SURVEY FAQ DOCUMENT

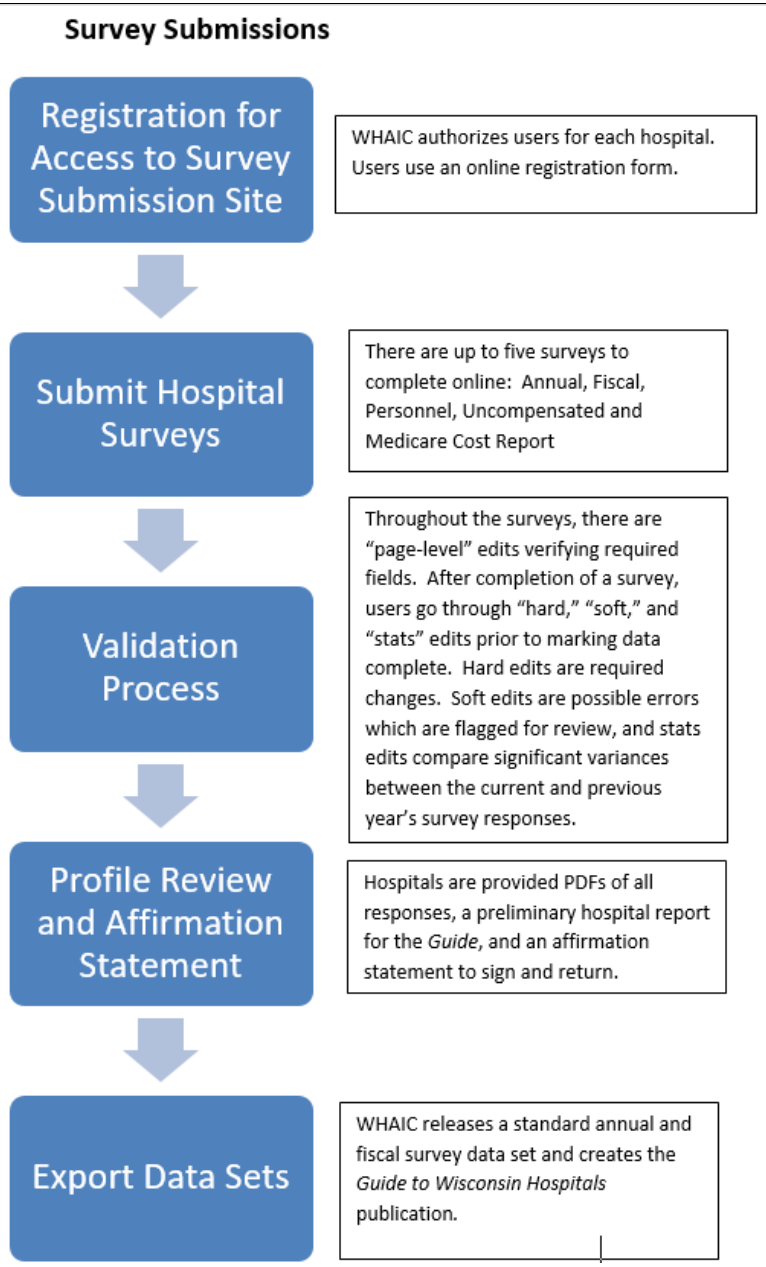
GENERAL QUESTION SECTION

FAQ#	QUESTION	RESPONSE
1.	*How do I deselect a button? I try to click on it and cannot remove it.*	To remove a response from a clicked radio button, DOUBLE-CLICK the selection you want removed.
2.	*How should we report if a hospital merges, closes or changes their reporting fiscal year?*	**New Hospitals:** • Wait to submit Annual, Fiscal, Uncompensated and Personnel Surveys when they have a full fiscal year. • Request the hospital to submit a Cost Report (even if a partial year) **Hospitals that Change Fiscal Years:** Ensure that the Cost Report Data includes 12-months of data. **Hospitals that close:** • Survey data is required from a closing facility to include Uncompensated Health Care Plan, Fiscal and Annual surveys to the best of the facilities ability. ○ **(f)** *Waiver from data submission requirements.* ○ DHS 120.12(3)(f)1.**1.** There shall be no waivers from the data submission requirements under this subsection. **2.** Hospitals that close, merge or change their reporting fiscal year shall submit an annual survey for the applicable partial year. ○ There is no exception to uncompensated or fiscal survey submissions. • Request the hospital to submit a Cost Report (even if a partial year)
3.	*In June of 2022 we opened MMC- River Region in Stevens point. What is the expectation for this facility? With only being open 6 months will we still submit a survey, or do you want us to wait till we have a full year of data?*	**New Hospitals:** • Wait to submit Annual, Fiscal, Uncompensated and Personnel Surveys when they have a full fiscal year. • Request the hospital to submit a Cost Report (even if a partial year) **Hospitals that Change Fiscal Years:** Ensure that the Cost Report Data includes 12-months of data.

FAQ#	QUESTION	RESPONSE
4.	*If a hospital took ownership of another clinic and its employees – should the clinic info be included in submissions to WHA?*	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? 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. If the hospital took ownership of the clinics they should include the clinic services under Other Visits, because the hospital would now receive the revenue.
5.	*If a facility is licensed separately, can they ever submit one survey with other hospitals in their system?*	If a facility is licensed separately by the state, it is required to submit its own hospital Annual, Fiscal, Personnel and Uncompensated surveys.
6.	*We have Medicare cost Report 52-0213 which covers:* *325- New Berlin* *326-Pewaukee* *332-Oak Creek* *333-Mequon* *How should I enter the W/S C data when the cost report covers all 4 sites above?*	If they are under one tax ID, determine the primary location. Only need to report one Medicare Cost Report survey and Schedule C. We can keep that as the primary location and remove cost report requirements from the others. WHAIC will make a note in our survey management system for which facility is primary. Yes, looks like the MCR is in for New Berlin and Pewaukee isn't required because it's included in New Berlin.
