



**COLORADO**

Department of Health Care  
Policy & Financing

303 E. 17th Avenue  
Denver, CO 80203

# Hospital Discounted Care Data Reporting

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*SMART Act Hearing - January 2025*

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 report data to the Department of Health Care Policy and Financing (HCPF) to evaluate compliance with the legislative requirements (screening and eligibility determination, payment plans, and collection practices) across race, ethnicity, age, and primary language spoken in the home.

Hospitals report data annually to HCPF by September 1 for the prior state fiscal year. This report includes data covering FY 2023-24.

Overall, 84 of the 85 hospitals met the reporting requirements.<sup>1</sup> In total, 64,173 patients received financial assistance for their hospital bills through Hospital Discounted Care and/or Colorado Indigent Care Program (CICP) during FY 2023-24. This represents a decrease of 11,140 patients, or -14.79%, across 73 reporting hospitals compared to FY 2022-23.

Hospitals are required to submit data that includes 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,
- 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.

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<sup>1</sup> Community Hospital reported FY 2023-24 data, but the data did not meet reporting requirements and could not be used.

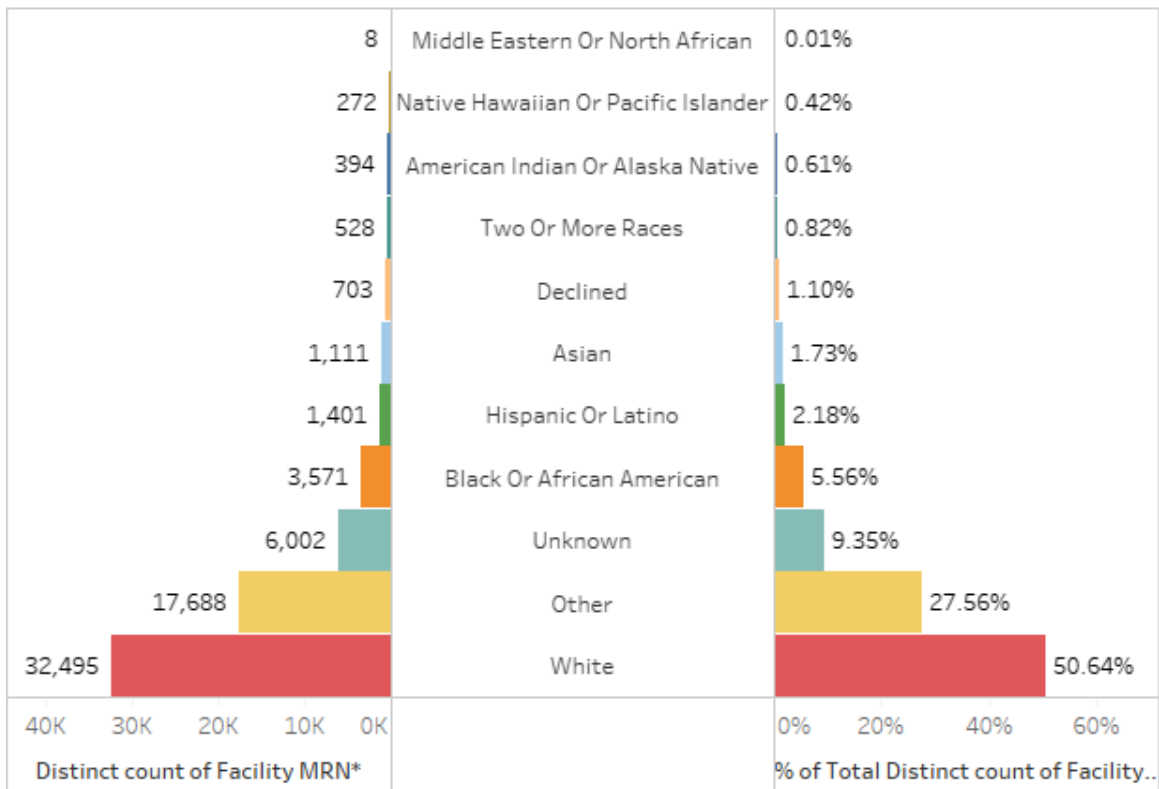
## **A. Patients Receiving Hospital Discounted Care**

In FY 2023-24, the 84 reporting hospitals provided discounted care for 64,173 patients through Hospital Discounted Care and/or CICP. This represents a decrease of 11,140 patients, or -14.79%, across 73 reporting hospitals from 2022-23.

