



## Hospital Financial Transparency Annual Report

Hospital Name:		Information Required.
Date:		Information Required.
Submitted to:	Department of Health Care Policy & Financing	

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**General Instructions:**

1. Read through all the Notes and Instructions first to avoid confusion in the inputting process.
2. Complete each form by filling in values into the cells.
3. Where applicable utilize the drop-down feature to fill fields.
  - a. When using the drop-down feature and a field does not apply to the hospital named within this form please select the "N/A" option. Do not leave the field incomplete.
4. **Making notes for non-conforming inputs are recommended, here are some inputs where notes are highly recommended:**
  - a. For any input that was manually entered where an auto-population would occur please note the line item in the Notes from Hospital tab.
  - b. Any additional notes that the individual completing the form feels is necessary can be placed in the Notes from Hospital tab.

**Specific Instructions:**

1. When filling out the Acquisitions and System Acquisitions tabs please insert each unique individual physician or group practice into a new row and provide the provider identification information from each column.
2. When filling out the Employee Compensation & Hours tab please follow all instructions in the pop out instructions for details to each column. For more information related to the job classifications please see the accompanying document "Definitions & Descriptions" for more
3. When filling out the Utilization and Charges & Revenue tabs the Total columns will auto-populate from inputs in the Major Payer Group columns. It is required to fill out the Major Payer Group columns. Only filling out the Total column is insufficient to complete the form.
4. The Expenses & Net Income tab is structured to report expenses line item and functional category (direct patient care, other patient care, general/administrative, and other). The Total column will auto-populate from the inputs by functional category. There is a field to provide notes on how costs are split within that sheet.
5. The Balance Sheet tab includes a rollforward schedule. It is not advisable to enter values into the shaded cells.
6. The Bad Debt & Charity Care tab is an alternative to reporting Bad Debt and Charity Care in the Charges & Revenue tab. If your hospital is unable to allocate Bad Debt and Charity Care in dollar values, then this tab can be used to estimate proportional allocation that the Department can use.

Hospital Financial Transparency Report

Report Certification

I certify that the information in this report is provided according to all requirements set forth by the Department’s regulations found in the Code of Colorado Regulations (CCR) at 10 CCR 2505-10, Section 8.5000.

Hospital Name:		Information Required.
Name:		Information Required.
Title:		Information Required.
Phone Number:		Information Required.
Email Address:		Information Required.

General Information	Value
Licensed Hospital Name*	
Preferred Hospital Name	
Fiscal Year Begin Date*	
Fiscal Year End Date*	
Available beds*	
Licensed beds*	
To complete this template, please fill in all fields at the hospital level only. If a hospital only breakout is not possible please indicate if the data include entities other than the hospital such as clinics, physician practices, long-term care services, free-standing ERs, foundations, etc. Please list below in column B or in the Notes from Hospital tab.	
(please see the line above)	
(please see the line above)	
(please see the line above)	
At this time, was the hospital:	
Managed by a health system*	
If so, what health system managed the hospital?	
Owned by a health system*	
If so, what health system owned the hospital?	
Does this hospital participate in the Colorado Indigent Care Program (CICP)?*	
Is this hospital designated as a Critical Access Hospital (CAH)*	
Does the hospital have ownership interest in a health plan?*	

[illegible]

If acquisitions and affiliations between physician practices is handled by the hospital system please provide below all purchases or affiliations that occurred.

[illegible]

[illegible]

Field	Value
Number of employees at fiscal year begin date	
Number of employees at fiscal year end date	
Employees in the period†	0
Employee Departures	
Average number of annual job vacancies	
Average number of jobs at organization†	0
Full-time Equivalent Employees*	
Staff turnover*†	0%
Staff vacancy rate*†	0%



Inpatient Discharges	Total	Medicare	Medicaid	Self Pay	Commercial	CICP	Champus/ Tricare	Other	Notes
Acute Care Discharges*									
Swing Bed Discharges*									
Subacute/LTC Discharges*									
DPU Discharges*									
Total Discharges*†	0	0	0	0	0	0	0	0	
Inpatient Days	Total	Medicare	Medicaid	Self Pay	Commercial	CICP	Champus/ Tricare	Other	Notes
Acute Care Patient Days*									
Swing Bed Patient Days*									
Subacute/LTC Patient Days*									
DPU Patient Days*									
Total Patient Days*†	0	0	0	0	0	0	0	0	
Inpatient volume	Total								Notes
Number of Inpatient Surgeries*									
Number of Births*									
Number of Newborn Patient Days*									
Admission Source	Total								Notes
Hospital-based Emergency Department Admissions*									
Free-standing Emergency Departments Admissions*									
Outpatient Visits	Total								Notes
Emergency Department Visits*									
Ambulatory Surgery Visits*									
Observation Visits*									
Home Health Visits*									
All Other Visits*									
Total Outpatient Visits*†	0								

