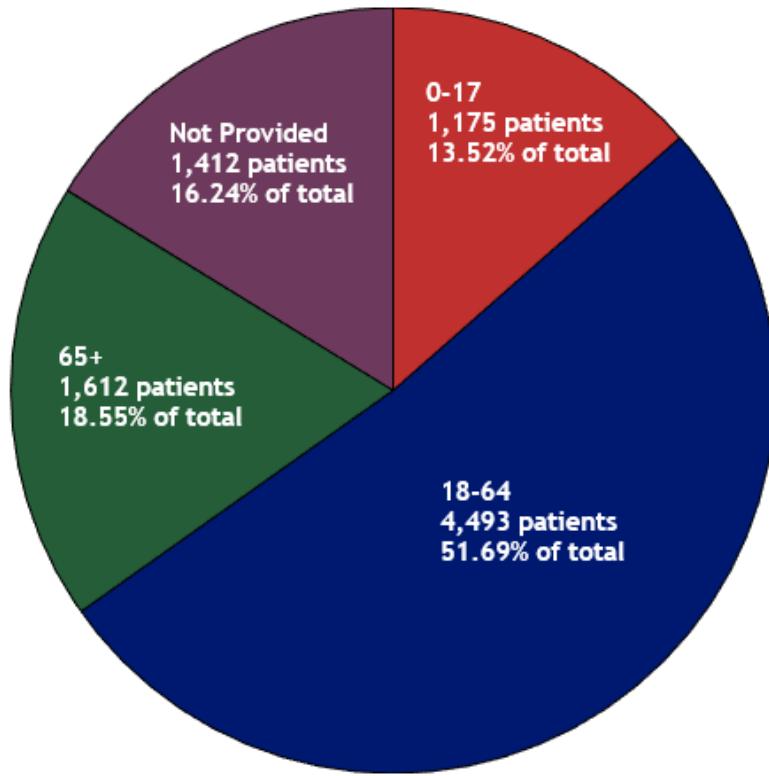
Figure 8 only includes languages other than English, Spanish, unknown, other, and Not Provided, which are included as All Other in Figure 7. These five groupings far exceed the number of patients reporting preferred languages included in the All Other category, making analysis challenging to view within the same graph. Preferred Language indicates a patient's primary language for communication; it does not imply that this is their only spoken language.

**Figure 8. Hospital Discounted Care Patients by Preferred Language other than English, Spanish, Unknown, or Other (reported in Professional data)**



There were a small number of patients who were reported as having identified different preferred languages during different encounters. Those patients have been included in the numbers for each language they identified as a preferred language.



**Figure 9. Hospital Discounted Care Patients by Age (reported in Hospital data)****Figure 10. Hospital Discounted Care Patients by Age (reported in Professional data)**

## B. All Patients Included in Hospital Data and Identified Inconsistencies

HCPF staff identified issues within portions of the FY 2024-25 data submissions. One identified issue is the erroneous inclusion of certain insured patients in the data from hospitals. Hospitals are required to include all uninsured patients and any insured patients who requested financial assistance in their data. However, the cumulative data showed many patients were included who were insured but did not have any screening information included, implying they may not have requested financial assistance or did not complete the financial assistance process. HCPF will continue to hold annual training sessions on data reporting requirements under Hospital Discounted Care, and corrective action plans may be required for continuing data issues. Additionally, HCPF will continue to provide necessary updates and guidance compliance in future submissions.

The cumulative data from 85 reporting hospitals included 303,580 distinct patients, a decrease of 62,166 patients, or -17.0%, from the 365,746 distinct patients reported in FY 2023-24. HCPF believes, but does not have solid data at this time to confirm, that the reduction between FY 2023-24 and FY 2024-25 is due to a combination of updates to the reporting template based on issues identified in the FY 2023-24 data submission and a better understanding by the hospitals as to which patients actually need to be included in the data.

Of the total 303,580 patients included in the data, hospitals reported demographic data only for 114,274 patients; no screening information was included. This represents a decrease of 103,744 patients, or -47.59%, from the 218,018 patients who were reported with demographic information but were missing screening information in FY 2023-24. HCPF believes, but does not have solid data at this time to confirm, that this reduction is due to a better understanding by the hospitals of which patients actually needed to be included in the data and an increase of patients that had screening information reported even if the patient was only ever in "Best Efforts" status.