HCPF identified some reporting discrepancies in the FY 2022-23 data. As a result, HCPF held training for providers in June 2024. The training provided reporting and data submission best practices. HCPF found FY 2023-24 reported data showed improved data reporting from the previous year. The FY 2023-24 data will continue to inform updates to the data 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 being included that did not request financial assistance and do not need to be listed in the data.

The following charts and tables illustrate patient demographics determined eligible for Hospital Discounted Care and/or CICP during FY 2023-24.

**Figure 1. Hospital Discounted Care Patients by Race**



**Figure 2. Hospital Discounted Care Patients by Ethnicity**

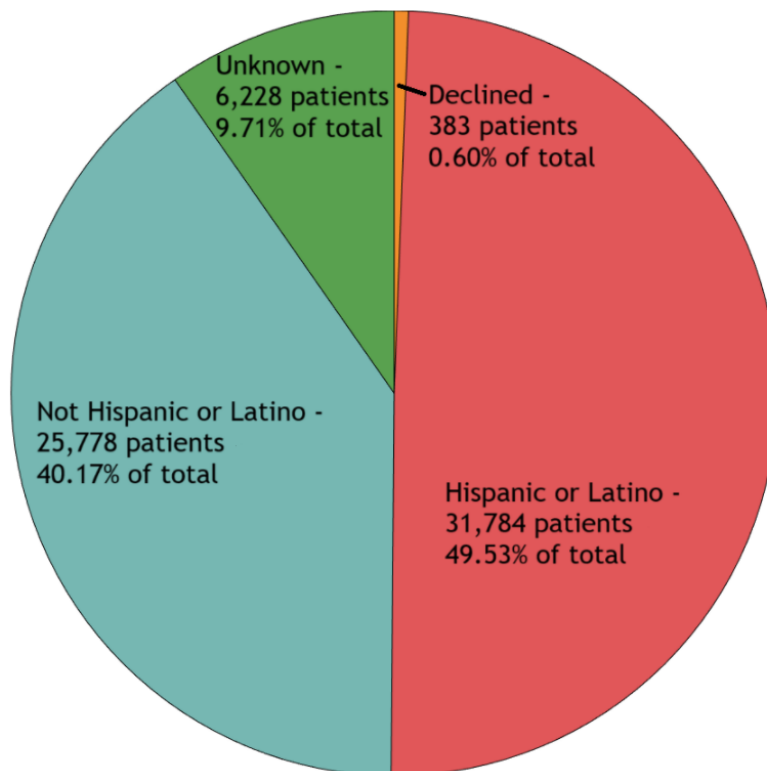
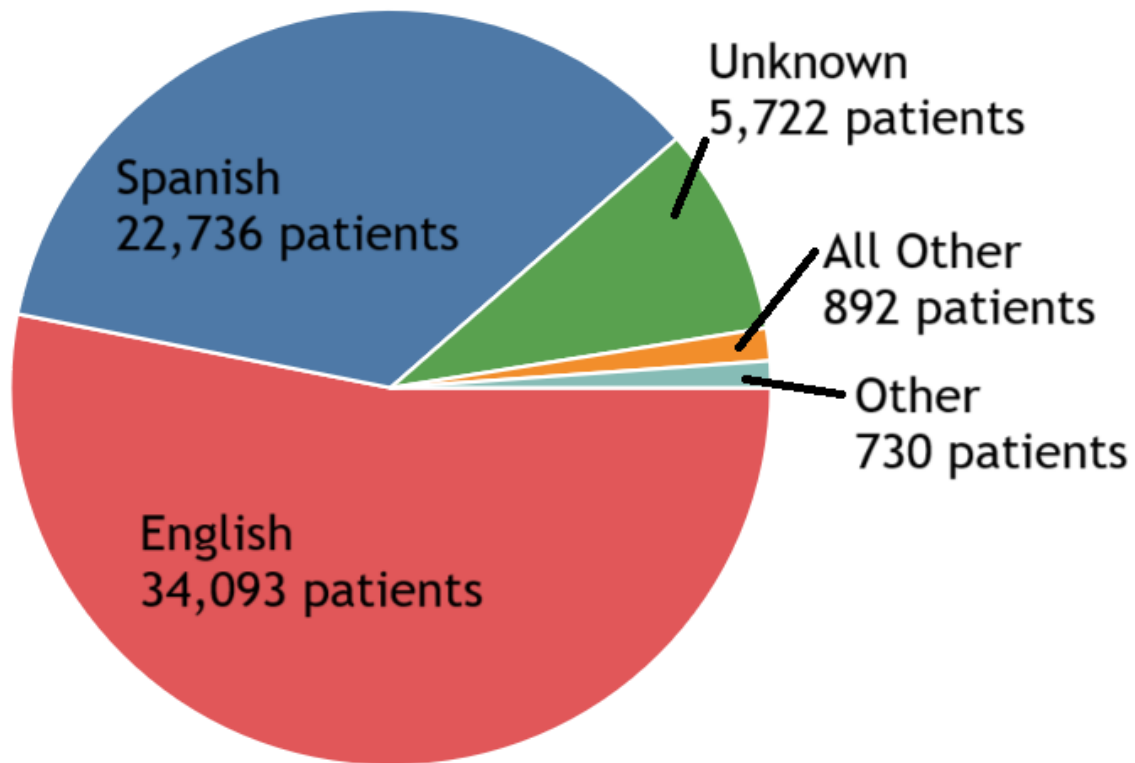


Figure 3 and Table 1 show patients' reported preferred language, where the vast majority is English and Spanish. The Other category includes all languages that were reported as the preferred language for less than 50 patients, and the All Other category includes all languages that were reported as the preferred language for at least 50 patients, other than the Declined group which includes 47 patients. The All Other grouping is broken out in Figure 4.

**Figure 3. Hospital Discounted Care Patients by English, Spanish, Unknown, Other, and All Other Languages**



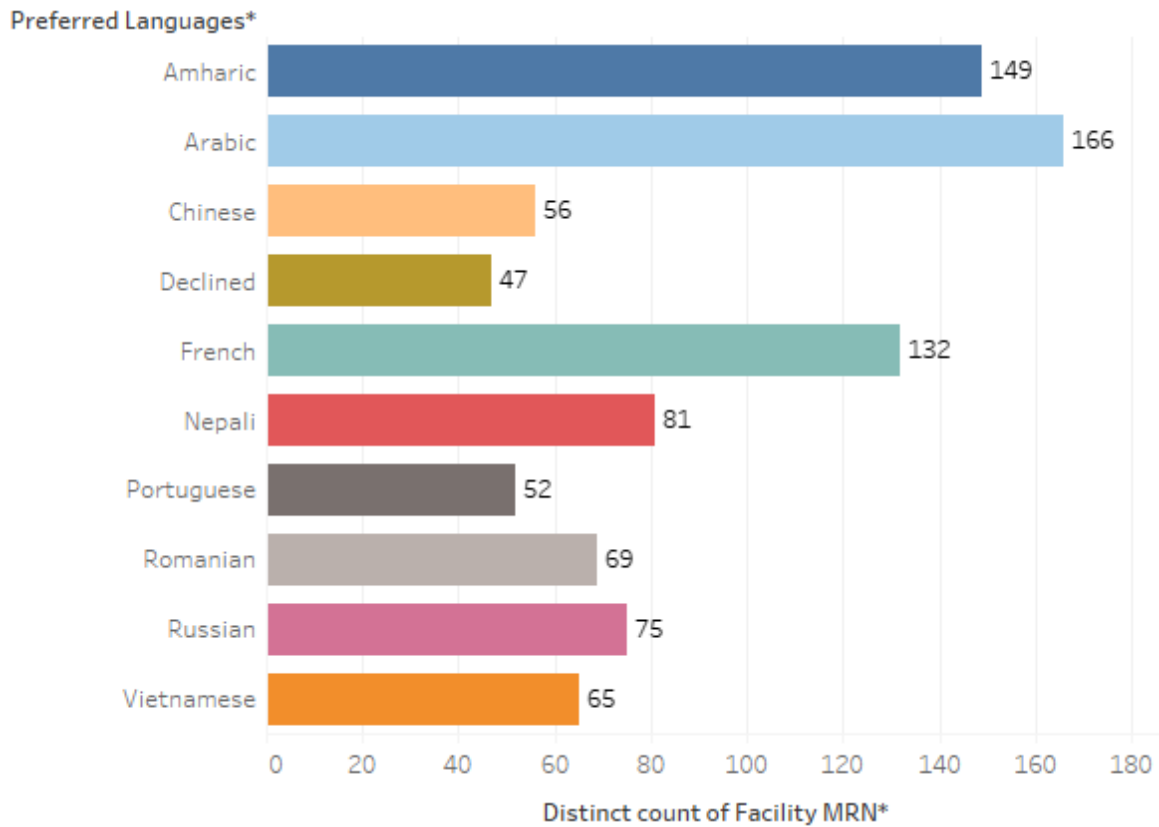
**Table 1. Hospital Discounted Care Patients by Preferred Language - English, Spanish, Unknown, or Other Only**

Preferred Language	Distinct Count of MRNs*	Percent of Total MRNs
English	34,093	53.13%
Other	730	1.14%
Spanish	22,736	35.43%
Unknown	5,722	8.92%
<b>Total</b>	<b>63,281</b>	<b>98.62%</b>

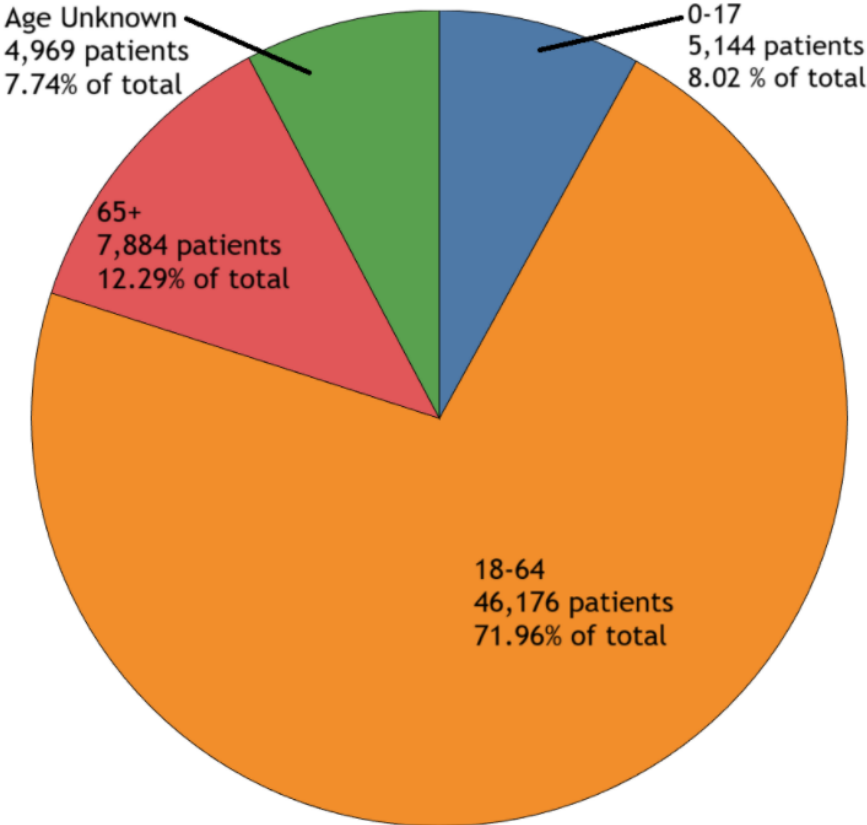
\*MRN= Medical Record Number

Please note, Figure 4 only includes languages other than English, Spanish, unknown, and other. These four groupings far exceed the different languages, 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 4. Hospital Discounted Care Patients by Preferred Language other than English, Spanish, Unknown, or Other**



**Figure 5. Hospital Discounted Care Patients by Age**



## **B. All Patients Included in Data Submissions and Identified Inconsistencies**

HCPF staff identified issues within portions of the FY 2023-24 data submission requirements. One identified issue is the inclusion of incorrect patients into the data from hospitals. Hospitals are required to include all uninsured patients and all insured patients who requested financial assistance in their data. However, the cumulative data showed many patients who were included who were insured and did not seem to have requested financial assistance. HCPF will continue to hold annual training sessions on data reporting requirements under Hospital Discounted Care. Additionally, HCPF will continue to provide necessary updates and guidance to ensure clarity in requirements for future submissions.