	The hospital is a series of separate sites sharing one label. All the sites share one Federal ID number, one Medicare license, and one cost report, but individual Medicaid licenses. Should we list this on the WHA survey as one entity or as individual entities for each site? This question also applies to personnel, as the staff is listed under the Hospital A site and	As the entity under contract by the State of Wisconsin we collect Wisconsin hospital data according to Chapter 153 of the WI statutes and WI Administrative rule Chapter DHS 120. In addition, since each of the hospitals are listed separately on the DQA list of hospitals from the WI Department of Health Services, we are required to collect the data separately. We have confirmed again with senior leadership, hospitals that are licensed separately are required to submit the Annual, Fiscal, Personnel and Uncompensated surveys. Hospitals sharing a Medicare Cost Report only need to submit one Cost Report survey and Schedule C.

	distributed based on need. *If we have to list each site individually on the WHA survey:* *The financial Balance Sheet results for the hospital are not divided by site. How do you advise we show the balance sheet activity (state all activity on the main site submission – Hospital A, or don't state any activity for the sites)? Again, this would apply to certain staffing positions, such as nursing. We did talk about breaking the data up via bed count ratio but feel this is not an accurate depiction of the personnel count.*	Other WI hospitals have similar situations, and they just do their best to gather the information and separate it out as best they can. We know this is not optimal, but we really appreciate your partnership with gathering the survey information.
7.	*Do we have the access to revise numbers online if we find an error with a previous year's survey?*	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.

8.	*The Stats Edits cannot be resolved. They say only, "There are no alerts on this page".*	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.
9.	*We have a number of new users. How do they register?*	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. Login/Register: https://portal.whainfocenter.com/Account/Login.aspx Survey Manual: http://www.whainfocenter.com/submitters/survey-submission-manual/
10.	*What do I do to submit my survey? They are 100% complete on the website.*	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.
11.	*What Occupational Categories should we be reporting Managers of various departments (i.e. Radiology Manager)?* *Is this considered 1) Administrators & Assistant Administrators. 2) Other Personnel: All other health professional/technical l personnel or 3) Other Personnel.*	If they are not providing direct patient care, they could be included in the Administrators & Assistant Administrators response.

