

# Data Submission Template

## Hospital Discounted Care: Professionals

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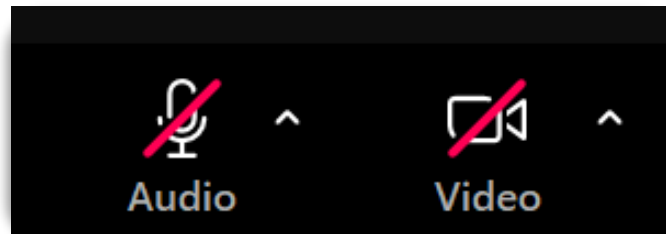


**COLORADO**

Department of Health Care  
Policy & Financing

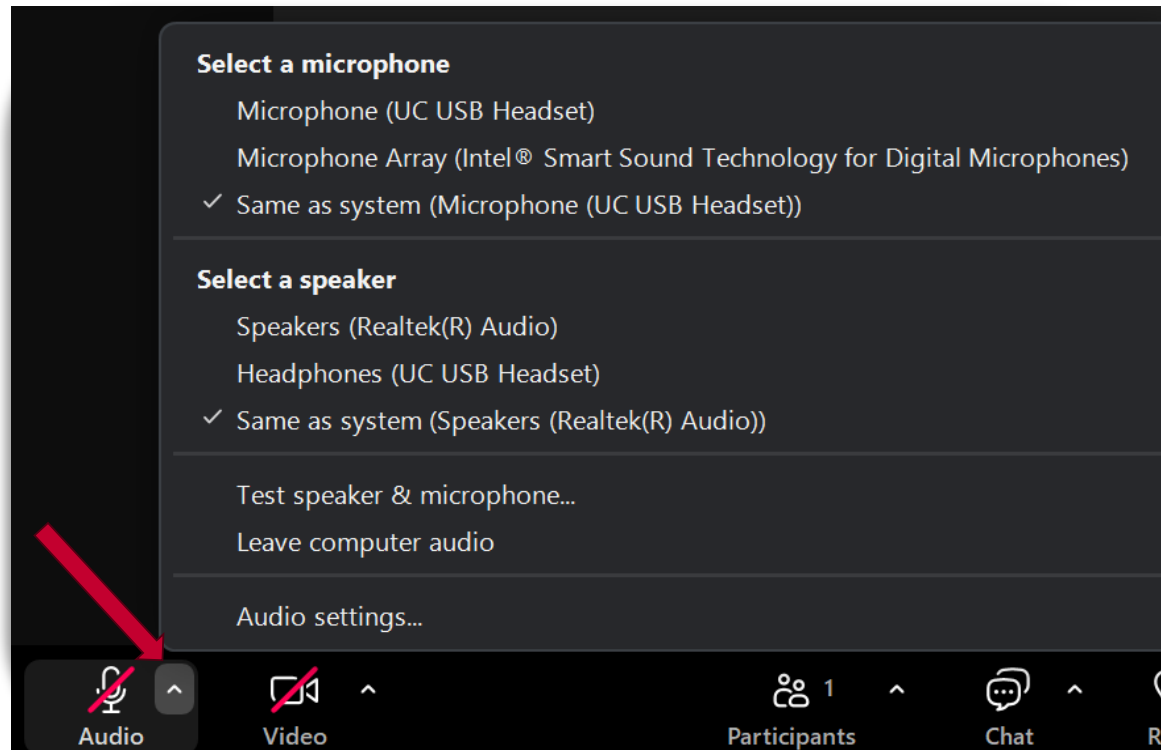
# Zoom (1/4)

- Please mute your microphone
- Cameras are *not* required



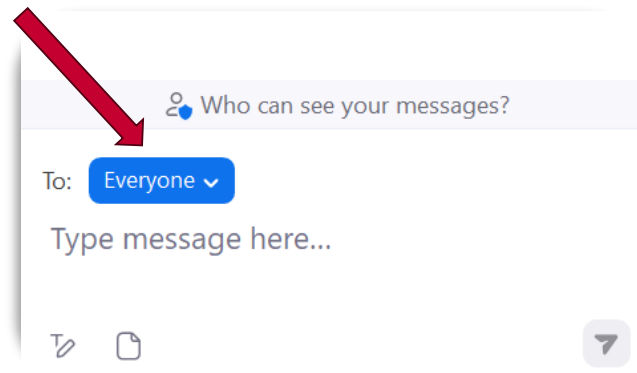
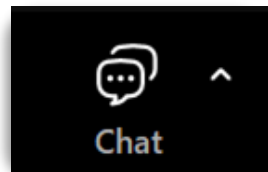
# Zoom (2/4)