**Table 9. All Patients Reported by Final Determination**

Final Determination Group	Number of patients
All Distinct Patients Included in Hospital Data	303,580
Hospital Discounted Care	67,863
Individual Hospital Charity Care Program	16,884
Medicaid	6,301
Self-Pay	50,149
No Final Determination	52,421
Screening Data not submitted	114,274



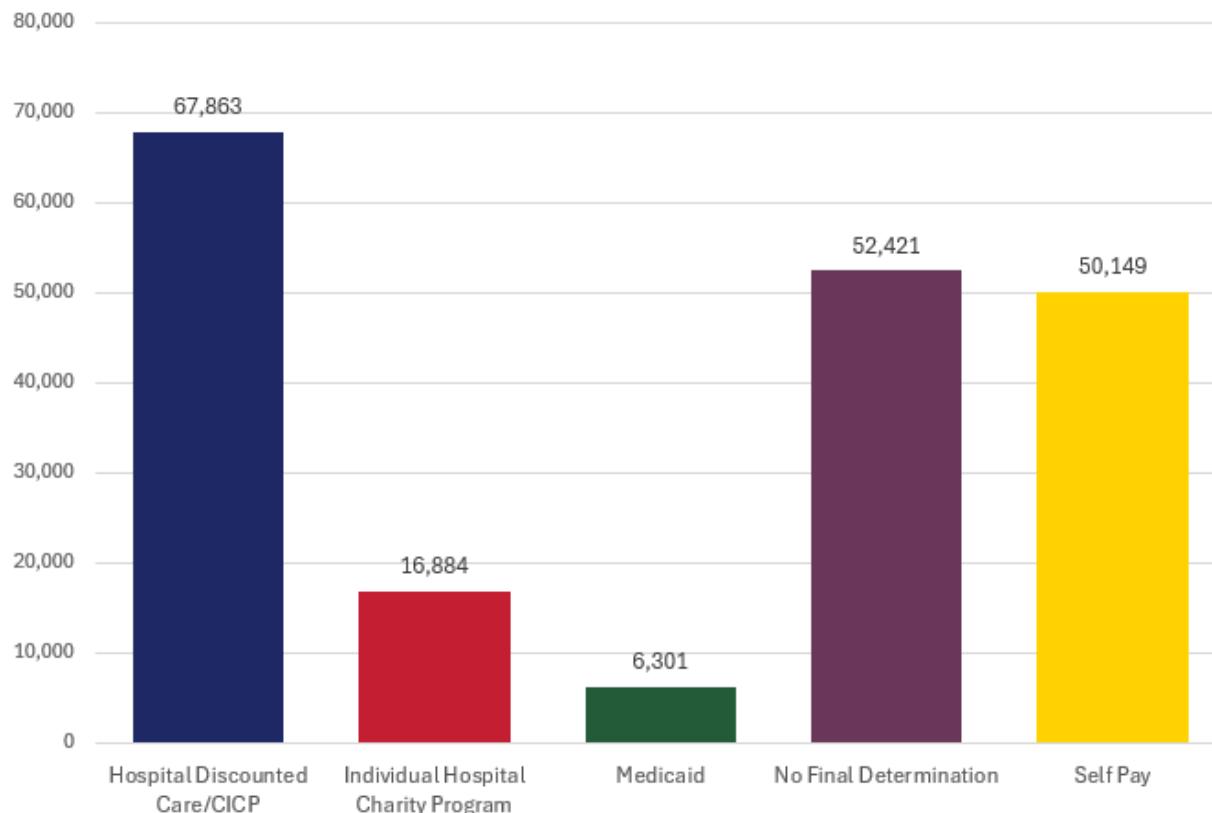
**Figure 11. All Patients with a Reported Final Determination**

Figure 11 does not include the 114,274 patients whose final determinations were not included in the submitted data. Additionally, some patients may be included in multiple determination groups in Table 9 and Figure 11 if they had a change in status during the fiscal year, so the numbers will not sum to the total number of distinct patients included in the data. For example, a patient may have chosen to remain self-pay at one point in the year and then decided to apply for Hospital Discounted Care and/or CICP at a later date of service.

