

**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			Payments										Identify Outpatient Records?		
						Charges from Wyoming Hospital Discharge Database	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)	Private Pay Negotiated Discount	Charity Care as defined by Hospital Policy	Anticipated Outstanding Installment Payments	Remaining Unpaid Charges		Total (should equal Total Charges in G or I)	
																					J
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	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		
<b>Total:</b>						\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T = (Sum of J - S)	U
<b>Readmissions, if applicable</b>																				
																			0	
																			0	
																			0	
																			0	
																			0	
																			0	
																			0	
																			0	
																			0	
<b>Total:</b>								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-

\*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.