12.	*What is the survey process?*	

		Sequence of Edits: o **Hard Edits (required changes)**– Once survey is 100% complete, "Hard Edits" will appear. o **Soft Edits (possible errors)** – Once "Hard Edits" are addressed, "Soft Edits" will appear. o **Stats Edits (significant variances between current and previous year)** – Once "Soft Edits" are addressed, "Stats Edits" will appear o **Submit Survey** – Once "Stats Edits" are addressed, "Submit Survey" will appear. o **Submitted** – 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. **Reminder:** If any values within the survey change, the edit sequence starts over with "Hard Edits".
13.	*Edit occurs when entering decimal numbers*	Decimals are okay just put in the leading 0. So, .3 needs to be 0.3 in order to be accepted.

14.	*Explanation of the surveys and where their data is published.*	We are trying to get more information about the mandatory nature of the AHA/WHA surveys. It is my understanding that WHA "big 5" surveys are mandatory based on Wisconsin state laws. The rationale that you have provided previously is as follows: 1. WHA collects Wisconsin hospital data according to Chapter 153 of the WI statutes and WI Administrative rule Chapter DHS 120 2. WHA publishes "the Guide to Wisconsin Hospitals" which is a state-mandated publication from the annual and fiscal survey data 3. Data is collected based on hospitals listed on the DQA list of hospitals from the WI Department of Health Services; WHA is required to collect the data separately. 4. As the entity under contract with the state, WHAIC must follow state statutes/regulations, timelines, and Administrative rules. 1. What other (if any) WHA/AHA surveys are mandatory, and who is mandating them? 1. Besides the survey data, we also collect discharge data reporting for WIpop and the hospital rate increase per the statute. These are not surveys but they are a statutory requirement. 2. The Medicare Cost Report (MCR) survey. WHA has used the MCR as a supplement to the fiscal survey. The MCR is used to calculate the hospital tax assessment. Some hospitals may take data from the MCR to populate data in the fiscal survey. 3. The Personnel survey. It's technically not a mandatory survey. However, this data is used by WHA to help with Workforce Data Needs/Analysis for hospitals. Besides the WHA Guide to Wisconsin Hospitals, what are the WHA "big 5" surveys being used for, including the annual survey? 1. The MCR survey data is used for the hospital tax assessment for the State. 2. The Uncompensated Health Care survey provides data for the Uncompensated Health Care report. 3. The Annual and Fiscal surveys provide data for the Utilization, charge and quality reports and the Consumer Guide. 4. The Healthcare System Financial survey. The collection of the Healthcare System surveys originally started as a quick survey conducted by WHA years ago. This survey was naturally transitioned over to WHAIC to oversee and collect. The need for

		this survey was for WHA to show a complete financial picture of hospitals and health care systems around the state. Data from this is provided within the Guide to Wisconsin Hospitals. The majority of Wisconsin's hospitals are part of a health system. The hospital fiscal survey only collects facility-level hospital, not system-wide, data. While the hospital margins look encouraging, they provide an incomplete financial picture of hospitals and health care systems around the state. Looking only at "hospital" finances is an antiquated way of determining the financial health of a health care system because in Wisconsin, the health care delivery system is highly integrated. This is beneficial because it makes a wide array of coordinated services, such as home health, hospice, nursing homes and other health-related services, available to communities; however, hospitals and health systems must underwrite unprofitable services that are essential to offering a continuum of patient care. These services might not even exist in a community without the support of a hospital or health system. To provide context to hospital-only margins, WHA independent of the state-mandated hospital fiscal survey, surveyed its member health systems and calculated the statewide average health system margins. 5. <u>WHA's Community Benefits Reporting</u> 6. <u>WHA's Workforce Report</u> 7. <u>WHA Hospital Utilization Report (aka Milwaukee Report)</u> 5. Is anything listed below under the WHA surveys inaccurate? We are trying to get an updated summary of all AHA/WHA surveys. 1. For example, are the hospital and system membership surveys still projected to be released in December 2023? 1. HEOA is a WHA Quality Survey. 2. When are the next surveys released? The 2023 survey will be available by November 1st. 3. WHA's Directory. The information can be updated behind the WHA Member Portal whenever changes are needed. WHA

