SURVEY FAQ DOCUMENT

GENERAL QUESTIONS

FAQ#	QUESTION	RESPONSE
1.	How do I deselect a button? I try to click on it and cannot remove it.	To remove a response from a clicked radio button, DOUBLE-CLICK the selection you want removed.

2.	How should we report if a hospital merges, closes or changes their reporting fiscal year? What is the expectation for a facility only being open for 6 months? Do we still submit a survey, or wait until we have a full year of data?	**New Hospitals:**
		• Wait to submit Annual, Fiscal, Uncompensated Health Care Plan Surveys when they have a full fiscal year.
		• Request the hospital to submit a Cost Report (even if it is a partial year).
		
		Hospitals that Change Fiscal Years:
		• Ensure that the Cost Report Data includes 12 months of data.
		• Ensure that the Annual and Fiscal surveys include 12 months of data.
		• See below **"Hospitals that Merge with other hospitals"** for tips on how to gather the data.
		
		Hospitals that Close:
		• Survey data is required from a closing facility to include the Uncompensated Health Care Plan, Fiscal and Annual surveys to the best of the facilities ability.
		  ○ (f) Waiver from data submission requirements.
		  ○ DHS 120.12(3)(f)1. 1. There shall be no waivers from the data submission requirements under this subsection. 2. Hospitals that close, merge or change their reporting fiscal year shall submit an annual survey for the applicable partial year.
		  ○ There is no exception to fiscal survey submissions.
		• Request the hospital to submit a Cost Report (even if it is a partial year).
		
		Hospitals that Merge with other hospitals:
		• It is ok to submit separate Health System Surveys (HSS) for the initial year. This will give Health Systems a year to figure out how to submit one HSS for future fiscal years' reporting.
		• The Medicare Cost Report is used by our CFO for the Disproportionate Patient Percentage (DPP). DPP is a calculation used to determine if the hospital qualifies for DSH payment

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		adjustments. We will need to have 12 months of data submitted for the Cost Report. ○ We have two options: ▪ We need 12 months of data for the current FY, so if you can pull additional financials from the current year to get you there, that would be ideal. ▪ It was also suggested you could extrapolate (*number of months with data) of 12 months from the previous surveys. Or whatever means you have available to get the 12 months of data. The WHA CFO was thinking it'd be close enough figures to be able to perform her state reporting requirements. To be clear, you would need to be okay with that and sign-off on that so we can include a caveat within the data set documentation and publication – noting the data is from two sources. To clarify, option 2, we are saying take last year's survey data/MCR and calculate (*number of months with data) of the 12 months to get to a full 12 months of data.
4.	If a hospital took ownership of another clinic and its employees – should the clinic information be included in submissions to WHA? Would the clinics also be included if they share the same Medicare number as the hospital?	The surveys ask for hospital data only, except when the hospital owns and operates a nursing home and a common board. Per the instructions in the survey manual in section IV. SELECTED SERVICE UTILIZATION: • The question Other Visits – Report the number of outpatient visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, non-emergency basis (e.g., urgent care, psychiatry, AODA Clinic, lab/radiology, cardiac rehab, PT, OT, ST, etc.). Visits to satellite clinics and primary group practices should be included if revenue is received by the hospital – such as billing for provider-based clinics. Include visits/stays in psychiatric partial hospitalization programs. Note: consider an outpatient "visit" to be counted in this section if affirmed in sections II and III. If the hospital took ownership of the clinics they should include the clinic services under **Other Visits**, because the hospital would now receive the revenue.
5.	If a facility is licensed separately, can they submit one survey combined with the other hospitals in their system?	If a facility is licensed separately by the state, it is required to submit its own hospital Annual, Fiscal, and Uncompensated Health Care Plan surveys. WHAIC follows the DHS DQA list (scroll down to *Resources by provider type/Do you need information on other types of providers or special services*).

