



The respected source for health care data.

Spring 2022 Survey Training

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WHA Information Center

Annual Virtual Training

March 2022



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Brian



Cindy



Jennifer



Suzy



Steve



Alistair



Janice



Derek



Patrick



Seth



Emily

WHAIC Team



Justin

Search

COVID-19
DASHBOARD

Wisconsin Hospital Association has been monitoring the most up-to-date information on the COVID-19 outbreak. [Click here](#) to view WHA Information Center COVID-19 Situational Awareness Update.



Stop the COVID Spread!

Check out WHA's new PSA! Vaccines offer the best hope for putting COVID behind us! [Read More](#)

Tammy Hawkins
Wisconsin Resident



Upcoming Events



Release date for the 2021 Q2 Discharge Data Sets
October 20, 2021

Data Submitters

WHA Information Center (WHAIC) has been collecting hospital, ASC and survey discharge data as authorized by the Wisconsin Department of Administration, since 2003 as defined by Chapter 153, Wisconsin Statutes.

Inpatient and outpatient data is collected quarterly through a secure, web-based tool known as **Wlpop** to produce public use data sets, custom data sets and three annual publications.

In addition, all Wisconsin hospitals submit Annual, Fiscal, Personnel and Uncompensated Care survey data annually. Data collected from these surveys are used for trending, benchmarking, and other key statistics.

For more information and access to the Wlpop or Survey Data Submission Manuals, calendars, training materials, and other updates click on one of the pictures below.

Reporting Requirements



Survey Website

Surveys

All Wisconsin licensed, Medicare certified, hospitals, including psychiatric hospitals are required to submit survey data on an annual basis to the Wisconsin Hospital Association Information Center (WHAIC). Submissions include data in areas such as utilization, fiscal, and personnel to be used in publications, datasets, and workforce development. WHAIC collects data pursuant to Chapter 153 of the Wisconsin State Statutes and subject to all terms and conditions as described in ss. DHS120.



Survey Manuals



**Survey Submission
Calendar**



News & Bulletins



Education & Training



FAQs



**Registration & Other
Resources**

Education & Training

WHAIC provides training for new and seasoned survey submitters throughout the year. Please reach out to whainformationcenter@wha.org for more information on upcoming training sessions. We welcome feedback on past trainings and ideas for content of upcoming training sessions.



Survey Process Manual



Training Documentation



Training Videos



NEW: Survey Process Manual

NEW: Training Videos!

WHAIC Internal Survey Process



Start

Surveys Open
the end of
October



Train

Annual Survey
Training



Answer

Answer
Submitter
Questions and
Send
Newsletters



Remind

Send
reminders
about survey
deadlines



Validate

Internal
Validation



Publish

Create
Publications
and Release
the Data

Submission Timelines and Data Releases



DHS 120.12 Data submission procedures

“Every hospital shall annually file with the department within 120 calendar days following the close of the hospital’s fiscal year.”

“The department may grant an extension for up to 30 calendar days.”

Survey Submission & Hospital Rate Increase Timeline - 2021 Fiscal Year End Dates

Surveys will be open for submission on November 1

Annual, Fiscal, Personnel, and Uncompensated Survey Submission	Date
MARCH - JUNE FYE*	
March - June 30 FYE Extension Request Deadline	12/13/21
March - June 30 <i>Standard</i> Submission Deadline	12/21/21
March - June 30 <i>Extended</i> Submission Deadline (file online request by deadline)	1/31/22
March - June 30 Affirmation Deadline	2/15/22
JULY - SEPTEMBER FYE	
July - September 30 FYE Extension Request Deadline	1/23/22
July - September 30 FYE <i>Standard</i> Submission Deadline	1/31/22
July - September 30 FYE <i>Extended</i> Submission Deadline (file online request by deadline)	3/2/22
July - September 30 Affirmation Deadline	3/16/22
DECEMBER FYE	
December 31 FYE Extension Request Deadline	4/22/22
December 31 FYE <i>Standard</i> Submission Deadline	5/2/22
December 31 FYE <i>Extended</i> Submission Deadline (file online request by deadline)	6/2/22
December 31 FYE Affirmation Deadline	6/16/22
Medicare Cost Report Submission	
January – June FYE Submission Deadline	1/31/22
January – June FYE Schedule C Deadline to Upload Copy in Data Deliverables	2/15/22
July – December FYE Submission Deadline	6/2/22
July – December FYE Schedule C Deadline to Upload Copy in Data Deliverables	6/16/22

The above timeline reflects adjusted survey submission timelines to benefit hospital to improve efficiency and prevent/reduce duplication of work and requests for additional time.

*If you are part of a state or county facility – please note the adjusted timeline accounts for additional time allowed for in the statute

Health System Survey Submission	Date
Health System Survey Deadline for all Health Systems	07/18/22

<https://www.whainfocenter.com/SurveySubmissionTimeline>

Reminders

Automated emails sent to remind survey submitters of upcoming deadlines on the calendar.

- **Standard Deadline & Extended Deadline**
 - First Reminder – 2 weeks prior
 - Second Reminder – The day before
- **Affirmation and Cost Report Deadline**
 - First Reminder – A week prior
 - Second Reminder – The day before

Additional emails such as surveys open, past due and special reminders sent manually by the *WHAIC staff*.

Filing an Extension

A. Select Hospital and current submission year then View Hospital











B. Click on Extension Button

Select a Hospital Sort By ID Year

000 - Wisconsin Hospital Association -- (Madison) 2021 View Hospital Extensions

C. Click on the paper and pencil icon under "Request Extension."

Hospital Survey Grid:--

Survey Name	Request Extension	Status	Extension
2021 ANNUAL SURVEY			
2021 FISCAL SURVEY			
2021 MEDICARE COST REPORT SURVEY			
2021 PERSONNEL SURVEY			
2021 UNCOMPENSATED HEALTH CARE PLAN			

Filing an Extension

D. Choose a reason and provide comments for why you are filing.

E. Apply to all surveys if applicable

F. Click Save

2021 ANNUAL SURVEY -- Please Specify Reason for Extension

D. Reason:

Comment:

E. Apply to all surveys for this facility:

F.

Once approved there will be a green circle under the extension column.

Survey Name	Request Extension	Status	Extension
2021 ANNUAL SURVEY			
2021 FISCAL SURVEY			
2021 MEDICARE COST REPORT SURVEY			
2021 PERSONNEL SURVEY			
2021 UNCOMPENSATED HEALTH CARE PLAN			

Open	SURVEYS OPEN: End of October
Timeline	Follow calendar to submit data by due date listed (based on FYE).
Affirm	Once all surveys are submitted, hospitals will receive an automated email notifying them that their affirmation statement is available.
Validate	Validate data, reopen surveys to make changes if necessary, provide responses to action edits.
Submit	Submit Affirmation Statement and Copy of Schedule C by the Due Date.

Survey Submission Timeline

Where does my data go?

