

WISCONSIN

DATABANK PROGRAM REPORTING MANUAL



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OVERVIEW

For many years hospitals have had issues which require the need for data, but they lacked financial and statistical information to tell others about those issues or to know how their hospital compared to others.

As time went on, various organizations made attempts to collect data about the hospital industry. Unfortunately, the reporting requirements were oftentimes burdensome and the resulting information was very outdated.

In response to these considerations, the *Wisconsin Health & Hospital Association* (WHA) Board of Directors decided to participate in the **DATABANK** Program back in the late 1980s to collect financial and utilization data from hospitals throughout the state. In addition to providing information to WHA with which to represent and advocate the interests of its member hospitals, one of the major considerations for the **DATABANK** Program was, and continues to be, that it provides data, which is informational and useful to the hospitals. The other major principles governing the Program are **timeliness, accuracy, completeness, simplicity** and **uniformity**.

Since its inception, the use of **DATABANK** information before a variety of audiences to influence policy-making has increased dramatically. WHA uses aggregate **DATABANK** information with our Congressional Delegation elected and appointed state officials, the media, and general public about important issues such as adequate and prompt payment, charity care and other topics where timely data is needed.

As **DATABANK** continues to evolve to meet the challenges of a changing health care market, we look forward to working with you in to keep the **DATABANK** Program vital and provide you accurate and timely decision-making information. Each hospital's participation in the program is important and

encouraged.

YOUR ROLE AS THE DATABANK CONTACT PERSON

As the designated **DATABANK Contact Person** for your hospital, you play an important role in the success of the Program in your state!

Your responsibilities include, but are not limited to:

1. Completion of the **DATABANK** Input Form on-line in accordance with the instructions contained in this manual.
2. Submission of the **DATABANK** input form to your state hospital association by the 25th of each month following the reporting month.
3. Answering questions the hospital association may have about the data you submit. In some cases, we will contact you by phone. Otherwise, we will contact you by E-mail.
4. Careful review of the reports, which are available to you on the **DATABANK** Web Site. The reports will be made available to all users who have valid user names and passwords to the **DATABANK** Web Site.
5. To carefully administer user names and passwords to the appropriate people within your hospital. Two levels of security are afforded to your hospital; your level allows you to perform the data entry and another level allows users to view the on-line reports.
6. To change your password monthly, or at least quarterly.

7. Keep your hospital profile up to date with the most accurate information available to you.

We aim to make your participation in the DATABANK Program easy and painless! If you have questions or suggestions, please pick up the phone or drop us an E-mail. Please let us know how we can make DATABANK more effective.

Once again, we appreciate your participation!

DATA COLLECTION

It is easy to participate in DATABANK, and therefore to receive the useful information the Program provides. If you have Internet access, you will submit your DATABANK information to the DATABANK Web Site. If you don't have Internet access, you are encouraged to call your hospital association for advice on how to attain the necessary hardware, software and connection so that your hospital will be able to take advantage of all the benefits of submitting and reporting electronically.

Submitting Data

The DATABANK Input Form collects utilization and financial information from **the previous calendar month**. Your association has provided a copy of the DATABANK Input Form with this manual in addition to the definitions and instructions to help you complete the DATABANK Input Form. On-line definitions and instructions are also available on the DATABANK Web Site.

IMPORTANT: The response deadline date will always fall on or around the 25th of each month. **To receive your reports on-line, you must submit the DATABANK information.**

To make it easy to participate, you may submit data either of two ways:

1. **Preferred Method:** Complete the DATABANK Input Form on

the DATABANK Web Site and press the submit button.

2. **Secondary Method:** Complete the hard copy DATABANK Input Form and fax it to WHA at (608) 274-8554.

Estimating Data

If information for a specific data element is unavailable at the response deadline, you are encouraged to estimate its value to the best of your ability. When the correct information is available, simply log on to the web site and correct the data.

Changes to previously submitted data can be made at any time during the calendar year and the change will be reflected in the month for which the correction applies. Peer group and ad hoc aggregations previously reported to providers will not be updated for the impact of the corrections. However, future quarterly and annual comparative reports will reflect any changes.

For many hospitals, the fiscal year end is December 31. Frequently, due to year-end adjustments, the financial statements for December are not prepared on the same schedule as other months. We recognize there may be annual fiscal year-end adjustments that could affect your December reports. However, it is extremely important that we have the December data, even without adjustments, reported by the regular time deadline in January.

What we suggest is this: submit December data including all adjustments that you are aware of at the time you prepare the DATABANK Input Form, as well as estimates of remaining adjustments. After your year-end audit is completed, log on to the DATABANK Web Site and correct the data, making the appropriate comments about this data being, **“DECEMBER-ADJUSTED”**. Please remember that prior year corrections are not to be made after the prior year cut-off date.

Late Data

Timely data submission is essential to the success of the **DATABANK** Program. Data not received by the response deadline will not be included in the reports every hospital in the state reviews for that month, thereby skewing the database. Keeping **DATABANK** valid and statistically significant is in everyone's best interest. You can help by submitting your data in a timely manner.

If your **DATABANK** information is not submitted via the web site or faxed to the association, an association representative will call the hospital **DATABANK** Contact Person for the information. If the data is not available at that time, the

association will not be able to produce your summary and peer group reports for that month. An e-mail stating that the information was not received will be sent to the users in your hospital stating that statistical output for that time period will be unavailable on the web site until the information is provided to the database.

It is very important to submit your data - *even if you miss the response deadline*. By submitting the information after the deadline, it will allow the database to provide you with complete and accurate reports for the quarter, annual and trend reports. **A complete database is in everyone's best interest!**

Data Review

As you enter your data via the **DATABANK** web site, you are presented with validation that the data is reasonable and correct, in light of what you have submitted for previous months. Please remember that you are responsible for the accuracy of the data you submit. Once the data has been submitted to the database, the **DATABANK System Administrator** will analyze each hospital's Edit/Review Report. It will be reviewed for completeness, accuracy of data input, general reasonableness and accounting sense. Appropriate relationships between data elements and

percentage changes from the prior month will also be examined. If we detect what we believe to be obvious errors during our review process, we will contact you by phone and ask you for clarification. As long as you make the corrections that result from this process on the **DATABANK** web site, it will be reflected in your reports you download from the system.

Corrections can be made at any time during the calendar year. The reports will always be kept current and accurate by way of the web site technology.

Reports

All reports are offered for you to download from the **DATABANK** web site. Please keep two important points in mind when requesting a report from the **DATABANK** web site:

1. Reports that display your hospital's data can be viewed immediately, as long as you have supplied the requested data.
2. Reports that include peer groups can be viewed when the **minimum numbers of hospitals have submitted data** for the peer groups your hospital is included. Your hospital association can tell you how to access this on the web.

The **DATABANK Web Site** generates a **Monthly Report**, displaying hospital and peer group data. The report reflects the current month's hospital data and peer group data for that month. This report can also be produced in a year to date format, up to twelve months.

Comparative Reports are also available for download. These reports compare 1st Quarter of the current year to the 1st Quarter of the prior year, for example. Or, these reports could compare the current year to the prior year.

The data items and calculated indicators that are reported are the identical to those contained on the

Monthly Report.

Please note that to be included in a year to date, **Monthly Report's Peer Groups**, the hospital must submit every month for the requested time period.

Similarly, a hospital must submit, for example, all six months of a Comparative Report's data, three months from the current period and three months from the prior period.

A number of **Trend Reports** are also available. A **Hospital Data Element Trend Report** showing the raw data the hospital has submitted to the **DATABANK** Web Site, a **Hospital Trend Report** showing the calculated indicators over time and a **Peer Group Trend Report** that shows the calculated indicators over time.

To view the hospitals that have submitted data to the **DATABANK** Web Site for a particular period of time, users will be able to download a **Participation Report**.

Peer Groups

Your hospital association will select the peer groups in which your data is aggregated. Each hospital's data will be included in:

- a) Statewide data
- b) The Applicable **Medicare Payment Methodology (MPM)** group - either Large Urban, Urban or Rural
- c) The applicable geographic peer group
- d) The applicable Operating Expenses Peer Group or Bed Size Peer Group.

The **DATABANK** report will display the calculated data indicators for your hospital along with the indicators for each peer group in which your hospital's data has been aggregated.

If you dispute the peer groups the association has selected for your facility, please contact the **DATABANK System Administrator** at your association.

Data Contained in Reports

There are a number of data indicators that can be determined by calculations of the data elements submitted to the database. The program has been structured to provide as many calculated indicators as possible to provide meaningful, useful comparisons of data for your hospital with the peer group averages.

If you have questions or comments about the data indicators or the calculations used, please contact the **DATABANK System Administrator** at your association.

Definitions and Instructions

Overview

The following definitions and instructions are designed to aid you in the completion of the **DATABANK** information. They are generally consistent with the **AICPA** Audit and Accounting Guide for Health Care Organizations (New Edition as of June 1, 1996), and generally accepted accounting principles. **DATABANK** reports are designed to provide useful information about hospital operations, and therefore certain elements of traditional reporting have been preserved, such as gross charges and deductions from revenue. We recognize that some hospital accounting and data collection systems may not be structured to comply precisely with these instructions. However, to the extent possible, we encourage you to conform to the definitions so that the resulting reports will be comparable and therefore, more useful to the hospital and other users of the data. We also encourage your feedback about the definitions and instructions. We consider this feedback in terms of needed modifications to definitions to promote usefulness of the data and comparability among hospitals and health systems.

