

## Hospital Survey FAQ

### GENERAL QUESTION SECTION

FAQ#	QUESTION	RESPONSE
1.	<i>How do I deselect a button? I try to click on it and cannot remove it.</i>	To remove a response from a clicked radio button, DOUBLE-CLICK the selection you want removed.
2.	<i>How should we report if a hospital merges, closes or changes their reporting fiscal year?</i>	Hospitals will be asked to submit 12-months of data to be consistent with the data other hospitals are submitting, if they are changing their fiscal-year end. New hospitals will submit as much as they can. Partial years are not included in the <i>Guide to Wisconsin Hospitals</i> publication.
3.	<i>If a hospital took ownership of another clinic and its employees – should the clinic info be included in submissions to WHA?</i>	<p>The surveys ask for hospital data only, except when the hospital owns and operates a nursing home and a common board. But, would the clinics also be included if they share the same Medicare number as the hospital?</p> <p><b>Per the instructions in the survey manual in section V. SELECTED SERVICE UTILIZATION. The question under Outpatient Visits, Other Visits – Report the number of clinic visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, non-emergency basis. Visits to satellite clinics and primary group practices should be included if revenue is received by the hospital.</b></p> <p><b>If the hospital took ownership of the clinics they should include the clinic services under Other Visits, because the hospital would now receive the revenue.</b></p>
4.	<i>If a facility is licensed separately can they ever submit one survey with other hospitals in their system?</i>	If a facility is licensed separately by the state, it is required to submit its own hospital survey.
5.	<i>Do we have the access to revise numbers online if we find an error with a previous year's survey?</i>	The previous surveys need to remain locked as the survey data sets have already been released. We would create a caveat to provide with the documentation on the issue. The current surveys can be updated during the submission and validation process.

6.	<p><i>The Stats Edits cannot be resolved. They say only, "There are no alerts on this page".</i></p>	<p>Do not be alarmed if you see "no alerts on this page," it means the data falls within an expected range for your hospital. Once you close those pages, it moves onto the next validation step.</p>
7.	<p><i>We have a number of new users. How do they register?</i></p>	<p>For new users, you can go to the log-in page and click on "register" to get access to the system. If you need additional information for the surveys, please refer to our website.</p> <p>Login/Register:  <a href="https://portal.whainfocenter.com/Account/Login.aspx">https://portal.whainfocenter.com/Account/Login.aspx</a></p> <p>Survey Manual:  <a href="http://www.whainfocenter.com/submitters/survey-submission-manual/">http://www.whainfocenter.com/submitters/survey-submission-manual/</a></p>
8.	<p><i>What do I do to submit my survey? They are 100% complete on the website.</i></p>	<p>On the right-side of the survey home page, where it shows the percentage of completion, you need to go through the "validation" steps. Please review and correct the "hard," "soft" and "stats" edits. Once the validation steps are completed, the "submit survey" link will appear. Once you click submit survey, it will say Submitted.</p>
9.	<p><i>What Occupational Categories should we be reporting Managers of various departments (i.e. Radiology Manager)?</i></p> <p><i>Is this considered 1) Administrators &amp; Assistant Administrators. 2) Other Personnel: All other health professional/technical I personnel or 3) Other Personnel.</i></p>	<p>If they are not providing direct patient care, they could be included in the Administrators &amp; Assistant Administrators response.</p>

10.

What is the survey process?

### Survey Submissions

Registration for  
Access to Survey  
Submission Site

WHAIC authorizes users for each hospital. Users use an online registration form.



Submit Hospital  
Surveys

There are up to five surveys to complete online: Annual, Fiscal, Personnel, Uncompensated and Medicare Cost Report



Validation  
Process

Throughout the surveys, there are "page-level" edits verifying required fields. After completion of a survey, users go through "hard," "soft," and "stats" edits prior to marking data complete. Hard edits are required changes. Soft edits are possible errors which are flagged for review, and stats edits compare significant variances between the current and previous year's survey responses.



Profile Review  
and Affirmation  
Statement

Hospitals are provided PDFs of all responses, a preliminary hospital report for the *Guide*, and an affirmation statement to sign and return.