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6.	We have a Medicare Cost Report which covers a (certain #) of hospitals. How should we enter the Worksheet/Schedule C data when the cost report covers all (certain #) of sites?	If they are all under one tax ID, determine the primary location. They only need to report one Medicare Cost Report survey and Worksheet/Schedule C. WHAIC will make a note in our survey management system for which facility is primary and remove the Medicare Cost Report and Schedule C requirements from the other sites.
7.	The hospital is a series of separate sites sharing one label. All the sites share one Federal ID number, one Medicare license, and one cost report, but individual Medicaid licenses. Should we list this on the WHA survey as one entity or as individual entities for each site? This question also applies to Personnel, as the staff is listed under the Hospital A site and distributed based on need. The financial Balance Sheet results for the hospital are not divided by site. How do you advise us to show the balance sheet activity?	As the entity under contract by the State of Wisconsin we collect Wisconsin hospital data according to Chapter 153 of the WI statutes and WI Administrative rule Chapter DHS 120. In addition, since each of the hospitals are listed separately on the DQA list of hospitals from the WI Department of Health Services, we are required to collect the data separately. Hospitals that are licensed separately are required to submit the Annual, Fiscal, and Uncompensated Health Care Plan surveys. Hospitals sharing a Medicare Cost Report only need to submit one Medicare Cost Report survey and Schedule C. If they are all under one tax ID, determine the primary location. WHAIC will make a note in our survey management system for which facility is primary and remove the Medicare Cost Report and Schedule C requirements from the other sites.
8.	Do we have the access to revise numbers online if we find an error with a previous year's survey?	The previous years' surveys need to remain locked as the survey data sets have already been released. WHAIC would create a caveat to provide documentation on the issue. The current fiscal year surveys can be updated during the submission and validation process.
9.	The Stats Edits say, "There are no alerts on this page" and/or there are no stats edits and the survey changes to "Submit survey".	Do not be alarmed if you see "no alerts on this page". It means the data falls within an expected range for your hospital. Once you close those pages, it moves onto the next validation step, which may lead to "Submit survey", which means the validation steps are complete.

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10.	We have several new users. How do they register?	WHAIC uses single sign on/multi-factor authentication/duo-authentication as a method for users to log into multiple applications with one set of credentials. Users will no longer need a separate WHAIC username and password. Instructions for how to register for survey access are below. 1. ACCESS THE SURVEY PORTAL HERE. (Orange Survey Login button) 2. Users will use their own facility email address/credentials to register and login to the Survey portal. 3. WHAIC will first verify if the user has an active WHA account. 4. If no email is registered, the user will be required to register as a Survey User and select Primary or User, as it relates to WHAIC data submissions. 5. All WHAIC communications are sent to the Primary contact. See the Survey Roles Descriptions for more information. 6. Choose ALL hospital(s) that you will be submitting data for. 7. Also note that selecting Primary Survey Contact brings up a question regarding the Health System Survey. If you are part of a Hospital System and will be submitting the Health System Survey, scroll down to choose your system from the 900's in the dropdown. 8. User access can be upgraded / downgraded at any time. Notify WHAIC at whainfocenter@wha.org with updates. 9. Periodic authentication will be required to maintain system security.
11.	How do I submit/reopen my surveys?	Full instructions for how to submit surveys can be found in Section VI. of the Survey Submission and Compliance Manual on the WHAIC survey website. When a survey is ready to submit, you will see "Submit Survey". Once you submit the survey, it will change to "View Only" and "Closed/ Reopen". If you need to go back into the survey, click "Reopen".

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12.	What Occupational Categories should we be reporting managers of various departments (i.e. Radiology Manager)?	A Directors/Mangers bucket was created to assist in assigning these types of positions. All directors and managers should be placed here.
13.	What is the sequence of edits after the surveys have been filled in and saved?	Sequence of Edits: o Hard Edit – Mathematical or logical error: Edit that must be fixed to submit survey (e.g., fiscal survey line 1 + line 4 must equal line 5). These will show up as red inside the survey. o Soft Edit – Possible error; values imply unusual situation: Edit that must be verified to submit survey. (e.g., annual survey – line 160 – Admissions are more than 3% higher/lower than inpatient days in Section III. Are you sure?). These will show up as yellow inside the survey. o Statistical Comparison or Stats Edit– Possible error; values are substantially different than reported in the previous survey. Edits run after hard and soft edits are addressed. If the value is 30% more or less than submitted in the previous year, an edit will appear. (e.g., if total gross revenue is $1.0 million for FY 2023 and $1.3 million for FY 2024, an edit will appear). These will show up as purple inside the survey. If the edit is bypassed, but needs further explanation, it will show up as an Action Edit on your affirmation statement. *Reminder: If any values within the survey change, the edit sequence starts over with “Hard Edits”.
14.	Why does an Edit occur when entering decimal numbers?	Try entering a leading 0. For example, .3 needs to be 0.3. If an error is still showing, see the instructions as per Section VII - Personnel on Hospital Payroll: Do not use dashes or N/A. Round to nearest whole number. Do not use decimals.
15.	Explanation of the surveys and where their data is published; as well as other WHAIC data that is collected.	1. WHA collects Wisconsin hospital data according to Chapter 153 of the WI statutes and WI Administrative rule Chapter DHS 120 2. WHA publishes “the Guide to Wisconsin Hospitals” which is a state-mandated publication from the annual and fiscal survey data. 3. Data is collected based on hospitals listed on the DQA list of hospitals from the WI Department of Health Services. WHA is required to collect the data separately.