The version of Figure 11 published in the FY 2023-24 annual report included "Other" and "No Screening Data Reported" final determination categories. Recent reporting template updates require reporters to choose one of the five options included in the graph in an attempt to improve data accuracy. HCPF analyzed the FY 2023-24 data, which was not limited to certain responses in the Final Determination field, and identified the five options included in the FY 2024-25 template as the only final determination categories that patients should be able to fall into.

The breakdown of the 114,274 patients without screening information is as follows:

- For 1,168 patients reported as uninsured and 319 patients reported as insured, only payment plan information was included - these patients are believed to have accessed services in FY 2022-23 and/or FY 2023-24 and have continuing payment plans into FY 2024-25.



- Payment plans can last a maximum of 36 months of payments and are required to be reported in each fiscal year they are still ongoing, meaning the patient's demographics must also be reported each year of the payment plan.
- Patient eligibility determinations are generally valid for a year but are not required to be updated if the patient does not seek new services once their original determination expires. As such, these patients may not have needed to be screened in FY 2024-25.
- For 16,495 patients reported as uninsured and 117 patients reported as insured, only collections information was included - these patients are believed to have accessed services in FY 2022-23 and/or FY 2023-24 and have been sent to collections in FY 2024-25.
  - There were 121 patients reported as uninsured and 9 patients reported as insured who were included in both the payment plan and collections information.
  - Collections can be started as early as 182 days after the patient's date of service, or at any point during an established payment plan if the patient misses three consecutive payments. The patient's demographics must be reported in any fiscal year they were sent to collections.
  - Patient eligibility determinations are generally valid for a year but are not required to be updated if the patient does not seek new services once their original determination expires. As such, these patients may not have needed to be screened in FY 2024-25.
- For 38,043 patients reported as insured, there was missing screening or application information - these patients likely should not have been included in the hospitals' reporting. This number represents a decrease of 14,674 patients, or -27.84%, from the number of insured patients reported without screening information in FY 2023-24.
- For 57,721 patients reported as uninsured and 541 patients reported with unknown insurance status, there was missing screening or application information - these patients are believed to have been correctly included, but it is unclear why screening information was not included for them. It is possible that some of these patients declined screening or did not respond to screening attempts. This number represents a decrease of 86,930 patients, or -60.1%, from the number of uninsured patients reported without screening information in FY 2023-24.

HCPF will hold annual training sessions which will include clarification on how patients like those identified above should be reported in order to ensure correct and complete data. Additionally, HCPF continues to hold monthly office hours for hospitals to ask questions, including questions about data reporting requirements.

The following figures and tables illustrate the demographics of all patients who were included in the Hospital data submitted for Hospital Discounted Care and CICP for FY 2024-25. This includes individuals whose reported final determinations did not indicate they were found eligible for Hospital Discounted Care or CICP.