Export Data Sets

WHAIC releases a standard annual and fiscal survey data set and creates the *Guide to Wisconsin Hospitals* publication.

		<p><b>Sequence of Edits:</b></p> <ul style="list-style-type: none"><li>o <b>Hard Edits (required changes)</b>– Once survey is 100% complete, “Hard Edits” will appear.</li><li>o <b>Soft Edits (possible errors)</b> – Once “Hard Edits” are addressed, “Soft Edits” will appear.</li><li>o <b>Stats Edits (significant variances between current and previous year)</b> – Once “Soft Edits” are addressed, “Stats Edits” will appear</li><li>o <b>Submit Survey</b> – Once “Stats Edits” are addressed, “Submit Survey” will appear.</li><li>o <b>Submitted</b> – Once survey is submitted, survey is locked (see status column. When all surveys for your hospital are complete, the profile and affirmation statement will be sent. Status will change to locked.</li></ul> <p><b>Reminder:</b> If any values within the survey change, the edit sequence starts over with “Hard Edits”.</p>
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## ANNUAL SURVEY SECTION

FAQ#	QUESTION	RESPONSE
1.	<p><i>How should we differentiate between RN's or directors/managers?</i></p>	<p>In section VIII. PERSONNEL ON HOSPITAL PAYROLL, under <b>Registered nurses</b>. Nurses who have graduated from approved schools of nursing and who are currently state registered. Those who hold administrative positions should be reported under <b>Administrators</b>.</p> <p><b>Include only those nurses that provide direct patient care. Exclude RN's who are included in administrator and assistant administrator section.</b></p> <p>If the majority of their time is in patient care, put them there. If the majority of their time is in management that is where they should be counted. They should not be counted twice.</p>
2.	<p><i>How do you count FTEs employed by corporate, but work at each hospital?</i></p> <p><b>Example:</b> Annual Survey section VIII. PERSONNEL ON HOSPITAL PAYROLL. Medical &amp; Clinical Lab Technologists and Technicians are not employed by the specific hospitals, but are employed under the system. Should they be included or would they fall under "contracted staff" and not be counted?</p>	<p>This is system employment. Divide their time accordingly between the hospitals.</p>
3.	<p><i>For Medicare, all available beds need to be counted. Is this "available beds"</i></p>	<p>The definition is the number that are staffed on that day. For example, if you have beds in several rooms that are closed off due to low census you would not include those.</p>

	<i>definition essentially the same as WHA's "staffed beds" definition?</i>	
4.	<i>If we have a clinic which is not provider based should we be listing them under section III. SELECTED INPATIENT UNITS?</i>	The instructions state to list services in other buildings which are billed under the hospital's Medicare provider number.
5.	<i>We capture all IS expenditures under one department, so it isn't possible to split up our hospitals from each other or from the clinics.</i>	Each facility must file a separate survey. In situations such as this, facilities should work up a split with their best guess. Often a good way to calculate this is to split out the system total in proportion to the number of inpatient beds for each hospital.
6.	<i>In the Annual Survey section VII: Medical Staff, do the physician questions pertain to only physicians employed by the hospital or physicians that have privileges at the hospital?</i>	Privileges, because most physicians are not hospital employees.
7.	<i>In the Annual Survey section XII: HEALTH INFORMATION TECHNOLOGY - Should HIM Capital Expenditures include the cost of software packages?</i>	Usually software is an operating expense, not a capital expense. If it is under the hospital's capitalization limits it should not be included. If it is over, then do include it.
8.	<i>For the questions related to Quality &amp; Risk Management, the staff that</i>	Yes

