



The respected source for health care data.

2021 Spring Survey Training

Suzy Staudenmayer
WHA Information Center, Data Coordinator and Outreach Specialist
Annual Virtual Training – Encore of November 2020 training
March 2021

WELCOME

Agenda

New Website

Timelines & Extensions

Data and Surveys

Roles and Registration

NEW: Annual Survey Manual

Survey Application & NEW Features

Reminders

Training Objectives

Following this training session you should be able to:

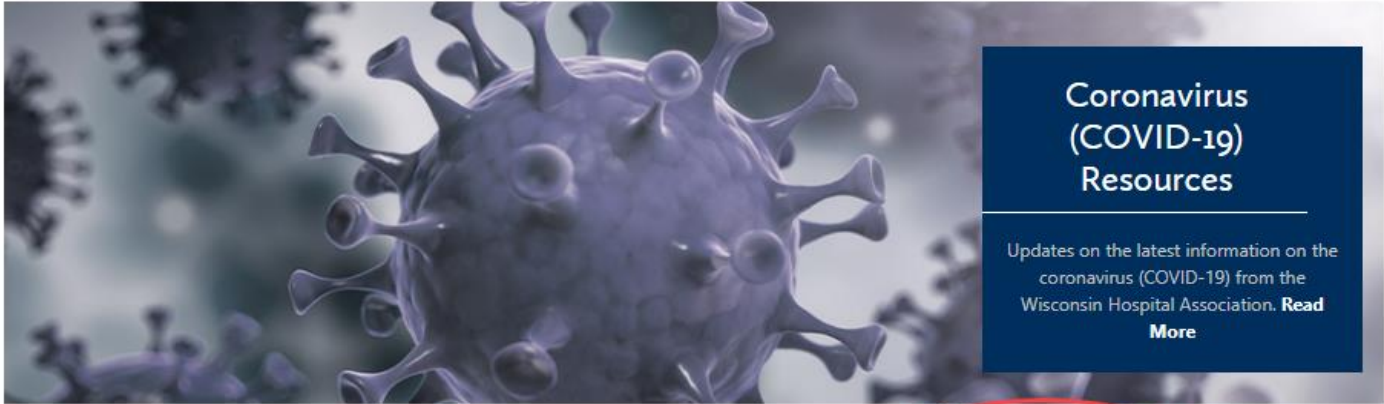
- Understand the submission requirements for your hospital(s).
- Understand the edit process.
- Explore the new WHAIC website for answers to questions.
- Research questions in the **NEWLY Revised** Annual Survey Manual.
- Complete validation and sign off.
- Familiarize new staff members with the survey application and the portal.

Search

- Analytics
- Data Products
- Data Submitters**
- Provider Services
- Transparency

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.



Coronavirus (COVID-19) Resources

Updates on the latest information on the coronavirus (COVID-19) from the Wisconsin Hospital Association. [Read More](#)



Kaavio
WHAIC developed Kaavio on the Tableau platform as a way to analyze and visualize the Wisconsin discharge data.



PricePoint
The PricePoint web site allows health care consumers to receive basic, facility-specific information about services and charges.

Upcoming Events



2020 Wlpop Fall Training Session
November 05, 2020



2020 Survey Fall Training Session
November 06, 2020

[View Full Calendar](#)

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 **Wipop** 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 Wipop or Survey Data Submission Manuals, calendars, training materials, and other updates click on one of the pictures below.

Reporting Requirements



Important Dates & Events

November 2020 Wipop Fall Training Session

05
Thursday

[Add Event to My Calendar](#)

November 2020 Survey Fall Training Session

06
Friday

[Add Event to My Calendar](#)

Additional Resources

[Wisconsin Statutes, Chapter 153](#)

[Wisconsin Administrative Rule, Chapter DHS 120](#)

[Centers for Medicare & Medicaid Services \(CMS\)](#)

[United States Postal Service \(USPS\)](#)