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		4. As the entity under contract with the state, WHAIC must follow state statutes/regulations, timelines, and administrative rules. 5. Besides the survey data, we also collect discharge data reporting for WIpop and the hospital rate increase per the WI statutes. These are not surveys but they are a statutory requirement. 6. The Medicare Cost Report (MCR) survey. WHA has used the MCR as a supplement to the fiscal survey. The MCR is used by our CFO for the Disproportionate Patient Percentage (DPP). DPP is a calculation used to determine if the hospital qualifies for DSH payment. Some hospitals may take data from the MCR to populate data in the fiscal survey. 7. The Uncompensated Health Care survey provides data for the Uncompensated Health Care report. 8. The Annual and Fiscal surveys provide data for the Utilization, charge and quality reports and the Consumer Guide. 9. The Healthcare System Financial survey. The collection of the Healthcare System surveys originally started as a quick survey conducted by WHA years ago. This survey was naturally transitioned over to WHAIC to oversee and collect. The need for this survey was for WHA to show a complete financial picture of hospitals and health care systems around the state. Data from this is provided within the Guide to Wisconsin Hospitals. The majority of Wisconsin's hospitals are part of a health system. The hospital fiscal survey only collects facility-level hospital, not system-wide, data. While the hospital margins look encouraging, they provide an incomplete financial picture of hospitals and health care systems around the state. Looking only at "hospital" finances is an antiquated way of determining the financial health of a health care system because in Wisconsin, the health care delivery system is highly integrated. This is beneficial because it makes a wide array of coordinated services, such as home health, hospice, nursing homes and other health-related services, available to communities; however, hospitals and health systems must underwrite unprofitable services that are essential to offering a continuum of patient care. These services might not even exist in a community without the support of a hospital or health system. 10. The WHA's Workforce Report gathers some of its data from the personnel section of the Annual survey. 11. WHA Hospital Utilization Report (aka Milwaukee Report) is another resource on WHA's website but does not contain data from the surveys.
16.	What does it mean when "N/A" displays on the Affirmation report?	The 'Net Gains/Losses as % of Net Income' shows as N/A on the Affirmation report if there is a negative number (ex: -2.9%).

ANNUAL/PERSONNEL SURVEY

FAQ#	QUESTION	RESPONSE
1.	How should we differentiate between RN's or directors/managers?	In section VII. PERSONNEL ON HOSPITAL PAYROLL, under registered nurses, nurses who have graduated from approved schools of nursing and who are currently licensed. Include only those nurses that provide direct patient care. If most of their time is spent in patient care, count them as registered nurses. Exclude RN's who are included in the Administrators or Directors/Managers buckets. If most of their time is in administration or management (such as the Director of Nursing), they should be reported under the Administrators or Directors/Managers buckets. They should not be counted twice.
2.	How do you count FTEs employed by corporate, but work at each hospital? **Example:** Annual Survey section VII. PERSONNEL ON HOSPITAL PAYROLL. Medical & Clinical Lab Technologists and Technicians are not employed by specific hospitals but are employed under the health system.	This is system employment. Divide their time accordingly between the hospitals and add them to the Medical and Clinical Laboratory Technologists or Technicians.
3.	For Medicare, all available beds need to be counted. Is this "available beds" definition essentially the same as WHA's "staffed beds" definition?	The definition is the number that are staffed on that day. For example, if you have beds in several rooms that are closed off due to low census you would not include those.
4.	We capture all IS expenditures under one department, so it isn't possible to split up our hospitals from each other or from the clinics.	Each facility must file a separate survey. In situations such as this, facilities should work up a split with their best guess. Often a good way to calculate this is to split out the system total in proportion to the number of inpatient beds for each hospital.
5.	Section VI. Medical Staff - Do the physician questions pertain to only physicians employed by the hospital or physicians that have privileges at the hospital?	Count all physicians who have admitting privileges at the hospital and care for patients at the hospital, whether they are employed by the hospital or not. Do not count all physicians in the hospital system that are credentialed and have privileges to each hospital in the system. NEW in 2024: contract physicians are now accounted for in the data submission.