Reporting Entity

DATA BANK PROGRAM

Traditionally, the information reported for **DATABANK** reflected **all hospital** operations which were governed by the hospital board and which were included in the hospital's financial statements. Any portion of the facility, which was separately licensed for long-term nursing facility care (skilled or intermediate), was excluded from the hospital operations definition.

Effective for reporting periods beginning January 1, 1999, the definition is changed to capture **all healthcare operations**. Report **all** operations of the healthcare enterprise that have a common balance sheet. Depending upon the structure of the healthcare enterprise, activities reported for **DATABANK** could include ambulatory providers, long-term care providers or other non-acute providers as well as medical office building operations. Depending on the nature of these activities relative to the direct patient care activities of the hospital, these activities could be classified as either operating or nonoperating.

Hospitals which are part of a larger system should submit separate input sheets for the activities of the hospital (including corporate overhead support, where applicable), plus a **DATABANK** submission which captures all other activities of the system that are not included in the hospital input sheets.

Levels of Care

Utilization and charge information should be reported separately for the following levels of care. Contractual adjustments should be reported for acute care and all other.

ACUTE CARE: Report inpatient and outpatient data for **all operations comprehended under the general acute care hospital license**, except for Swing-Bed and Distinct Part Unit activity (rehab, psych, and chemical dependency) which are separately certified by Medicare.

SWING-BED: Report data for operations, which are separately certified by Medicare and/or Medicaid as Swing-Bed. This includes both skilled and custodial Swing-Bed care. Note that the skilled care is a benefit of the Medicare Program while custodial care is a Medicaid-only benefit.

DISTINCT PART UNIT: This data element captures activity, which is separately certified by Medicare as Distinct Part. The term originates for those services which are exempt from the Medicare DRG payment system and includes rehab, psych, and/or chemical dependency.

SUBACUTE/LTC (Long Term Care): This category is for all patient care that is not captured in the above categories. It represents all operations comprehended under the separate **NCF (Nursing Care Facility) licensure**, and includes subacute, transitional, stepdown, skilled nursing, and long-term custodial care.

Payor Categories

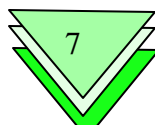
Utilization, charge information, contractual adjustments, and gross patient accounts receivable are reported separately for the following payor categories:

MEDICARE: Report all Medicare activity including fee for service and managed care/risk contracting.

MEDICAID: Report all Medicaid activity including fee for service and managed care/risk contracting.

SELF-PAY: This category represents patients with no proof of insurance, patients filing their own insurance claims, patients paying their own bill, Hill-Burton cases, charity cases, etc.

MANAGED CARE (a.k.a. "commercial" managed care): Include HMO, PPO, and direct contracting where the patient is being "managed", other



than the payor categories listed above (Medicare, Medicaid, Self-Pay). **Managed** is defined as an organized program to control the use of health services, designed to ensure the medical necessity of the proposed service and the delivery of the service at the most cost effective level of care.

COMMERCIAL (a.k.a. “traditional” commercial): This category includes all indemnity insurance payment arrangements including non-managed care discount off charge arrangements.

OTHER: Report everything not reported in the above categories.

Line item definitions/ instructions:

UTILIZATION

Line 1- DISCHARGES

An inpatient discharge is the termination of the granting of lodging in the hospital and the formal release of the patient (include patients admitted and discharged the same day). When a mother and her newborn baby are discharged at the same time, count one discharge. When the baby stays beyond the mother’s discharge (boarder baby), count one discharge for the mother and another when the boarder baby is discharged. If a patient is discharged from an acute care unit and transferred to a Swing-Bed, there would be a count for acute discharge and another discharge from Swing-Bed when that occurs.

Line 2 - PATIENT DAYS

A patient day is the unit of measure denoting lodging provided and services rendered to inpatients between the census taking hours (usually at midnight) of two successive days. A patient formally admitted who is discharged or dies on the same day is counted as one patient day, regardless of the number of hours the patient occupies a hospital bed. For patients switched from observation to inpatient status, the patient day count should begin on the day the patient was officially

admitted as an inpatient.

NOTE: Exclude newborn days (see definition 5) and outpatients in observation (holding) beds that do not meet Professional Review Organization (PRO) criteria for admission.

Line 3 - NUMBER OF INPATIENT SURGERIES

Record the number of operations performed on inpatients, (i.e., those who remain in the hospital between two census taking hours — usually at midnight — of two successive days.) Report each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure rooms. Include cesarean deliveries.

Line 4 - NUMBER OF BIRTHS

Report the total number of live births in the hospital during the reporting period including cesarean deliveries that are counted as one surgical operation. Exclude fetal deaths and infants transferred from other facilities.

Line 5 - NUMBER OF NEWBORN PATIENT DAYS

Report the total number of days of care rendered to newborn infants, regardless of the **level** of care (i.e., routine, intermediate, or intensive). However, **exclude** days of care rendered to boarder babies as well as infants transferred from other facilities. Boarder babies are those that remain in the hospital after the mother has been discharged. Patient days for boarder babies and infants transferred from other facilities should be reported on line 2.

Line 6 - INPATIENT ADMISSIONS FROM EMERGENCY ROOM

Report the total number of Inpatient Admissions from the Emergency Room during the reporting period.

OUTPATIENT VISITS

Line 7 - EMERGENCY DEPARTMENT VISITS

Report the total number of patients seen in an emergency unit who are not later admitted as inpatients.

Line 8 - AMBULATORY SURGERY VISITS

Report surgeries performed on patients who are not admitted as inpatients. Each person on whom a surgical procedure occurs counts as one visit regardless of the number of surgical procedures performed during that visit. Include all outpatient operations whether performed in the inpatient operating rooms or in procedure rooms located in an outpatient facility.

Line 9 - OBSERVATION VISITS

Report the total number of observation visits that did not result in an inpatient admission. Observation is used for those patients whose condition requires assessment over time to establish the need for hospitalization. (If observation patients generate separate emergency room and/or ambulatory surgery visits, those visits should be counted separately).

Line 10 - HOME HEALTH VISITS

Report the total number of home health visits if that service is defined as a hospital operation per the preamble of these instructions. If more than one intervention occurs during the visit (e.g. physical therapy and oxygen therapy and home health aide), count a separate visit for each.

Line 11 - ALL OTHER VISITS

Report all other visits not covered by the above line items. An outpatient visit is a visit to each organized outpatient care program by a person who is not an inpatient. Include in the other outpatient visit count **each appearance** of an outpatient in **each organized outpatient program** not otherwise reported on lines 7 through 10. DO NOT include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.

Example: A patient presents himself in the

emergency room and receives a lab test and two X-rays. The patient is put in a holding bed for observation and ultimately goes home without being admitted. This generates four separate visits - one emergency room, one observation, and two all other@ visits (one for the lab department and one for the X-ray department).

Line 12 - TOTAL OUTPATIENT VISITS

The Total Visits is the sum of the visits reported on lines 7 through 11.

CHARGES

Line 13 - GROSS INPATIENT CHARGES - ACUTE

Gross inpatient charges is the sum of all charges made to acute inpatients for routine and ancillary services for the month, by payor category (defined on page 2), including patients treated under capitated contracts. It should be recorded on an accrual basis at the hospital's established rates including charges made to charity care patients. Do not reduce for discounts and/or allowances.

Line 14 - GROSS OUTPATIENT CHARGES - ACUTE

Gross outpatient charges is the sum of all charges made to outpatients for hospital ancillary and clinic facility (as differentiated from physician) services for the month, by payor category (defined on page 2). It should be recorded on an accrual basis at the hospital's established rates including charges made to charity care patients. Do not reduce for discounts and/or allowances.

Line 15 - SWING-BED CHARGES

Line 16 - SUBACUTE/LTC CHARGES

Line 17 - DPU CHARGES

Line 18 - HOME HEALTH CHARGES

Report total charges for the above levels of care, by payor category. They should be recorded on an accrual basis at the hospital's established rates including charges

made to charity care patients. Do not reduce for discounts and/or allowances.

Line 19 - TOTAL CHARGES

Total lines 13 - 18.

CONTRACTUALS

Line 20 - CONTRACTUAL ADJUSTMENTS - ACUTE

For inpatient and outpatient acute activity reflected on lines 13 and 14 above, report the current month's difference between the amounts charged based on the hospital's full established (gross) charges and the amount received and/or due from the payor. For capitation contracts, appropriate adjustments should be recorded so only the amount of contract revenue is reflected.

Line 21 - CONTRACTUAL ADJUSTMENTS - ALL OTHER

For all activity **other than** inpatient and outpatient acute (i.e., Swing-Bed, Subacute/LTC, DPU, and Home Health), report the current month's difference between the amounts charged based on the hospital's full established (gross) charges and the amount received and/or due from the payor. For capitation contracts, appropriate adjustments should be recorded so only the amount of contract revenue is reflected.

NOTE: All contractual adjustments should be reported on an accrual basis. Additionally, the contractual adjustments should be adjusted for retroactive cost report settlements, disproportionate share payments, lump sum payments, etc. in the period that the settlements occur.

Line 22 - TOTAL CONTRACTUALS

Total lines 20 and 21.

Line 23 - CHARITY CARE

The current month's difference between the amount charge to patients and the amount received or expected

to be received. Charity refers to self-pay accounts that the patient is unable to pay and should be recorded in accordance with the hospital's policy for identifying charity care. Examples include Hill Burton write-offs, accounts which qualify for government agency subsidy and hospital sponsored charity.

The above amounts should be reduced by revenue such as gifts, grants or endowment income restricted by donors to assist charity and other patients, as well as payments received from state agencies for medically indigent programs.

OPERATING EXPENSES

Line 24.A -PAYROLL EXPENSE - FACILITY PAYROLL

Include all salaries and wages paid and accrued internally to **employees** (other than physicians, interns, residents and other trainees, which are separately reported on line 24.B), including salaries or imputed salaries for members of religious orders. **ALSO REPORT** amounts paid for **contracted nurses** and other **contracted labor** for services which would otherwise have to be hired for internally. (Contracted labor has become an integral part of many hospital's staff planning and labor costs, and therefore should be incorporated into the measure of labor costs to obtain consistency and comparability of information across hospitals.) Also include home-office wages which are directly allocated to your hospital. Salaries include vacation, holiday, sick leave, call pay and overtime pay. Do **not** include employee benefits (these payments should be reported on Line 25.)

Line 24.B - PAYROLL EXPENSE - PHYSICIAN PAYROLL

Include all salaries and wages paid and accrued internally to physicians, interns, residents, and other trainees who are on the payroll as employees of the healthcare enterprise. Physicians paid in any other capacity should be classified as operating (line 30 - all other operating expense) or as non-operating

depending on your health enterprise's circumstances (see definition of non-operating revenue)

Line 24.C - TOTAL PAYROLL EXPENSE

Total payroll for lines 24.A and 24.B.

Line 24.D - PAID HOURS - FACILITY PAYROLL

The hours to be reported are the accrued, paid hours for all employees as described in line 24.A above. Paid hours include vacation, holiday, sick leave, call time (worked) and overtime hours. Do **not** include physician hours.

NOTE: If the month you are reporting contains an extra payroll period, report only the hours which pertain to the month, on an accrual basis, so that there is a proper matching of payroll expense and paid hours.

Line 24.E - PAID HOURS - PHYSICIAN PAYROLL

Report total hours of service related to the physician payroll expense reported on line 24.B. above.

Line 24.F - TOTAL PAID HOURS

Total paid hours for lines 24.D and 24.E.

Line 25 - EMPLOYEE BENEFIT EXPENSE

Report the healthcare enterprise's share of social security (FICA), state and federal unemployment insurance, group health insurance, group life insurance, pensions, annuities, retirement benefits, worker's compensation, group disability insurance, and other employee benefit programs for all hospital employees included on line 24 above.

Line 26 - SUPPLY EXPENSE

Report those expenses that constitute supplies. This includes:

1. General supplies such as office;
2. Medical and ancillary department supplies; and

3. Support department supplies, i.e., housekeeping, dietary and maintenance.

4. Minor equipment not capitalized

Line 27 - DEPRECIATION EXPENSE

Include the depreciation and/or amortization recorded on land and buildings, fixed and moveable equipment, as well as leases and rentals. Do not include price level depreciation amounts, but rather depreciation recorded on an historical cost basis only.

Line 28 - INTEREST EXPENSE

Report interest expense on mortgages, bonds, notes, and any other short-term and long-term borrowings. Do not reduce for interest income on borrowed funds held by a trustee.

Line 29 - BAD DEBT EXPENSE

The current month's difference between the amount charged to patients and the amount received or expected to be received. Bad debts refer to self-pay accounts which the patient is unwilling to pay. Generally this amount will represent the charge to the "Provision for Bad Debts" Account.

Line 30 - ALL OTHER EXPENSE

Report all other incurred costs not covered by lines 24 - 29.

Line 31 - TOTAL OPERATING EXPENSE

Represents the sum of all expenses reported on lines 24.C through 30. Total operating expense includes salary and non-salary items, reported on an **accrual** basis. Expenses include, but are not limited to, materials, supplies, contract services, management fees and corporate home office allocations, depreciation, interest, taxes, consultants' services, utilities, pharmaceuticals, insurance, and physician remuneration. **Do not include non-operating expenses.**

OTHER FINANCIAL DATA

Line 32 - OTHER OPERATING REVENUE

This data element is analogous to “other revenue” defined in the Audit Guide (however, for **DATABANK** reporting purposes, tax subsidies should be separately disclosed on line 35). Other operating revenue normally includes revenue from services other than health care provided to patients, as well as sales and services to non-patients. Such revenue arises from normal day-to-day operations of most health care entities and is accounted for separately from health care service revenue.

The **Audit Guide** distinguishes “other revenue” from “net non-operating gains/losses”. If the transaction is generated from activities other than direct patient care associated with the ongoing, major, or central operations of the individual hospital, it is classified as “other revenue” (and reported on line 32).

If it results from the hospital’s peripheral or incidental transactions and from other events stemming from the environment that may be largely beyond the control of the provider and its management, it is classified as “net non-operating gains” (reported on line 34).

Depending on the relationship of the transaction to the health care entity’s operations, other (operating) revenue may include -

1. Physician fees collected on behalf of employed physicians that are paid a salary.
2. Revenue from educational programs which includes tuition from schools and laboratory and X-ray technology.
3. Revenue from research and other gifts and grants, either unrestricted or for a specific purpose.

4. Revenue from miscellaneous sources, such as the following;

- rental of health care facility space
- sales of medical and pharmacy supplies to employees, physicians, and others
- proceeds from sale of cafeteria meals and guest trays
- proceeds from sale of scrap
- proceeds from sales at gift shops
- proceeds from parking lots
- fees charged for transcripts, etc.

Line 33 - OPERATING MARGIN

Insert on line 33 the **operating margin** which results from the additions of **patient charges on line 19**, less **total contractual adjustments on line 22**, less **charity care on lines 23**, less **total operating expense on line 31**, plus **other operating revenue on line 32**.

Line 34 - NET NONOPERATING GAINS

Report the net amount of revenues and expenses which result from the healthcare enterprise’s peripheral or incidental transactions and from other events stemming from the environment that may be largely beyond the control of the provider and its management (as distinguished from “other operating revenue” defined above on line 32). However, tax-subsidies that meet this definition should be separately reported on line 35, below.

Line 35 - TAX SUBSIDIES

Report tax revenues from cities, counties or special hospital districts, which assess mill levies to subsidize the hospital/healthcare enterprise.

Line 36 - TOTAL MARGIN

Insert on line 36 the **total margin** which results from the addition of the **operating margin** reported on line 33, plus **net non-operating gains** (or **minus** net non-operating losses) reported on **line 34**, plus **tax subsidies reported on line 35**.

Line 37 - GROSS PATIENT ACCOUNTS RECEIVABLE

Show gross amounts due (based on full-rate charges) from patients and/or their third party sponsors including amounts generated from the care of charity patients which have not yet been written off. Include patient receivables from services to inpatients not discharged, inpatients discharged, and outpatients. The amounts should be reported after the deduction of credit balances and advances from third parties; however, they should not be reduced for contractual adjustments, which are reflected on lines 20 - 22.

NOTE: The payor class assigned to accounts receivable should be consistent with that identified for charges in order to calculate a meaningful “days charges in accounts receivable” statistic. (Most general ledger systems capture the primary Payor at the time of admission when classifying charges whereas patient accounting systems oftentimes prorate individual accounts among sources of payment - i.e., third party Payor liability vs. self-pay). If you have significant changes to a particular payor classification (if your hospital classifies accounts pending Medicaid eligibility determinations as private pay until such time the eligibility determination is final), you should report such changes to **DATABANK** as they impact not only statistics, but also charges, accounts receivable, and contractual adjustments.

DATABANK CONTACTS

Mariama Samba, MHSA
Financial/Data Analyst

Brian Potter, CPA
Director, Health Care Information

Wisconsin Health and Hospital Association
5721 Odana Road, Madison, WI 53719

Office: (608) 274-1820
Fax: (608) 274-8554
Email: msamba@wha.org
bpotter@wha.org

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Edit/Review Report

Hospital Name: WHA Hospital

Hospital ID: 777777

FY End: 06/30

Number of Hospitals: 1

Hospital Information

Contact Person: John Doe

Phone: 608/274-1820

E-mail: jdoe@wha.org

Beds Licensed: 123

Beds Available: 102

Fax: (608) 2 6 8 -1875 Wisconsin Health & Hospital Association

Phone: (608) 274-1820

Fax: (608) 274-8554

Please review this data monthly. Correct data as needed using the DATABANK website. Thank you.

Utilization	Month/Year 1/2000	Month/Year 12/1999	Percent Difference
1. Discharges			
a - Acute Care			
Medicare	47	52	-9.6%
Medicaid	6	6	0.0%
Self Pay	4	2	100.0%
	0	0	
Managed Care	4	4	0.0%
Commercial	13	17	-23.5%
Others	2	1	100.0%
Total Acute Care	76	82	-7.3%
b - Swing Bed			
Medicare	17	25	-32.0%
Medicaid	0	0	
Self Pay	0	0	
	0	0	
Managed Care	0	0	
Commercial	0	0	
Others	2	0	100%
Total Swing Bed	19	25	-24.0%
c - Subacute/LTC			
Medicare	3	0	100%
Medicaid	2	6	-66.7%
Self Pay	0	0	
	0	0	
Managed Care	0	0	
Commercial	0	0	
Others	0	0	
Total Subacute/LTC	5	6	-16.7%
d - DPU (Distinct-Part Unit)			
Medicare	0	0	
Medicaid	0	0	
Self Pay	0	0	
	0	0	
Managed Care	0	0	
Commercial	0	0	
Others	0	0	
Total DPU	0	0	
e - Total Discharges			
Medicare	67	77	-13.0%
Medicaid	8	12	-33.3%
Self Pay	4	2	100.0%
	0	0	
Managed Care	4	4	0.0%
Commercial	13	17	-23.5%
Others	4	1	300.0%
Total Discharges	100	113	-11.5%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Edit/Review Report

HospitalName:WHA Hospital

HospitalID: 777777

FYEnd 06/30

Number of Hospitals: 1

Hospital Information

ContactPerson: John Doe

Phone: 608/274-1820

Fax: (608)268-1875

WisconsinHealth&HospitalAssociation

E-mail: jdoe@wha.org

Phone: (608)274-1820

Beds Licensed: 123

Fax: (608) 274-8554

Beds Available: 102

Please review this data monthly. Correct data as needed using the DATABANK website. Thank you.

	Month/Year 1/2000	Average Length Stay	Month/Year 12/1999	Average Length Stay	Percent Difference
2. Patient Days					
a - Acute Care					
Medicare	145	3.1	173	3.3	-16.2%
Medicaid	19	3.2	17	2.8	11.8%
Self Pay	7	1.8	2	1.0	250.0%
	0		0		
Managed Care	13	3.3	7	1.8	85.7%
Commercial	35	2.7	33	1.9	6.1%
Others	5	2.5	3	3.0	66.7%
Total Acute Care	224	2.9	235	2.9	-4.7%
b - Swing Bed					
Medicare	111	6.5	189	7.6	-41.3%
Medicaid	0		0		
Self Pay	0		0		
	0		0		
Managed Care	0		0		
Commercial	0		0		
Others	24	12.0	0		100%
Total Swing Bed	135	7.1	189	7.6	-28.6%
c - Subacute/LTC					
Medicare	1,289	429.7	0		100%
Medicaid	236	118.0	1,199	199.8	-80.3%
Self Pay	0		303		-100.0%
	0		0		
Managed Care	0		0		
Commercial	0		0		
Others	0		0		
Total Subacute/LTC	1,525	305.0	1,502	250.3	1.5%
d - DPU (Distinct-Part Unit)					
Medicare	0		0		
Medicaid	0		0		
Self Pay	0		0		
	0		0		
Managed Care	0		0		
Commercial	0		0		
Others	0		0		
Total DPU	0		0		
e - Total Patient Days					
Medicare	1,545	23.1	362	4.7	326.8%
Medicaid	255	31.9	1,216	101.3	-79.0%
Self Pay	7	1.8	305	152.5	-97.7%
	0		0		
Managed Care	13	3.3	7	1.8	85.7%
Commercial	35	2.7	33	1.9	6.1%
Others	29	7.3	3	3.0	866.7%
Total Patient Days	1,884	18.8	1,926	17.0	-2.2%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Edit/Review Report

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HospitalID: 777777

Hospital Information

Contact Person: John Doe
Phone: 608/274-1820
E-mail: jdoe@wha.org
Beds Licensed: 123
Beds Available: 102

Fax: (608)268-1875 WisconsinHealth&HospitalAssociation
Phone: (608)274-1820

FYEnd 06/30
Number of Hospitals: 1

Fax: (608) 274-8554

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Charges		Month/Year 1/2000	Charge Per Stay	Month/Year 12/1999	Charge Per Stay	Percent Difference
13. Acute Care - Inpatient						
Medicare	\$	268,787	5,719	276,912	5,325	-2.9%
Medicaid	\$	39,027	6,505	32,447	5,408	20.3%
Self Pay	\$	15,938	3,985	7,273	3,637	119.1%
	\$	0	0	0	0	
Managed Care	\$	14,383	3,596	39,512	9,878	-63.6%
Commercial	\$	63,565	4,890	101,691	5,982	-37.5%
Others	\$	11,636	5,818	0	0	100%
Total Inpatient	\$	413,336	5,439	457,835	5,583	-9.7%
14. Acute Care - Outpatient						
Medicare	\$	226,866		238,931		-5.0%
Medicaid	\$	44,456		40,171		10.7%
Self Pay	\$	42,318		25,252		67.6%
	\$	0		0		
Managed Care	\$	106,209		91,803		15.7%
Commercial	\$	102,157		121,534		-15.9%
Others	\$	17,941		15,395		16.5%
Total Outpatient	\$	539,947		533,086		1.3%
15. Swing Bed						
Medicare	\$	62,913	3,701	58,599	2,344	7.4%
Medicaid	\$	0	0	0	0	
Self Pay	\$	0	0	0	0	
	\$	0	0	0	0	
Managed Care	\$	0	0	0	0	
Commercial	\$	0	0	0	0	
Others	\$	7,622	3,811	0	0	100%
Total Swing Bed	\$	70,535	3,712	58,599	2,344	20.4%
16. Subacute/LTC						
Medicare	\$	0	0	0	0	
Medicaid	\$	126,374	63,187	120,470	20,078	4.9%
Self Pay	\$	24,018	0	30,092	0	-20.2%
	\$	0	0	0	0	
Managed Care	\$	0	0	0	0	
Commercial	\$	0	0	0	0	
Others	\$	0	0	0	0	
Total Subacute/LTC	\$	150,392	30,078	150,562	25,094	-0.1%
17. DPU (Distinct-Part Unit)						
Medicare	\$	0	0	0	0	
Medicaid	\$	0	0	0	0	
Self Pay	\$	0	0	0	0	
	\$	0	0	0	0	
Managed Care	\$	0	0	0	0	
Commercial	\$	0	0	0	0	
Others	\$	0	0	0	0	
Total DPU	\$	0	0	0	0	

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Edit/Review Report

HospitalName: WHA Hospital

HospitalID: 777777

FYEnd 06/30

Number of Hospitals: 1

Hospital Information

ContactPerson: John Doe

Phone: 608/274-1820

E-mail: jdoe@wha.org

BedsLicensed: 123

BedsAvailable: 102

Fax: (608)268-1875 WisconsinHealth&HospitalAssociation

Phone: (608)274-1820

Fax: (608)274-8554

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		Month/Year 1/2000	Charge Per Stay	Month/Year 12/1999	Charge Per Stay	Percent Difference
18. Home Health						
Medicare	\$	0		0		
Medicaid	\$	0		0		
Self Pay	\$	0		0		
	\$	0		0		
Managed Care	\$	0		0		
Commercial	\$	0		0		
Others	\$	0		0		
Total Home Health	\$	0		0		

19. Total Charges						
Medicare	\$	558,566	8,337	574,442	7,460	-2.8%
Medicaid	\$	209,857	26,232	193,088	16,091	8.7%
Self Pay	\$	82,274	20,569	62,617	31,309	31.4%
	\$	0	0	0	0	
Managed Care	\$	120,592	30,148	131,315	32,829	-8.2%
Commercial	\$	165,722	12,748	223,225	13,131	-25.8%
Others	\$	37,199	9,300	15,395	15,395	141.6%
Total Charges	\$	1,174,210	11,742	1,200,082	10,620	-2.2%

Contractuals		Related Payor Charges		Related Payor Charges		
20. Acute Care						
Medicare	\$	200,839	36.0%	133,997	23.3%	49.9%
Medicaid	\$	36,996	17.6%	26,090	13.5%	41.8%
Self Pay	\$	0		0		
	\$	0		0		
Managed Care	\$	396	0.3%	-3,214	-2.4%	-112.3%
Commercial	\$	2,721	1.6%	-4,148	-1.9%	-165.6%
Others	\$	861	2.3%	481	3.1%	79.0%
Total Acute Care	\$	241,813	20.6%	153,206	12.8%	57.8%

21. All Other						
Medicare	\$	11,328	2.0%	35,228	6.1%	-67.8%
Medicaid	\$	0		0		
Self Pay	\$	0		0		
	\$	0		0		
Managed Care	\$	0		0		
Commercial	\$	0		0		
Others	\$	0		0		
Total All Other	\$	11,328	1.0%	35,228	2.9%	-67.8%

22. Total Contractuals						
Medicare	\$	212,167	38.0%	169,225	29.5%	25.4%
Medicaid	\$	36,996	17.6%	26,090	13.5%	41.8%
Self Pay	\$	0		0		
	\$	0		0		
Managed Care	\$	396	0.3%	-3,214	-2.4%	-112.3%
Commercial	\$	2,721	1.6%	-4,148	-1.9%	-165.6%
Others	\$	861	2.3%	481	3.1%	79.0%
Total Contractuals	\$	253,141	21.6%	188,434	15.7%	34.3%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Edit/Review Report

HospitalName: WHA Hospital

HospitalID: 777777

Hospital Information

ContactPerson: John Doe

Phone: 608/274-1820

E-mail: jdoe@wha.org

BedsLicensed: 123

BedsAvailable: 102

FYEnd 06/30

Number of Hospitals: 1

Fax: (608)268-1875 WisconsinHealth&HospitalAssociation

Phone: (608)274-1820

Fax: (608)274-8554

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	Month/Year 1/2000	Month/Year 12/1999	Percent Difference
23. Charity Care	5,100	4,000	27.5%

Operating Expenses

24. Payroll Expense		Per Hour \$	Per Hour \$			
a - Facility Payroll	\$	496,012	17.48	446,329	16.54	11.1%
d - Facility Hours		28,379		26,985		5.2%
b - Physician Payroll	\$	0		0		
e - Physician Hours		0		0		
c - Total Payroll	\$	496,012	17.48	446,329	16.54	11.1%
f - Total Hours		28,379		26,985		5.2%
25. Benefit Expense	\$	83,527	2.94	82,770	3.07	0.9%
			Percent of Total Oper. Expense		Percent of Total Oper. Expense	
26. Supply Expense	\$	113,187	12.4%	122,424	14.5%	-7.5%
27. Depreciation Expense	\$	70,511	7.7%	39,708	4.7%	77.6%
28. Interest Expense	\$	0		0		
29. Bad Debt Expense	\$	48,600	5.3%	34,658	4.1%	40.2%
30. All Other Expense	\$	102,704	11.2%	116,679	13.8%	-12.0%
31. Total Operating Expenses	\$	914,541		842,568		8.5%

Other Financial Data

32. Other Operating Revenue		32,160		35,656		-9.8%
33. Operating Margin		33,588		200,736		-83.3%
34. Net Nonoperating Gains		-6,341		78,025		-108.1%
35. Tax Subsidies		0		0		
36. Total Margin		27,247		278,761		-90.2%
37. Gross Patient Accounts Receivable						
Medicare	\$	1,236,221		1,114,034		11.0%
Medicaid	\$	285,343		284,270		0.4%
Self Pay	\$	709,430		677,514		4.7%
	\$	0		0		
Managed Care	\$	235,233		207,968		13.1%
Commercial	\$	549,404		566,055		-2.9%
Others	\$	125,145		95,555		31.0%
Total GPAR	\$	3,140,776		2,945,396		6.6%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Edit/Review Report

HospitalName: WHA Hospital

HospitalID: 777777

Hospital Information

ContactPerson: John Doe

FYEnd 06/30

Number of Hospitals: 1

Phone: 608/274-1820

Fax: (608)268-1875 WisconsinHealth&HospitalAssociation

E-mail: jdoe@wha.org

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BedsLicensed: 123

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Other Utilization Data	Month/Year 1/2000	Newborn Average Length of Stay	Month/Year 12/1999	Newborn Average Length of Stay	Percent Difference
3. Inpatient Surgeries	30		30		0.0%
4. Births	7		9		-22.2%
5. Newborn Patient Days	25	3.6	19	2.1	31.6%
		Percent Admitted Through Emerg. Department		Percent Admitted Through Emerg. Department	
6. Inpatient Admissions from Emergency Department	27	27.0%	42	37.2%	-35.7%
		Outpatient Charges Per Visit \$		Outpatient Charges Per Visit \$	
7. Emergency Department Visits	266		347		-23.3%
8. Ambulatory Surgery Visits	36		47		-23.4%
9. Observation Visits	9		9		0.0%
10. Home Health Visits	0		0		
11. All Other Visits	1,674		1,617		3.5%
12. Total Outpatient Visits	1,985	272.01	2,020	263.90	-1.7%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Report - *By Payor and Levels of Service*

Hospital Name: WHA HOSPITAL
Contact Name: John Doe
Contact Phone: 608/274-1820

Wisconsin Health & Hospital Association
5721 Odana Road
Madison, WI 53719
Phone 608/274-1820

January-January, 2000

	This Hospital	Volume Group 1 Volume Group 1 1
Number of Hospitals	1	18
Licensed Bed	123	1,384
Staffed Beds	102	1,214

INPATIENT UTILIZATION DISCHARGES

Please Note: This format generally follows the Input Form. Where averages are displayed, for peer groups, they are noted.

Discharges

As a Percent of Total Discharges

<u>By Payor</u>		79.1%	55.3%
Medicare		4.7%	8.5%
Medicaid		2.3%	4.1%
Self Pay		0.0%	0.0%
Managed Care		4.7%	13.0%
Commercial		9.3%	12.2%
Others		0.0%	6.9%
By Levels of Service			
Acute Care		86.0%	89.0%
Swing Bed		14.0%	7.9%
Subacute/LTC		0.0%	2.8%
DPU		0.0%	0.3%

Number of Discharges

<u>By Payor</u>		68	985
Medicare		4	151
Medicaid		2	73
Self Pay		0	0
Managed Care		4	232
Commercial		8	217
Others		0	122
Total		86	1,780
By Levels of Service			
Acute Care		74	1,585
Swing Bed		12	141
Subacute/LTC		0	49
DPU		0	5
Total		86	1,780

Discharges Compared to Peer Group Averages

<u>By Payor</u>		68	55
Medicare		4	9
Medicaid		2	4
Self Pay		0	-
Managed Care		4	21
Commercial		8	14
Others		0	17
Total / Averages		86	99
By Levels of Service			
Acute Care		74	88
Swing Bed		12	8
Subacute/LTC		0	7
DPU		0	5
Total / Averages		86	99

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Report - *By Payor and Levels of Service*

Hospital Name: WHA HOSPITAL
Contact Name: John Doe
Contact Phone: 608/274-1820

Wisconsin Health & Hospital Association
5721 Odana Road
Madison, WI 53719
Phone 608/274-1820

January-January, 2000

	This Hospital	Volume Group 1 Volume Group 1 1
Number of Hospitals	1	18
Licensed Beds	123	1,384
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INPATIENT UTILIZATION PATIENT DAYS

Patient Days

As a Percent of Total Patient Days

<u>By Payor</u>			
Medicare	85.2%		22.2%
Medicaid	5.7%		52.3%
Self Pay	2.3%		17.5%
	0.0%		0.0%
Managed Care	2.8%		2.5%
Commercial	4.0%		3.0%
Others	0.0%		2.5%
<u>By Levels of Service - As a % of Total Patient Days</u>			
Acute Care	72.7%		21.9%
Swing Bed	27.3%		6.2%
Subacute/LTC	0.0%		71.6%
DPU	0.0%		0.3%

Number of Patient Days

<u>By Payor</u>			
Medicare	300		5,340
Medicaid	20		12,559
Self Pay	8		4,210
	0		0
Managed Care	10		600
Commercial	14		729
Others	0		595
Total	352		24,033
<u>By Levels of Service</u>			
Acute Care	256		5,270
Swing Bed	96		1,485
Subacute/LTC	0		17,213
DPU	0		65
Total	352		24,033

Patient Days Compared to Peer Group Averages

<u>By Payor</u>			
Medicare	300		297
Medicaid	20		739
Self Pay	8		248
	0		-
Managed Care	10		55
Commercial	14		49
Others	0		85
Total / Averages	352		1,335
<u>By Levels of Service</u>			
Acute Care	256		293
Swing Bed	96		87
Subacute/LTC	0		2,459
DPU	0		33
Total / Averages	352		1,335

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Report - *By Payor and Levels of Service*

HospitalName: WHA HOSPITAL
ContactName: John Doe
Contact Phone: 608/274-1820

WisconsinHealth&HospitalAssociation
5721 Odana Road
Madison, WI 53719
Phone 608/274-1820

January-January, 2000

	This Hospital	Volume Group 1 Volume Group 1 1
Number of Hospitals	1	18
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INPATIENT UTILIZATION

Average Daily Census

<u>By Payor</u>		
Medicare	9.7	9.6
Medicaid	0.6	23.8
Self Pay	0.3	8.0
	0.0	-
Managed Care	0.3	1.8
Commercial	0.5	1.6
Others	0.0	2.7
Total / Averages	11.4	43.1

<u>By Levels of Service</u>		
Acute Care	8.3	9.4
Swing Bed	3.1	2.8
Subacute/LTC	0.0	79.3
DPU	0.0	1.0
Total / Averages	11.4	43.1

Average Length of Stay

All Patients

<u>By Payor</u>		
Medicare	4.4	5.4
Medicaid	5.0	83.2
Self Pay	4.0	57.7
	-	-
Managed Care	2.5	2.6
Commercial	1.8	3.4
Others	-	4.9
Total	4.1	13.5

Acute Care

<u>By Payor</u>		
Medicare	3.6	3.7
Medicaid	5.0	2.5
Self Pay	4.0	2.8
	-	-
Managed Care	2.5	2.6
Commercial	1.8	2.5
Others	-	4.8
Total / Averages	3.5	3.3

<u>By Levels of Service</u>		
Acute Care	3.5	3.3
Swing Bed	8.0	10.5
Subacute/LTC	-	351.3
DPU	-	13.0
Total / Averages	4.1	13.5

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Report - *By Payor and Levels of Service*

HospitalName: WHA HOSPITAL
ContactName: John Doe
ContactPhone: 608/274-1820

WisconsinHealth&HospitalAssociation
5721 Odana Road
Madison, WI 53719
Phone 608/274-1820

January-January, 2000

	This Hospital	Volume Group 1 Volume Group 1 1
Number of Hospitals	1	18
LicensedBeds	123	1,384
StaffedBeds	102	1,214

OTHER UTILIZATION STATISTICS

Inpatient Surgeries Percent of Total Surgeries	33.3%	21.0%
Outpatient Surgeries Percent of Total Surgeries	66.7%	79.0%
Total Surgeries (Avg. for Peer Groups)	24	70

Hospital Numbers Compared to Peer Group Averages

Inpatient Surgeries	8	16
Inpatient Surgeries as a Percent of Total Discharges	9.3%	14.9%
Births	0	9
Births as a Percent of Total Discharges	0.0%	7.9%
Newborn Patient Days	0	20
Newborn Patient Days as a Percent of Total Patient Days	0.0%	1.2%
Newborn Length of Stay	-	2.1
Inpatient Admissions From Emergency Department	44	51

Outpatient Visits as a Percent of Total

Emergency Department Visits	17.6%	16.9%
Ambulatory Surgery Visits	0.7%	2.5%
Observation Visits	0.9%	0.7%
Home Health Visits	26.6%	9.7%
All Other Visits	54.1%	70.1%

Hospital Numbers Compared to Peer Group Averages

Emergency Department Visits	384	374
Ambulatory Surgery Visits	16	55
Observation Visits	19	18
Home Health Visits	581	966
All Other Visits	1,181	1,551
Total Outpatient Visits / Averages	2,181	2,212

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Report - *By Payor and Levels of Service*

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WisconsinHealth&HospitalAssociation
5721 Odana Road
Madison, WI 53719
Phone 608/274-1820

January-January, 2000

	This Hospital	Volume Group 1 Volume Group 1 1
Number of Hospitals	1	1 8
Licensed Beds	123	1,384
Staffed Beds	102	1,214

FINANCIAL DATA

Inpatient Charges (Acute, Swing Bed, Subacute/LTC and DPU)

Inpatient Charge Per Patient Day

Acute Care

By Payor

Medicare	\$1,703	\$1,934
Medicaid	\$1,683	\$1,500
Self Pay	\$2,756	\$1,596
	-	-
Managed Care	\$1,187	\$1,925
Commercial	\$2,321	\$2,113
Others	-	\$912
Total	\$1,748	\$1,801

All Patients

By Payor

Medicare	\$1,335	\$1,258
Medicaid	\$1,683	\$138
Self Pay	\$2,756	\$186
	-	-
Managed Care	\$1,187	\$1,925
Commercial	\$2,321	\$1,641
Others	-	\$891
Total	\$1,422	\$504

All Patients

By Levels of Service

Acute Care	\$1,748	\$1,801
Swing Bed	\$553	\$375
Subacute/LTC	-	\$116
DPU	-	\$1,169
Total	\$1,422	\$504

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Report - *By Payor and Levels of Service*

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ContactName: John Doe
ContactPhone: 608/274-1820

WisconsinHealth&HospitalAssociation
5721 Odana Road
Madison, WI 53719
Phone 608/274-1820

January-January, 2000

	This Hospital	Volume Group 1 Volume Group 1 1
Number of Hospitals	1	18
LicensedBeds	123	1,384
StaffedBeds	102	1,214

FINANCIAL DATA

Inpatient Charge Per Stay

Acute Care

By Payor

Medicare	\$6,205	\$7,107
Medicaid	\$8,413	\$3,812
Self Pay	\$11,024	\$4,536
	-	-
Managed Care	\$2,967	\$4,978
Commercial	\$4,062	\$5,387
Others	-	\$4,345
Total	\$6,048	\$5,987

All Patients

By Payor

Medicare	\$5,891	\$6,819
Medicaid	\$8,413	\$11,490
Self Pay	\$11,024	\$10,749
	-	-
Managed Care	\$2,967	\$4,978
Commercial	\$4,062	\$5,513
Others	-	\$4,347
Total	\$5,821	\$6,808

All Patients

By Levels of Service

Acute Care	\$6,048	\$5,987
Swing Bed	\$4,425	\$3,949
Subacute/LTC	-	\$40,733
DPU	-	\$15,194
Total	\$5,821	\$6,808

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Report - *By Payor and Levels of Service*

HospitalName: WHA HOSPITAL
ContactName: John Doe
ContactPhone: 608/274-1820

WisconsinHealth&HospitalAssociation
5721 Odana Road
Madison, WI 53719
Phone 608/274-1820

January-January, 2000

	This Hospital	Volume Group 1 Volume Group 1 1
Number of Hospitals	1	18
LicensedBeds	123	1,384
StaffedBeds	102	1,214

FINANCIAL DATA

As a Percent of Total Inpatient Charges

<u>By Payor</u>		
Medicare	80.0%	55.4%
Medicaid	6.7%	14.3%
Self Pay	4.4%	6.5%
	0.0%	0.0%
Managed Care	2.4%	9.5%
Commercial	6.5%	9.9%
Others	0.0%	4.4%
<u>By Levels of Service</u>		
Acute Care	89.4%	78.3%
Swing Bed	10.6%	4.6%
Subacute/LTC	0.0%	16.5%
DPU	0.0%	0.6%

Acute Outpatient & Home Health Charges as a Percent of Total Outpatient Charges

<u>By Payor (Outpatient Only)</u>		
Medicare	44.7%	33.4%
Medicaid	12.2%	6.8%
Self Pay	7.4%	4.5%
	0.0%	0.0%
Managed Care	8.8%	17.8%
Commercial	20.7%	30.4%
Others	6.2%	7.1%
<u>By Levels of Service (Outpatient Only)</u>		
Acute	95.7%	98.1%
Home Health	4.3%	1.9%
<u>Other Outpatient Statistics</u>		
Outpatient Charges as a Percent of Total Patient Charges	58.1%	51.4%
Outpatient Charge Per Visit	\$304	\$316
Home Health Agency Charge Per Visit	\$52	\$62

As a Percent of Total Patient Charges

<u>By Payor</u>		
Medicare	59.5%	44.1%
Medicaid	9.9%	10.5%
Self Pay	6.1%	5.5%
	0.0%	0.0%
Managed Care	6.1%	13.8%
Commercial	14.7%	20.4%
Others	3.6%	5.8%
<u>By Levels of Service</u>		
Acute Care-Inpatient	37.5%	38.0%
Acute Care-Outpatient	55.6%	50.5%
Swing Bed	4.4%	2.2%
Subacute/LTC	0.0%	8.0%
DPU	0.0%	0.3%
Home Health	2.5%	1.0%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Monthly Report - *By Payor and Levels of Service*

HospitalName: WHA HOSPITAL
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WisconsinHealth&HospitalAssociation
5721OdanaRoad
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January-January, 2000

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UNCOLLECTED CHARGES

Total Contractual Allowances Compared to Peer Group Averages

<u>By Payor</u>			
Medicare	\$389,237		\$300,170
Medicaid	\$43,416		\$47,066
Self Pay	\$0		\$2,775
	\$0		-
Managed Care	\$20,293		\$60,903
Commercial	\$29,389		\$44,197
Others	\$0		\$15,204
Total / Averages	\$482,335		\$420,206

Total Contractual Allowances as a Percent of Total RELATED Payor Charges and Collected Charges

<u>By Payor</u>			
Medicare	54.8%		49.1%
Medicare Collected Charges	45.2%		50.9%
Medicaid	36.7%		30.6%
Medicaid Collected Charges	63.3%		69.4%
Self Pay	0.0%		0.8%
Self Pay Collected Charges	100.0%		99.2%
	-		-
Collected Charges	-		-
Managed Care	27.9%		17.7%
Managed Care Collected Charges	72.1%		82.3%
Commercial	16.7%		12.1%
Commercial Collected Charges	83.3%		87.9%
Others	0.0%		8.4%
Others Collected Charges	100.0%		91.6%
Total	40.4%		30.3%
Total Collected Charges	59.6%		69.7%

Charity Care as Compared to Peer Group Averages	\$8,404	\$12,150
Charity Care as a Percent of Gross Patient Charges	0.7%	0.7%

SAMPLE REPORT

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OPERATING REVENUE

Collected Charges (Net Patient Revenue) as Compared to Peer Group Averages	\$703,820	\$956,298
Collected Charges (Net Patient Revenue) as a Percent of Gross Patient Charges	58.9%	69.0%
Other Operating Revenue as Compared to Peer Group Averages	\$14,006	\$35,994
Other Operating Revenue as a Percent of Net Patient Revenue	2.0%	3.6%
Total Operating Revenue as Compared to Peer Group Averages	\$717,826	\$990,293

SAMPLE REPORT

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OPERATING EXPENSES

Operating Expense Per Adjusted Patient Day

By Payor

Medicare	\$821	\$369
Medicaid	\$811	\$286
Self Pay	\$1,328	\$305
	-	-
Managed Care	\$572	\$367
Commercial	\$1,118	\$403
Others	-	\$174
Total	\$842	\$344

By Levels of Service

Acute Care	\$1,035	\$1,227
Swing Bed	\$328	\$255
Subacute/LTC	-	\$79
DPU	-	\$796
Total	\$842	\$344

Operating Expense Per Adjusted Stay

By Payor

Medicare	\$3,537	\$5,506
Medicaid	\$4,795	\$2,954
Self Pay	\$6,283	\$3,514
	-	-
Managed Care	\$1,691	\$3,857
Commercial	\$2,315	\$4,174
Others	-	\$3,366
Total	\$3,447	\$4,638

By Levels of Service

Acute Care	\$3,581	\$4,079
Swing Bed	\$2,620	\$2,691
Subacute/LTC	-	\$27,752
DPU	-	\$10,352
Total	\$3,447	\$4,638

SAMPLE REPORT

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OPERATING EXPENSES

Percent of Total Operating Expense

By Expense Line Item

Facility Payroll	50.7%	44.0%
Physician Payroll	2.0%	1.6%
Total Payroll	52.7%	45.6%
Benefit Expense	6.3%	9.3%
Payroll and Benefits	59.0%	54.9%
Supplies	12.2%	11.6%
Depreciation	4.8%	5.7%
Interest	1.9%	2.0%
Bad Debts	4.2%	2.9%
All Other	17.9%	22.9%

Hospital Operating Expenses Compared to Peer Group

Averages

By Expense Line Item

Facility Payroll	\$358,437	\$415,517
Physician Payroll	\$14,158	\$53,682
Total Payroll	\$372,595	\$430,429
Benefit Expense	\$44,474	\$88,007
Payroll and Benefits	\$417,069	\$518,436
Supplies	\$86,042	\$109,723
Depreciation	\$33,979	\$53,354
Interest	\$13,745	\$21,407
Bad Debts	\$29,971	\$27,790
All Other	\$126,562	\$215,946
Total	\$707,368	\$944,276

SAMPLE REPORT

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January-January, 2000

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PROFITABILITY & OTHER FINANCIAL DATA

Patient Service Margin	-0.50%	1.26%
Operating Margin	1.46%	4.65%
Net Nonoperating Gains Compared to Peer Group Averages	\$23,794	\$9,178
Tax Subsidies Compared to Peer Group Averages	\$0	-
Total Margin	4.62%	5.28%

