

**Facility Name:**  
**Emergency Services**  
**Initial Data Request**

Data Request Elements	Previous Calendar Year	Current Year-to-Date
Reporting Period From: xx/xx/xxxx		
Reporting Period To: xx/xx/xxxx		
Total ED Volume ( outpatient and inpatient volume )		
Percentage of ED visits admitted to the hospital		
Percentage of ED patients that leave prior to seeing a physician		
Percentage of overall hospital admissions that originate in the ED		
Percentage of ED patients that arrive by ambulance		
Net collection percentage on the ED facility side		
Data per each facility charge level ( outpatient and inpatient ):		
<b>Payor Mix</b>		
Commercial		
Medicare		
Medicaid		
Self Pay		
BWC		
Other		
<b>Level 1:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Level 2:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Level 3:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Level 4:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Level 5:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>CC:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Charge Files</b>		
Current Charge Sheets		
Revenue & Usage (include CDM/Description/CPT)		

**Facility Name:**

**Urgent Care  
Initial Data Request**

<b>Data Request Elements</b>	<b>Previous Calendar Year</b>	<b>Current Year-to-Date</b>
Reporting Period From: xx/xx/xxxx		
Reporting Period To: xx/xx/xxxx		
Total Volume ( outpatient and inpatient volume)		
Percentage of Urgent Care visits admitted to the hospital		
Percentage of Urgent Care patients that leave prior to seeing a physician		
Percentage of overall hospital admissions that originate in the ED		
Percentage of Urgent Care patients that arrive by ambulance		
Net collection percentage on the Urgent Care facility side		
Data per each facility charge level ( outpatient and inpatient):		
<b>Level 1:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Level 2:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Level 3:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Level 4:</b>		
Number of patients		
Percentage of patients		
Facility charge		
<b>Level 5:</b>		
Number of patients		
Percentage of patients		
<b>Charge Files</b>		
Current Charge Sheets		
Revenue & Usage (include CDM/Description/CPT)		

**Facility Name:**  
**Physician Group**  
**Initial Data Request**

Data Request Elements	Previous Calendar Year	Current Year-to-Date
Reporting Period From: xx/xx/xxxx		
Reporting Period To: xx/xx/xxxx		
Total ED Volume ( outpatient and inpatient volume )		
Percentage of ED visits admitted to the hospital		
Percentage of ED patients that leave prior to seeing a physician		
Percentage of overall hospital admissions that originate in the ED		
Net collection percentage on the ED professional side		
Percentage of patients seen by Midlevel Providers		
Percentage of patients seen by Midlevels without physician supervision		
Data per each facility charge level ( outpatient and inpatient ):		
<b>Level 1:</b>		
Number of patients		
Percentage of patients		
Professional charge		
<b>Level 2:</b>		
Number of patients		
Percentage of patients		
Professional charge		
<b>Level 3:</b>		
Number of patients		
Percentage of patients		
Professional charge		
<b>Level 4:</b>		
Number of patients		
Percentage of patients		
Professional charge		
<b>Level 5:</b>		
Number of patients		
Percentage of patients		
Professional charge		
<b>Critical Care 30 - 74 mins:</b>		
Number of patients		
Percentage of patients		
Professional charge		
<b>Critical Care additional 30 mins:</b>		
Number of patients		
Percentage of patients		
Professional charge		
<b>Charge Files</b>		
Current Charge Sheets		
Revenue & Usage (include CDM/Description/CPT)		
<b>Practice and Fee Schedule Analysis</b>		
The following information is needed for each location.		
1. Financial summary to include:		
a. Gross charges, limits of allowance, write-offs, net charges.		
b. Gross collections, refunds, net collections.		
c. Bad debt write-off and collection summary.		
d. Patient visits per month based on billed visits.		
e. Pay class break down (charges and payments).		
f. Charges and collections by provider.		
2. Copy of current fee schedule including the date of last revision.		
3. Copy of most recent monthly report to doctors or hospital.		
4. Copies or access to 20 medical records per provider.		