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6.	Section X. IT AND CYBERSECURITY – Should HIM Capital Expenditures include the cost of software packages?	Usually software is an operating expense, not a capital expense. If it is under the hospital's capitalization limits it should not be included. If it is over, then do include it.
7.	Section IX. Service Quality / Patient Safety – The questions related to Quality and Risk Management: the staff that oversee these areas are under the "System" entity and are not on the hospital's payroll. Do you want us to include the dedicated FTEs for each area?	Yes. If staff that oversee these areas are under the "system" entity, and not employed by the hospital, please include them.
8.	Section IX. Service Quality / Patient Safety – For quality management, do we include medical staff for peer review and other physician specific reviews, and do we include any of the staff members that perform reviews for the Cancer Center?	If they are part of the active medical staff, they would be included. Also, include reviews for the Cancer Center if that is part of the hospital.
9.	What is the timeframe hospitals should use in Section VII: Personnel on Hospital Payroll? Are there certain dates in mind?	This is based on the last week in September. This is usually considered a normal work week. If that week does not work well for your facility, choose another normal work week.
10.	What is the definition for outpatient visit?	Outpatient visits mean a visit to an outpatient department and/or clinic on a given calendar day, regardless of the number of procedures or examinations performed or departments visited. A maximum of one outpatient visit per patient per calendar day should be reported. In other words, do not count how many appointments a person had in a given day throughout the facility, just count the moment the patient walked in the door. Include all visits to outpatient clinics for which the hospital receives patient revenue.
11.	In the past we have completed our survey as a combined facility with a nursing home. We sold our nursing home part way through our past fiscal year. How should we complete the survey?	Answer it WITHOUT any nursing home information.

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12.	Section VI. MEDICAL STAFF - would this include NP's or mid-levels?	No, NPs and mid-levels are not counted in this section. They are counted in Section VII. Personnel on Hospital Payroll.
13.	Section VI. MEDICAL STAFF - What about contracted physicians that practice in our hospital?	Indicate the number of practitioners on the active and associate medical staff with privileges in each of the specialty groups and then again for the active and associate medical Board-Certified Staff in each of the specialty groups as of September 30. If your hospital closed prior to September 30, use the last normal week the hospital was open as your full week. A normal week means the numbers closely reflect average data for the year. NEW for 2024: contract physicians are now accounted for in the data submission. Do not report full-time equivalents or portions. If the exact numbers are unavailable, you must estimate. Count all physicians who have admitting privileges at the hospital and care for patients at the hospital, whether they are employed by the hospital or not. **Do not count all physicians in the hospital system that are credentialed and have privileges to each hospital in the system. This provides misleading information in the publications."
14.	Can I make changes to the Prefilled questions from the previous year's survey?	Yes, changes can be made, and users are encouraged to review the questions for accuracy.
15.	Section IX. SERVICE QUALITY/PATIENT SAFETY - Question #264, what is the purpose of asking for this information?	The purpose of question #264 is to compare the ratios of staff to other organizations. The data is used in areas like the WHA Dashboards. Currently that specific question is not being used but has been used in the past and will be used in the future.
16.	Section VII. PERSONNEL ON PAYROLL - A new bucket for Directors/Managers was added.	Add all Directors/Managers to this bucket, regardless of where they may be in the hospital. For example, lab manager, radiology manager, nursing director, etc.