- **Annual Survey**
 - Collects hospital information – Part of a system, type of hospital, certifications, etc. Reports the services that are provided at the hospital, number of beds, utilization, FTEs, and physicians.
 - [Guide to Wisconsin Hospitals](#)
- **Fiscal Survey**
 - Collects information on revenue and expense figures, gross patient charges and contractual adjustments by payer, balance sheet figures, and charity care and bad debt.
 - [Guide to Wisconsin Hospitals & the Uncompensated Health Care report](#)
- **Uncompensated Health Care**
 - Collects definitions related to eligibility for uncompensated care; income thresholds for financial assistance; and policies and procedures determining a patients' ability to pay.
 - [Uncompensated Health Care Survey](#)
- **Personnel Survey**
 - “Addendum” to Annual Survey
 - Collects vacancies of select employee categories; number of employees 55 and over; number of employee separations;
 - [Customs & Workforce Development](#)
- **Medicare Cost Report Schedule C**
 - Used to calculate hospital tax

See our [Data Products](#) webpage for more information on publications, custom reports, and data sets.

Roles and Registration

Survey Roles – designations assigned by the facility to manage and oversee statutorily required and timely survey submissions and corrections to the annual surveys.



The Survey site is for authorized users only. Individual users must have their own login.

Authorized users shown here should be reviewed regularly by Primary Contacts.

Email whainfocenter@wha.org with any changes.

Authorized Users for Selected Hospital:--

Please take a moment to review your hospital's list of users authorized to access the WHAIC secure Survey Site. Should any of the names please contact whainfocenter@wha.org, as it is the hospital's responsibility to notify WHAIC with any staff updates or corrections.

First Name	Last Name	Title	Email	Survey Role	Annual	Fiscal	Medicare	Uncompensated	Personnel
Thaddeus	Coulis	Associate Measurement Analyst	thaddeus.coulis2@froedtert.com	Primary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mike	Everson	Director of Reimbursement	Michael.Everson@froedtert.com	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angela	Zaeske	Program Manager	Angela.Zaeske@froedtert.com	Primary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Roles and Registration



Survey Manuals



Survey Submission Calendar



News & Bulletins



Education & Training



FAQs



Registration & Other Resources

We cannot add new users. Users must register for the appropriate access.

If any changes are needed with existing users, please email whainfocenter@wha.org.

Registration & Other Resources

This section provides additional information to assist you in the submission of hospital surveys.

Please note: WHAIC cannot register users. For new registrants, please see Roles & Registration. Once registered, WHAIC will review all access requests and respond within 24-48 hours.

- ✓ Roles & Registration
- ✓ Facility Listing
- ✓ Survey Functionality
- ✓ User Dashboard
- ✓ Survey Edit Checks

Roles and Registration

Survey Primary: recommended for users involved in submission process who need regular communications with WHAIC and have authorization to sign off on survey data (CFO, CEO or delegate).

- Have access to the survey site to make changes and to all reports.
- Receive all communication from WHAIC – such as automated and targeted reminders, site specific emails, newsletters, and bulletins.

Other roles:

Note: The following users will receive our newsletters and bulletins but will not receive regular reminders about deadlines and site-specific emails.

Survey Secondary – This is great for CEO's and CFO's who do not want regular contact with WHAIC but want to be able to access the survey and affirmation statement.

Survey User – This is for users who only enter some of the data, but do not make decisions on the data or oversee the process of submission.



<https://www.whainfocenter.com/Data-Submitters/Survey/Resources/surveyregister>

Roles and Registration

WHA | INFORMATION CENTER

Log In

Please enter your Username and Password


Username:

Password: *

This system is for authorized users only. Individual use of this computer system and/or network without authority, or in excess of your authority, is strictly prohibited. Monitoring of transmissions or transactional information may be conducted to ensure the proper functioning and security of electronic communication resources. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible criminal activity or policy violation, system personnel may provide the evidence of such monitoring to law enforcement or to other senior officials for disciplinary action.

[Register](#) [Forgot Password](#) [Change Password](#)

| [About Us](#) | [Contact Us](#) | © 2003 - 2019, WHA Information Center
WHA Information Center - 5510 Research Park Dr. - Madison - WI - 53711
Phone: 800.231.8340 / 608.274.1820

 SECURED SITE[®]
register.com
256 bit Encryption[®]

From this screen you can:

- Login
- Request Password Reset (Forgot Password)
- Change Password

Important:

- Passwords must be changed annually.
- Accounts deactivate if inactive for 15 months.
- Contact WHAIC if existing account is inactive, do not reregister.

<https://portal.whainfocenter.com/Account/Login.aspx>



Survey & Manual Changes

Past Improvements

Going Green

- Online affirmation process and schedule C upload
- Updates to registration

Updates to the Annual Survey manual

- Updated look and feel
- Removed Obsolete Answer Choices & HIM Coding Questions
- Added Appendices (definitions & facility list) and Change Log

Updated website

- Addition of tiles to make it more user friendly
- Updated timelines to make it more consistent from year to year

Updated application

- Submission
 - Added question details
 - Added colors inside the surveys to allow for noticeable edits that were easy to correct as you go
 - Allowed for rounding of numbers
- Updates to front page of the application to make it more user friendly

Current Improvements

Survey

- Added SDOH Questions to Annual Survey
- Added additional information to Question 11 of Health System Survey
- Prefill questions to allow for less validation error

Fiscal Survey Manual

- Updated look and feel
- Removed Obsolete Questions
- Consistent look and feel with Annual Manual such as formatting, contact list, and change log

Survey Process Manual

- Instructional how-to manual

Education & Training

- Additional tiles added for the expansion of training materials
- Includes Survey Process Manual

XIII. SOCIAL DETERMINANTS OF HEALTH (SDOH)

General

Instructions and Guidelines:--

Social determinants include societal and environmental conditions such as food, housing, transportation, education, violence, social support, health behaviors and employment. Note: The term "facility" refers to hospital and/or health system.

271. Does your facility screen patients for social needs? ..

- Yes, for all patients Yes, for some patients No, (skip to question 274)

272. If yes, please indicate which social needs are assessed. (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Housing (instability, quality, financing) | <input type="checkbox"/> Interpersonal violence | <input type="checkbox"/> Education |
| <input checked="" type="checkbox"/> Food insecurity or hunger | <input type="checkbox"/> Transportation | <input type="checkbox"/> Social isolation (lack of family and social support) |
| <input type="checkbox"/> Utility needs | <input type="checkbox"/> Employment and income | <input type="checkbox"/> Health behaviors |

Other, please describe

273. If yes, does your facility record the social needs screening results in your EHR? ..

- Yes No

274. Does your facility utilize outcome measures (for example, cost of care or readmission rates) to assess the effectiveness of the interventions to address patients' social needs? ..