New 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

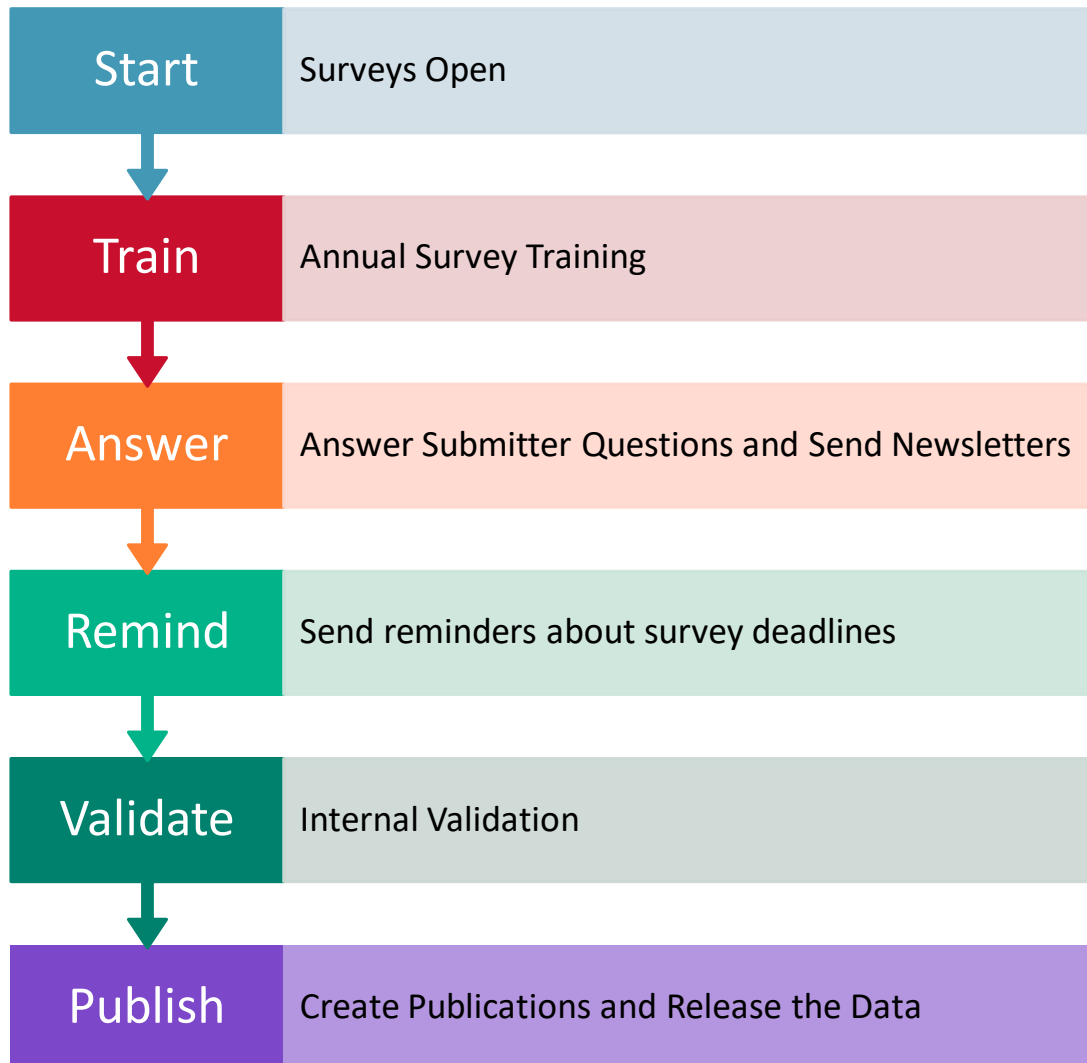


FAQs



**Registration & Other
Resources**

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



WHAIC Internal Survey Process

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 Timeline

2020 Fiscal Year End Dates

Surveys will be open for submission at the end of October

Annual, Fiscal, Personnel, and Uncompensated Survey Submission	Date
MARCH - JUNE FYE*	
March - June 30 FYE Extension Request Deadline	12/13/20
March - June 30 <i>Standard</i> Submission Deadline	12/20/20
March - June 30 <i>Extended</i> Submission Deadline (file online request by deadline)	1/30/21
March - June 30 Affirmation Deadline	2/15/21
JULY - SEPTEMBER FYE	
July - September 30 FYE Extension Request Deadline	1/23/21
July - September 30 FYE <i>Standard</i> Submission Deadline	1/30/21
July - September 30 FYE <i>Extended</i> Submission Deadline (file online request by deadline)	3/2/21
July - September 30 Affirmation Deadline	3/16/21
DECEMBER FYE	
December 31 FYE Extension Request Deadline	4/23/21
December 31 FYE <i>Standard</i> Submission Deadline	5/1/21
December 31 FYE <i>Extended</i> Submission Deadline (file online request by deadline)	6/1/21
December 31 FYE Affirmation Deadline	6/15/21
Medicare Cost Report Submission	
January – June FYE Submission Deadline	1/30/21
January – June FYE Schedule C Deadline to Upload Copy in Data Deliverables	2/15/21
July – December FYE Submission Deadline	6/1/21
July – December FYE Schedule C Deadline to Upload Copy in Data Deliverables	6/15/21

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	07/16/21

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

Reminders

Automated emails will now be 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 will be sent manually by the *WHAIC staff*.

Extensions

Filing an extension

Home **A.** Extensions Admin : Open Survey Report : Hospital Reg. Status Report : Hospital Survey Status Report : Survey - All Questions, All Codes Report : Survey DataSets

Select a Hospital Sort By ID Year **B.** View Hospital

000 - Wisconsin Hospital Association -- (Madison) 2020

[Survey Timeline](#) [Survey Manuals](#)
[Data Deliverables](#) [Survey Homepage](#)

Survey Extension Requests:--

Any facility that anticipates delays in submitting hospital survey data within the standard submission deadline must file an extension request through the survey system. The extension request process that will replace the paper format. An extension of up to 30 days past the submission deadline may be granted under limited circumstances.

