2024 FISCAL SURVEY

I. GENERAL INFORMATION

Statement of Revenue

1. Who should the public contact about questions related to your data in the Hospital Fiscal Survey?

FPUBCONT

2. Is your facility a combination facility?

◯ Yes COMFAC -- Y   ◯ No COMFAC -- N

3. NET REVENUE FROM SERVICES TO PATIENTS (INCLUDING MEDICAID ACCESS PAYMENTS)

$

TOTNETRV

4. Tax appropriations

$

OORTAX

5. All other operating revenue (including operating gains)

$

OORALL

6. TOTAL Other Revenue (add only lines 4 and 5; do not include line 3 in line 6)

$

TOTOOR

7. TOTAL REVENUE (add lines 3 and 6)

$

TOTALREV

Payroll Expenses

8. Physicians and dentists

$

PAYPHYD

Number of physicians employed

PHYEMP

Number of physician FTEs

PHYFTE

Number of dentists employed

DENTEMP

Number of dentist FTEs

DENFTE

9. Medical and dental residents and interns

$

PAYINT

10. Trainees

$

PAYTRA

11. Registered nurses and licensed practical nurses

$

PAYRNLP

12. All other personnel

$

PAYALLO

13. TOTAL Payroll Expenses (add lines 8 through 12)

$

TOTPAYE

Nonpayroll Expenses

14. Employee benefits (Social Security, group insurance, retirement benefits, etc.)

$

NONPBEN

15. Professional fees (medical, dental, legal, auditing, consultant, etc.)

$

NONPFEE

16. Contracted nursing services (include staff from nursing registries and temporary help agencies)

$

NONPCNS

17. Depreciation expense (for reporting period only)

$

NONPDEP

18. Interest expense

$

NONPINT

19. Medical malpractice insurance premiums

$

NONMALP

20. Amortization of financing expenses

$

NONPAMO

21. Rents and leases

$

NONPRL

22. Capital component of insurance premium

$

NONPCAP

23. All other operating expenses (including Medicaid assessments paid supplies, purchased services, utilities, property taxes, etc. and operating losses)

$

OTHOPEXP

24. TOTAL Nonpayroll Expenses (add lines 14 through 23)

$

TOTNPEXP

25. TOTAL EXPENSES (add lines 13 and 24)

$

TOTEXPNS

26. Excess (or deficit) of revenue over expenses (subtract line 25 from line 7; see manual)

$

EXCESS

Nonoperating Gains/Losses

27. Investment Income

$

NONOPINV

28. Other nonoperating gains (including extraordinary gains)

$

NONOPOTH

29. Provision for income taxes (For-profit organizations. Absolute values only – no negative values)

$

NONOPTAX

30. Other nonoperating losses (Including extraordinary losses. Absolute values only – no negative values)

$

NONOPLOS

31. TOTAL Nonoperating Gains / Losses (subtract sum of lines 29 and 30 from sum of lines 27 and 28)

$

TOTNONOP

32. NET INCOME (Revenue and gains in excess of expenses and losses. Add lines 26 and 31)

$

NETINCOM

II. DETAIL OF PATIENT SERVICE REVENUE

Gross Patient Service Revenue and Its Sources

33. Gross revenue from room, board, and medical and nursing services to INPATIENTS (sum of lines 33 and 34 must equal sum of inpatient breakouts, lines 37-48)

$

GRINPAT

34. Gross INPATIENT ancillary revenue (sum of lines 33 and 34 must equal sum of inpatient breakouts, lines 37-48)

$

GRINPAN

35. Gross revenue from service to OUTPATIENTS (must equal sum of outpatient breakouts lines 37-48)

$

GROUTPAT

36. TOTAL GROSS revenue from service to patients (add lines 33-35)

$

TOTGR

Public Sources

37. Medicare

Total $

SRCMDCR

Inpatient $

SINMDCR

Outpatient $

SOUTMDC

38. HMOs reimbursed by Medicare under 42 CFR pt. 417

Total $

SRCSEP

Inpatient $

SINSEP

Outpatient $

SOUTSEP

39. Medical Assistance (Including BadgerCare)

Total $

SRCMAS

Inpatient $

SINMAS

Outpatient $

SOUTMAS

40. HMOs reimbursed by Medical Assistance under s. 49.45 (3) (b), Wis. Stats.

Total $

SRCHMOR

Inpatient $

SINHMOR

Outpatient $

SOUTHMOR

41. County 51.42 / 51.437 programs

Total $

SRCCTYP

Inpatient $

SINCTYP

Outpatient $

SOUTCTYP

42. All other public programs

Total $

SRCALLP

Inpatient $

SINALLP

Outpatient $

SOUTALLP

Commercial Sources

43. Group and individual accident and health insurance, self-funded plans

Total $

SRCINS

Inpatient $

SINPS

Outpatient $

SOUTPS

44. Worker's compensation (Normally should not be zero. If you had no worker's compensation revenue, check box below to confirm)