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17.	Can you please provide clarification on what Health Promotion-Worksite Health Promotion is asking about?	The Health Promotion-Worksite Health Promotion would be something like an employee wellness program, flu shot clinics, covid vaccine clinics, weight loss, fitness. Some hospitals have this at the individual facility level and some at the health system/organization level.
18.	Can we include Hospice admissions and discharges for questions 170 and 172? (Admissions and Discharges/deaths)	Yes
19.	Regarding employees "on the payroll," do we report the number of people actively employed and on the payroll in that time period? Or the number of people who physically worked in the facility in that time period?	"On the payroll" means individuals that were paid during the week of September 30 or the closest resemblance to the last week of your fiscal year, whether it was to work or paid as time off. Exclude individuals that were not paid or were off on unpaid leave.
20.	Would someone be counted "on the payroll" if they work every other week?	Yes, they would be counted as part-time employees in the appropriate boxes in the survey.
21.	Do we include per diems in the personnel section?	If they are actual employees, count each and include the hours that they worked that week. If they did not work any hours that week, count them with zero hours.
22.	How are part time persons and part time hours calculated in Section VII, Personnel?	Here is an example of how to calculate 'PT Total No. of P-T hours' and 'PT Total No. of Persons'. • There are 2 part-time employees. • 1 employee worked 10 hours in the week of September 30th. • 1 employee worked 20 hours in the week of September 30th. • 'PT Total No. of Persons' is 2. • 'PT Total No. of P-T hours' is 30. • Add up the hours each person worked that week.
23.	Section VII, Personnel on Hospital Payroll *Number of Employee Separations	*Number of Employee Separations should be counted for the entire fiscal year and not only for the week of September 30.

24.	Telemedicine: If we contract for this service but we bill a technical charge, is the entry a C or an H?	Assume that if the hospital bills for the service use H. If the facility does not bill for the service but there is a formal contractual relationship with an external entity in place to provide services to your patients (in or outside of the hospital) and that business bills for it, it's a C. *Added 04/25.*
25.	When completing Section III on Ancillary services, how should we respond to the questions as it relates to services provided at our hospital vs the system?	It is at the facilities discretion to identify if the hospital or system provides the service in this response. If the service is offered at the hospital the response would be an H - Hospital. If the service is not provided by the hospital, but offered by the system, regardless of location, you may choose to use the S – for System. WHAIC can assist data users if they are seeking specific bed or service offerings by querying the internal database on specific hospitals. *Added 04/25.*

FISCAL SURVEY

FAQ #	QUESTION	RESPONSE
1.	In the past, we have not included unrealized gains and losses on investments when arriving at the "NET INCOME" performance indicator (i.e. we have not included them in non-operating gains/losses). On our current financial statements, we decided to change our accounting for investments and reclassified our long-term investments as trading instead of available for sale. Considering this change, should we start including unrealized gains and losses in the non-operating gains/losses section?	Since the fiscal survey is supposed to tie with audited financials, the investment activity should be included in non-operating gains/losses.

2.	We had a fiscal year change, and our Medicare Cost Report is only for 9 months.	We require 12 months of data on the surveys. With a fiscal year change for your Medicare Cost Report, we advise extrapolate the missing months.
		• Two options:
		  ○ We need 12 months of data for FY 2024, so if you can pull additional financials from the current year to get you there, that would be ideal.
		  ○ It was also suggested you could extrapolate (*number of months with data) of 12 months from the previous surveys. Or whatever means you have available to get the 12 months of data. The WHA CFO was thinking it'd be close enough figures to be able to perform her state reporting requirements. To be clear, you would need to be okay with that and sign-off on that so we can include a caveat within the data set documentation and publication – noting the data is from two sources. To clarify, option 2, we are saying take last year's survey data/MCR and calculate

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		(*number of months with data) of the 12 months to get to a full 12 months of data.
3.	Should we include the bond administration fees in the total professional fees?	Here is the definition: Enter the expense for professional fees. Including fees billed to hospitals by radiologists, pathologists, anesthesiologists, cardiologists, emergency room physicians, and other contracted and non-contracted medical personnel such as registered physical therapists, nurse anesthetists, and consultants. Also include fees for legal, auditing, and non-medical consulting. Do not include salaried staff physicians, interns, or residents. The professional fees section would be appropriate for bond administration fees, as legal also falls in this category.
4.	How should the Cares Act funding be noted on the Fiscal survey?	Cares Act funding should be noted in the Fiscal Survey in non-operating revenue as an unusual event. Operating revenue is generated by a company's primary business activities. Operating revenue can be compared year-over-year to assess the health of a company and its operations. Operating revenue should be separated from non-operating revenue that occurs from infrequent, unusual, or one-time events.
5.	For question #131, what type of payments are typically included in the Enhanced Medicaid Assistance fee-for-service payments? PIP? Hospital assessment (DSH)? HIPSA? It states enter IP, OP and total Medicaid Assistance fee-for-service payments for the current survey year. What types of payment should all be included? Would this question also include DSH (Disproportionate Share Hospital) payments from the state?	We try to keep the questions as simple as possible, using the standard language provided by these federal programs. There is nothing in the language that would suggest including PIP, hospital assessment (DSH), or HIPSA. Do include your Medicaid FFS payments. Do include Medicaid fee-for-service payments received for patient visits, surgeries, procedures, therapies, etc. PAY SOURCE 131. ENHANCED MEDICAID FEE-FOR-SERVICE PAYMENTS (ESTIMATES) Enter inpatient, outpatient, and total Medicaid Assistance fee-for-service payments for the current survey year.
6.	NET REVENUE, question #3 calculation	The calculation is Line 49 (TOTLA4) - Line 66 (TOTDFRV) = Line 3 (TOTNETRV). If it is within $5.00 that is fine with WHAIC.