		Communications has a primary contact at each hospital responsible for updating the positions in the Directory.
15.	*N/A displays on Affirmation report*	The Net Gains/Losses as % of Net Income is showing as N/A on the Affirmation reports. If there is a negative number, it will display as N/A. (ex: -2.9%)

ANNUAL SURVEY SECTION

FAQ#	QUESTION	RESPONSE
1.	*How should we differentiate between RN's or directors/managers?*	In section VIII. PERSONNEL ON HOSPITAL PAYROLL, under **Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently state registered. Those who hold administrative positions should be reported under **Administrators**. **Include only those nurses that provide direct patient care. Exclude RN's who are included in administrator and assistant administrator section.** 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.
2.	*How do you count FTEs employed by corporate, but work at each hospital?* ***Example:*** *Annual Survey section VIII. PERSONNEL ON HOSPITAL PAYROLL. Medical & 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?*	This is system employment. Divide their time accordingly between the hospitals.
3.	*For Medicare, all available beds need to be counted. Is this "available beds"*	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.

	definition essentially the same as WHA's "staffed beds" definition?	
4.	*If we have a clinic which is not provider based should we be listing them under section III. SELECTED INPATIENT UNITS?*	The instructions state to list services in other buildings which are billed under the hospital's Medicare provider number.
5.	*We capture all IS expenditures under one department, so it isn't possible to split up our hospitals from each other or from the clinics.*	Each facility must file a separate survey. In situations such as this, facilities should work up a split with their best guess. Often a good way to calculate this is to split out the system total in proportion to the number of inpatient beds for each hospital.
6.	*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?* *A physician who is credentialed under Pain Medicine to fall under in your groups for questions 182-198?*	Privileges, because most physicians are not hospital employees. Depending on how the physician is credentialed in Pain Medicine, they could be put under #190 Anesthesiology or #196 and #197 using Physical Med&Rehab (includes Physiatry).
7.	*In the Annual Survey section XII: HEALTH INFORMATION TECHNOLOGY - Should HIM Capital Expenditures include the cost of software packages?*	Usually software is an operating expense, not a capital expense. If it is under the hospital's capitalization limits it should not be included. If it is over, then do include it.

8.	*For the questions related to Quality & Risk Management, the staff that*	Yes

	oversees these areas are under our "System" entity & are not on the hospital's payroll. Do you want us to still include the dedicated FTE's for each area?	
9.	*For quality management, should we be including medical staff for peer review & other physician specific reviews. Same goes for Cancer Center, should we be including any of these staff members who do reviews?*	If they are part of the active medical staff, they would be included. Also, include reviews for the Cancer Center if that is part of the hospital.
10.	*What is the timeframe hospitals are to use in Section VII: Personnel Payroll? Are there certain dates in mind?*	This is based on the last week in September
11.	*What is the definition for outpatient visit?*	**Outpatient visits.** 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. **Include all visits to outpatient clinics for which the hospital receives patient revenue.**
12.	*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".* *Is this question specific to just "inpatients"?*	The question in section III. SELECTED INPATIENT UNITS is for IP only. The question "Are additional non-listed **patient** services provided by the hospital?" in section IV. SELECTED ANCILLARY AND OTHER SERVICES is for ancillary and other services and could be either inpatient or outpatient.

	If this is the case, why is the survey asking for the locations in two places, this question & under section IV. SELECTED ANCILLARY AND OTHER SERVICES? What's the difference?	
13.	*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?*	Answer it WITHOUT any nursing home information.
14.	*Please explain the differences in Accreditation/Licensure Status under section II. CLASSIFICATION.*	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.	*Section VII. MEDICAL STAFF - would this include NP's or mid-levels?*	No, NPs and mid-levels are not counted.
16.	*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?*	Count all physicians who are on the active medical staff at the hospital and care for patients at the hospital, whether they are employed by the hospital or not. We updated the instructions in the annual survey manual for this section (pg. 55).

17.	*Prefilled questions-can I make changes to them?*	Yes, changes can be made and users are encouraged to review for accuracy.
18.	*Question 53 is asking for a service code for* ***Ambulance/transportation services- Non-emergency: inter-facility transports by ground ambulance*** *Question 54 is asking for a service code for* ***Ambulance/transportation services- Non-emergency: inter-facility transports by air ambulance*** *Question 152 is asking for the* ***number of Non-emergency inter-facility transports by ground ambulance*** *Question 153 is asking for the* ***number of Non-emergency inter-facility transports by air ambulance*** *We move patients TO our facility from another location that are critically ill but it is not a 911 call. How to classify this?*	We are going to work on the terms – as we agree, the terminology along with the Medicare and Medicaid non-emergency medical transportation benefit can be misleading. And, the way we understand this benefit is the beneficiaries must contact the state Medicaid agency for a ride. So, barring the use of that, the 911 call, and the term life-threatening, we are going to ask the response include services related to air and ground ambulance services. Question 53 is asking for a service code for **Ambulance/transportation services- Non-emergency: inter-facility transports by ground ambulance**. Anne Rikkers noted: We move patients TO our facility from another location that are critically ill but it is not a 911 call. **WHAIC response: please include these in the response.** • As noted above, the question does not mean a 911 emergency call. Nor does it mean Medicare and Medicaid paid transfers/transportation. • Adam noted to Anne that transport services are provided to critical care sick patients. Not knowing the situation for sure, I would say that Code 1 or 4 could be used for ground ambulance… • You will probably want to make sure there is consistency from year to year as this will throw some edits that as Adam noted would need to be explained. Question 54 is asking for a service code for **Ambulance/transportation services- Non-emergency: inter-facility transports by air ambulance**. • Based on a quick google search, it's clear UWHC offers air transportation for critically ill patients to or from other facilities, include these in the response. • Just as above, this does not mean a 911 emergency. • This also does not mean Medicare and Medicaid paid for transfers/transportation. • As noted above, please make sure there is consistency from year to year on the use of the code and description These would be the same as above: Question 153 is asking for the **number of Non-emergency inter-facility transports by air ambulance**. Question 152 is asking for the **number of Non-emergency inter-facility transports by ground ambulance.**

19.	*Swing beds-do we add them to question #27?*	No, do not add Swing Beds to question 27. Instead, add them to question 48 and 49.
20.	*"Quality management and Improvement" personnel question #246, what is the purpose of asking for this information?*	The purpose of question #246 is to compare ratios of staff to other organizations. The data is used in areas like the WHA Dashboards. Currently that specific question is not being used but has been used in the past and will be used in the future.
21.	*For #199, the definition states that this includes the top-level position in the facility. For us that is our CEO. It also includes persons who work under the supervision of the facility administrator. Historically, we've interpreted this to mean reports directly to the CEO, so we've included only those individuals. The rest of the definition goes on to say works under the supervision of the facility administrator as department administration assistants, vice presidents, department directors, etc. Our departments directors and managers report to a VP or a director – not directly to the CEO. Therefore, we've not included them in line 199. Could you please clarify where we should include these positions? Some of them are working managers, so I could see including them in the line that includes their specialty – for example the Rehab Manager in the physical therapist line or the Medical Imaging Manager in the Radiologic Technologist line. Otherwise, I would think they should be in line 233 as that requires special education and training.* *Also, for line 233, we are interpreting this to mean that occupations requiring special*	Line 199- here, all managers and above can be included. Working managers as well. There isn't really another bucket for Directors and Mangers, so include them here for now. We agree this is not very clear or descriptive. We plan to make updates to the surveys in 2024 and will add a bucket for Directors/Manager. Line 233-Yes, the example of Senior Accountant can go here. Occupations requiring special education and training.

	education and training to include positions like Senior Accountant that requires a 4 year accounting degree even though it's not specific to healthcare. I'm thinking line 234 would include positions that essentially can be taught "on-the-job" without any specific degree.	
	A question regarding the Annual Surveys. We are asking for clarification regarding the difference between "Inpatient days for fiscal year" and "Discharge days" for questions 27-50? We've read the instructions, but still don't really understand how these two areas are different. In the past, most of our sites simply reported the same numbers for both, but rather than just telling them to continue this practice, I would like to understand better what the intention is here to know if this is the right thing to do. *The main metric that we track for internal purposes is Inpatient Days. In prior years, most of our hospitals have reported the same numbers on the WHA surveys for both Inpatient and Discharge Days. A few questions our leaders have for you:* • *Do other systems/hospitals actually report different numbers for Inpatient and Discharge Days? Or are some/many doing what we have done, and simply copying one set of numbers into both columns? We would like to have some context as to whether we are acting as an outlier, or if this seems to be a common practice.* • *How does WHA use the two different methods of calculating length of stay? Is there one main or "preferred" method?*	We collect inpatient days and discharge days on our Annual Survey and discharge days on our Fiscal Survey. ○ Inpatient days from our Annual Survey are used to calculate average length of stay, for each hospital, and used in the Guide to Wisconsin Hospitals. ○ Discharge days from our Fiscal Survey are used to calculate statewide comparison in our Guide to Wisconsin Hospitals. Do other systems/hospitals actually report different numbers for Inpatient and Discharge Days? Yes. How does WHA use the two different methods of calculating length of stay? The ways in which we use these data are described above. Is there one main or "preferred" method? As mentioned earlier, we are currently redesigning our survey tools and will be adjusting these data collection points. Until that is finalized (and the corresponding calculations), please continue to report both measures.

	Are you able to share how WHA uses these metrics? We know that the data we submit is used in other reports that WHA publishes; can you please expand on how each method of LOS calculation is used? This is going to be a very time-intensive effort to get Discharge Days for all of our hospitals (if it's even possible).	
22.	Clarification on what #91 Health Promotion-Worksite Health Promotion is asking about?	The Health Promotion-Worksite Health Promotion would be something like an employee wellness program, flu shot clinics, covid vaccine clinics, weight loss, fitness. Some hospitals have this at the individual facility level and some at the health system/organization level.
23.	*Can we include Hospice admissions and discharges for questions 158 and 160?*	Yes

PERSONNEL SURVEY

FAQ#	QUESTION	RESPONSE
1.	*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?*	"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.	*What if someone works every other week, would they be counted "on the payroll"?*	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.	*Do we include per diems?*	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.

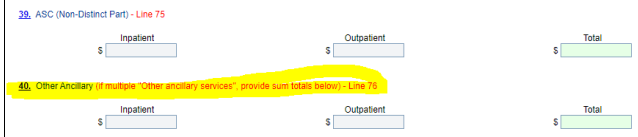
FISCAL SURVEY

FAQ#	QUESTION	RESPONSE
1.	*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?*	Since the fiscal survey is supposed to tie with audited financials, the investment activity should be included in non-operating gains/losses.

2.	*We had a fiscal year change, and our Medicare Cost Report is only for 9 months.*	We require 12-months of data on the surveys. With a fiscal-year change for your Medicare Cost Report, we advise to extrapolate the missing months.
3.	*I have a question regarding what the professional fees should all include. Should we be including the bond administration fees in this total?*	**Here is the definition:** 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. The professional fees section would be appropriate for bond administration fees, as legal also falls in this category.
4.	*How should Cares Act funding be noted on the Fiscal survey?*	**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.*