SAMPLE REPORT

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January-January, 2000

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PERSONNEL DATA

Facility Data (Excluding Physicians)

FTEs(Full Time Equivalents) Compared to Peer Group Averages	131	781
FTEs Per Occupied Bed	4.85	8.81
Paid Hours Per Day	28	50
Hospital Average Payroll Expense Per Full Time Equivalent Compared to Peer Group Averages		
Per Hour	\$15.45	\$3.01
Per Year	\$32,127	\$6,262
Average Benefit Expense Per Full Time Compared to Peer Group Averages		
Per Hour	\$1.92	\$0.64
Per Year	\$3,986	\$1,326
Average Payroll and Benefit Expense Per Full Time Equivalent Compared to Peer Group Averages		
Per Hour	\$17.36	\$3.65
Per Year	\$36,114	\$7,589

Physician Data (Excluding Facility)

FTEs Compared to Peer Group Averages	2	24
FTEs Per Occupied Bed	0.06	0.02
Paid Hours Per Day	0.35	0.09
Average Physician Payroll Expense Per Full Time Equivalent Compared to Peer Group Averages		
Per Hour	\$48.65	\$63.05
Per Year	\$101,198	\$131,148

Hospital Paid Hours Compared to Peer Group Averages

Facility	23,206	138,010
Physician	291	851
Total Hours	23,497	138,246

SAMPLE REPORT

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StaffedBeds	102	1,214

DAYS IN ACCOUNTS RECEIVABLE GROSS

<u>By Payor</u>		
Medicare	60	63
Medicaid	117	64
Self Pay	425	201
	N/A	N/A
Managed Care	50	64
Commercial	102	75
Others	53	92
Total	92	75

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Trend Report

Hospital Name:
Contact Name:
Contact Phone:

WHA Hospital
John Doe
608/274-1820

Wisconsin Health & Hospital Association
721 Odana Road
Madison, WI 53719

	1 Third Qtr. 2000	2 Second Qtr. 2000	3 First Qtr. 2000	4 Fourth Qtr. 1999	5 Third Qtr. 1999	6 Second Qtr. 1999	7 First Qtr. 1999	8 Fourth Qtr. 1998	9 Third Qtr. 1998	10 Second Qtr. 1998	11 First Qtr. 1998	12 Fourth Qtr. 1997
Utilization Data												
1. Discharges - Total	298	293	284	306	269	296	345	295	272	254	327	284
<i>As a % of Total Discharges</i>												
2. Medicare	67.1%	73.0%	67.6%	65.4%	61.0%	70.6%	67.5%	69.2%	72.1%	72.8%	69.1%	71.5%
3. Medicaid	3.0%	4.4%	7.4%	9.2%	9.7%	6.4%	6.1%	4.1%	1.8%	5.5%	6.7%	6.0%
4. Self Pay	1.3%	2.7%	4.9%	3.7%	4.9%	3.7%	5.8%	3.0%	0.0%	0.0%	0.0%	0.0%
5. Managed Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6. Commercial	13.1%	8.9%	7.7%	8.5%	11.9%	7.4%	8.7%	12.2%	7.7%	9.1%	8.0%	7.0%
7. All Other	12.1%	10.6%	9.5%	12.7%	13.0%	8.8%	11.9%	0.0%	0.0%	0.0%	0.0%	0.0%
8. DPU	3.4%	0.3%	2.8%	0.3%	0.7%	0.3%	0.0%	14.6%	18.4%	12.8%	16.2%	15.5%
9. Patient Days - Total	5,760	5,377	5,479	5,443	5,133	5,215	5,640	1,211	1,168	1,032	1,371	1,101
<i>As a % of Total Patient Days</i>												
10. Acute Care	12.2%	12.9%	12.2%	11.8%	11.4%	12.2%	14.8%	66.2%	57.1%	56.0%	62.3%	60.4%
11. Swing Bed	8.9%	8.6%	8.4%	7.4%	7.4%	7.7%	7.7%	33.8%	42.9%	44.0%	37.7%	39.6%
12. Subacute/LTC	78.9%	78.6%	79.4%	80.8%	81.2%	78.9%	77.6%	0.0%	0.0%	0.0%	0.0%	0.0%
13. DPU	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
14. ALOS - Total (Average Length Of Stay)	19.3	18.4	19.3	17.8	19.1	17.6	16.3	4.1	4.3	4.1	4.2	3.9
15. Acute - Total	3.0	3.1	3.2	2.8	2.7	3.0	3.3	3.5	3.1	3.0	3.3	2.9
16. Medicare	3.4	3.3	3.6	3.1	3.0	3.3	3.7	3.6	3.2	3.1	3.6	3.2
17. Medicaid	2.6	3.9	2.7	3.1	2.9	1.9	2.3	2.9	2.8	3.6	2.9	2.4
18. Managed Care	2.2	1.7	2.4	2.4	2.3	2.5	2.3	2.7	2.8	2.6	2.1	2.5
19. Swing Bed	7.7	7.1	7.8	6.8	9.2	7.1	6.6	6.4	8.5	7.7	7.8	7.6
20. Subacute/LTC	N/A	1,408.3	289.9	209.5	297.9	242.1	182.3	N/A	N/A	N/A	N/A	N/A
21. DPU	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
22. Births	19	19	15	26	23	24	13	22	21	13	22	13
23. Newborn LOS (Length Of Stay)	2.0	2.9	3.1	2.2	2.0	2.5	2.6	2.4	2.1	2.3	1.9	2.5
24. Inpatient Adm. From Emergency Department	132	105	98	119	133	123	170	105	107	133	139	138
25. Inpatient Surgeries	71	71	70	73	51	57	67	57	95	61	56	61
26. Inpatient Surgeries - % of Total (Surgeries)	29.7%	29.3%	35.9%	37.8%	28.5%	32.6%	34.7%	33.7%	51.1%	38.1%	32.9%	35.3%
Charges												
27. Gross Patient Charges	\$3,785,253	\$3,708,140	\$3,435,221	\$3,280,393	\$3,230,987	\$3,149,293	\$3,428,228	\$2,735,377	\$2,691,418	\$2,550,409	\$2,678,609	\$2,501,267
28. Inpatient Charges	\$1,965,130	\$1,947,096	\$1,731,957	\$1,713,926	\$1,572,590	\$1,561,386	\$1,897,869	\$1,375,690	\$1,298,086	\$1,234,983	\$1,427,077	\$1,234,004
29. Acute as a % of Gross Pat. Chrgs.	33.9%	33.9%	32.8%	34.5%	30.9%	32.2%	37.9%	46.1%	41.7%	41.4%	44.7%	42.7%
30. Swing Bed as a % of Gross Pat. Chrgs.	5.8%	5.1%	5.3%	4.7%	5.5%	4.8%	5.5%	4.2%	6.5%	7.0%	8.6%	6.6%
31. Subacute/LTC as a % of Gross Pat. Chrgs.	12.2%	13.5%	12.4%	13.1%	12.3%	12.5%	12.0%	0.0%	0.0%	0.0%	0.0%	0.0%
32. DPU as a % of Gross Pat. Chrgs.	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
33. Outpatient Charges	\$1,820,123	\$1,761,044	\$1,703,264	\$1,566,467	\$1,658,397	\$1,587,907	\$1,530,359	\$1,359,687	\$1,393,332	\$1,315,426	\$1,251,532	\$1,267,263
34. Outpatient Charges as a % of Gross Pat. Chrgs.	48.1%	47.5%	49.6%	47.8%	51.3%	50.4%	44.6%	49.7%	51.8%	51.6%	46.7%	50.7%
Outpatient as a % of Total Payor Charges												
35. Medicare	43.4%	42.0%	42.9%	45.4%	48.8%	42.9%	34.4%	40.9%	42.0%	40.3%	34.1%	36.9%
36. Medicaid	29.9%	24.4%	23.0%	22.7%	26.7%	25.7%	26.2%	58.0%	75.9%	54.4%	55.0%	62.0%
37. Self Pay	52.7%	53.0%	62.0%	47.7%	46.6%	55.6%	42.2%	N/A	N/A	N/A	N/A	N/A
38. Managed Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39. Commercial	65.1%	73.4%	74.6%	65.4%	70.1%	68.4%	70.2%	51.3%	64.9%	62.3%	73.2%	66.2%
40. Others	54.5%	66.3%	69.6%	61.9%	66.4%	76.9%	68.7%	N/A	N/A	N/A	N/A	N/A
41. DPU	84.0%	86.1%	74.9%	100.2%	96.7%	100.0%	95.9%	61.5%	62.2%	74.8%	62.8%	71.5%
42. Inpatient Charge / Stay - Total	\$6,594	\$6,645	\$6,098	\$5,601	\$5,846	\$5,275	\$5,501	\$4,663	\$4,772	\$4,862	\$4,364	\$4,345
43. Acute - Medicare	\$5,871	\$5,964	\$5,850	\$4,674	\$4,966	\$4,966	\$5,505	\$5,510	\$5,120	\$5,668	\$4,915	\$4,963
44. Acute - Medicaid	\$3,383	\$5,115	\$5,230	\$5,812	\$4,470	\$4,088	\$3,669	\$3,660	\$5,712	\$5,200	\$3,686	\$4,004
45. Acute - Managed Care	\$5,980	\$5,401	\$5,323	\$5,256	\$2,838	\$5,286	\$3,907	\$5,090	\$5,201	\$5,776	\$2,843	\$4,484
46. Acute - Total	\$5,562	\$5,582	\$5,362	\$5,003	\$4,666	\$4,744	\$5,069	\$5,458	\$5,275	\$5,419	\$4,584	\$4,708
47. Inpatient Charge / Day - Total	\$341	\$362	\$316	\$315	\$306	\$299	\$337	\$1,136	\$1,111	\$1,197	\$1,041	\$1,121
48. Acute - Medicare	\$1,708	\$1,828	\$1,619	\$1,595	\$1,575	\$1,484	\$1,474	\$1,528	\$1,609	\$1,832	\$1,378	\$1,536
49. Acute - Medicaid	\$1,324	\$1,311	\$1,961	\$1,889	\$1,520	\$2,126	\$1,572	\$1,255	\$2,040	\$1,456	\$1,287	\$1,660
50. Acute - Managed Care	\$2,698	\$3,121	\$2,209	\$2,204	\$1,257	\$2,114	\$1,724	\$1,862	\$1,851	\$2,252	\$1,344	\$1,794
51. Acute - Total	\$1,830	\$1,830	\$1,683	\$1,764	\$1,710	\$1,591	\$1,556	\$1,572	\$1,684	\$1,828	\$1,401	\$1,607
52. Swing Bed	\$424	\$414	\$393	\$382	\$465	\$329	\$435	\$281	\$348	\$393	\$446	\$379
53. Subacute/LTC	\$102	\$119	\$98	\$98	\$95	\$96	\$94	N/A	N/A	N/A	N/A	N/A
54. DPU	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
55. Outpatient Charge Per Visit	\$272	\$283	\$266	\$251	\$260	\$258	\$262	\$246	\$242	\$229	\$232	\$236
56. Home Health Agency Charge Per Visit	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	N/A