- Yes No

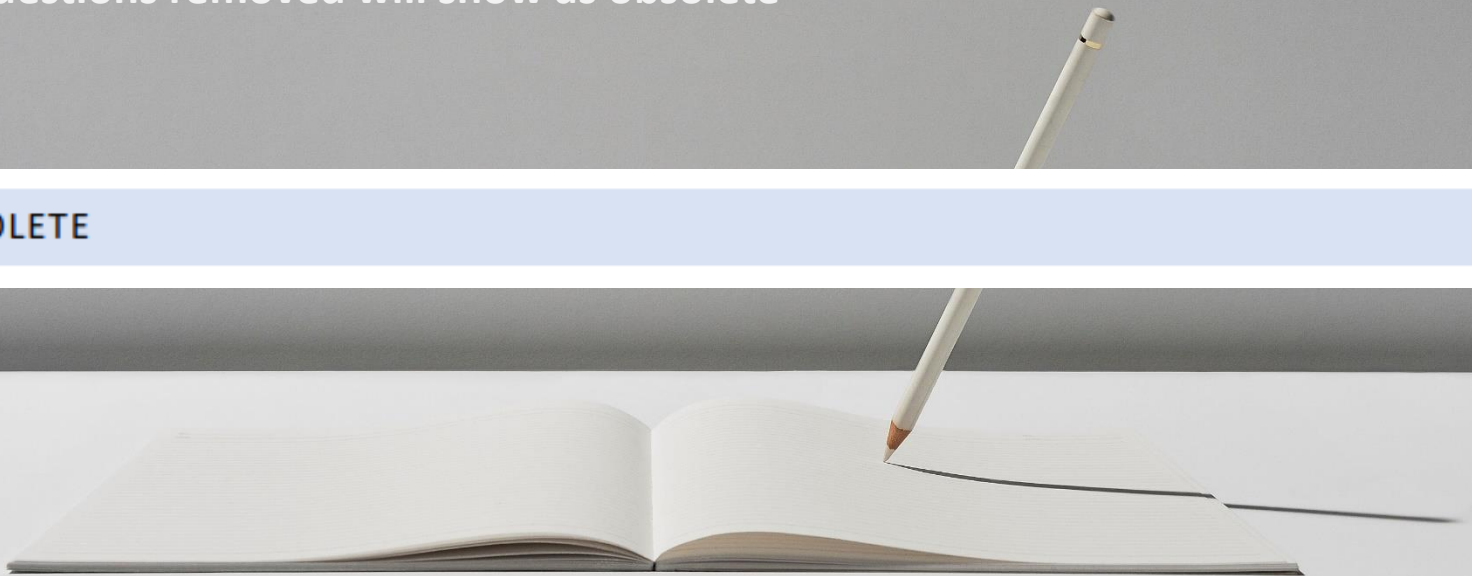
275. Has your facility been able to gather data indicating that activities used to address the SDOH and patient social needs have resulted in any of the following? (Check all that apply)

- Better health outcomes for patients
- Decreased utilization of hospital or health system services
- Decreased health care costs
- Improved community health status

Fiscal Survey Manual Updates

- Questions clarified by adding examples and bullets.
- More cohesive look between the Annual and Fiscal Manual.
- Removed outdated questions – 41, 50, and 56 as they referenced GAMP.
 - Questions removed will show as obsolete

56. OBSOLETE



Health System Survey Changes



Welcome: sstaudemayer8
 Portal Home

Home Extensions Admin: Open Survey Report: Hospital Reg. Status Report: Hospital Survey Status Report: Survey - All Questions, All Codes Report: Survey Data Sets

Select a Hospital Sort By ID Year 2020 View Hospital Survey Timeline Survey Manuals Data Deliverables Survey Homepage

2020 SURVEYS NOW OPEN!
 YE and have not yet registered for virtual survey training, register today!
 Friday, November 6
 10:00am - 11:30am
 Wednesday, November 11
 1:30pm - 3:00pm
[Click to Register](#)
[Survey website for the latest training information and newsletters.](#)

Enter/View Survey	Status	Print PDF	Progress	Action Needed
Ready to Submit	Open		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submit Survey
Ready to Submit	Open		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submit Survey
Ready to Submit	Open		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submit Survey
View Only	Closed Report		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submitted
View Only	Closed Report		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submitted

Survey How To

901 - Agnesian HealthCare -- (System)
 902 - Aspirus -- (System)
 903 - Aurora Health Care -- (System)
 904 - Bellin Health System -- (System)
 905 - Beloit Health System -- (System)
 906 - Children's Hospital and Health System -- (System)
 908 - Froedtert Health -- (System)
 909 - Gundersen Health System -- (System)
 910 - Hospital Sisters Health System -- (System)
 911 - Mayo Clinic Health System - Eau Claire -- (System)
 912 - Mayo Clinic Health System Franciscan Healthcare -- (System)
 913 - Mercyhealth -- (System)
 914 - Meriter Health Services -- (System)
 916 - ProHealth Care, Inc -- (System)
 917 - SSM Health Care of Wisconsin, Inc -- (System)
 918 - ThedaCare -- (System)
 920 - UW Health -- (System)
 922 - Ascension Wisconsin -- (System)
 923 - Marshfield Clinic Health System -- (System)

Health System Survey

Health System Survey:
 Listed as a 9XX facility ID

Email sent in June, due in July

- ❖ Email sent to all primary survey contacts
- ❖ Those with current portal accounts given access upon request
- ❖ Available as a selection when new users register

Health System Surveys are entered under a system name, not by facility

**II. HEALTHCARE SYSTEM
FINANCIAL SURVEY
Services/Programs Other
than Hospital**



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

Physician Clinics

Lab

Home Health

Pharmacy

Assisted Living

Dialysis

Nursing Home

Hospice

Other

If "Other", describe

Survey Submission



Select a Hospital Sort By ID Year 2021 [View Hospital](#) [Extensions](#) [Survey Timeline](#) [Survey Manuals](#)
 079 - Froedtert Hospital -- (Milwaukee) [Data Deliverables](#) [Survey Homepage](#)

Message From WHA Information Center:--

2021 Surveys Now Open!

You're invited to participate in Survey Focus Groups. If you are interested in providing feedback regarding the current changes and potential future changes, contact whainfocenter@wha.org indicating your interest in participating.

Check out the [December 2021 Survey Newsletter!](#)

Remember to check out the [Survey website](#) for survey resources, training documentation and videos, and newsletters.

Per NGS, beginning 6/21 CMS will no longer support the IE browser. Going forward Chrome will need to be used to upload cost reports.

Important Note: **Cares Act** funding should be noted on 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 out from non-operating revenue that occurs from infrequent, unusual, or one-time events.

