For patient days, **do not** use days related to swing beds, sub-acute/long-term care beds, residential treatment center beds, nursing health, nursing facilities, the treatment of patients on a leave of absence from the facility, patients being observed for the need of admission, or patients who receive services during the day but are not housed at the facility at midnight.

CICP Provider Meeting
March 19, 2010
Handout 2

Hospital Survey for FY 2010-11
Use your Medicare Cost Report for the period ending during calendar year 2008

	Data Element	Description	Enter Your Data Here
1.	Managed Care Days	Days listed as "HMO/PPO Days" on the Patient Census for 2008.(Excludes Medicaid HMO and Medicare HMO Days)	
2.	Non-Managed Care Days	Indemnity insurance plans and other non-managed care plans such as Mutual of Omaha.	
3.	Medicaid Fee-for-Service Days (normal DRG Medicaid payment billed to the State, non-managed care)	These days may be derived using the same methodology used to populate the CMS Medicare Cost Report 2552-96 Worksheet S-3, Part I, Column 5, Line 12 minus Line 3 (Swing Bed Days-SNF) minus Line 4 (Swing Bed Days-NF) minus Line 11 (Nursery Days).	
4.	Medicaid Nursery Days	These days may be derived using the same methodology used to populate the CMS Medicare Cost Report 2552-96 Worksheet S-3, Part I, Column 5, Line 11. Includes Medicaid Nursery Days for fee for service and HMO enrolled clients.	
5.	Medicaid Managed Care Days	These days may be derived using the same methodology used to populate the CMS Medicare Cost Report 2552-96 Worksheet S-3, Part I, Column 5, Line 2.	
6.	Medicaid Psychiatric Days	These days may be derived using the same methodology used to populate the CMS Medicare Cost Report 2552-96 Worksheet S-3, Part I, Line 14, Column 5 (Medicaid).	
7.	Medicaid Rehabilitation Days	These days may be derived using the same methodology used to populate the CMS Medicare Cost Report 2552-96 Worksheet S-3, Part I, Line 14.01, Column 5 (Medicaid).	
8.	Medicare Fee-for-Service Days (normal DRG, non-managed care)	These days may be derived using the same methodology used to populate the CMS Medicare Cost Report 2552-96 Worksheet S-3, Part I, Column 4, Lines 12 and minus Line 3 (Swing Bed Days-SNF) minus Line 4 (Swing Bed Days-NF).	

Hospital Survey for FY 2010-11
Use your Medicare Cost Report for the period ending during calendar year 2008

	Data Element	Description	Enter Your Data Here
9.	Medicare HMO Days	These days may be derived using the same methodology used to populate the CMS Medicare Cost Report 2552-96 Worksheet S-3, Part I, Column 4, Line 2.	
10.	Colorado Indigent Care Program (CICP) Days	Report patient days for those in the CICP.	
11.	Charity Care Days	Patients in hospital's charity care program (does not include CICP). Health services for which hospital policies determine the patient is unable to pay. Charity care results from a provider's policy to provide health care services free of charge or where only partial payment is expected to individuals who meet certain financial criteria.	
12.	Uninsured/Self Pay Days	Days for self pay clients and those with no third party coverage.	
13.	Other Payers Days	These are days not included in numbers 1 – 12 above.	
14.	Total Days	The Total Days as reported on the 2008 Patient Census. This should reconcile to Total Days derived using the same methodology used to populate the CMS Medicare Cost Report 2552-96 Worksheet S-3, Part I, Column 6, Line 12 for Acute Care Days and Line 14 for Subprovider (Psychiatric and Rehabilitation) Days.	
15.	Charity Care Write-Off Charges	Health services for which hospital policies determine the patient is unable to pay. Charity care results from a provider's policy to provide health care services free of charge or where only partial payment is expected (not to include contractual allowances for otherwise insured patients) to individuals who meet certain financial criteria. For the purpose of uncompensated care, charity care is measured on the basis of revenue forgone, at full-established rates. Charity care does not include bad debt nor CICP charges.	
16.	Bad Debt, EXCLUDING MEDICARE BAD DEBT	The current period charge for actual or expected doubtful accounts resulting from the extension of credit. Exclude Medicare Bad Debt.	

Hospital Survey for FY 2010-11
Use your Medicare Cost Report for the period ending during calendar year 2008

	Data Element	Description	Enter Your Data Here
17.	Uninsured/Self Pay Write-Off Charges	Charges for self pay clients and those with no third party coverage less adjustments such as courtesy or policy discounts.	
18.	Medicare-Medicaid Dual Eligible Days	Report days for patients with Medicare primary and Medicaid secondary.	
19.	Third Party-Medicaid Days	Report days for patients with Third Party coverage (other than Medicare) primary and Medicaid secondary.	

Contact Information

Provider Name _____

CFO Name _____

CFO Address _____

CFO City, State Zip _____

CFO Phone _____

CFO Email _____

Please return the completed survey no later then April 30, 2010 to:

Department of Health Care Policy and Financing
Safety Net Section
Attention: Shannon Huska
1570 Grant Street
Denver, CO 80203
shannon.huska@state.co.us

If you have any questions on the form please contact Jeff Orford at 303.866.5907 or jeff.orford@state.co.us