Gross Charges	Total	Medicare	Medicaid	Self Pay	Commercial	CICP	Champus/ Tricare	Other
Inpatient - Acute Gross Charges*								
Outpatient - Acute Gross Charges*	\$ -							
Swing Bed Gross Charges*	\$ -							
Subacute/LTC Gross Charges*	\$ -							
DPU Gross Charges*	\$ -							
Home Health Gross Charges*	\$ -							
Total Gross Charges*†	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Are Supplemental Payments included in Gross Charges?*								
Contractual Allowances & Supplemental Payments	Total	Medicare	Medicaid	Self Pay	Commercial	CICP	Champus/ Tricare	Other
Acute Care Contractual Allowances - Outpatient*	\$ -							
Other Contractual Allowances*	\$ -							
Total Contractual Allowances*†	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Are Supplemental Payments included (as an offset) in Contractual Allowances?*								
Supplemental Payments (whether included or not included in contractual allowances)*	\$ -							
Total Contractual Allowances offset by Supplemental Payments*†	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Write-Offs/ Provisions	Total	Medicare	Medicaid	Self Pay	Commercial	CICP	Champus/ Tricare	Other
Bad Debt Write-Offs/Provisions*	\$ -							
Charity Write-Offs/Provisions*	\$ -							
Administrative & Other Write-Offs/Provisions	\$ -							
Total Write-Offs/Provisions*†	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Patient Revenue	Total	Medicare	Medicaid	Self Pay	Commercial	CICP	Champus/ Tricare	Other
Total Net Patient Revenue	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Operating Revenue	Total							
Other Operating Revenue- Item 1								
Other Operating Revenue- Item 2								
Other Operating Revenue- Item 3								
Other Operating Revenue- Item 4								
Other Operating Revenue- Item 5								
Other Operating Revenue- Item 6								
Other Operating Revenue- Item 7								
Other Operating Revenue- Item 8								
Other Operating Revenue- Item 9								
Other Operating Revenue- Item 10								
All-Other Other Operating Revenue								
Total Other Operating Revenue*†	\$ -							
Total Operating Revenue†	\$ -							

The Department asks that hospitals be mindful in recording supplemental payments.

- Do not record net reimbursement (supplemental payment minus provider fees).
- Indicate if your hospital is recording supplemental payments within your gross charges or contractual allowances.
- Provide supplemental payments.
- The Expense & Net Income tab has a field for recording the provider fee expense.

If your hospital is unable to record supplemental payments and provider fees separately, contact the Department and make a note in the Notes from Hospital tab.

Salaries, Wages, & Benefits	Total	Direct Patient Expense	Other Patient Expense	General/ Administrative	Other	Notes
Non-physician Payroll Expense*	\$ -					
Physician Payroll Expense*	\$ -					
Total Payroll Expense*†	\$ -	\$ -	\$ -	\$ -	\$ -	
Contracted Labor Expense*	\$ -					
Benefit Expense*	\$ -					
Total Salaries, Wages, & Benefits Expense*†	\$ -	\$ -	\$ -	\$ -	\$ -	
Supply Expenses	Total	Direct Patient Expense	Other Patient Expense	General/ Administrative	Other	Notes
Medical Supplies	\$ -					
Medical Drugs	\$ -					
Minor Equipment	\$ -					
Other Supplies	\$ -					
Total Supply Expense*†	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Operating Expenses	Total	Direct Patient Expense	Other Patient Expense	General/ Administrative	Other	Notes
Business Development Expense	\$ -					
Contract Services	\$ -					
Dues, Fee, Licenses, and Subscriptions	\$ -					
Insurance Expense	\$ -					
Purchased Services	\$ -					
Provider Fee Expense*	\$ -					
Marketing & Advertising Expense*	\$ -					
Management Fee	\$ -					
Physician remuneration	\$ -					
Interest Expense*	\$ -					
Information Technology (IT) Expense	\$ -					
Depreciation Expense*	\$ -					
Maintenance & Utilities Expense	\$ -					
Leases & Rental Expense	\$ -					
Additional expense line category/classification for expenses not listed above.	Total	Direct Patient Expense	Other Patient Expense	General/ Administrative	Other	Notes
(optional expense line)	\$ -					
(optional expense line)	\$ -					
(optional expense line)	\$ -					
Sum of Optional Expenses†	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Operating Expenses*	\$ -					
Total Operating Expense*†	\$ -					
Total Operating Income*†	\$ -					
Tax subsidies*						
Non-operating Revenues	Total					
Non-operating Revenue- Item 1						
Non-operating Revenue- Item 2						
Non-operating Revenue- Item 3						
Non-operating Revenue- Item 4						
All-Other Non-operating Revenue						
Total Non-operating Revenue*	\$ -					
Non-operating Expenses	Total					
Non-operating Expense- Item 1						
Non-operating Expense- Item 2						
Non-operating Expense- Item 3						
Non-operating Expense- Item 4						
All-Other Non-operating Expense						
Non-operating Expense*	\$ -					
Net Income	\$ -					