079 - Froedtert Hospital -- (Milwaukee), FY End: 06/30 [Survey How-To](#)

Hospital Survey Grid:--

Survey Name	Enter/View Survey	Status	Print PDF	Progress	Action Needed
2021 ANNUAL SURVEY	View Only	Closed Reopen		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submitted
2021 FISCAL SURVEY	New	Open		<div style="width: 0%;"><div style="width: 0%;"></div></div> 0%	
2021 MEDICARE COST REPORT SURVEY	View Only	Closed Reopen		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submitted
2021 PERSONNEL SURVEY	View Only	Closed Reopen		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submitted
2021 UNCOMPENSATED HEALTH CARE PLAN	View Only	Closed Reopen		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submitted

Authorized Users for Selected Hospital:--

Please take a moment to review your hospital's list of users authorized to access the WHAIC secure Survey Site. Should any of the names listed no longer require access to the Survey or if changes need to be made, please contact whainfocenter@wha.org, as it is the hospital's responsibility to notify WHAIC with any staff updates or corrections.

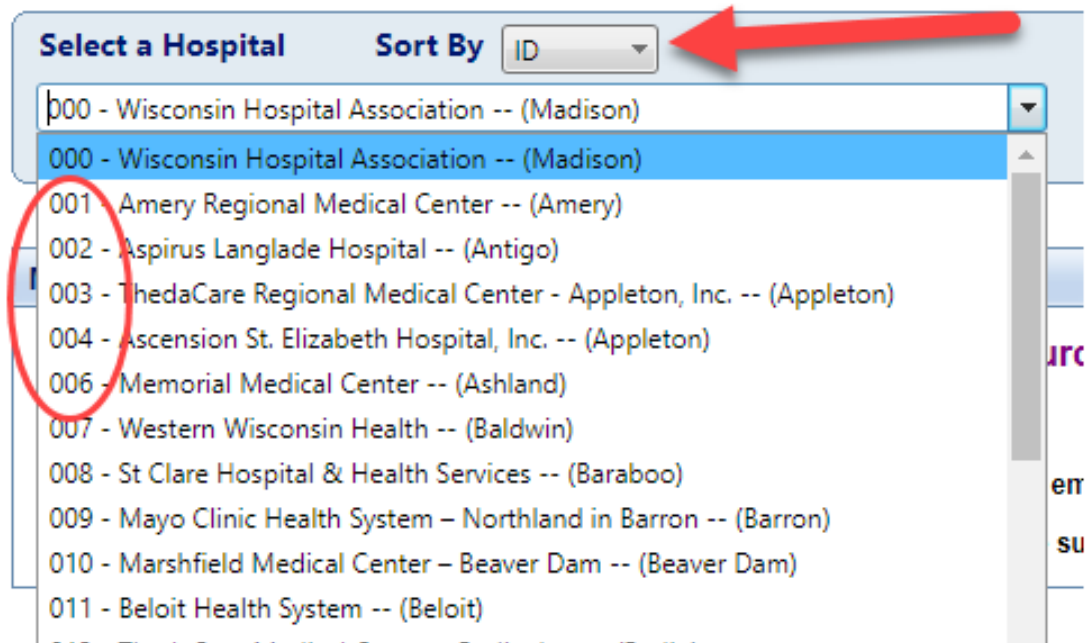
First Name	Last Name	Title	Email	Survey Role	Annual	Fiscal	Medicare	Uncompensated	Personnel
Thaddeus	Coulis	Associate Measurement Analyst	thaddeus.coulis2@froedtert.com	Primary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mike	Everson	Director of Reimbursement	Michael.Everson@froedtert.com	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angela	Zaeske	Program Manager	Angela.Zaeske@froedtert.com	Primary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Survey Submission

3-Digit ID

The unique 3-digit identification number assigned to each facility by WHAIC.

You will notice this ID in the Select a Hospital drop-down. Please include this number in the subject line when contacting WHAIC.




The screenshot shows a web interface for selecting a hospital. At the top, there is a label "Select a Hospital" and a "Sort By" dropdown menu currently set to "ID". A red arrow points to the "Sort By" dropdown. Below this is a list of hospitals, each with a 3-digit ID and a name followed by a location in parentheses. The list is as follows:

- 000 - Wisconsin Hospital Association -- (Madison)
- 001 - Amery Regional Medical Center -- (Amery)
- 002 - Aspirus Langlade Hospital -- (Antigo)
- 003 - ThedaCare Regional Medical Center - Appleton, Inc. -- (Appleton)
- 004 - Ascension St. Elizabeth Hospital, Inc. -- (Appleton)
- 006 - Memorial Medical Center -- (Ashland)
- 007 - Western Wisconsin Health -- (Baldwin)
- 008 - St Clare Hospital & Health Services -- (Baraboo)
- 009 - Mayo Clinic Health System – Northland in Barron -- (Barron)
- 010 - Marshfield Medical Center – Beaver Dam -- (Beaver Dam)
- 011 - Beloit Health System -- (Beloit)

The ID "001" is circled in red. The "000" entry is highlighted in blue. A vertical scrollbar is visible on the right side of the list.

079 - Froedtert Hospital -- (Milwaukee), FY End: 06/30

Hospital Survey Grid:--	
Survey Name	Enter/View Survey
2021 ANNUAL SURVEY	Continue
2021 FISCAL SURVEY	New
2021 MEDICARE COST REPORT SURVEY	New
2021 PERSONNEL SURVEY	New
2021 UNCOMPENSATED HEALTH CARE PLAN	New

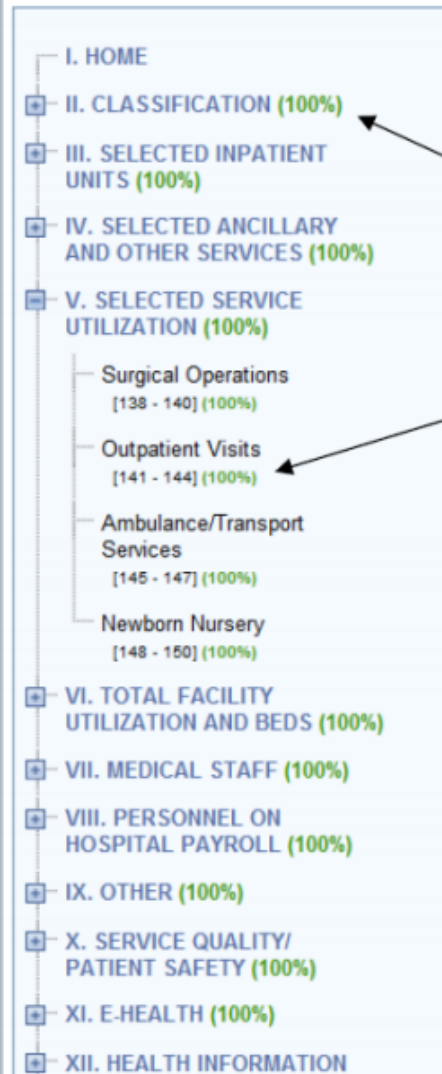


000 - Wisconsin Hospital Association -- (Madison), FY End: 12/31

Hospital Survey Grid:--	
Survey Name	Enter/View Survey
2020 ANNUAL SURVEY	View Only
2020 FISCAL SURVEY	View Only
2020 MEDICARE COST REPORT SURVEY	View Only
2020 PERSONNEL SURVEY	Ready to Submit
2020 UNCOMPENSATED HEALTH CARE PLAN	View Only

Survey Submission

Survey Submission



Survey Layout:

- Navigational Tree Control
- Percentage of each section completed
- Percentage of each subsection of questions completed
- Display is the same for all survey data types

Survey Submission

Each question shows additional details by clicking on the line number.