FAQ #	QUESTION	RESPONSE
	Obsolete questions on Fiscal survey 2021-2022: 41, 50, 56	*They referenced GAMP*

MEDICARE COST REPORT SURVEY

FAQ #	QUESTION	RESPONSE
1.	What are the MCR due dates? Does the CMS extension affect the WHAIC due date?	MCR due dates are listed on the most recent Survey Calendar. WHAIC recognizes some hospitals may need an additional 30 days for the Medicare Cost Report and Schedule C, as CMS has noted a 5-month due date after the Fiscal Year. This data comes from the charges section of Worksheet C. CMS requirements are endorsed by WHAIC. The Medicare Cost Report manual on the WHAIC survey website has more information.

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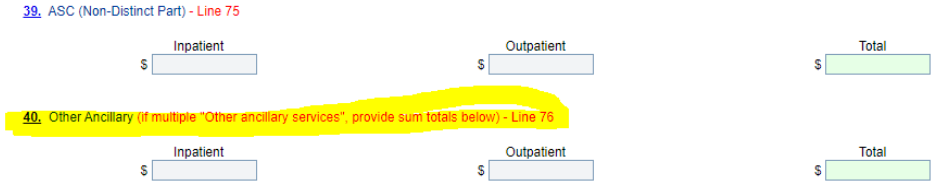
2.	Where do we put all the categories for the ancillary services that WHAIC doesn't specifically spell out on the MCR survey. Question 39 – line 75 on the Worksheet C of the Cost Report refers to ASC (non-distinct part). What if we have figures on our Cost Report on lines 75.02 Cardiopulmonary 75.03 Sleep Lab 75.04 Wound care 75.05 Oncology 75.06 Nutrition Etc. etc.	Since WHAIC does not separate those out individually like they are in the MCR Schedule C, we are asking for a total of "Ancillary services" in line 40 to make things easier on the facility. All of question 76 (which may be listed as 75.0x) would go into line 40.  List of Ancillary Healthcare Services There are tons of ancillary care services in the healthcare industry. Here are the three categories of the most common ancillary care services: Diagnostic Services • Audiology • Blood Test • Cardiac Monitoring • Genetic Testing • Laboratory Tests • Mobile Diagnostic Services • Radiology/Diagnostic Imaging • Sleep Laboratory Services • Telemedicine Therapeutic Services • Allergy Services • Behavioral and Mental Health Services • Chiropractic Services • Diabetes Education • Dialysis • Nutrition and Food Service • Physical Therapy • Speech Therapy • Ventilator Services • Wound Care Custodial Services • Care Delivery Services • Home Healthcare • Home Infusion Care • Hospice Care • Medical Day Care

FAQ #	QUESTION	RESPONSE

Health Financial Systems — In Lieu of Form CMS-25

COMPUTATION OF RATIO OF COSTS TO CHARGES — Provider CCN: — Period: From 01/01/2022 To 12/31/2022 — Worksheet C Part I — Date/Time Prepa 5/23/2023 4:33