- Check your audio settings if you can't hear the presenters



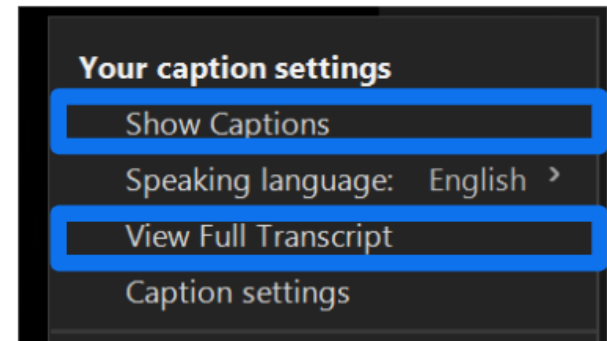
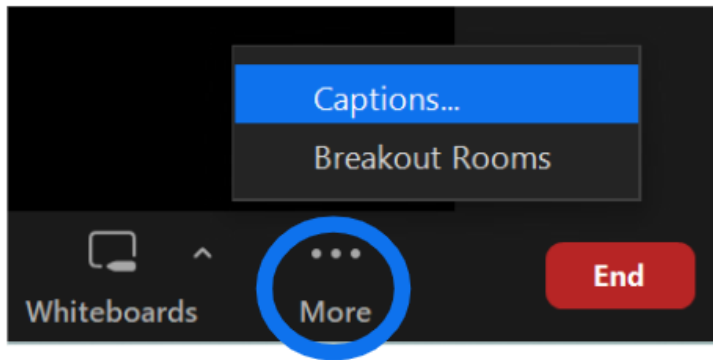
# Zoom (3/4)

- Utilize the chat feature to ask questions
  - If you don't want your message to be seen by everyone, click on the blue button that says "Everyone" and select the person you want to directly message



# Zoom (4/4)

- To view the captions or full transcript:
  1. Click on “More” located on the bottom right corner.
  2. Click on “Captions.”
  3. Select “Show Captions” or “View Full Transcript.”



# Objectives

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

# 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
- Professional - any Licensed Health Care Professional not directly employed by the hospital
- Provider - all Hospitals and Professionals as defined above
- State Fiscal Year (SFY) - July 2024 to June 2025

# 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 professional has any questions, please contact HCPF immediately via email
  - General/Policy Inquiries:  
[HCPF\\_HospDiscountCare@state.co.us](mailto:HCPF_HospDiscountCare@state.co.us)
  - Data Inquiries:  
[HCPF\\_HospDiscountCareData@state.co.us](mailto:HCPF_HospDiscountCareData@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 in the future (separate folder from audits)
  - Questions using BOX can be sent to [HCPF\\_HospDiscountCareData@state.co.us](mailto:HCPF_HospDiscountCareData@state.co.us)
- Providers will see a confirmation that the data was successfully submitted but will *not* receive an automated email confirmation



# 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 professional/group will need to submit to the Hospital Discounted Care Data inbox ([HCPF\\_HospDiscountCareData@state.co.us](mailto: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 professional's audit and throughout the year.



# 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 Tabs

Tab Name	Optional or Required
Professional and Groups	Optional
Hospital and Satellites	Optional
Collection Agencies	Optional
Third Parties	Optional
Professional or Group Totals	Required*
Patient Demographics	Required*
Visit-Admission-Charges	Required*
Payment Plans	Required <sup>#</sup> – if applicable
Collections	Required <sup>#</sup> – if applicable

# Professional and Groups

- Information about non-hospital employed professionals/groups that performed services at a hospital and/or satellite facilities during the State Fiscal Year
- Data Elements:
  - Professional or Group ID# - Medicare, Medicaid, NPI, etc.
  - Professional or Group Name# - varchar
    - Do not need to name all individual professionals of a group
  - Address - varchar
  - County - varchar
  - Zip - numeric
  - Phone Number or Email - varchar

# Hospital and Satellites

- Information about the Hospitals and any associated satellites where Professionals/Groups provided services to approved Hospital Discounted Care patients
- Data Elements:
  - Facility ID# - Medicare, Medicaid, NPI, etc.
    - ID for the facility that a professional provided services in, if multiple use hospital ID
  - Facility Legal Name - varchar
  - Facility DBA - varchar
  - Facility Address - varchar
  - Facility Zip - numeric
  - Facility County - varchar