Total $	Inpatient $	Outpatient $	Check if zero
SRCWCOM	SINWCOM	SOUTWCOM	☐ NOSRCWCOM -- 1

45. HMOs and all other alternative health care payment systems (exclude lines 38 and 40)

Total $

SRCHMO

Inpatient $

SINCHMO

Outpatient $

SOUTHMO

46. Self-pay

Total $

SRSELF

Inpatient $

SINSELF

Outpatient $

SOUTSELF

47. Other Payers 1

Specify Source:

SRCNP1T

Total $

SRCNP1

Inpatient $

SINNP1

Outpatient $

SOUTNP1

48. Other Payers 2

Specify Source:

SRCNP2T

Total $

SRCNP2

Inpatient $

SINNP2

Outpatient $

SOUTNP2

49. TOTAL GROSS revenue from service to patients, by source (Add lines 37-48. Should equal dollar value on line 36)

Total $

TOTLA4

Inpatient $

TOTLA5

Outpatient $

TOTLA6

Public Source Contractual Adjustments

50. Medicare

Total $

DEDMDCR

Inpatient $

CINMDCR

Outpatient $

COUTMDC

51. HMOs reimbursed by Medicare under 42 CFR pt. 417

Total $

DEDSP

Inpatient $

CINSEP

Outpatient $

COUTSEP

52. Medical Assistance (include effect of enhanced Medical Assistance payments)

Total $

DEDMAS

Inpatient $

CINMAS

Outpatient $

COUTMAS

53. HMOs reimbursed by Medical Assistance under s. 49.45 (3) (b), Wis Stat. (include effect of enhanced Medical Assistance payments)

Total $

DEDHMOR

Inpatient $

CINHMO

Outpatient $

COUTHMO

54. County 51.42 / 51.437 programs

Total $

DEDCTY

Inpatient $

DINCTY

Outpatient $

DOUTCTY

55. All other public programs

Total $

DEDALLO

Inpatient $

DINALLO

Outpatient $

DOUTALLO

Commercial Source Contractual Adjustments

56. Group and individual accident and health insurance, self-funded plans

Total $

DEDINS

Inpatient $

DINPS

Outpatient $

DOUTPS

57. Worker's compensation (Normally should not be zero. If you had no worker's compensation adjustment, check box below to confirm)

Total $	Inpatient $	Outpatient $	Check if zero
DEDWCOM	DINPWCOM	DOUTWCOM	☐ NODEDWCOM -- 1

58. HMOs and all other alternative health care payment systems (exclude lines 51 and 53)

Total $

DEDHMO

Inpatient $

DINCHMO

Outpatient $

DOUTCHMO

59. Self Pay

Total $

DEDSELF

Inpatient $

DINPSELF

Outpatient $

DOUTSELF

Other Source Contractual Adjustments / Charity Care / Bad Debt

60. Other Adjustments 1

Specify Source:

DEDNPU1T

Total $

DEDNPU1

Inpatient $

DINNP1

Outpatient $

DOUTNP1

61. Other Adjustments 2

Specify Source:

DEDNPU2T

Total $

DEDNPU2

Inpatient $

DINNP2

Outpatient $

DOUTNP2

62. Other Adjustments 3

Specify Source:

DEDNPU3T

Total $

DEDNPU3

Inpatient $

DINNP3

Outpatient $

DOUTNP3

63. Charity care (Revenue foregone at full established rates) (must equal line 120) (Should include post-capitated GAMP allowances)

Total $

ODCHAR

Inpatient $

DIODCHR

Outpatient $

DOUTCHAR

If Total Charity Care is a negative dollar amount, enter a brief explanation:

ODCHARTEXT

64. Bad Debt

Total $

BDDTOT

Inpatient $

BDDINP

Outpatient $

BDDOUT

If Total Bad Debt is a negative dollar amount, enter a brief explanation:

BDDTOTTEXT

65. All other non-contractual deductions

Total $

ODNONC

Inpatient $

DINONC

Outpatient $

DOUTONC

66. TOTAL DEDUCTIONS FROM REVENUE (Add lines 50-65. Total, not breakouts)

Total $

TOTDFRV

Inpatient $

DINTOT

Outpatient $

DOUTOT

Medicare-Approved Medical Education Activities

67. Direct medical education expenses

$

EDDIRM

68. Indirect medical education expenses

$

EDIDIRM

69. TOTAL reimbursable expenses for Medicare approved medical education activities (add lines 67 and 68)

$

TOTMEDA

III. BALANCE SHEET GENERAL FUNDS

Current Assets

70. Cash and cash equivalents

$

CCSTINVS

71. Inter-corporate account(s)

$

INCORPAC

72. Net patient accounts receivable: Medicare (T18) -Including HMOs reimbursed by T-18 *

$

NTPATT18

73. Net patient accounts receivable: Medical Assistance (T-19)- Including HMOs reimbursed by T-19 *

$

NTPATT19

74. Net patient accounts receivable: Self-Pay*

$

NTPATSP

75. Net patient accounts receivable: All other pay sources*

$

NTPATOTH

76. Net patient accounts receivable: Total Net patient accounts receivable (add lines 72 - 75)

$

NTPATAR

77. Other accounts receivable

$

OTHAR

78. Other current assets

$

OTCURAST

79. TOTAL current assets (add lines 70, 71, 76, 77 and 78)

$

TOTCURAS

80. Noncurrent assets whose use is limited

$

NCLTDUSE

Property, Plant and Equipment Gross Plant Assets

81. Land

$

LAND

82. Land improvements

$

LANDIMP

83. Buildings and building improvements

$

BUILD

84. Construction in progress

$

CIP

85. Fixed equipment

$

FIXEQP

86. Moveable equipment

$

MOVEQP

87. TOTAL gross plant assets (add lines 81 - 86)

$

TOTGPA

LESS Accumulated Depreciation

88. Land improvements

$

LSLANDIM

89. Buildings and building improvements

$

LSBUILD

90. Fixed equipment

$

LSFXEQP

91. Moveable equipment

$

LSMVEQP

92. TOTAL accumulated depreciation (add lines 88 - 91)

$

TOTACCDP

93. NET property, plant, and equipment assets (subtract line 92 from line 87)

$

NTPTEQAS

94. Long-term investments

$

LTINVST

95. Other unrestricted assets

$

OTHENRES

96. TOTAL unrestricted assets (add lines 79, 80, 93, 94, 95)

$

TOTUNRES

Unrestricted Liabilities, Deferred Revenues, and Fund Balances

97. Current liabilities

$

CURRLIAB

98. Inter-corporate account(s)

$

INCORLIB

99. Long-term debt

$

LTDEBT

100. Other noncurrent liabilities and deferred revenues

$

OTHLIAB

101. Fund balances

$

UNREFUND

102. TOTAL unrestricted liabilities, deferred revenues, and fund balances (add lines 97 through 101) (NOTE lines 96 and 102 should be equal. Combination facilities see manual instructions)

$

TOTUNLIB

Restricted Hospital Funds

103. Specific purpose funds

$

SPECPURP

104. Plant replacement and expansion funds

$

PTRPEXF

105. Endowment funds

$

ENDOWFD

IV. HOSPITAL INPATIENT UTILIZATION BY PAY SOURCE

Pay Source

106. Medicare (T-18) Including HMOs reimbursed by T-18

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISMEDA	DIDMEDA	BIRMEDA	BIDMEDA

107. Medical Assistance (T-19) Including HMOs reimbursed by T-19

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISMASA	DIDMASA	BIRMASA	BIDMASA

108. Self-Pay

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISSPAY	DIDSPAY	BIRSPAY	BIDSPAY

109. All other pay sources

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISAOTH	DIDAOTH	BIRAOTH	BIDAOTH