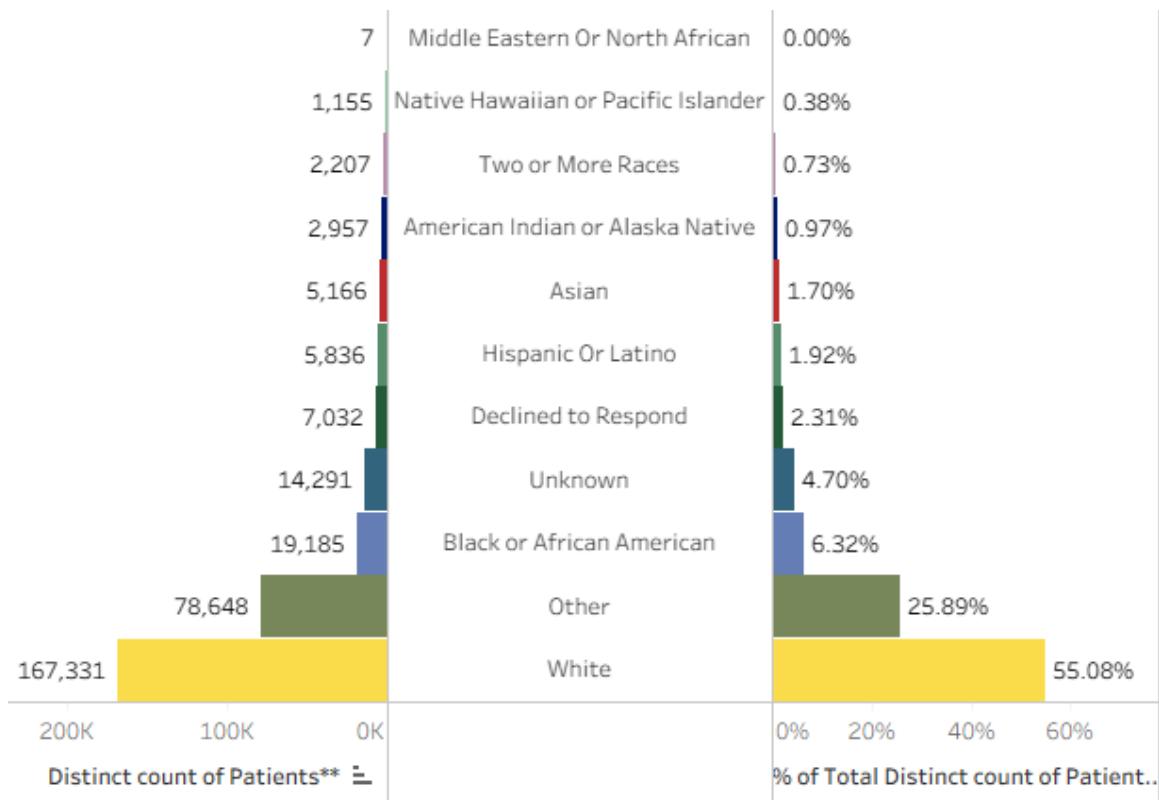
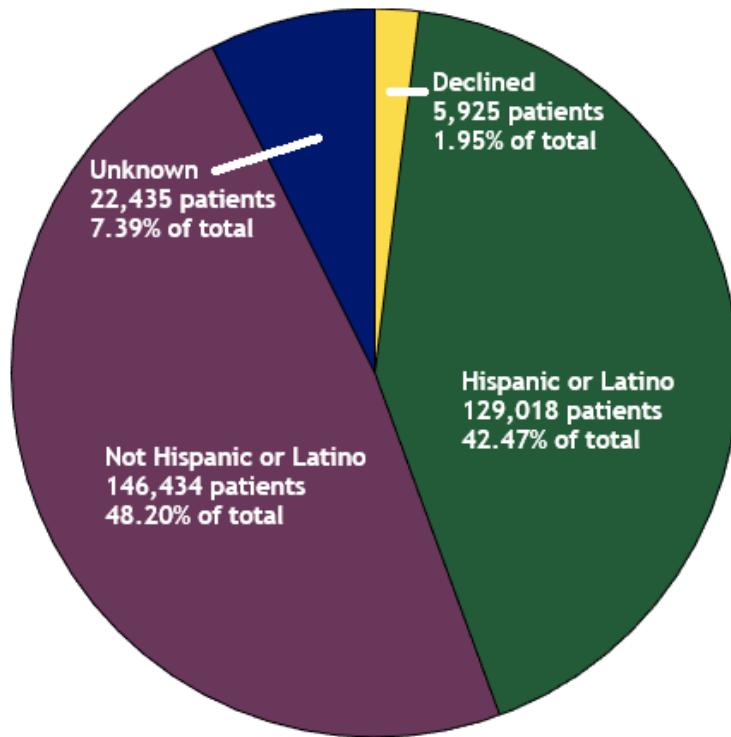
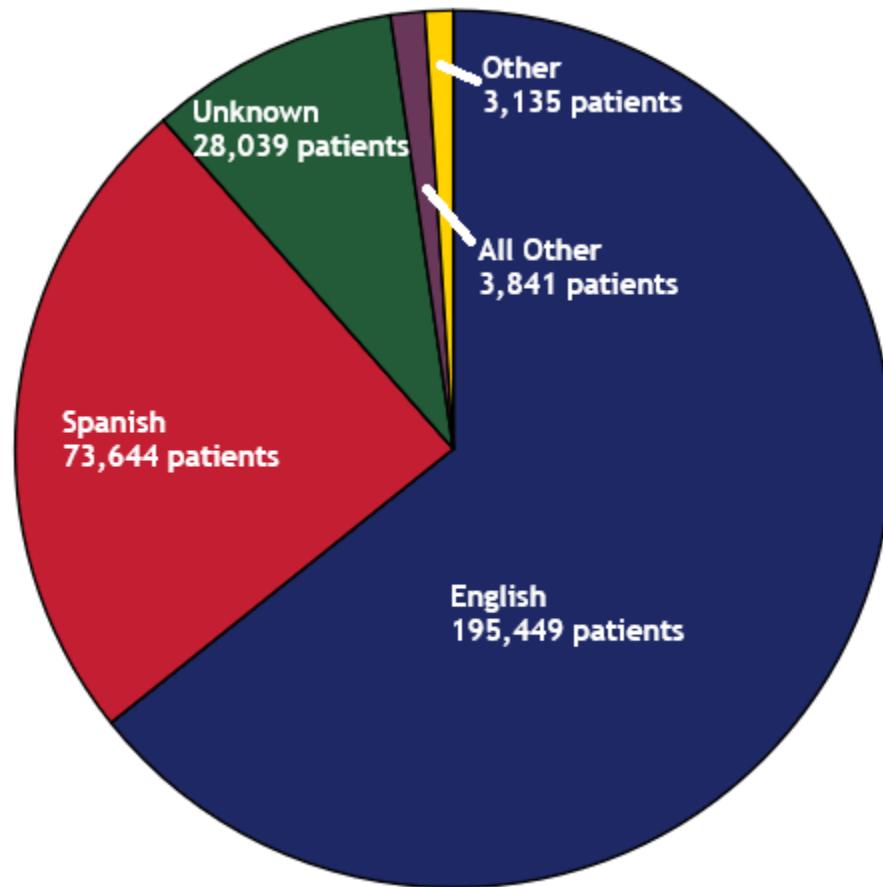
**Figure 12. All Patients Reported by Race****Figure 13. All Patients Reported by Ethnicity**