# Collection Agencies

- Information about collection agencies that approved Hospital Discounted Care patient accounts were sold to during the State Fiscal Year
- Data Elements:
  - Professional or Group ID# - Medicare, Medicaid, NPI, etc.
  - Collection Agency Name/Group - varchar
  - Address - varchar
  - County - varchar
  - Zip - numeric
  - Phone Number - phone number



# Third Parties (1/2)

- Information about any third parties that were responsible for any payments for services for 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

- Professional or Group ID# - Medicare, Medicaid, NPI, etc.
- Third Party Payer Name/Group - varchar
- Address - varchar
- County - varchar
- 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



# Questions?

# Professional or Group Totals\* (1/8)

- Data Elements:
  - Professional or Group ID\* - Medicare, Medicaid, NPI, etc.
  - 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

# Professional or Group Totals\* (2/8)

A	B	C	D
Professional or Group ID*	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*

# Professional or Group Totals\* (3/8)

- 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

# Professional or Group Totals\* (4/8)

E	F	G	H
<b>Total number of payment plans paid in full due to cumulative thirty-six months of payments reached for uninsured patients*</b>	<b>Total number of insured patients who received a payment plan*</b>	<b>Total number of payment plans created for insured patients*</b>	<b>Total number of payment plans paid in full prior to the cumulative thirty-six months of payments for insured patients*</b>

# Professional or Group Totals\* (5/8)

- 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\* - integer
  - Smallest account balance sent to collections for uninsured patients\* - dollar amount
  - Average account balance sent to collections for uninsured patients\* - dollar amount
  - Largest account balance sent to collections for uninsured patients\* - dollar amount



# Professional or Group Totals\* (6/8)

I	J	K	L	M
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*	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*

# Professional or Group Totals\* (7/8)

- Data Elements:
  - Total number of accounts for insured patients sent to collections\* - 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

# Professional or Group Totals\* (8/8)

N	O	P	Q
<p><b>Total number of accounts for insured patients sent to collections*</b></p> <input data-bbox="614 878 643 906" type="text"/>	<p><b>Smallest account balance sent to collections for insured patients*</b></p> <input data-bbox="933 878 962 906" type="text"/>	<p><b>Average account balance sent to collections for insured patients*</b></p> <input data-bbox="1242 878 1271 906" type="text"/>	<p><b>Largest account balance sent to collections for insured patients*</b></p> <input data-bbox="1561 878 1590 906" type="text"/>



# Questions?



# Patient Demographics\* (1/6)

- Information on all Hospital Discounted Care approved patients who received qualifying services from professionals/groups at a hospital and/or satellite facility during the State Fiscal Year
- Collection of patient demographics is mandated by the statute language

# Patient Demographics\* (2/6)

- Medical Record Number (MRN) should be a unique ID tied to all accounts associated with the patient
- If you/your group 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 professional/group individually to ensure accounts are tied to correct patients within data
  - Please reach out to us via the data inbox: [HCPF\\_HospDiscountCareData@state.co.us](mailto:HCPF_HospDiscountCareData@state.co.us)

# Patient Demographics\* (3/6)

- If the professional/group provides the patient's Facility Medical Record Number (MRN)<sup>#</sup> (for the facility where services were provided), and this number is verified on the respective facility's data submission, then the race, ethnicity, DOB, preferred language, and insurance status columns (columns E-I) can be left blank.
- If the professional/group cannot provide the patient's Facility Medical Record Number (MRN)<sup>#</sup>, then the race, ethnicity, DOB, preferred language, and insurance status columns (columns E-I) are required

# Patient Demographics\* (4/6)

- Data Elements:

- Professional or Group ID\* - Medicare, Medicaid, NPI, etc.
- Medical Record Number (MRN)\* - varchar
- Facility ID\* - Medicare, Medicaid, NPI, etc.
- Facility 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



# Patient Demographics\* (5/6)

Examples of Incorrect Entries: Empty required cells, incorrect spelling, etc.