	<i>oversees these areas are under our "System" entity &amp; are not on the hospital's payroll. Do you want us to still include the dedicated FTE's for each area?</i>	
9.	<i>For quality management, should we be including medical staff for peer review &amp; other physician specific reviews. Same goes for Cancer Center, should we be including any of these staff members who do reviews?</i>	Medical staff would be included if they are on the payroll of the hospital or health system. Also, include reviews for the Cancer Center as that is part of the hospital.
10.	<i>What is the timeframe hospitals are to use in Section VII: Personnel Payroll? Are there certain dates in mind?</i>	This is based on the last week in September
11.	<i>What is the definition for outpatient visit?</i>	<b>Outpatient visits.</b> Means a visit to an outpatient department and/or clinic on a given calendar day, regardless of the number of procedures or examinations performed or departments visited. A maximum of one outpatient visit per patient per calendar day should be reported. <b>Include all visits to outpatient clinics for which the hospital receives patient revenue.</b>
12.	<i>Under section III. SELECTED INPATIENT UNITS, "Are any patient services provided by the hospital housed in buildings other than the main hospital and is billed under the hospital's Medicare provide number".</i>  <i>Is this question specific to just "inpatients"?</i>	Any type of patient service.  The question in section III. SELECTED INPATIENT UNITS is for IP only. The question "Are additional non-listed <b>patient</b> services provided by the hospital?" in section IV. SELECTED ANCILLARY AND OTHER SERVICES is for ancillary and other services.

	<i>If this is the case, why is the survey asking for the locations in two places, this question &amp; under section IV. SELECTED ANCILLARY AND OTHER SERVICES? What's the difference?</i>	
13.	<i>In the past we have completed our survey as a combined facility with a nursing home. We sold our nursing home part way through our past fiscal year. How should I complete the survey?</i>	Answer it WITHOUT any nursing home information.
14.	<i>Please explain the differences in Accreditation/Licensure Status under section II. CLASSIFICATION.</i>	Per the data dictionary:  JCAHO – HFS 124 state license and JCAHO accreditation AOA – HFS 125 license and American Osteopathic Association accreditation Title 18 certified and HFS 124 license – Medicare certification (title 18) and state licensure (HFS 124). HFS 124 licensed only – state licensure only.
15.	<i>Section VII. MEDICAL STAFF - would this include NP's or mid-levels?</i>	No, NPs and mid-levels are not counted.
16.	<i>Section VII. MEDICAL STAFF under the Active and Associate sub-section it talks about excluding courtesy, consulting, but what about contracted physician that practice in our hospital?</i>	The data dictionary explicitly states to count all physicians who have admitting privileges at the hospital and care for patients at the hospital, whether they are employed by the hospital or not. Only physicians who are on the hospital payroll are counted (not contracted physicians). NP's would not be included.



## PERSONNEL SURVEY

FAQ#	QUESTION	RESPONSE
1.	<i>Regarding employees “on the payroll,” does a hospital report number of people actively employed and on the payroll in that time period? Or, number of people who physically worked in the facility in that time period?</i>	“On the payroll” – individuals that were paid during that time period, whether it was to work or paid as time off. Exclude individuals that were not paid or were off on unpaid leave.
2.	<i>What if someone works every other week, would they be counted “on the payroll”?</i>	They would not be counted if they work one weekend out of three and are not on a particular week. Or, if they work per diem or on call and were not scheduled or called that week.
3.	<i>Do we include per diems?</i>	If they are actual employees, count each and include the hours that they worked that week. If they did not work any hours that week, count them with zero hours.

## FISCAL SURVEY

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

2.	<i>We had a fiscal year change and our Medicare Cost Report is only for 9 months.</i>	We require 12-months of data on the surveys. With a fiscal-year change for your Medicare Cost Report, we advise to extrapolate the missing months.
3.	<i>I have a question regarding what the professional fees should all include. Should we be including the bond administration fees in this total?</i>	<p><b>Here is the definition:</b>  Enter the expense for professional fees. Include fees billed to hospitals by radiologists, pathologists, anesthesiologists, cardiologists, emergency room physicians, and other contracted and non-contracted medical personnel such as registered physical therapists, nurse anesthetists, and consultants. Also include fees for legal, auditing, and non-medical consulting. Do not include salaried staff physicians, interns, or residents.</p> <p>The professional fees section would be appropriate for bond administration fees, as legal also falls in this category.</p>

**Uncompensated Care**

Question	Response