Figure 14 and Table 10 show patients' reported preferred language, the vast majority being English and Spanish. The same groupings of languages were kept as for the Hospital Discounted Care patients, for consistency.

**Figure 14. All Patients by English, Spanish, Unknown, Other, and All Other Languages**



**Table 10. Patients speaking English, Spanish, Unknown, or Other Languages not included in Figure 15**

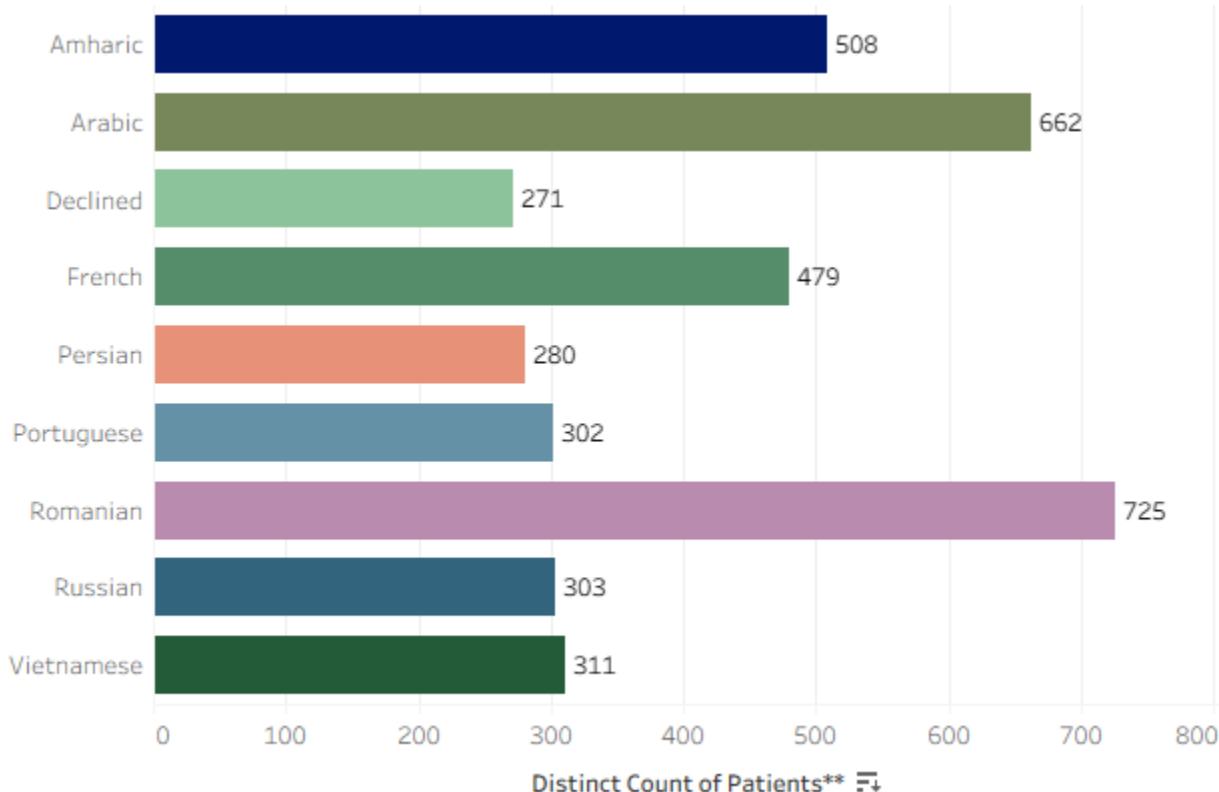
Preferred Language	Distinct Count of MRNs*	Percent of Total MRNs*
English	195,449	64.34%
Other	3,135	1.03%
Spanish	73,644	24.24%
Unknown	28,039	9.23%
<b>Total</b>	<b>300,267</b>	<b>98.84%</b>