5.	For the fiscal survey, question #137, what type of payments are typically included in the Enhanced Medicaid Assistance fee-for-service payments? PIP?, hospital assessment?, HIPSA?	We try to keep the questions as simple as possible, using the standard language provided by these federal programs. There is nothing in the language that would suggest to include PIP, hospital assessment, or HIPSA. The best that can be offered is to give you what was entered last year. Would you be able to figure out where the numbers came from? Here is what is in the Fiscal Survey Manual and a screen shot of last year's answers: PAY SOURCE 137. ENHANCED MEDICAID FEE-FOR-SERVICE PAYMENTS (ESTIMATES) Enter inpatient, outpatient, and total Medicaid Assistance fee-for-service payments for the current survey year.
	Obsolete questions on Fiscal survey 2021-2022: 41, 50, 56	They referenced GAMP

MEDICARE COST REPORT SURVEY

	Question	Response
1.	*"We are in the process of working on Memorial Medical Center- 006 WHA surveys and noted the below change related to the due date of the Medicare Cost Report Survey. We are a 9/30 year-end; according to the survey submission calendar, the below change now makes the Medicare Cost Report Survey due on 1/31 which is a month before its due to Medicare. Are you all expecting us to request an extension every year for this survey to get your due date out past when we'd have the cost report filed?*	Medicare cost reports are due 5 months after fiscal year-end. So, I think the deadline for the December year-ends might be a problem too as their cost reports aren't due until May 31st. If it's doable and you want to stick with the same deadline for all surveys, you could just move the deadlines for those two groups back about a month and a half. So 3/20 and 6/20. Not sure if that works for the rolling up, etc. that you all need to do with the surveys though."
2.	*MCR due dates*	FYI, that means we really need to try to get those 12/31 year end hospitals to get us their cost reports right at that 8/2/2021 deadline, and then we need to turn those around quick. That data, as you all know, is used for the hospital tax assessment which technically starts 7/1 of each year. The state typically don't assess until the end of September so while this delay makes us have to scramble a little, it still fits in the state's timeline for the assessment.
3.	*A question regarding the Medicare Cost Report Survey. Where do we put all the categories for these ancillary services that WHAIC doesn't specifically spell out on the MCR survey we have*	Since WHAIC does not separate those out individually like they are in the MCR Schedule C, we are asking for a sum total of those "Ancillary services" in line 40 to make things easier on the facility. So, all of question 76 (which may be listed as 75.0x) would go into line 40. 

	in the app. Question 39 – line 75 on the worksheet C of the cost report refers to ASC (non-distinct part). What if we have figures on our cost report on lines *75.02 Cardiopulmonary* *75.03 Sleep Lab* *75.04 Wound care* *75.05 Oncology* *75.06 Nutrition* *Etc. etc.*	List of Ancillary Healthcare Services There are tons of ancillary care services in the healthcare industry. Here are the three categories of the most common ancillary care services: **Diagnostic Services** • Audiology • Blood Test • Cardiac Monitoring • Genetic Testing • Laboratory Tests • Mobile Diagnostic Services • Radiology/Diagnostic Imaging • Sleep Laboratory Services • Telemedicine

Health Financial Systems [redacted] In Lieu of Form CMS-25

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

Title XVIII | Hospital | Cost

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

Therapeutic Services

- Allergy Services
- Behavioral and Mental Health Services
- Chiropractic Services
- Diabetes Education
- Dialysis
- Occupational Therapy
- Med Spa
- Nutrition and Food Service
- Physical Therapy
- Speech Therapy

		• Ventilator Services • Wound Care **Custodial Services** • Care Delivery Services • Home Healthcare • Home Infusion Care • Hospice Care • Medical Day Care • Nursing Homes

HEALTH SYSTEM SURVEY

	Question	Response
1.	*"If we have one clinic building that has many different clinics within it and also contains a lab, or Home Health (HH) do we count that as 1 Physician Clinic and 1 Lab?*	Count each type of <u>service</u> in that building as per the list below. Therefore, if one building had physician clinic space (might be multiple physician clinics), lab space, and Home Health (HH) space, it would count: 1 physician clinic 1 lab 1 HH If you have multiple buildings with physician clinics, the number of physician clinics would be the number of

		buildings (not the number of specialty clinics within the building) that include physician clinics. Count the Service, not individual areas.