34. Obstetrics (include LDRP, exclude gynecology)

Level of Care	Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="text" value="1"/>	<input type="text" value="93"/>	<input type="text" value="178"/>	<input type="text" value="178"/>



Question 34

Obstetrics (include LDRP, exclude gynecology)

[Help](#)

2019 Answer:
Level of Care: 1
Beds set-up and staffed last day of fiscal year: 1
Number of discharges: 93
Inpatient days for fiscal year: 178
Discharge days: 178
Service Code: 1

OK

Hospital Survey Grid:--					
Survey Name	Enter/View Survey	Status	Print PDF	Progress	Action Needed
2021 ANNUAL SURVEY	Continue	Open		49%	
2021 FISCAL SURVEY	New	Open		0%	
2021 MEDICARE COST REPORT SURVEY	New	Open		0%	
2021 PERSONNEL SURVEY	New	Open			
2021 UNCOMPENSATED HEALTH CARE PLAN	New	Open			



- II. HOSPITAL INFORMATION AND CLASSIFICATION (33%)
- III. SELECTED INPATIENT UNITS (92%)
- IV. SELECTED ANCILLARY AND OTHER SERVICES (100%)
- IX. OTHER (100%)

Code	Description
1	Service is provided in or by the hospital in a DISTINCT AND SEPARATE UNIT. The number of beds and utilization information MUST be provided for inpatient units.
2	Service is provided in or by the hospital but NOT IN A DISTINCT AND SEPARATE UNIT.
3	Service is provided by the hospitals Health Care System in the community.
4	Service IS NOT MAINTAINED by the hospital but is available, in the hospital or another facility, through a FORMAL CONTRACTUAL arrangement with another hospital or provider, including networks and joint ventures.
5	SERVICE NOT AVAILABLE either by the hospital or through a formal contractual arrangement with another hospital or provider.

Code	Description
O	Service is provided by the hospital but IS HOUSED IN BUILDINGS OTHER THAN THE MAIN HOSPITAL BUILDING AND IS BILLED UNDER THE MEDICARE HOSPITAL'S PROVIDER NUMBER.
B	Service is provided by the hospital and IS HOUSED AT BOTH THE MAIN HOSPITAL BUILDING AND IN BUILDINGS OTHER THAN THE MAIN HOSPITAL BUILDING (WHICH IS BILLED UNDER THE MEDICARE HOSPITAL'S PROVIDER NUMBER).

Survey Submission - Edits

2020 FISCAL SURVEY : Wisconsin Hospital Association, Madison, 53725.

The screenshot shows a web application interface. On the left is a vertical navigation menu with the following items: I. HOME, II. GENERAL INFORMATION (100%), III. DETAIL OF PATIENT SERVICE REVENUE (100%), IV. BALANCE SHEET GENERAL FUNDS (100%), V. HOSPITAL INPATIENT UTILIZATION BY PAY SOURCE (100%), and VI. SUMMARY AND. Under item V, there is a sub-item 'Pay Source' with a green highlight and '[109 - 118] (100%)'. On the right, the main content area is titled 'V. HOSPITAL INPATIENT UTILIZATION BY PAY SOURCE' with a sub-header 'Pay Source'. Below this is a pink-shaded box labeled 'Validation Checks :--' containing the following text: 'There are no page-level errors.', 'There are no hard edits.', 'There are no soft edits.', and 'There are 2 stats edits.' In the top right corner of the main content area, there are icons for help (an 'i' in a circle) and save (a floppy disk).

Edits will appear at the top of the page when you save, the section will change color, and will show under the Action Needed on the Hospital Survey Grid once 100% complete.

This screenshot shows a table with a header row labeled 'Action Needed'. The table contains five rows of actions. The first two rows, 'Soft Edits' and 'Stats Edits', each have a yellow warning icon with an exclamation mark and are circled in red. A red arrow points from the right side of the table towards these two rows. The third row is 'Submitted' with a thumbs-up icon. The fourth row is 'Submit Survey' with a download icon. The fifth row is 'Submitted' with a thumbs-up icon.

Survey Submission - Edits

Below is an example of hard edits that you may see at the top of the screen. If you do not have any for that section, it will say “There are no page-level errors”.

Validation Checks :--

Validation Rule 3379 Failed:

The sum of line 199 full-time persons through line 234 full-time persons must equal line 235 full-time persons.

Difference: 1

Validation Rule 3380 Failed:

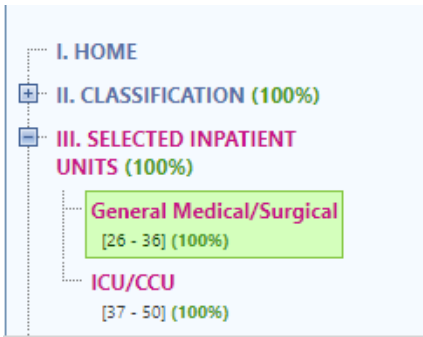
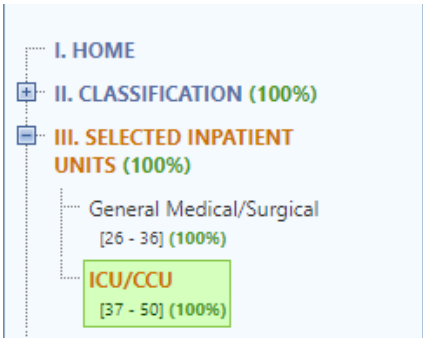
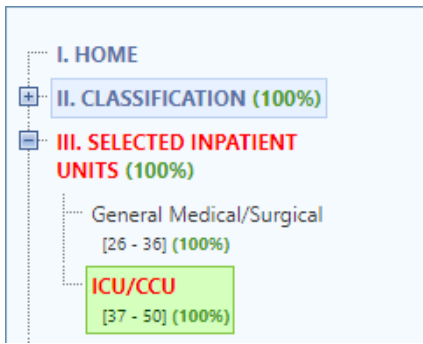
The sum of line 199 part-time persons through line 234 part-time persons must equal line 235 part-time persons.

Difference: 217

Validation Rule 3604 Failed:

Response required for line(s): 199 Part Time Total No. of Persons (less than 36 Hr/Wk)





Red = Hard Edit

Gold = Soft Edit

Purple = Stats Edit

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).

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?).