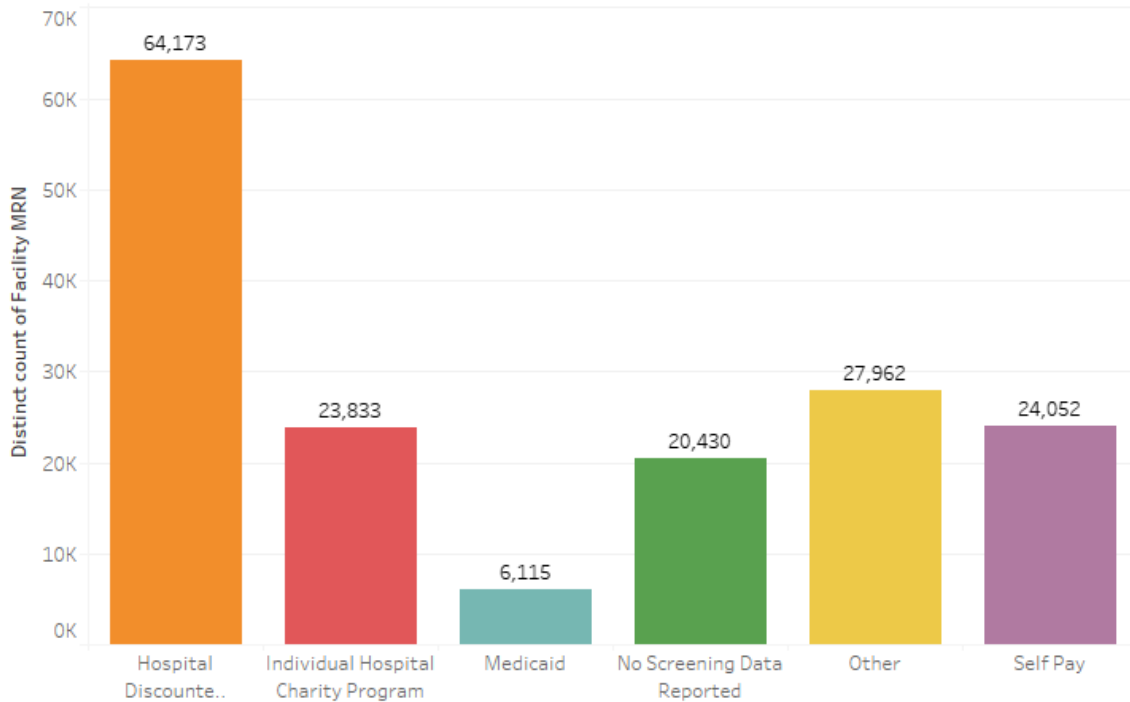
The cumulative data from 84 reporting hospitals included 365,746 distinct patients. Of that total, hospitals reported demographic data for 218,018 patients; no other information was included. The breakdown of the 218,018 patients are as follows:

- For 1,022 patients reported as uninsured and 106 patients reported as insured, only payment plan information was included - these patients are assumed to have accessed services in FY 2022-23 and have continuing payment plans into FY 2023-24.
- For 19,286 patients reported as uninsured and 236 patients reported as insured, only collections information was included - these patients are assumed to have accessed services in FY 2022-23 and have been sent to collections in FY 2023-24.
- For 52,717 patients reported as insured, there was missing screening or application information - these patients likely should not have been included in the hospitals' reporting.
- For 144,651 patients reported as uninsured, there was missing screening or application information - these patients are assumed to have been correctly included, but it is unclear why screening information was not included for them. It is possible that portions of these patients declined screening or did not respond to screening attempts.

HCPF will hold annual training sessions which will include clarification on how patients like these should be reported in order to ensure correct and complete data. Additionally, HCPF continues to hold biweekly 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 data submitted for Hospital Discounted Care and CICP for FY 2023-24. This includes individuals whose reported final determinations did not indicate they were found eligible for Hospital Discounted Care or CICP.