As a reminder, extension requests should not be a routine function of the survey submission process; the state statute has specific language that applies to extensions. Please read the statute carefully.

To request an extension, click on the icon under the "request extension" column. You will then be prompted to select a reason for the request, and add any additional information for approval. You will receive an email notification once your request has been granted.

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

Hospital Survey Grid:--

Survey Name	Request Extension	Status	Extension	Progress
2020 ANNUAL SURVEY	C.			100%
2020 FISCAL SURVEY				100%
2020 MEDICARE COST REPORT SURVEY				100%
2020 PERSONNEL SURVEY				100%
2020 UNCOMPENSATED HEALTH CARE PLAN				100%

- A. Click on Extensions Tab
- B. Select Hospital and current submission year then View Hospital
- C. Click on the paper and pencil icon under "Request Extension."

Extensions

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

2020 ANNUAL SURVEY -- Please Specify Reason for Extension

D. Reason:

Comment:

Apply to all surveys for this facility: E.

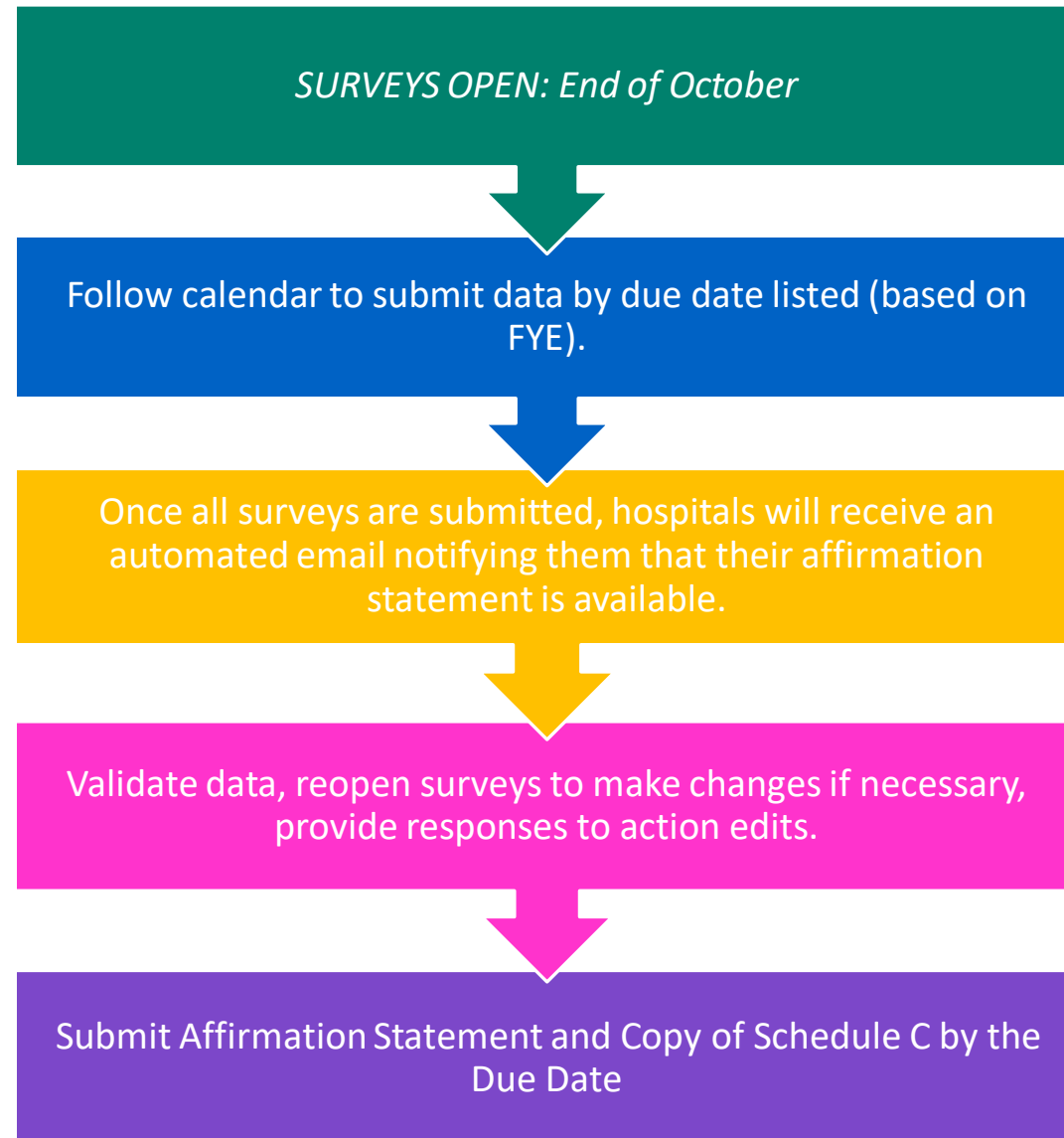
F.

Hardship Extensions

- CMS [extended the deadlines](#) for Medicare Cost Reports.
- In January WHAIC sent a [bulletin](#) regarding extended deadlines for those hospitals needing extra time due to the pandemic.
 - Hospitals **with an existing extension** should attempt to meet the extended deadline on the annual timeline, but if needed the hardship extension is automatically granted.
 - **No additional notification to WHAIC is necessary.**

Annual, Fiscal, Personnel, and Uncompensated Survey Submission	Date
MARCH - JUNE FYE*	
Hardship <i>Extended</i> Submission Deadline	3/2/21
Affirmation Deadline	3/16/21
JULY - SEPTEMBER FYE*	
Hardship <i>Extended</i> Submission Deadline	6/1/21
Affirmation Deadline	6/15/21
DECEMBER FYE*	
Hardship <i>Extended</i> Submission Deadline	7/16/21
Affirmation Deadline	8/2/21
Medicare Cost Report Submission	
Date	
January – June FYE Submission Deadline & Deadline to Upload to Data Deliverables	6/15/21
July – December FYE Submission Deadline & Deadline to Upload to Data Deliverables	8/2/21

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.

Other Surveys

Health System Survey:

- 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

AHA Wisconsin Addendum Survey:

- Open in May, due in June
- At times IC sends reminders about this survey as a courtesy, but we have no affiliation or detailed information

Other Surveys

Health System Survey:

Listed as a 9XX facility ID

- 900 - Wisconsin Hospital Association -- (Madison)
- 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)

Welcome: sstaudenmayer6
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!
 If you are a new user 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.

Survey How-To

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 Reopen		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submitted
View Only	Closed Reopen		<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Submitted

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 us with any staff updates or corrections.

by Role	Annual	Fiscal	Healthcare	Medicare	Uncompensated	Personnel

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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. Registered users agree use of Survey application and Secure Portal system without authority, or in excess of your authority, is strictly prohibited.

Roles and Registration

Select a Hospital **Sort By** ID **Year** 2020 [View Hospital](#) [Survey Timeline](#) [Survey Manuals](#)
 079 - Froedtert Hospital -- (Milwaukee) [Data Deliverables](#) [Survey Homepage](#)

Message From WHA Information Center:--

2020 SURVEYS NOW OPEN!

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Friday, November 6
10:00am - 11:30am

Wednesday, November 11

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

Email whainfocenter@wha.org with any changes.

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

Hospital Survey Grid:--

Survey Name	Action Needed
2020 ANNUAL SURVEY	
2020 FISCAL SURVEY	
2020 MEDICARE COST REPORT SURVEY	
2020 PERSONNEL SURVEY	
2020 UNCOMPENSATED HEALTH CARE PLAN	

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"/>
Malina	Keillor	Measurement Analyst	malina.gleissner@froedtert.com	Primary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 whainformationcenter@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)

- Oversee and monitor access requirements for Surveys and contact WHAIC with changes;
- Serve as a primary contact to address issues with the data or timely submission/training;
- Receive confirmation emails of new reports available in the Secure Portal system;
- Receive all communications from WHAIC regarding survey timelines, submissions, and compliance; share as appropriate with other users.
- Access to the data deliverables site to download/share the hospital data and review reports for distribution and accuracy;
- Authority to electronically sign and submit affirmation statement;
- Authority to upload Medicare Cost Report Schedule C;
- May have access to the Health System Survey – only applies to those within a system.



Roles and Registration

Other roles:

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.

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



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.

I Agree, Log In

[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>



NEW: Annual Survey Manual



New look and feel



Links to important information



Clearer Explanation of Questions



Removed Obsolete Answer Choices &
HIM Coding Questions



Added Appendices

Definitions
Facility List

Annual Survey Manual

[Click here to view the new Annual Survey Manual](#)

Annual Survey Manual

NEW: Added sub-questions to question 1

1. Communications Contact and Reporting Period

A. *Identify the main primary contact responsible for communications related to the data.*

- i. For example, if the media contacts the hospital to inquire about survey data posted online in one of the public publications, who would the media speak to?

Identify the contact Name, title, email, etc. in the survey tool.

B. *Indicate the beginning of your current fiscal year* _____

C. *Reporting Period used (beginning and ending date)* _____ to _____

D. *Were you in operation 12 full months at the end of your reporting period?* Yes or No

If no, number of days open during reporting period. _____

Annual Survey Manual

NEW: Removed obsolete answers such as no internet, dial-up, and cable modem. Replaced with answers frequently entered in the other section (T1, T3).

270. Internet Connectivity

Select the type of internet connection that comes into your hospital.

270. What type of Internet connection comes into your hospital?

- T1
- T3
- A telephone company DSL line (high speed)
- A fiber-optic connection
- Other

If Other, please explain:

Select a Year:
 Select a Survey:

1. Communications Contact and Reporting Period

A. Identify the main primary contact responsible for communications related to the data

B. Indicate the beginning of your current fiscal year

C. Reporting period begin date Reporting period end date

D. Were you in operation 12 full months at the end of your reporting period?

Yes No

If no, number of days open during reporting period

2. Hospital / Organization Type Indicate the type of organization responsible for establishing policy concerning overall hospital operation.

CHECK ONLY ONE CODE.

Government, Nonfederal

- State
- County
- City

Non-government, Not-for-profit

- Religious organization
- Other not-for-profit

Investor-owned, For-Profit

- Individual
- Partnership
- Corporation

Government, Federal

- Veterans Affairs

3. Is the hospital part of a health care system? If **YES**, enter name, city and state of the system headquarters.

Yes No

Name

City

State

4. Is the hospital a division or subsidiary of a holding company?

Yes No

Annual Survey Template

Survey Application & NEW Features



Submitting Surveys

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: 079 - Froedtert Hospital -- (Milwaukee) | Sort By: ID | Year: 2020 | View Hospital

[Survey Timeline](#) | [Survey Manuals](#)
[Data Deliverables](#) | [Survey Homepage](#)

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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
2020 ANNUAL SURVEY	Continue	Open		2%	
2020 FISCAL SURVEY	New	Open		0%	
2020 MEDICARE COST REPORT SURVEY	New	Open		0%	
2020 PERSONNEL SURVEY	New	Open		0%	
2020 UNCOMPENSATED HEALTH CARE PLAN	New	Open		0%	

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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"/>
Malina	Keillor	Measurement Analyst	malina.gleissner@froedtert.com	Primary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

Submitting Surveys

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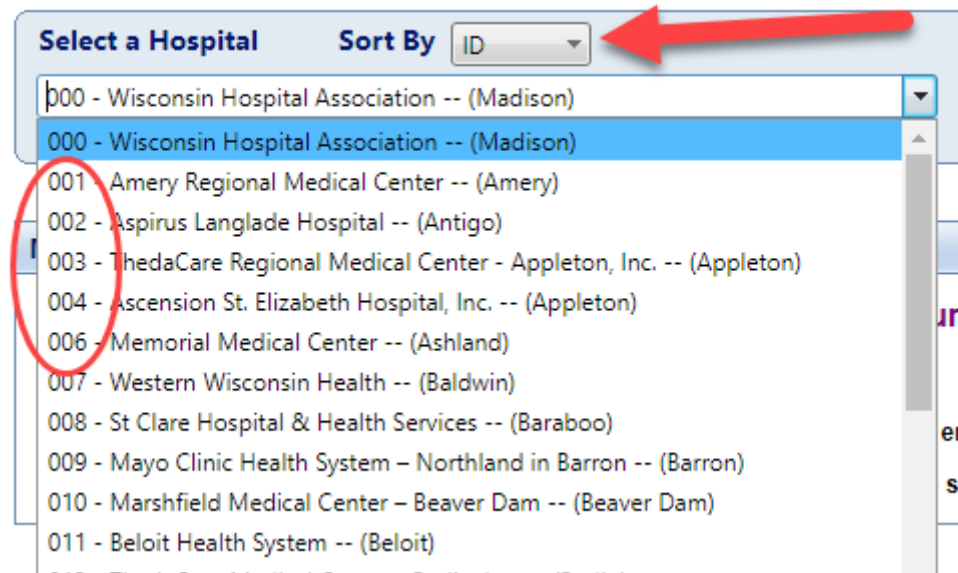
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2020 MEDICARE COST REPORT SURVEY	New	Open		0%	
2020 PERSONNEL SURVEY	New	Open		0%	
2020 UNCOMPENSATED HEALTH CARE PLAN	New	Open		0%	

Submitting Surveys

3-Digit ID

The unique 3-digit identification number assigned to each facility by WHAIC. This number must be used to upload your files and included with email communications or correspondence with WHAIC.

You will notice this ID in the Select a Hospital drop-down and you can also access the full list [here](#). Please include this number in the subject line when contacting WHAIC.



