

WHAIC Survey Portal Roles & 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.

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.
- Automatic assignment of all 5 surveys (if applicable for your hospital) – Annual, Fiscal, Uncompensated, Personnel, and Medicare Cost Report
- Serve as a primary contact to address issues with the data or timely submission/training.
- Receive all communications from WHAIC regarding survey timelines, submissions, and compliance.
- Share WHAIC communications with Survey Secondary contacts in their organization, as appropriate.
- Responsible for monitoring access and contacting WHAIC with any user access changes due to termination or change in role.
- Access to the data deliverables site to download/share the hospital data.
- 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.

Survey Secondary - recommended for C-Suite individuals who delegate primary responsibility but need occasional survey access and access to view or sign off on affirmation statement.

- Automatic access to Annual & Fiscal Surveys with ability to choose additional surveys at registration.
- Responsible for monitoring access and contacting WHAIC with any user access changes due to termination or change in role.
- Authority to electronically sign and submit affirmation statement.
- Authority to upload Medicare Cost Report Schedule C.
- Limited communications from WHAIC – Receive reports, but limited communication. Contacted only in the event there is no response from Primary. Primary should share information pertinent to Secondary.
- Example - Executives who want access to reports, but not involved in regular contact with WHAIC.

Survey User - Users who have access to less than 5 surveys and no report access.

- Access to less than 5 surveys (chosen at registration)
- Limited communications from WHAIC –Survey Primary shares information pertinent to Survey User.

Registration process

1. Go to this website and click register: <https://portal.whainfocenter.com/Account/Login.aspx>

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](#)

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SECURED SITE[®]
register.com
Authenticated Site[®]

2. Click checkbox next to "I am not a robot" and click continue:

The screenshot displays the registration interface for the WHA Information Center. At the top, the logo for WHA Information Center is visible. Below the logo, a blue header bar contains the word "Registration". The main content area is titled "Verification..." and includes the instruction: "Please check 'I'm not a robot.' This is to prevent automated registrations." A red arrow points to the "I'm not a robot" checkbox, which is currently unchecked. To the right of the checkbox is the reCAPTCHA logo and links for "Privacy" and "Terms". Below the checkbox is a "Continue" button. A red warning message is displayed below the checkbox: "For Wipop Access: Wipop Primary contacts will receive notification of all newly registered Wipop users. The Wipop site is for authorized users only. By clicking continue, you agree that use of this system without authority, or in excess of your authority, is strictly prohibited." At the bottom of the page, there is a blue footer bar with contact information: "About Us | Contact Us | © 2003 - 2019, WHA Information Center", "WHA Information Center - 5510 Research Park Dr. - Madison - WI - 53711", and "Phone: 800.231.8340 / 608.274.1820". Below the footer bar is a "SECURED SITE" badge from register.com, indicating an authenticated site.

3. Click Annual Hospital Survey and then click next:




Registration

Please check the box(es) below which apply to you (click underlined links for more information):

Register For	Definition
<input type="checkbox"/> Wlpop	I will be submitting and/or editing Wisconsin hospital or ambulatory surgery center discharge data Check this box if you are registering as a:
<input type="checkbox"/> Facility-Specific Reports	<ul style="list-style-type: none">• Wlpop Primary or Secondary Contact (also check Wlpop above)• Recipient of Quality Reports
<input checked="" type="checkbox"/> Annual Hospital Survey	I submit, verify, review and/or sign off on the annual surveys including Hospital Fiscal Survey, Uncompensated Personnel, and Medicare Cost Report Surveys
<input type="checkbox"/> Kaavio	I will be using the Kaavio data analysis tool
<input type="checkbox"/> Psych Bed Locator	I will use the utility tool to submit bed availability for emergency staff seeking an inpatient psychiatry bed
<input type="checkbox"/> Hospital Utilization Report	I will be submitting the Hospital Utilization Report (aka Milwaukee Report) for my facility(s)
<input type="checkbox"/> Physician Review	I am a physician and would like to receive my quarterly patient reports
<input type="checkbox"/> Other Download Files	None of the above apply, but I occasionally receive or purchase data from the WHA Information Center

4. Choose your facility and click next:




WHA | INFORMATION CENTER

Registration

Select the facilities that you represent...

- Access Medical Center LLC (Racine)
- Alexander Eye Surgery Center, LLC (Appleton)
- Ambulatory Surgery Center LLC (Oshkosh)
- Ambulatory Surgical Center of Stevens Point (Stevens Point)
- Amery Regional Medical Center (Amery)
- Arthroscopic Surgery Center LLC (Appleton)
- Ascension Calumet Hospital, Inc. (Chilton)

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5. Section 5 is for Primary contacts only. **Secondary contacts move to #6.**

5a. Choosing Primary Survey Contact automatically assigns all 5 surveys.



Registration

Selecting Primary survey contact automatically assigns all 5 surveys.

Survey List:

- Annual Survey
- Fiscal Survey
- Medicare Cost Report Survey
- Personnel Survey
- Uncompensated Health Care Plan Survey
- Primary Survey Contact
- Secondary Survey Contact

[Survey Roles Descriptions](#)

Annual Survey, Fiscal Survey, Medicare Cost Report Survey, Personnel Survey, Uncompensated Health Care Plan Survey, Primary Survey Contact


If you will be responsible for submitting the Health System Survey, please select your system:

I will not be submitting the Health System Survey ▾

Previous Next

5b. Choosing Primary Survey Contact also allows you to indicate whether you will be submitting a Health System Survey and allows you to choose a system. If you are not responsible for the Health System Survey, choose “I will not be submitting the Health System Survey”.

6. Secondary contacts choose Secondary and select the surveys you will be responsible for submitting.
7. Survey User will choose which survey/s they will be responsible for submitting.



Registration

Select the survey(s) that you will be entering. Select Primary or Secondary roles only if you will be a Primary or Secondary Contact.


Survey List:

Annual Survey
 Fiscal Survey
 Medicare Cost Report Survey
 Personnel Survey
 Uncompensated Health Care Plan Survey
 Primary Survey Contact
 Secondary Survey Contact

 Annual Survey, Fiscal Survey, Secondary Survey Contact

[Survey Roles Descriptions](#)

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8. Fill in personal details and select username and password. Click Create Account.

WHA Information Center LLC
The Respected Source for Health Care Data

Registration

Personal Details...

First Name:

Last Name:

Email:

Title:

Phone: xxx-xxx-xxxx

Phone Extension: (optional)

Fax: xxx-xxx-xxxx (optional)

Username and Password...

Username: (only alphanumeric, please no email)

Password:

Confirm Password:

Security Question:

Security Answer:

Passwords must be at least 8 characters, including 1 uppercase, 1 lowercase, 1 digit and 1 special character: @#!_ *~\$^&=%+

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