**Figure 6. All Patients with a Reported Final Determination**

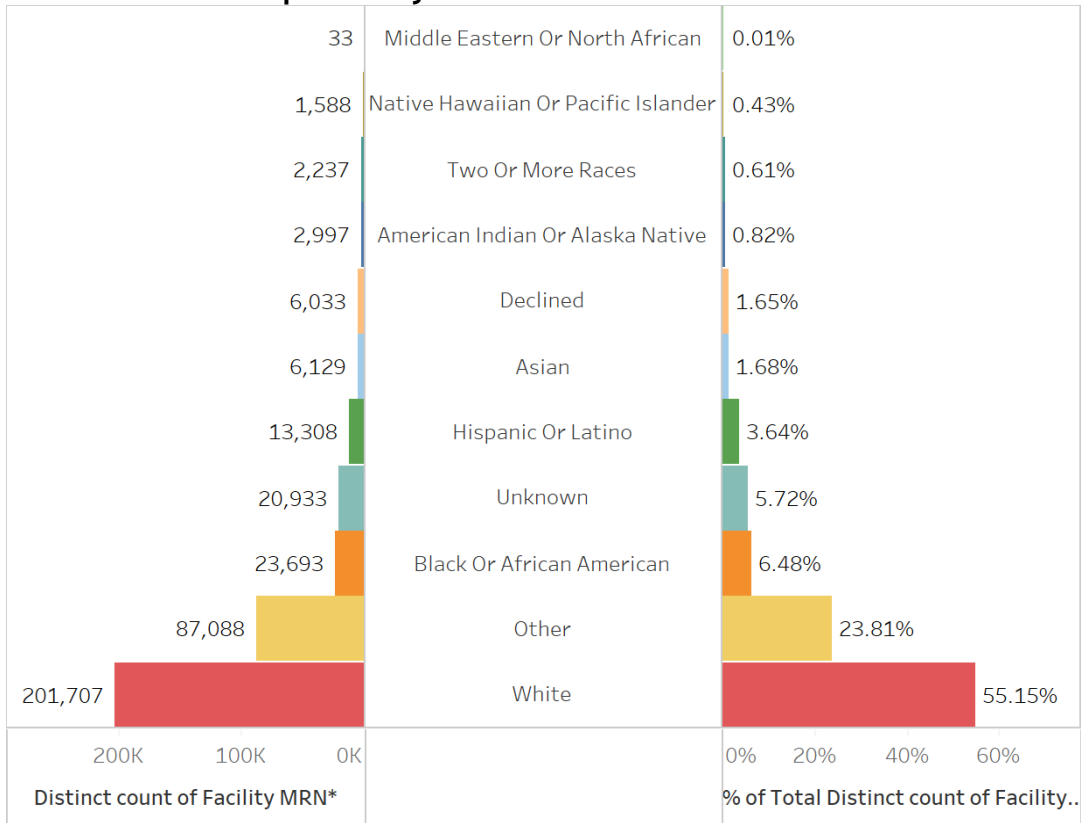


*\*MRN= Medical Record Number*

Figure 6 does not include the 218,018 patients whose final determinations were not included in the submitted data. Additionally, some patients may be included in multiple determination groups if they had a change during the fiscal year. 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 for a later date of service.



**Figure 7. All Patients Reported by Race**



\*MRN= Medical Record Number

**Figure 8. All Patients Reported by Ethnicity**

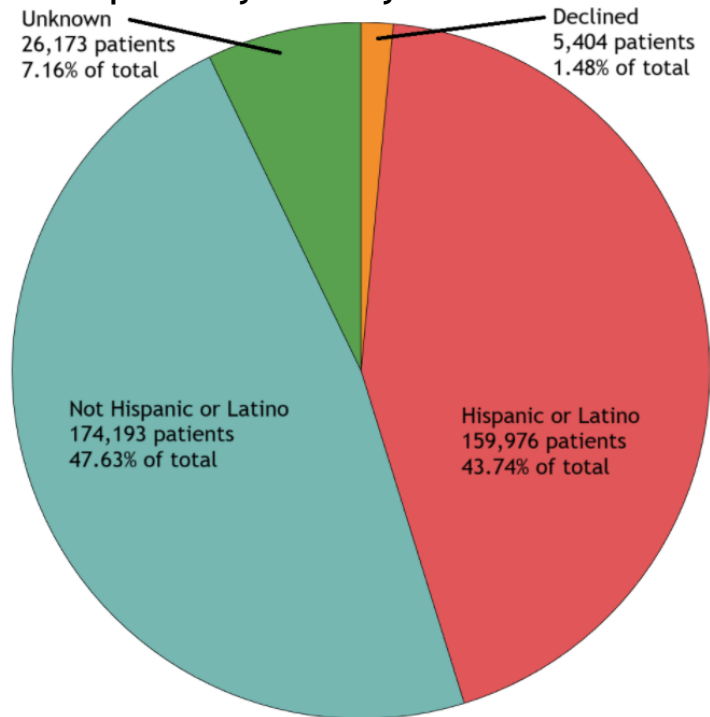
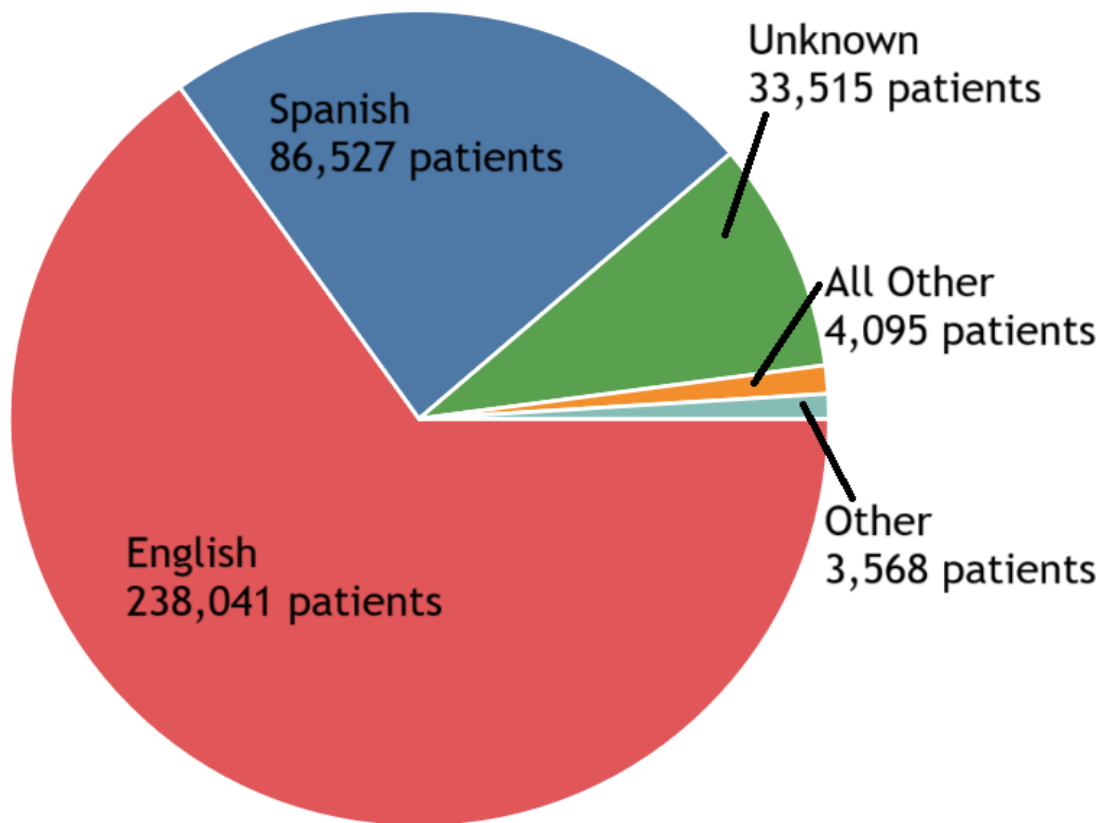