Submitting Surveys

Select a Hospital
 Sort By
 Year

[Survey Timeline](#)
[Survey Manuals](#)
[Data Deliverables](#)
[Survey Homepage](#)

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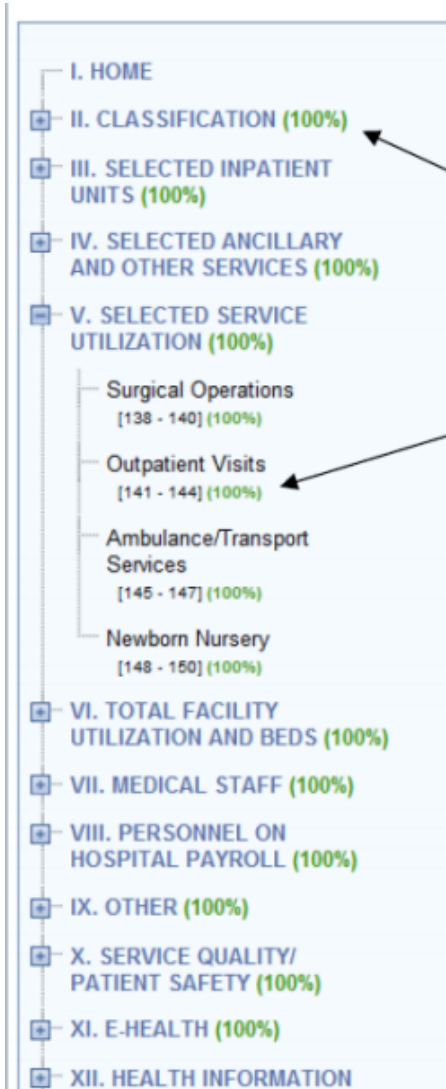
079 - Froedtert Hospital -- (Milwaukee), FY End: 06/30

[Survey How-To](#)

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2020 FISCAL SURVEY	New	Open		0%	
2020 MEDICARE COST REPORT SURVEY	New	Open		0%	
2020 PERSONNEL SURVEY	New	Open		0%	
2020 UNCOMPENSATED HEALTH CARE PLAN	New	Open		0%	





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

Submitting Surveys

Submitting Surveys

YAY!

Each question will now show 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

Edits

Summary of Edit – 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.

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).

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?).

o 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).

Edits

Edits show up at the top of the survey page. You may correct the edits as you go, or after you have entered all data into the survey.

These are examples 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

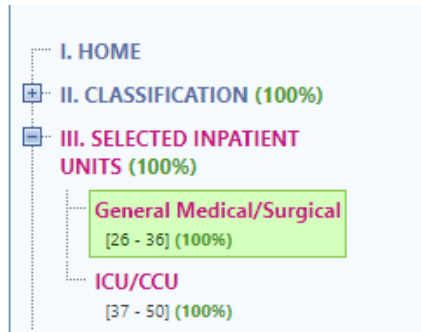
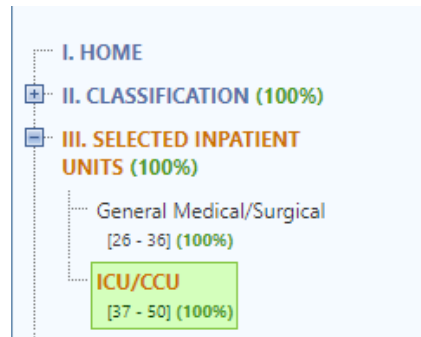
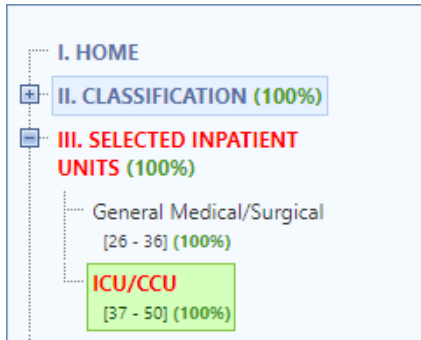
Validation Rule 3380 Failed:

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)



Edits

Now, any edits you have will highlight a section on the navigational tree in the survey. This will give you a quick “at-a-glance” look at how many areas have edits.

Red = Hard Edit

Gold = Soft Edit

Purple = Stats Edit



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)

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

OK

Reopening Surveys

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

Hospital Survey Grid:--		Status	Survey How-To		
Survey Name	Enter/View Survey		PDF	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	Open		100%	Submitted
2019 UNCOMPENSATED HEALTH CARE PLAN	New	Closed Reopen		0%	
		Open			

A **NEW** feature has been introduced to allow you to open your surveys from the survey application!

Now you can reopen as you go, from the survey application, or from the affirmation statement.

WOW!

Affirmation & Schedule C

Click on Data Deliverables



The screenshot displays the WHA Information Center website. At the top, the logo features the letters 'WHA' in a bold, dark blue font with a stylized wave above the 'H', followed by 'INFORMATION CENTER' in a smaller, teal font. Below the logo is a blue horizontal bar containing the text 'Welcome [redacted] [Log Out]'. Underneath this bar, the text 'Please choose a site:' is centered. Two options are listed: 'Survey Submission' and 'Data Deliverables'. A red arrow points from the left towards the 'Data Deliverables' link.