Statistical Comparison (Stats Edits) – Possible error; values are substantially different than reported in previous survey. Edits run after hard and soft edits are addressed. If value is 30% more or less than submitted in previous year, an edit will appear. (e.g., if total gross revenue is \$1.0 million for FY 2016 and \$1.3 million for FY 2017, an edit will appear).

Survey Submission - Edits

More edit details on the edit can be found by clicking on the question number.

47. TOTAL HOSPITAL FACILITY (Exclude Medicare-certified swing bed inpatient days and non-Medicare-certified, swing-bed inpatient days.)

Total Beds (add lines 27-46) Total discharges (add lines 27-46) Total Inpatient Days (add lines 27-46) Total discharge days (add lines 27-46)

48. MEDICARE-CERTIFIED

Average Number of Beds

49. NON-MEDICARE-CERTIFIED

Average Number of Beds

50. Newborn nursery

Question 47 Hard Edit

TOTAL HOSPITAL FACILITY (Exclude Medicare-certified swing bed inpatient days and non-Medicare-certified, swing-bed inpatient days.)

[Help](#)

Validation Rule 3382 Failed:
The sum of line 27 discharges through line 46 discharges must equal line 47 discharges.
Difference: 1

2018 Answer:
Total Beds (add lines 27-46): 24
Total discharges (add lines 27-46): 1,309
Total Inpatient Days (add lines 27-46): 4,271
Total discharge days (add lines 27-46): 5,312

(Use codes listed above) 1 2 3 4 5 O B

(Use codes listed above) 1 2 3 4 5 O B

(Use codes listed above) O B

Hospital Survey Grid:--

Survey Name	Enter/View Survey	Status	Print PDF	Progress
2020 ANNUAL SURVEY	Incomplete	Open		
2020 FISCAL SURVEY	Incomplete	Open		
2020 MEDICARE COST REPORT SURVEY	View Only	Closed Reopen		
2020 PERSONNEL SURVEY	Incomplete	Open		
2020 UNCOMPENSATED HEALTH CARE PLAN	View Only	Closed Reopen		

Action Needed
Stats Edits
Stats Edits
Submitted
Stats Edits
Submitted



WHAIC Survey

Wisconsin Hospital Association
Madison, 53725

2020 FISCAL SURVEY

Make Changes
Print
Close Window

Statistical Alert(s) :--

Question 112: All other pay sources: (B1) Number of Newborns**
 Current Year Value: 3,239
 Previous Year Value: 39
 Difference: 3,200

I have reviewed this statistical alert and have determined that the submitted value(s) is/are accurate.

Question 113: TOTALS: (B1) Number of Newborns**
 Current Year Value: 3,293
 Previous Year Value: 93
 Difference: 3,200

I have reviewed this statistical alert and have determined that the submitted value(s) is/are accurate.

I Agree

Wisconsin Hospital Association
Madison, 53725

2020 FISCAL SURVEY

Make Changes
Print
Close Window

Not done yet!

Enter/View Survey	Status	Print PDF	Progress	Action Needed
View Only	Closed Reopen		100%	Submitted
View Only	Closed Reopen		100%	Submitted
View Only	Closed Reopen		100%	Submitted
Ready to Submit	Open		100%	Submit Survey
View Only	Closed Reopen		100%	Submitted



Progress	Completed
100%	Submitted
100%	Submitted
100%	Submitted
100%	Submitted
100%	Submitted

Completed Submissions:

- ✓ Progress is 100%
- ✓ All surveys have a thumbs up and says Submitted.
- ✓ The final column header says Complete in green.



Affirmation & Schedule C

1. Click on Data Deliverables



2. Click on Survey Affirmations and Schedule C



Welcome to the WHA Information Center Data Deliverables site. Posted files will remain online for 30 days.

**Effective with Q2 2021, profile and validation reports are no longer encrypted, and therefore do not require 7-Zip. We rely on hospitals to implement their own best practices and follow HIPAA and other Security Standards. Please be sure to download your reports and save them to your own secured system for a rolling 5 quarters of data to accurately validate and trend the history of reporting.

You will access your affirmation by clicking links under the Select column. For more information - click Definitions and Frequently Asked Questions.

Survey Affirmations and Schedule C

Definitions and Frequently Asked Questions

Filter for Year: 2020 ▼

Select	ID	Facility	Year	FYE	Submitted	Approved By	Schedule C	Validated
Complete Affirmation	000	Wisconsin Hospital Association (Madison)	2020	12/31	No	test	No Upload	<input checked="" type="checkbox"/>
Download	001	Amery Regional Medical Center (Amery)	2020	12/31			No Upload	<input checked="" type="checkbox"/>
Download	002	Aspirus Langlade Hospital (Antigo)	2020	06/30			No Upload	<input checked="" type="checkbox"/>

Instructions for Survey Affirmations and Schedule C Table

- Filter for Year defaults to the current year, but users may change that to view affirmations for prior years.
- Four columns are sortable, Facility, ID, Submitted and Schedule C
- Select has three possible values:
 1. **Complete Affirmation** means that all required surveys have been submitted. Click the link to open the affirmation for submission.
 2. **Surveys Incomplete** means that not all required surveys have been submitted. Can do nothing with this facility now, except upload Schedule C.
 3. **Download** means the affirmation has already been submitted. Can download the completed affirmation, but can make no further changes.
- Under Schedule C, the values are
 1. **Yes or No**, depending on whether the MCR Schedule C has been uploaded. Note that Yes is a hyperlink, which if clicked will download the previously uploaded Schedule C file.
 2. **Upload**. Clicking prompts the user to select and upload the Schedule C file. **Upload** may be visible even after a file has been uploaded, in case the user wants to upload again, overwriting the previous file. **Upload** is available until a) a file has been uploaded, and b) the affirmation has been submitted. After that point, the record is considered locked.



Affirmation Summary Data

FY Summary Report

Action Edits

Sign & Submit Affirmation

Download / Reopen Surveys

Cancel

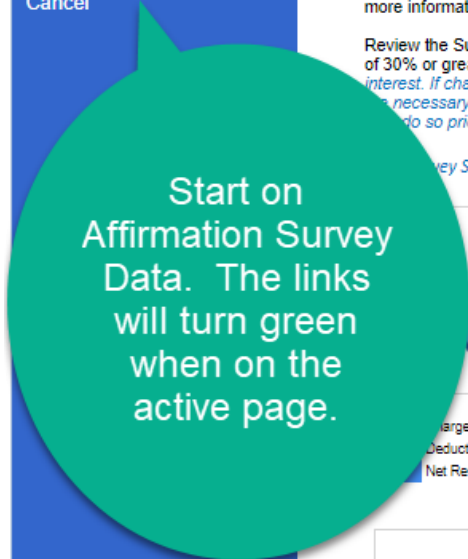
2020 Survey Affirmation

000-Wisconsin Hospital Association (Madison)

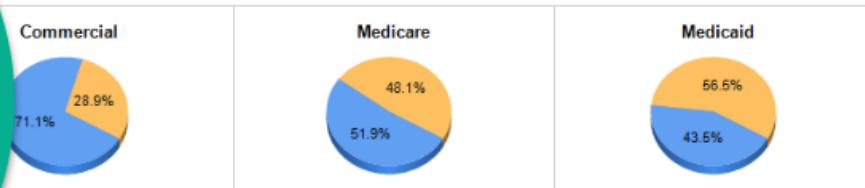
According to the Department of Health Services (DHS) 120.11, hospitals must adhere to standard data verification, review, and comment procedures. This must occur before the data is signed off on via the affirmation statement.