Figure 9 and Table 2 show patients' reported preferred language, where the vast majority is English and Spanish. The same groupings of languages were kept as for the Hospital Discounted Care patients for consistency. For all languages that were reported for less than 50 Hospital Discounted Care patients, there were less than 250 patients overall that reported those languages, with the only exception being Ukrainian. There were less than 50 Hospital Discounted Care patients who reported their preferred language to be Ukrainian, but more than 300 total patients who listed Ukrainian as their preferred language.

**Figure 9. All Patients by English, Spanish, Unknown, Other, and All Other Languages**



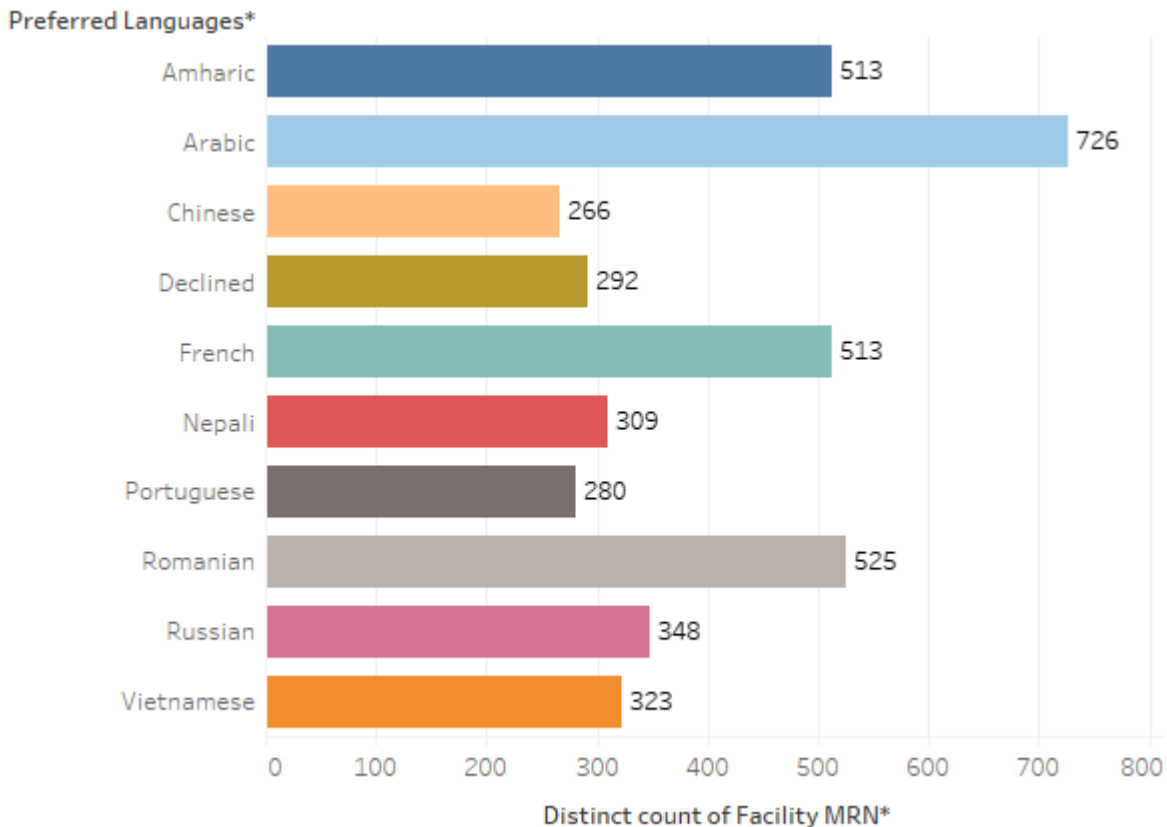
**Table 2. Patients speaking English, Spanish, Unknown, or Other Languages not included in Figure 10**