WHA | INFORMATION CENTER

Welcome [redacted] [Log Out]

Please choose a site:

- Survey Submission
- Data Deliverables

Affirmations & Schedule C

Click on Survey Affirmations and Schedule C



Data Deliverables Home

Welcome [] [Portal Home]

Home | File Downloads | Survey Affirmations & Schedule C

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

All downloadable files are compressed and encrypted using 7-Zip: <http://www.7-zip.org/>

Mac users can download a 7-Zip compatible program from this site: <http://www.kekaosx.com/en/>

Please select an option from the tab menu above.

[Help for First-Time Users](#)

For those of you reviewing the Wipop Data Submission Reports: If you do not see a report that you are expecting, contact the WHA Information Center as your contact roles may need to be modified in the Portal.

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WHA Information Center - 5510 Research Park Dr. - Madison - WI - 53711 - Phone: 800.231.8340 / 608.274.1820



Affirmations and Schedule C

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

Home	File Downloads	Survey Affirmations & Schedule C							
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	Yes	Upload	<input type="checkbox"/>
Surveys Incomplete	001	Amery Regional Medical Center (Amery)	2020	12/31	No		No	Upload	<input type="checkbox"/>

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- [Affirmation Summary Data](#)
- [FY Summary Report](#)
- [Action Edits](#)
- [Sign & Submit Affirmation](#)
- [Download / Reopen Surveys](#)
- [Cancel](#)

2020 Survey Affirmation

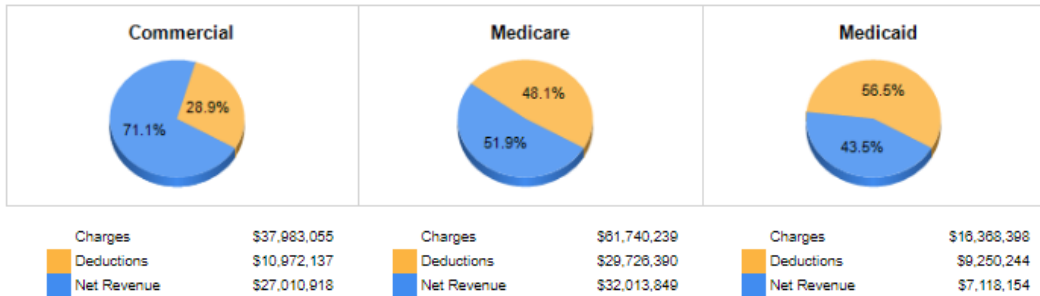
000-Wisconsin Hospital Association (M

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 the necessary corrections. If no corrections to the figures below are required, but you choose to provide a comment, you may do so prior to submitting your electronic affirmation.*

2020 Survey Summary Data



	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	313.4	313.4	0.0%
Total Beds	18	18	0.0%

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

The menu links on the left will turn green when active. Start on Affirmation Summary Data.

The FY Summary Report is the 3-page report found in the Guide to Wisconsin Hospitals. Download a copy of the preliminary report and view the FY Summary FAQ.

Affirmation Summary Data

[FY Summary Report](#)

Action Edits

Sign & Submit Affirmation

Download / Reopen Surveys

Cancel

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
Total Hospital	4.1	4.1	1.00

The Action Edits are significant variances in the data in comparison to the previous year.

Action Edits require a thorough explanation before submitting the affirmation and the explanation may be used in a caveat if needed.

Home File Downloads Survey Affirmations & Schedule C

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.

Question	Survey	2020	2019	% Change	2018	Trend
154 - TOTAL non-emergency transports by ambulance (add lines 152 and 153)	ANNUAL	7	306	-98%	245	
Enter Explanation:						
166 - Total Medicare (Title 18) inpatient discharges (For questions 166-171, include neonatal and deaths; include Medicare-certified swing bed utilization. Include T-18 and T-19 HMO utilization.)	ANNUAL	450	698	-36%	577	
Enter Explanation:						
127 - TOTAL charges for uncompensated health care for the fiscal year	FISCAL	3,314,456	2,470,431	34%	1,743,676	
Enter Explanation:						

[Next](#)

Affirmations - GOING GREEN

- Affirmation Summary Data
- FY Summary Report
- Action Edits
- [Sign & Submit Affirmation](#)
- Download / Reopen Surveys
- Cancel

2020 Survey Affirmation

000-Wisconsin Hospital Association (Madison)

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 Wisconsin Hospital Association in Madison.

- Affirmation Summary Data
- FY 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 submitted to WHA Information Center and the data is accurate.

test
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 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 - GOING GREEN

[Home](#)[File Downloads](#)[File Admin](#)[Provider Based Locations](#)[Rate Increases](#)[Data Affirmations](#)[Survey Affirmations & Schedule C](#)[Affirmation Summary Data](#)[FY Summary Report](#)[Action Edits](#)[Sign & Submit Affirmation](#)[Download / Reopen Surveys](#)[Cancel](#)

2020 Survey Affirmation

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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 Wisconsin Hospital Association in Madison.

