Data Request: Hospital Name

Wyoming Healthcare Commission Trauma and Uncompensated Care Study Hospital Survey

Section 1: Inpatient Services

- 1. Identify the discharges in the table below in your hospital billing system by using the information in columns B through G. This information is from the Wyoming Hospital Discharge database. If you are unable to locate the discharge, leave the row blank.
- 2. Verify that the charges recorded in Column G equal those in your hospital's billing system, by typing in "yes" or "no" in Column H. If you enter "no" in Column H, please provide the recorded charges in your billing system in Column I. Otherwise, leave Column I blank.
- 3. Record payments for each payor type in Columns J through T. If more than one payor has reimbursed your hospital for the patient's stay, please record all payments.
- 4. Column T should equal total charges (either Column G or I).
- 5. If there are any readmissions within 30 days of a discharge for a patient listed in the table, record information for that readmission under the shaded bar labeled "Readmissions, if present". In Column A, fill in the survey identifier number for the discharge where there was a readmission, and complete columns B through T using information in the hospital billing system.
- 6. Complete Section 2 for any discharges that have a "Yes" in Column U. These are discharges with an admission date between January 1, 2003 and July 31, 2003.

Inpatient Discharges

							Charges Charges													
							Same As	Charges in		Payments										
						Charges from	Those In	Billing		Medicare										
Survey		Unique Patient/				Wyoming Hospital	Hospital Billing	System, If Different		(Include patient out-			Contractual Discount for	Private Pay (Include patient	Drivoto Dov	Charity Care as defined by	-	Remaining	Total	Identify
-	Medical Record	Discharge	Admission	Date of	Principal	Discharge	Ü	From Column		of-pocket	Workers		Government	out-of-pocket	Negotiated	Hospital	Installment	Unpaid	(should equal Total	Outpatient
Number	Number	Number*	Date**	Birth	Diagnosis	Database	(Yes/No)	G	Medicaid	payments)	Comp	Other Gov't	Programs	payments)	Discount	Policy	Payments	Charges	Charges in G or I)	Records?
A	В	C	D	E	F	G	Н	I	J	K	L	M	N	0	P	Q	R	s	T = (Sum of J - S)	U
Example	8974	1234	1/10/2003	11/18/1970	799.0	\$ 100.00	Yes			\$100.00									\$100.00	Yes
1																			0	
2																			0	
3																			0	
4																			0	
5																			0	
6																			0	
7																			0	
	Total:					\$ -		\$ -	\$ -	s -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

Data Request: Hospital Name

Wyoming Healthcare Commission Trauma and Uncompensated Care Study Hospital Survey

Section 1: Inpatient Services

- 1. Identify the discharges in the table below in your hospital billing system by using the information in columns B through G. This information is from the Wyoming Hospital Discharge database. If you are unable to locate the discharge, leave the row blank.
- 2. Verify that the charges recorded in Column G equal those in your hospital's billing system, by typing in "yes" or "no" in Column H. If you enter "no" in Column H, please provide the recorded charges in your billing system in Column I. Otherwise, leave Column I blank.
- 3. Record payments for each payor type in Columns J through T. If more than one payor has reimbursed your hospital for the patient's stay, please record all payments.
- 4. Column T should equal total charges (either Column G or I).
- 5. If there are any readmissions within 30 days of a discharge for a patient listed in the table, record information for that readmission under the shaded bar labeled "Readmissions, if present". In Column A, fill in the survey identifier number for the discharge where there was a readmission, and complete columns B through T using information in the hospital billing system.
- 6. Complete Section 2 for any discharges that have a "Yes" in Column U. These are discharges with an admission date between January 1, 2003 and July 31, 2003.

Inpatient Discharges

Survey Identifier Number	Medical Record Number	Unique Patient/ Discharge Number*	Admission Date**	Date of Birth	Principal Diagnosis	Charges from Wyoming Hospital Discharge Database	Charges Charges Same As Those In Hospital Billing System? (Yes/No)	Charges in Billing System, If Different From Column G	Medicaid	Medicare (Include patient out- of-pocket payments)	Workers Comp	Other Gov't	Contractual Discount for Government Programs	Private Pay (Include patient out-of-pocket payments)		Charity Care as defined by Hospital Policy	-	Remaining Unpaid Charges	Total (should equal Total Charges in G or I)	Identify Outpatient Records?
A	В	С	D	E	F	G	Н	I	J	K	L	M	N	0	P	Q	R	S	T = (Sum of J - S)	U
Readmissio	ns, if applicable			,																
																			0	
																			0	
																			0	
								į											0	
																			0	
																			0	
													•						0	
																			0	
																			0	
										•			•			•		•	0	
	Total:							\$ -	\$ -	S -	\$ -	s -	\$ -	\$ -	\$ -	\$ -	\$ -	S -	S -	

^{*}As provided to Solucient by your hospital for the Wyoming Hospital Discharge Database.

^{**}Solucient defines State Fiscal year using the discharge date; therefore, the data request may include admission dates prior to July 1, 2001.

Data Request: Hospital Name

Wyoming Healthcare Commission Trauma and Uncompensated Care Study Hospital Survey

Section 2: Outpatient Hospital Services for Selected Inpatient Discharges

- 1. Identify all outpatient hospital services that have occurred during the time period from 30 days before thru 30 days after the selected inpatient discharges in Section 1. Please list each bill separately; if there is more than one outpatient hospital bill for the inpatient hospital discharge, list each bill on a separate row.
- 2. In Column A of the table below, enter the survey identifier number for the inpatient discharge that corresponds to the outpatient bill you are recording (Column A of Section 1).
- 3. Enter the outpatient bill number your hospital assigns in Column B
- 4. Use the information on the outpatient hospital bill to complete Columns B through E in the table below (principal diagnosis code, principal procedure code and charges).
- 5. Record payments for each payor type in Columns F through O. If more than one payor has reimbursed your hospital for the bill, please record all payments.
- 6. Column P should equal total charges in Column E.

					Payments										
Survey Identifier Number from Inpatient Discharge	Outpatient Bill Number	Principal Diagnosis Code	Principal Procedure Code	Charges	Medicaid	Medicare (Include patient out-of-pocket payments)	Workers Comp	Other Gov't	Contractual Discount for Government Programs	Private Pay (Include patient out-of-pocket payments)	Private Pay Negotiated Discount	Charity Care as defined by Hospital Policy	Anticipated Outstanding Installment Payments	Remaining Unpaid Charges	Total (should equal Total Charges in E)
A	В	C	D	E	F	G	H	I	J	K	L	M	N	0	P = (Sum of F - O)
Example - 1	55678	799.0	80048	\$100		\$40.00									\$40.00
				i											0
															0
															0
															0
				!											0
															0
				į											0
		İ		İ											0
	Total:	•		i			•		•	•		•	•	•	