Preferred Language	Distinct Count of MRNs*	Percent of Total MRNs*
English	238,041	65.08%
Other	3,568	0.98%
Spanish	86,527	23.66%
Unknown	33,515	9.16%
<b>Total</b>	<b>361,651</b>	<b>98.88%</b>

\*MRN= Medical Record Number

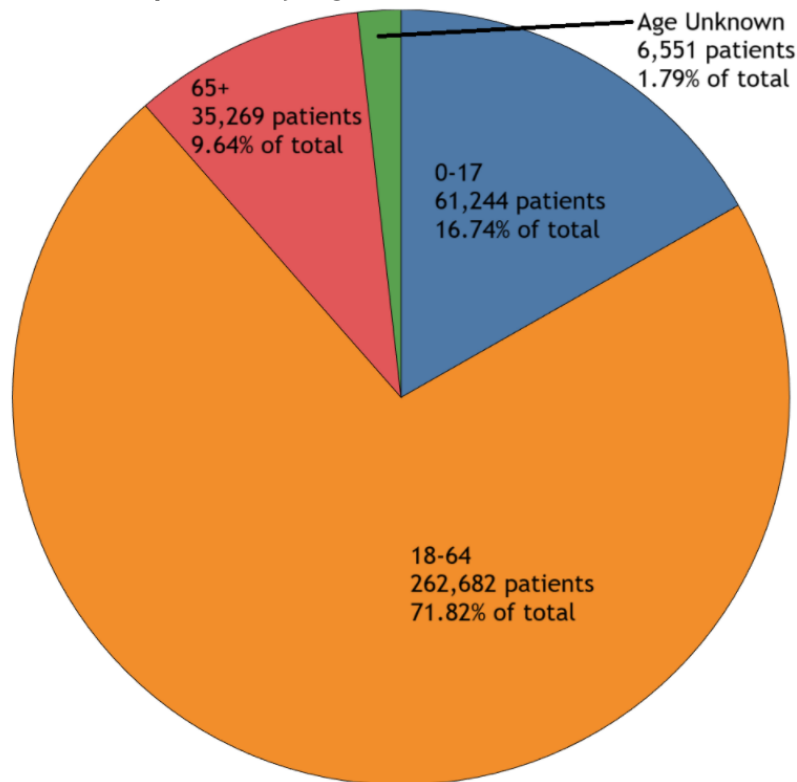
Figure 10 shows patients’ preferred languages other than English, Spanish, unknown, and other because they were the vast majority of preferred languages reported. Please note that preferred language indicates a patient’s primary language for communication; it does not imply that this is their only spoken language.

**Figure 10. All Patients Reported by Preferred Language, other than English, Spanish, Unknown, or Other**



\*MRN= Medical Record Number

**Figure 11. All Patients Reported by Age**



### **C. Provider Compliance Audits**

The Hospital Discounted Care audits focus on eligibility and billing practices. For the eligibility portion of the audit, hospitals are required to submit information and documentation related to screenings and applications. Bills, payment plans, and collections information are required for the billing portion of the audit.

During FY 2023-24, HCPF audited 20 hospitals on completed applications and billing data for the first year of implementation, September 1, 2022, through June 30, 2023. HCPF requires providers to submit a compliance audit statement with a corrective action plan when the audit finds a 10% or higher error rate within any audit section. All 20 audited hospitals required a corrective action plan.

Findings include:

- Patients included in the data that should have not been;
- Patients missing in the data;
- Screening and Screening Best Efforts not completed in the mandated time frame;
- Determination notice not sent in the mandated time frame; and
- Incorrect billing charges.

Providers are required to enforce changes within 90 days following HCPF's approval of providers' corrective action plans. HCPF reviews examples of procedure and policy changes that were or will be implemented to correct the identified errors and ensure

future compliance.

**For more information, contact:**

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