Portions of the Annual and/or Fiscal survey data is publicly available on the WHAIC website in various publications, custom reports, and PricePoint to display Payer Mix details for various payers as well as Charity/Other Uncompensated care. For more information and validation of this data, see the Preliminary Fiscal Year Summary Report on the left toolbar.

Review the Summary Data in the charts and table below for accuracy. Line items listed in red indicate a significant variation of 30% or greater from the previous years reporting. *Review these changes carefully as they are often the focus of public interest. If changes are required for the current year, use the toolbar on the left to reopen the appropriate survey and make necessary corrections. If no corrections to the figures below are required, but you choose to provide a comment, you must do so prior to submitting your electronic affirmation.



Fiscal Year Summary Data



	Commercial	Medicare	Medicaid
Charges	\$37,983,055	\$61,740,239	\$15,368,398
Deductions	\$10,972,137	\$29,726,390	\$9,250,244
Net Revenue	\$27,010,918	\$32,013,849	\$7,118,154

	Current Year	Previous Year	Percent Change
Gross Patient Revenue	\$120,702,741	\$120,702,741	0.0%
Less Deductions	\$59,343,330	\$59,343,330	0.0%
Net Patient Revenue	\$61,359,411	\$61,359,411	0.0%
Plus Other Operating Revenue	\$1,202,150	\$1,202,150	0.0%
Total Revenue	\$62,561,561	\$62,561,561	0.0%
Less Expenses	\$61,533,214	\$61,533,214	0.0%
Operating Margin	\$1,028,347	\$1,028,347	0.0%
Operating Margin %	1.6%	1.6%	0.0%
Non-Operating (Gains/Losses)	\$1,073,081	\$1,073,081	0.0%
Net Income (Total Margin)	\$2,101,428	\$2,101,428	0.0%
Total Margin %	3.3%	3.3%	0.0%

	Current Year	Previous Year	Percent Change
Bad Debt	\$2,301,601	\$2,301,601	0.0%
Charity Care	\$1,221,881	\$1,221,881	0.0%
Inpatient Discharges	1,138	1,138	0.0%
Total Outpatient Visits	113,870	113,870	0.0%
Total FTEs	338.0	313.4	7.8%
Total Beds	18	18	0.0%

*Fields highlighted in red indicate 30% or more variance from last year.

May also advance sections by clicking next



Next

2020 Survey Affirmation

000-Wisconsin Hospital Association (Madison)

This document represents a compilation of what will be displayed in the [Guide to Wisconsin Hospitals](#) and is produced for your review prior to publication. WHAIC encourages you to **review this information carefully for accuracy**. Once the data is processed and published on the WHAIC website any egregious errors or misrepresented data cannot be adjusted. This is your last opportunity to validate the data and make any corrections.

This FY Summary Report provides detailed information about your hospital, including (as applicable) general medical-surgical, long-term acute-care, psychiatric, alcohol and other drug abuse, and rehabilitation. The information is drawn from responses to the Annual Survey of Hospitals, the Hospital Fiscal Survey, and the Personnel Survey. Tables present selected measures of utilization, service, staffing and finance. Once the data is published in the Guide, comparison data for hospitals of the same type, in the same analysis area, and for the same patient volume group will be displayed.

To make any corrections, re-open the applicable survey, make corrections and resubmit (including going through the edit process). This will prompt your reports to refresh. Contact WHAIC staff if you have questions.

[Download Preliminary Fiscal Year Summary Report - Printable PDF](#)

[FY Summary FAQ](#)

000 Wisconsin Hospital Association
5510 Research Park Dr PO Box 259038
Madison, WI 53725
608-274-1820

Fiscal Year: 02/01 to 12/31
Type: GMS
Critical Access Hospital
Control: Other Not-For-Profit

County:
Analysis Area: ()

Selected Utilization Statistics	FY 2020	FY 2019	Ratio
Occupancy Rate (%)			
Adult Medical-Surgical	52.9%	53.0%	1.00
Obstetrics	48.6%	48.8%	1.00
Pediatrics	0.0%	0.0%	N/A
Total Hospital	70.3%	70.5%	1.00
Average Census (Patients)			
Adult Medical-Surgical	5.3	5.3	1.00
Obstetrics	0.5	0.5	1.00
Pediatrics	0.0	0.0	N/A
Total Hospital	12.7	12.7	1.00
Average Length of Stay (Days)			
Adult Medical-Surgical	2.9	2.9	1.00
Obstetrics	1.9	1.9	1.00
Pediatrics	0.0	0.0	N/A

The FY Summary Report is a preview of the 3-page document that will be published in The Guide to Wisconsin Hospitals.

Action edits must have an explanation provided for the edit. If the edit brings attention to an error, surveys should be reopened and corrected before signing off.

Affirmation Summary Data

FY Summary Report

[Action Edits](#)

Sign & Submit Affirmation

Download / Reopen Surveys



Cancel

2020 Survey Affirmation

The following action edits were marked as accurate at the completion of your survey. An explanation and/or reasoning is required in the space provided below for each questionable **Action Edit** in order to complete submission of the electronic affirmation statement.

If you would like to review the **Action Edits** in the survey and/or make any necessary changes, see the left tool bar "Download/Reopen Surveys". If changes are needed, the survey must be reopened. Once changes are made you will be required to go through the edit process and resubmit the survey in order to regenerate a new Affirmation Statement.

000-Wisconsin Hospital Association (Madison)

Question	Survey	2020	2019	% Change	2018	Trend
235 - TOTAL hospital personnel (add lines 199-234) - Part Time Total No. of P-T hours	ANNUAL	2,765	1,765	57%	1,939	
<p style="color: #0056b3; margin: 0;">Enter Explanation:</p> <hr style="border: 0.5px solid #ccc;"/>						
113 - TOTALS - (B1) Number of Newborns	FISCAL	3,293	93	3441%	120	
<p style="color: #0056b3; margin: 0;">Enter Explanation:</p> <hr style="border: 0.5px solid #ccc;"/>						

Next

Surveys can be reopened in two ways. From the Download/Reopen page of the Affirmation or from the Survey Application.

Note: Once the affirmation is submitted, surveys must be reopened by WHAIC staff and the affirmation will need to be resubmitted.

