

HEALTHCARE SYSTEM FINANCIAL SURVEY TEMPLATE

WHA Information Center

NOTE: Refer to the detailed instructions contained in the [Healthcare System Financial Survey Manual, 2022](#).

This is a blank template to use to share the basic questions of the survey with other people in the organization in preparation for gathering all the necessary information to complete the online survey.

All survey data must be entered and submitted through the online [secured portal](#). Each staff member completing a portion of the survey must have their own username and password. [Click here for more information on roles and registration](#). To access the HSS survey, scroll down to the bottom of the facility ID list and locate your 900 series account to begin entering the data.

The Wisconsin Health System Survey focus is on Wisconsin Healthcare only. Please include only those facilities that are located in Wisconsin.

1. **System Name:** _____
2. **Net Patient Revenue:** \$ _____
3. **Other Operating Revenue:** \$ _____
4. **Operating Expenses:** \$ _____
5. **Operating Margin:** \$ _____
6. **Non-Operating Income and Investments:** \$ _____
7. **Non-Operating Expenses:** \$ _____
8. **Total Revenue:** \$ _____
9. **Total Expenses:** \$ _____
10. **Total Margin:** \$ _____

11. Count each type of health care service as defined below. If the system owns and operates multiple buildings with multiple types of specialty clinics, the number of physician clinics would be the number of buildings, **not** the number of specialty clinics within the building.

Q. If we have one clinic building that has many different clinics within it and also contains a lab, and Home Health (HH) clinic - do we count that as 1 Physician Clinic and 1 Lab and 1 HH?

A. Yes, count it as described above: 1 clinic, 1 lab and 1 HH – if there’s a HH in the clinic.

1 physician clinic

1 lab

1 HH

**Other healthcare system services may be defined and counted and described accordingly below.*

System Health Care Services/Programs Other than Hospital: (specify number, zero or blank if not applicable)

- a. **Physician Clinics:** _____
- b. **Lab:** _____
- c. **Home Health:** _____
- d. **Pharmacy:** _____
- e. **Assisted Living:** _____
- f. **Dialysis:** _____
- g. **Nursing Home:** _____
- h. **Hospice:** _____
- i. **Other:** _____
- j. **If “Other”, describe:** _____

12. Comment Section: