

Data Submission Template

Hospital Discounted Care and CICP

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Objectives

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

Submission Details (1/2)

- Data reporting is now submitted directly to the Department of Health Care Policy and Financing (HCPF)
- The submission file must be in the file type we provide **with the default formatting intact**
 - If a facility has any questions, please contact HCPF immediately via email
hcpf_HospDiscountCareData@state.co.us

Submission Details (2/2)

- Data submissions should include data for your facility, any satellites on the license, and any professionals that use your facility for billing.
 - If you choose, you may also include data for professionals that your facility doesn't bill for.

Submission Instructions

- Submission instructions will be posted on Hospital Discounted Care website
- Data will be submitted using BOX
 - This will be a different folder than where audits are submitted
 - Questions about using BOX may also be sent to hcpf_HospDiscountCareData@state.co.us
- Providers will see a confirmation that the data was successfully submitted but will not receive an automatic email.

Shorthand Terminology

- Hospital - all hospitals licensed as general acute or critical access, all freestanding emergency rooms, and all outpatient facilities licensed as an on-campus service, as a department of the hospital or listed as an off-campus location under a hospital's license
- Professional - any Licensed Health Care Provider/Professional/Group **not employed** by your facility
- Provider - all Hospitals and Professionals as defined above
- State Fiscal Year (SFY) - July 2024 through June 2025

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)

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

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_HospDiscountCareData@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.

Template Tabs

Tab Name	Optional or Required
Hospital and Satellites	Optional
Providers-Professionals-Groups	Optional
Collection Agencies	Optional
Third Parties	Optional
Write-Off Attestation	Required*
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

Providers-Professionals-Groups

- Information about non employed Professionals/Professional 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 Professional provided services in, if multiple use hospital ID
 - Name of Non-Employed Providers/Professionals/Groups# - varchar
 - Do not need to name all individual Professionals of a group
 - Address - varchar
 - County - varchar (County name or CICP County number)
 - Zip - numeric
 - Phone Number or Email - varchar

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

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.

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

Professional Data

- Beginning with SB24-116, Professionals **not employed through the facility** will be responsible for recording their own data submissions.
 - Facilities can still report this data in their data submission, but it will be strictly optional.

Write-Off Attestation* (1/2)

- Data Elements:
 - Please attest to whether or not your facilities write off the balances for Hospital Discounted Care Patients* - Checkbox (Yes or No)
 - Name of Attestant* - alpha

Write-Off Attestation* (2/2)

<p>Please attest to whether or not your facilities write off the balances for Hospital Discounted Care Patients*</p>	Check for Yes	Check for No
	<input type="checkbox"/>	<input type="checkbox"/>
Name of Attestant*	[insert name here]	

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






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*
				

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

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* ▼

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 Professionals* - 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 Professionals* ▼	Smallest account balance sent to collections for uninsured patients* ▼	Average account balance sent to collections for uninsured patients* ▼

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 Professionals* - 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 Professionals*	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*
					

Patient Demographics* (1/4)

- Collection of patient demographics is mandated by the statute language
- 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

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

Patient Demographics* (3/4)

- Data Elements:

- Facility ID* - Medicare, Medicaid, NPI, etc.
- Medical Record Number (MRN)* - 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)

Patient Demographics* (4/4)

Examples of Correct Entries: Required cells are filled, data entry guidelines from the Trouble Shooting and Instructions sheets followed

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

E	F	G	H	I	J
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			

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

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	Screening Status*	Final Determination (HDC, CICP, or Internal Charity Care)*	Reason for Hospital Discounted Care Denial (If Applicable)#			

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

Screening-Application* (4/5)

- Data Elements:

- FPG % Determination - integer
 - Number, even if over 250
 - Can also use Denied/Ineligible if over 250
- Screening Status* - alpha
- Final Determination (HDC, CICP, Internal Charity, etc.)* - varchar
 - CICP providers can also use HDC/CICP
- 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		9/25/2024	9/30/2024	10/20/2024	09/29/2024	11/03/2024	12/07/2024
123		10/17/2024	10/17/2024	10/20/2024		11/03/2024	12/07/2024
123		11/3/2024	11/3/2024	10/20/2024		11/03/2024	12/07/2024
123		11/18/2024	11/18/2024	10/20/2024		11/03/2024	12/07/2024
123		12/6/2024	12/6/2024	10/20/2024		11/03/2024	12/07/2024

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

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*

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

Recall: Professional Data

- Recall: Professional means any Licensed Health Care Provider/Professional/Group **not employed** by your facility.

Payment Plans# (1/4)

- Information on all payment plans created for Hospital Discounted Care eligible patients
 - Facility information is required; Professional information is **optional**
- 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

Payment Plans# (2/4)

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*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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		10/18/2024	1/15/2025	465.00	6/15/2025	1634.00
T997378		10/29/2024	1/15/2025	465.00	6/15/2025	1634.00
T997378		11/9/2024	1/15/2025	465.00	6/15/2025	1634.00
L247958			6/18/2025	995.00		2505.00
L247958			6/18/2025	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 **not** need to include information from Professionals
 - Should they choose to do so, information can be combined into one file for all Professionals/Professional groups or submitted in separate files
 - Patient Identifiers need to tie to patients, must be the same ID used for both hospital and Professional initiated collections

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 Professional Name*	
I	J	K	L	M	N	O	P	Q
Health Care Professional In or Out of Network	Hospital Discounted 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 Professional Name* - varchar
- Health Care Professional In or Out of Network - varchar
 - Only needs to be specified for Professionals

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

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 1, 2024 through June 30, 2025 will be due **September 1, 2025**
- 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 2025
 - Patient appeals will now be included
 - Not collecting billing for uninsured patients that signed a Decline Screening Form

Additional Training

- Income, Documents and Calculation Examples
 - May 21, 9:00 a.m. to 11:00 a.m.
 - June 3, 12:00 noon to 2:00 p.m.
- Screening and Decline Screening Forms
 - May 22, 1:00 to 3:00 p.m.
 - June 10, 9:00 a.m. to 11:00 a.m.
- Data Reporting Template
 - Hospitals: June 4, 10:00 a.m. to 12:00 noon
 - Professionals: June 12, 5:00 p.m. to 7:00 p.m.
- Q&A
 - June 18, 9:00 a.m. to 11:00 a.m.

Contact Info

- Questions should be sent to:
HCPF_HospDiscountCare@state.co.us
HCPF_HospDiscountCareData@state.co.us
- Hospital Discounted Care Website:
<https://hcpf.colorado.gov/hospital-discounted-care>
 - Operations manual, FAQs, flowcharts, and much more
- Office Hours
 - Every other Wednesday at 9:00 a.m. through June
 - Third Wednesday of each month at 9:00 a.m. beginning July
 - Meeting link and call-in information available on the Hospital Discounted Care website, no need to register