Field	Value
	Jan 00, 1900 Balance
Assets	
Cash & Short-Term Investments*	
Patient Accounts Receivables*	
Allowance for Doubtful Accounts*	
Net Patient Accounts Receivable*†	\$ -
Notes & Other Receivables	
Net Accounts Receivables*†	
Inventory*	
Other Current Assets*	
Total Current Assets*†	\$ -
Property, Plant, Equipment	Value
Land*	
Buildings*	
Buildings and Leasehold Improvements*	
Fixed Equipment*	
Other Equipment*	
Less: Accumulated Depreciation*	
Construction in Progress*	
Property, Plant, Equipment, Net*†	\$ -
Long-Term Investments*	
Other Non-Current Assets*	
Total Long-Term Assets*†	\$ -
Total Assets*†	\$ -
Liabilities & Net Assets/Equity	Jan 00, 1900 Balance
Accounts Payable	
Accrued Salaries	
Accrued Expenses	
Current Portion of Long-term Debt	
Other Current Liabilities	
Deferred revenue	
Total Current Liabilities*†	\$ -
Long-Term Debt*	
Other Long-term Liabilities*	
Total Long-term Liabilities*	\$ -
Total Liabilities*†	\$ -
Net Investment in Capital Assets	Total
Unrestricted Net Assets*	
Restricted Net Assets*	
Total Net Assets*†	\$ -
Total Liabilities and Net Assets*†	\$ -

Cell will highlight "green" when matches Total Assets
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Property, Plant & Equipment Roll-Forward	Jan 00, 1900 Beginning Balance	Purchases between 01/00/1900 and 01/00/1900	Depreciation expense between 01/00/1900 and 01/00/1900	Disposals between 01/00/1900 and 01/00/1900	Other changes between 01/00/1900 and 01/00/1900	Jan 00, 1900 Ending Balance†
Land Roll-forward*			<del>Do not fill in cell</del>			\$ -
Buildings Roll-forward*			<del>Do not fill in cell</del>			\$ -
Buildings and Leasehold Improvements Roll-forward*			<del>Do not fill in cell</del>			\$ -
Fixed Equipment Roll-forward*			<del>Do not fill in cell</del>			\$ -
Other Equipment Roll-forward*			<del>Do not fill in cell</del>			\$ -
Accumulated Depreciation Roll-forward*						\$ -
Construction in Progress Roll-forward			<del>Do not fill in cell</del>			\$ -
Property, Plant, Equipment, Net Roll-forward*†	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Does it equal line from the balance sheet?†	TRUE					

If your hospital is unable to break out number values for Bad Debt and Charity Care Write Offs by Major Payor Groups please provide below estimated percentages that the Major Payor Groups account f

Bad Debt/ Charity Care Allocation								
Total	Medicare	Medicaid	Self Pay	Commercial	CICP	Champus/Tricare	Other	
Bad Debt	0%							
Charity Care	0%							

If estimates were provided, please provide a short explanation of the estimates in the cell below:

Cost-to-Charge Ratio		
Component	Location	Value
Total Operating Expense		\$ -
Gross Charges		\$ -
Other Operating Revenue		\$ -
Cost-to-Charge Ratio		

Patient Service Costs		
Component	Location	Value
Gross Charges		\$ -
Cost-to-Charge Ratio		
Patient Service Costs		\$ -

Patient Service Net Income		
Component	Location	Value
Net Patient Revenue		\$ -
Patient Service Costs		\$ -
Patient Service Net Income		\$ -

Patient Service Profit Margin		
Component	Location	Value
Patient Service Net Income		\$ -
Net Patient Revenue		\$ -
Patient Service Profit Margin		0%

Operating Profit Margin		
Component	Location	Value
Total Operating Income		\$ -
Total Operating Revenue		\$ -
Operating Profit Margin		0%

Total Profit Margin		
Component	Location	Value
Net Income		\$ -
Net Patient Revenue		\$ -
Other Operating Revenue		\$ -
Non-operating Revenue		\$ -
Tax Subsidies		\$ -
Total Profit Margin		0%

$$\frac{Total\ Operating\ Expense}{(Gross\ Charges + Other\ Operating\ Revenue)} = Cost\ to\ Charge\ Ratio$$

$$Gross\ Charges \times Cost\ to\ Charge\ Ratio = Patient\ Service\ Costs$$

$$Net\ Patient\ Revenue - Patient\ Service\ Costs = Patient\ Service\ Net\ Income$$

$$\frac{Patient\ Service\ Net\ Income}{Net\ Patient\ Revenue} = Patient\ Service\ Profit\ Margin\ (\%)$$

$$\frac{Total\ Operating\ Income}{Total\ Operating\ Revenue} = Operating\ Profit\ Margin\ (\%)$$

$$\frac{Net\ Income}{(Net\ Patient\ Revenue + Other\ Operating\ Revenue + Nonoperating\ Revenue + Tax\ Subsidies)} = Total\ Profit\ Margin\ (\%)$$



Please fill out any notes from the hospital to the Department of Health Care Policy & Financing in the  
We recommend using a new row for each new note.

[illegible]