Title XVIII — Hospital

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio
			6.00	7.00	8.00	9.00	10.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	6,543,341		6,543,341		
31.00	03100	INTENSIVE CARE UNIT	0		0		
32.00	03200	CORONARY CARE UNIT	0		0		
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		
40.00	04000	SUBPROVIDER - IPF	4,706,745		4,706,745		
41.00	04100	SUBPROVIDER - IRF	0		0		
42.00	04200	SUBPROVIDER	0		0		
43.00	04300	NURSERY	216,860		216,860		
44.00	04400	SKILLED NURSING FACILITY	0		0		
45.00	04500	NURSING FACILITY	0		0		
46.00	04600	OTHER LONG TERM CARE	0		0		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	933,762	11,801,389	12,735,151	0.317220	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	503,471	98,604	602,075	0.341149	0.000000
53.00	05300	ANESTHESIOLOGY	191,578	1,081,648	1,273,226	0.051425	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,069	4,250,063	4,318,132	0.484220	0.000000
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	27,852	1,120,089	1,147,941	0.230123	0.000000
54.02	03950	PET	0	0	0	0.000000	0.000000
54.03	03630	ULTRA SOUND	134,189	2,715,398	2,849,587	0.136924	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	695,989	9,628,296	10,324,285	0.072023	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	241,708	4,533,306	4,775,014	0.102674	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	1,698,994	13,623,579	15,322,573	0.309750	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	27,278	54,584	81,862	0.689648	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	721,355	1,003,661	1,725,016	0.578300	0.000000
66.00	06600	PHYSICAL THERAPY	544,967	3,835,927	4,380,894	0.399380	0.000000
67.00	06700	OCCUPATIONAL THERAPY	485,636	501,337	986,973	0.300710	0.000000
68.00	06800	SPEECH PATHOLOGY	57,273	102,050	159,323	0.470880	0.000000
69.00	06900	ELECTROCARDIOLOGY	304,641	1,548,728	1,853,369	0.154022	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	694,819	896,465	1,591,284	0.765261	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,376	2,016,852	2,084,228	0.505470	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	2,263,969	13,550,022	15,813,991	0.486838	0.000000
73.01	07301	COVID VACCINE	0	540	540	0.196296	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03951	OPEN	0	0	0	0.000000	0.000000
76.01	03952	DIABETIC ED	0	214,055	214,055	0.881386	0.000000
76.02	03953	BLOOD ADMIN	0	0	0	0.000000	0.000000
76.03	03954	WOUND CARE	2,570	2,659,144	2,661,714	0.458800	0.000000
76.04	03550	BH STRUCTURED OP	0	74,076	74,076	1.347251	0.000000
76.05	03955	BH OP	3,500	1,189,788	1,193,288	0.549814	0.000000
76.06	03956	PROGRAMS FOR CHANGE	322	607,757	608,079	0.682796	0.000000
76.97	07697	CARDIAC REHABILITATION	0	536,747	536,747	0.349604	0.000000

FAQ #	QUESTION	RESPONSE
3.	MCR and merge/demerging of health systems.	Facilities that merge with another facility or health system, we will require 12 months of data, regardless of whether you change your fiscal year end when addressing it with others that merge or demerge from an organization or system. If your facility changes its fiscal year and you know there will be a discrepancy in the collection of the twelve months of data, there are two options to address this: 1. We need 12 months of data for the current FY, so if you can pull additional financials from the current year to get you there, that would be ideal. The survey submitter should notify WHAIC staff of the methodology to get to the 12 months. 2. A facility may extrapolate 6 of 12 months from the previous surveys. Or whatever means you have available to get the 12 months of data. We believe combining the previous year's data will provide close enough figures for WHA staff to perform state reporting requirements. To be clear, you would need to provide a full explanation to WHA on how you captured that information and sign-off on it. WHA will write a caveat for the data set documentation and publication – noting the data is from two sources. To clarify, for example in option 2, we are saying take last year's (FY 2023) survey data/MCR and calculate 6 of the 12 months to get to a full 12 months of data. To recap, facilities that merge and/or demerge and take on a new Fiscal Year End (FYE) will be required to report 12 months of data regardless of the change in FY if there is one. • WHA uses the MCR data to assess DSH payments. Without twelve (12) months of data the facility's DSH payments may be lower than the facility would like. • WHA also uses this data in cooperation with DHS to devise the tax rate for Wisconsin Hospitals annually. • Finally, WHA uses this information to advocate at the Capital on behalf of Wisconsin Hospitals. This information is highly utilized as an advocacy tool by WHA government relations. *Added 04/25.*

HEALTH SYSTEM SURVEY

FAQ #	QUESTION	RESPONSE
1.	Regarding question #11, if we have one clinic building that has many different clinics within it and also contains a lab, or Home Health (HH) do we count that as 1 Physician Clinic and 1 Lab?	Count each type of service in that building as per the list below. Therefore, if one building had physician clinic space (might be multiple physician clinics), lab space, and Home Health (HH) space, it would count: 1 physician clinic 1 lab 1 HH If you have multiple buildings with physician clinics, the number of physician clinics would be the number of buildings (not the number of specialty clinics within the building) that include physician clinics. Count the Service, not individual areas.