- Affirmation Summary Data
- FY 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

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](#)

Uploading the Medicare Cost Report Schedule C

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.

Home	File Downloads	File Admin	Provider Based Locations	Rate Increases	Data Affirmations	Survey Affirmations & Schedule C		
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	Yes Upload	<input type="checkbox"/>
Surveys Incomplete	001	Amery Regional Medical Center (Amery)	2020	12/31	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

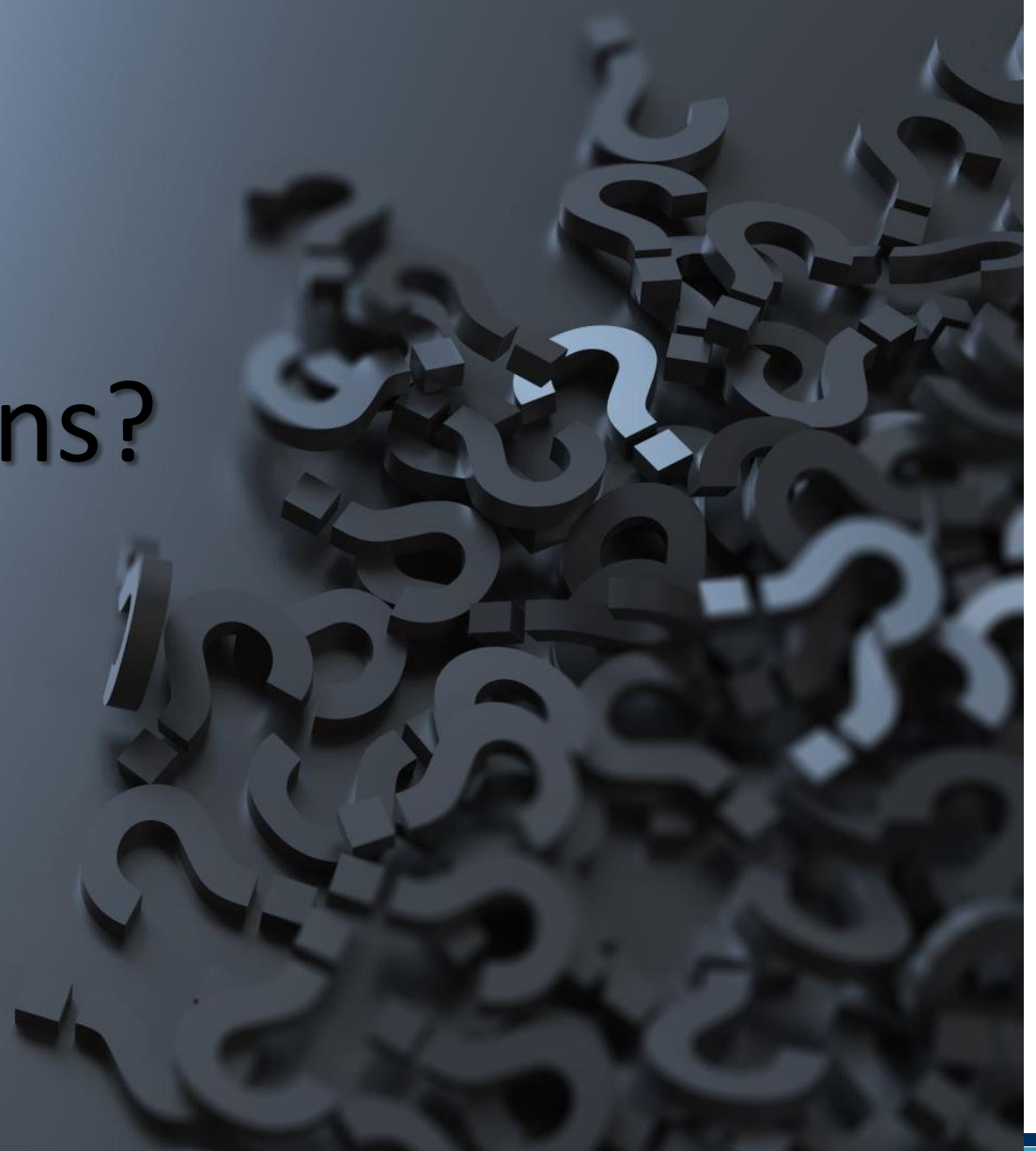
	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio
		Inpatient	Outpatient	Total (column 6 + column 7)			
		6	7	8	9	10	11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						
	ANCILLARY SERVICE COST CENTERS						
62.30	BLOOD CLOTTING 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

- How-To Manual
- Researching options for a new application
- User Forum



Any Questions?



Contact Information

You can find more
information online at:



Thank You!



www.whainfocenter.com



whainfocenter@wha.org



ssaudenmayer@wha.org