A	B	C	D	E
Professional or Group ID* ▼	Medical Record Number (MRN)* ▼	Facility ID* ▼	Facility Medical Record Number (MRN)# ▼	Race# ▼
	123			

F	G	H	I	J	K	L
Ethnicity# ▼	DOB# ▼	Preferred Language# ▼	Insurance Status# ▼	Patient Zip Code ▼	Patient State ▼	Patient County ▼

A	B	C	D	E
Professional or Group ID* ▼	Medical Record Number (MRN)* ▼	Facility ID* ▼	Facility Medical Record Number (MRN)# ▼	Race# ▼
	123			wite

F	G	H	I	J	K	L
Ethnicity# ▼	DOB# ▼	Preferred Language# ▼	Insurance Status# ▼	Patient Zip Code ▼	Patient State ▼	Patient County ▼
latino	1/1/1899		medicaid			



# Patient Demographics\* (6/6)

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

A	B	C	D	E		
Professional or Group ID*	Medical Record Number (MRN)*	Facility ID*	Facility Medical Record Number (MRN)#	Race#		
1234	123	456	899			
F	G	H	I	J	K	L
Ethnicity#	DOB#	Preferred Language#	Insurance Status#	Patient Zip Code	Patient State	Patient County

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A	B	C	D	E		
Professional or Group ID*	Medical Record Number (MRN)*	Facility ID*	Facility Medical Record Number (MRN)#	Race#		
1234	123	456		White		
F	G	H	I	J	K	L
Ethnicity#	DOB#	Preferred Language#	Insurance Status#	Patient Zip Code	Patient State	Patient County
Not Hispanic or Latino	2/14/1995	English	Insured			

# Visit-Admission-Charges\*

## (1/3)

- Include all visits/admissions information for patients who were found eligible for Hospital Discounted Care
  - Any patient listed in this tab must also be listed in the patient demographics tab

# Visit-Admission-Charges\*

## (2/3)

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

# Visit-Admission-Charges\* (3/3)

A	B	C	D	E
Professional or Group ID*	Medical Record Number (MRN)*	Facility Medical Record Number (MRN)#	Encounter Number	Outpatient or Inpatient

F	G	H	I	J
Number of Inpatient Days (Only if Inpatient)#	Charges*	Hospital Discounted Care Allowed Amount*	Third Party Liability (If Applicable)#	Patient Liability*



# Questions?



# Payment Plans# (1/3)

- Information on all payment plans created for Hospital Discounted Care eligible patients
- 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# (2/3)

A	B	C	D
Professional or Group ID*	Medical Record Number (MRN)*	Encounter Number	Date of Service

E	F	G	H
Date Payment Plan Established	Total amount of Payment Plan*	Date Payment Plan Completed	Amount written off at end of Payment Plan*



# Payment Plans# (3/4)

- Data Elements:

- Professional or Group 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		10/18/2022	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# (1/5)

- Information on all accounts sent to collections for Hospital Discounted Care eligible patients

# Collections# (2/5)

- Data Elements:

- Professional or Group 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

# Collections# (3/5)

A	B	C	D	E	F	G
Professional or Group 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



# Collections# (4/5)

- Data Elements (cont.):
  - Professional or Group Name\* - varchar
  - Patient In or Out of Network - varchar
  - 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



# Collections# (5/5)

H	I	J	K	L	M	N	O	P	Q
Professional or Group Name*	Patient 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*





# Questions?





# Live Demo



# Dashboards

- Dashboards will be available to professionals that at a minimum will show various data points included in the information that will be presented at HCPF's annual SMART (State Measurement for Accountable, Responsive, and Transparent Government) hearing
  - Patient demographics
    - Age
    - Race
    - Ethnicity
    - Preferred Language
  - Screenings, decline screenings, applications

# Submission Timeline

- Data covering January 1, 2025 through June 30, 2025 will be due **September 2, 2025**
- Professionals will submit data through BOX, a Secure File Transfer Protocol (SFTP) set up by HCPF's team

# Additional Training

- June 2025 (Dates/Times TBD) Annual Training
- A recorded training video will be added to the Hospital Discounted Care website mid March



# Contact Info

- General/Policy Questions should be sent to:  
[HCPF\\_HospDiscountCare@state.co.us](mailto:HCPF_HospDiscountCare@state.co.us)
- Data Related Questions should be sent to:  
[HCPF\\_HospDiscountCareData@state.co.us](mailto: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
  - Second Thursday of the Month: 5 p.m. to 6 p.m.
  - Fourth Thursday of the Month: 9 a.m. to 10 a.m.
  - Meeting link and call-in information available on the Hospital Discounted Care website, no need to register

Thank you!



# Thank you!

This concludes today's presentation.

Participants who have no questions for our Questions and Answers (Q&A) are welcome to exit the virtual training by clicking "Leave" at the bottom right of your screen.