\*MRN= Medical Record Number



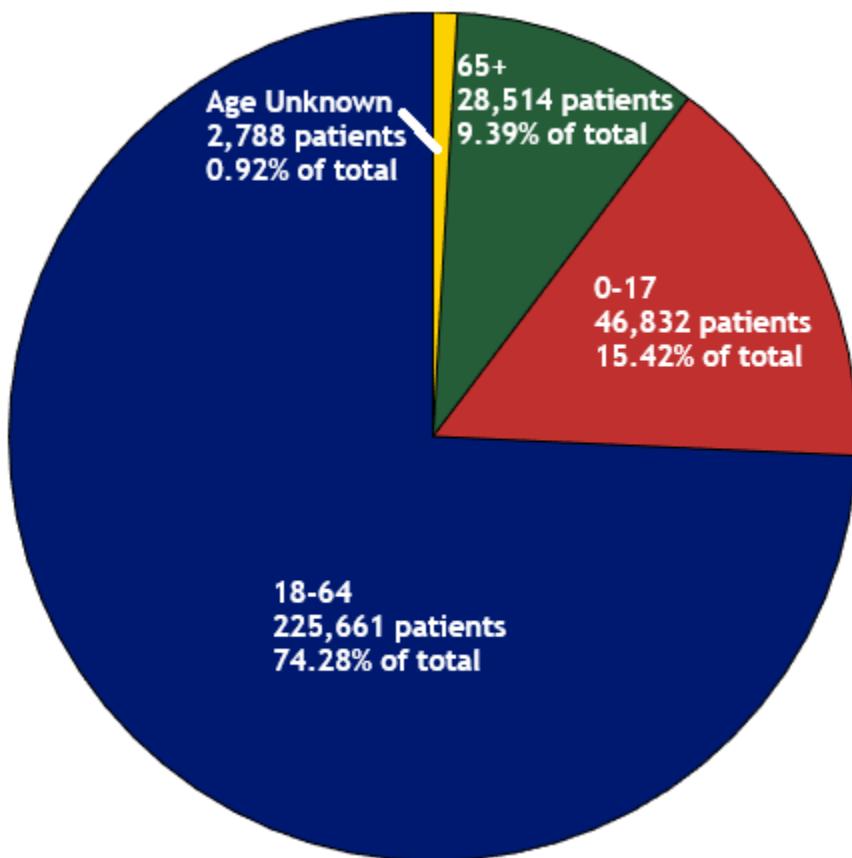
Figure 15 shows patients' preferred languages other than English, Spanish, unknown, and other, because they were the vast majority of preferred languages reported. Preferred language indicates a patient's primary language for communication; it does not imply that this is their only spoken language.

**Figure 15. All Patients Reported by Preferred Language, Excluding English, Spanish, Unknown, and Other**



There were a small number of patients who were reported as having identified different preferred languages during different encounters. Those patients have been included in the numbers for each language they identified as a preferred language.



**Figure 16. All Patients Reported by Age****For more information contact**

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