Affirmation Summary Data

FY Summary Report

Action Edits

Sign & Submit Affirmation

Download / Reopen Surveys

Cancel

2020 Survey Affirmation

000-Wisconsin Hospital Association (Madison)

This section is optional.

You may download a printable PDF of this affirmation or any survey: Survey Affirmation Statement [Download](#)

If survey data needs to be changed, you can reopen the desired survey(s) by clicking the link below. You can then make the changes at the Survey site. Reopening will close and reset this affirmation form.

Annual Survey Only
 Fiscal Survey Only
 Annual and Fiscal Surveys
 All Surveys

Reopen the survey(s) and close this form

000 - Wisconsin Hospital Association -- (Madison), FY End: 12/31

Hospital Survey Grid:--		Status	Survey How-To	
Survey Name	Enter/View Survey	Open	Progress	Action Needed
2019 ANNUAL SURVEY	Continue	Open	4%	
2019 FISCAL SURVEY	New	Open	0%	
2019 MEDICARE COST REPORT SURVEY	New	Open	0%	
2019 PERSONNEL SURVEY	View Only	Closed Reopen	100%	Submitted
2019 UNCOMPENSATED HEALTH CARE PLAN	New	Open	0%	

Affirmations & Schedule C

Home File Downloads File Administration Provider Based Locations Data Affirmations Survey Affirmations and Schedule C

Affirmation Summary Data

FYE Summary Report

Action Edits

[Sign & Submit Affirmation](#)

Download / Reopen Surveys

Cancel

2018 Survey Affirmation

The electronic signature on this affidavit affirms that the chief executive officer, administrator, or designee have reviewed the following data as presented from the surveys submitted by ThedaCare Regional Medical Center - Appleton, Inc. in Appleton.

- Affirmation Summary Data
- FYE Summary Report
- Any Applicable Action Edits

This is a legally binding equivalent

I HEREBY ATTEST, that I or my designee have reviewed the data submitted to WHA Information Center

Provide e-signature for the Electronic Affidavit

Suzanne Staudenmayer
Name of person submitting the Electronic Affidavit

Provide additional comments as needed

[Submit Survey Affirmation Statement](#)

The electronic signature is provided by the CEO, administrator, or designee. The electronic signature attests that the data has been reviewed and verified internally by the hospital. The signee may designate someone to electronically sign on their behalf. The name of the person submitting the document can be different and will populate based on portal login credentials.

Additional comments can be provided to explain variances not included on the Action Edits page.

Affirmations & Schedule C

Home File Downloads File Administration Provider Based Locations Data Affirmations Survey Affirmations and Schedule C

Affirmation Summary Data

FYE Summary Report

Action Edits

[Sign & Submit Affirmation](#)

Download / Reopen Surveys

Cancel

2018 Survey Affirmation

The electronic signature on this affidavit affirms that the chief executive officer, administrator, or designee have reviewed the following data as presented from the surveys submitted by ThedaCare Regional Medical Center - Appleton, Inc. in Appleton.

- Affirmation Summary Data
- FYE Summary Report
- Any Applicable Action Edits

This is a legally binding equivalent of the individual's handwritten signature as per [DHS 120.12](#).

I HEREBY ATTEST, that I or my designated representative, to the best of my knowledge, reviewed and verified internally the data that was submitted to WHA Information Center and the data is accurate.

Provide e-signature for the Electronic Survey Affirmation Statement

Suzanne Staudenmayer

Name of person submitting the Electronic Survey Affirmation Statement

Provide additional comments as needed:

Submit when complete

Submit Survey Affirmation Statement

Download Affirmation Statement Printable PDF

From this screen, you can also upload your schedule C. Click [Upload](#).

Remember we need a copy of your schedule C only, not your whole cost report.



Survey Affirmations and Schedule C

Welcome sstaudenmayer8! [[Portal Home](#)]

[Home](#) |
 [File Downloads](#) |
 [File Administration](#) |
 [Provider Based Locations](#) |
 [Data Affirmations](#) |
 [Survey Affirmations and Schedule C](#)

Survey Affirmations and Schedule C

[Definitions and Frequently Asked Questions](#)

Filter for Year:

Select	ID	Facility	Year	FYE	Submitted	Approved By	Schedule C	Validated
Download	000	Wisconsin Hospital Association (Madison)	2018	12/31	7/23/2019	ttt	Yes 	<input checked="" type="checkbox"/>
Complete Affirmation	001	Amery Regional Medical Center (Amery)	2018	12/31	No		No Upload	<input type="checkbox"/>
Complete Affirmation	002	Aspirus Langlade Hospital (Antigo)	2018	06/30	No		No Upload	<input type="checkbox"/>
Complete Affirmation	003	ThedaCare Regional Medical Center - Appleton, Inc. (Appleton)	2018	12/31	No		No Upload	<input type="checkbox"/>
Complete Affirmation	004	Ascension St. Elizabeth Hospital, Inc. (Appleton)	2018	06/30	No		No Upload	<input type="checkbox"/>
Complete Affirmation	006	Memorial Medical Center (Ashland)	2018	09/30	No		No Upload	<input type="checkbox"/>
Complete Affirmation	007	Western Wisconsin Health (Baldwin)	2018	09/30	No		No Upload	<input type="checkbox"/>
Complete Affirmation	008	St Clare Hospital & Health Services (Baraboo)	2018	12/31	No		No Upload	<input type="checkbox"/>
Complete Affirmation	009	Mayo Clinic Health System – Northland in Barron (Barron)	2018	12/31	No		Yes Upload	<input type="checkbox"/>
Complete Affirmation	010	Beaver Dam Community Hospitals Inc (Beaver Dam)	2018	06/30	No		No Upload	<input type="checkbox"/>



As mentioned, we only need a copy of your Worksheet C, which looks like the example below. Some larger facilities have many more lines, but the layout is similar.

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							
	ANCILLARY SERVICE COST CENTERS							
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							
76	UNBUNDLING							
76.97	CARDIAC REHABILITATION							
76.98	HYPERBARIC OXYGEN THERAPY							
76.99	LITHOTRIPSY							
	OUTPATIENT SERVICE COST CENTERS							
90.02	ADULT OUTPATIENT							
90.04	CATC IN-HOME, DAY TRMNT & OP							
91	Emergency							
92	Observation Beds (Non-Distinct Part)							
92.01	OBSERVATION BEDS-DISTINCT							
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)							
201	Less Observation Beds							
202	Total (line 200 minus line 201)							

On the Horizon

- Creating internal validation reports.
 - Allow to run prefilled report
 - Add column for Health System Survey access
- Focus Groups
- Revision of Uncomp and Personnel Manuals
- Training Videos
- Updating FAQ
- Continue to evaluate edits.
- Review existing software for potential future transition.



Any
Questions?

Contact Information

You can find more information online at:



Thank You!



www.whainfocenter.com



whainfocenter@wha.org



ssaudenmayer@wha.org