110. TOTALS

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISTOT	DIDTOT	BIRTOT	BIDTOT

111. Medicare (T-18) Including HMOs reimbursed by T-18

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGMEDA

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDMEDA

112. Medical Assistance (T-19) Including HMOs reimbursed by T-19

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGMASA

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDMASA

113. Self-Pay

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGSPAY

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDSPAY

114. All other pay sources

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGAOTH

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDAOTH

115. TOTALS

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGTOT

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDTOT

V. SUMMARY AND EXPLANATION OF REVENUE DOLLAR DIFFERENCES

Summary

116. Fiscal Year 2024 [line 36 (gross) and line 3 (net)]

Gross Revenue $

TOTGRCY

Net Revenue $

TOTNRCY

117. Fiscal Year 2023 Fiscal Survey form [line 36 (gross) and line 3 (net)]

Gross Revenue $

TOTGRPY

Net Revenue $

TOTNRPY

118. Increase / Decrease 2024 vs. 2023 (subtract line 117 from line 116) [indicate + or -]

Gross Revenue $

TOTDDG

Net Revenue $

TOTDDN

119. Explain in a short narrative the relative importance of various causes for the dollar differences (lines 116 and 117) in the fiscal year revenue figures (price change, utilization change, other causes?).

DIFFTXT

VI. UNCOMPENSATED HEALTH CARE

Charges for Uncompensated Health Care

120. Charges for charity care provided for the fiscal year

Fiscal Year 2024 (from line 63) $

CHCHRCY

Fiscal Year 2025 (Projected) $

CHCHRNY

121. Charity care cost (using hospital cost to charge ratio). * Multiply the CCR by the charges on line 120 to get your charity care cost. Cost-to-Charge Ratio - Total Expenses Divided by (Total Gross Patient Revenue + Other Operating Revenue)

Fiscal Year 2024 $

CCCTY

Fiscal Year 2025 (Projected) $

CCCNY

122. Charges determined to be a bad debt for the fiscal year

Fiscal Year 2024 (from line 64) $

BDCHRCY

Fiscal Year 2025 (Projected) $

BDCHRNY

123. Bad debt cost (using hospital cost to charge ratio). * Multiply the CCR by the charges on line 122 to get your charity care cost. Cost-to-Charge Ratio - Total Expenses Divided by (Total Gross Patient Revenue + Other Operating Revenue)

Fiscal Year 2024 $

BDCTY

Fiscal Year 2025 (Projected) $

BDCNY

124. TOTAL charges for uncompensated health care for the fiscal year

Fiscal Year 2024 (add lines 120 and 122) $

TOTCHCY

Fiscal Year 2025 (Projected) $

TOTCHNY

125. Total cost (using hospital cost to charge ratio)

Fiscal Year 2024 $

TCCTY

Fiscal Year 2025 (Projected) $

TCCNY

126. Hospital cost-to-charge ratio (used for calculations of lines 121, 123 and 125)

Cost to Charge Ratio

CCRCA

Explanation of Cost to Charge Ratio - may be required in Hard Edits depending on other survey amounts

CCRCATEXT

Number of "Patients" Receiving Uncompensated Health Care

127. Number of individual patient visit ledgers that received charity care for the fiscal year

Fiscal Year 2024

VLCHACY

Fiscal Year 2025 (Projected)

VLCHANY

128. Number of individual patient visit ledgers whose charges were determined to be bad debt for the fiscal year

Fiscal Year 2024

VLBDACY

Fiscal Year 2025 (Projected)

VLBDNY

129. Provide a rationale for the hospital's fiscal year projections in the space below. Explain how the projections used "patients" and total charges for the current fiscal year, if at all. It could also include a description of the socioeconomic climate of your hospital's market and how that affects your hospital's Uncompensated Health Care Plan.

PROJTXT

VII. WISCONSIN HOSPITAL MEDICAL ASSISTANCE (MA)

Assessment Program

130. Medicaid Assistance assessments paid to State of Wisconsin

$

TAPSOW

Pay Source

131. Enhanced MA fee-for-service payments (estimates)

Total $

TFSMA

Inpatient $

IFSMA

Outpatient $

OFSMA

132. Actual access payments received through HMOs Reimbursed by Medical Assistance under Ch. 49, Wis. Stats.

Total $

TAHMO

Inpatient $

IAHMO

Outpatient $

OAHMO

133. TOTAL MA reimbursement enhancements

Total $

TMARE

Inpatient $

IMARE

Outpatient $

OMARE