SAMPLE REPORT

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Uncollected Charges												
57. Contractual Adjustments - Total Contractual Adjustments as a % of Related Payor Charges	\$961,065	\$915,381	\$804,643	\$707,787	\$855,426	\$788,351	\$825,759	\$602,065	\$694,176	\$676,804	\$699,379	\$581,728
58. Medicare	44.9%	40.7%	40.9%	38.9%	48.2%	42.2%	40.3%	31.8%	39.3%	39.1%	39.6%	33.3%
59. Medicaid	22.7%	19.3%	19.3%	16.9%	21.5%	26.3%	22.4%	59.8%	70.5%	41.0%	75.9%	40.7%
60. Self Pay	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	N/A	N/A	N/A
61. Managed Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
62. Commercial	2.3%	1.6%	1.4%	0.8%	4.3%	-0.4%	1.1%	0.2%	1.7%	3.1%	1.8%	1.3%
63. Others	4.6%	5.8%	2.2%	0.4%	2.3%	0.5%	1.1%	N/A	N/A	N/A	N/A	N/A
64. Total	2.8%	9.0%	6.4%	7.2%	18.1%	20.9%	48.9%	2.4%	1.7%	3.0%	-8.3%	5.3%
65. Total	25.4%	24.7%	23.4%	21.6%	26.5%	25.0%	24.1%	22.0%	25.8%	26.5%	26.1%	23.3%
Number of Days Charges in Accounts Receivable Gross												
66. Medicare	55	52	54	69	54	41	58	48	49	41	46	43
67. Medicaid	43	48	34	49	43	49	50	40	28	45	33	39
68. Self Pay	253	307	327	260	202	250	389	N/A	N/A	N/A	N/A	N/A
69. Managed Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
70. Commercial	64	74	68	52	53	40	42	43	44	48	37	48
71. Others	115	127	80	106	90	113	N/A	N/A	N/A	N/A	N/A	N/A
72. Total	172	174	145	134	111	83	23	155	163	159	148	136
73. Total	78	81	77	85	74	64	77	76	77	68	70	68
Operating Revenue												
74. Collected Charges (Net Revenue)	\$2,783,888	\$2,776,659	\$2,618,378	\$2,560,606	\$2,365,206	\$2,345,107	\$2,590,863	\$2,127,315	\$1,986,858	\$1,862,321	\$1,965,955	\$1,909,736
75. As a % of Total Patient Charges	73.5%	74.9%	76.2%	78.1%	73.2%	74.5%	75.6%	77.8%	73.8%	73.0%	73.4%	76.4%
76. Other Operating Revenue	\$99,186	\$104,878	\$100,732	\$104,787	\$131,727	\$133,667	\$112,875	\$20,351	\$20,362	\$19,853	\$19,307	\$20,648
77. Total Operating Revenue	\$2,883,074	\$2,881,537	\$2,719,110	\$2,665,393	\$2,496,933	\$2,478,774	\$2,703,738	\$2,147,666	\$2,007,220	\$1,882,174	\$1,985,262	\$1,930,384
Operating Expenses												
78. Total Operating Expenses	\$2,710,935	\$2,550,870	\$2,529,263	\$2,491,796	\$2,436,929	\$2,335,292	\$2,415,597	\$1,981,504	\$1,967,197	\$1,924,192	\$1,950,746	\$1,942,155
Percent of Total Operating Expense:												
79. Facility Payroll	53.2%	53.8%	55.2%	53.4%	47.4%	49.6%	48.9%	48.0%	45.4%	46.6%	47.4%	46.7%
80. Physician Payroll	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
81. Benefit Payroll	8.9%	9.4%	9.1%	9.0%	9.0%	9.2%	8.7%	8.3%	7.7%	8.0%	7.5%	7.5%
82. Payroll & Employee Benefits	62.0%	63.2%	64.3%	62.4%	56.4%	58.8%	57.6%	56.3%	53.1%	54.6%	55.0%	54.2%
83. Supplies	13.7%	14.3%	13.7%	14.0%	18.7%	18.8%	19.4%	20.7%	20.6%	20.3%	19.6%	20.3%
84. Depreciation	7.8%	8.3%	8.4%	6.6%	9.5%	7.4%	7.2%	5.8%	7.7%	7.8%	4.9%	6.7%
85. Interest	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.9%	2.6%	2.7%	2.7%	2.7%
86. Bad Debts	4.9%	3.2%	3.0%	4.4%	3.1%	2.2%	3.9%	5.1%	3.7%	3.5%	4.7%	3.4%
87. All Other	11.6%	11.0%	10.7%	12.6%	12.3%	12.7%	11.8%	11.2%	12.4%	11.1%	13.1%	12.6%
Operating Expense Per Stay												
88. Medicare - Acute	\$4,205	\$4,103	\$4,307	\$3,772	\$3,525	\$3,682	\$3,879	\$3,991	\$3,742	\$4,276	\$3,579	\$3,854
89. Medicaid - Acute	\$2,423	\$3,518	\$3,851	\$4,415	\$3,372	\$3,031	\$2,585	\$2,652	\$4,175	\$3,923	\$2,685	\$3,109
90. Managed Care - Acute	\$4,283	\$3,715	\$3,919	\$3,992	\$2,140	\$3,920	\$2,753	\$3,687	\$3,802	\$4,358	\$2,070	\$3,481
91. Total - All Services	\$4,723	\$4,571	\$4,490	\$4,255	\$4,409	\$3,912	\$3,876	\$3,378	\$3,488	\$3,668	\$3,178	\$3,374
Operating Expense Per Day												
92. Acute	\$1,311	\$1,248	\$1,239	\$1,340	\$1,290	\$1,180	\$1,096	\$1,139	\$1,231	\$1,379	\$1,020	\$1,248
93. Swing Bed	\$304	\$285	\$290	\$290	\$351	\$244	\$307	\$203	\$255	\$296	\$325	\$294
94. Subacute/LTC	\$73	\$82	\$72	\$74	\$72	\$71	\$66	\$0	\$0	\$0	\$0	\$0
95. DPU	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
96. Total - All Services	\$244	\$249	\$233	\$239	\$231	\$222	\$237	\$823	\$812	\$903	\$758	\$870
Profitability & Other Financial Data												
97. Patient Service Margin	\$172,139	\$330,667	\$189,847	\$173,597	\$60,004	\$143,482	\$288,141	\$166,162	\$40,023	-\$42,018	\$34,516	-\$11,771
98. Patient Service Margin Percent of Total Operating Revenue	6.0%	11.5%	7.0%	6.5%	2.4%	5.8%	10.7%	7.7%	2.0%	-2.2%	1.7%	-0.6%
99. Net Nonoperating Gains/Losses	\$123,093	\$17,722	\$156,416	\$143,720	\$32,764	\$33,398	\$30,440	-\$464,673	\$39,682	\$39,737	\$44,859	\$47,274
100. Tax Subsidies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
101. Total Margin	\$295,232	\$348,389	\$346,263	\$317,317	\$92,768	\$176,880	\$318,581	-\$298,511	\$79,705	-\$2,281	\$79,375	\$35,503
102. Total Margin Percent	10.2%	12.1%	12.7%	11.9%	3.7%	7.1%	11.8%	-13.9%	4.0%	-0.1%	4.0%	1.8%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Trend Report

HospitalName:
ContactName
Contact Phone

WHA Hospital
John Doe
608/274-1820

WisconsinHealth&HospitalAssociation
5721 OdanaRoad
Madison, WI 53719

	1 Third Qtr. 2000	2 Second Qtr. 2000	3 First Qtr. 2000	4 Fourth Qtr. 1999	5 Third Qtr. 1999	6 Second Qtr. 1999	7 First Qtr. 1999	8 Fourth Qtr. 1998	9 Third Qtr. 1998	10 Second Qtr. 1998	11 First Qtr. 1998	12 Fourth Qtr. 1997
Outpatient Data												
103. Emergency Department Visits	1,043	882	785	1,048	1,059	1,006	926	904	1,020	991	871	880
104. Outpatient Surgeries	168	171	125	120	128	118	126	112	91	99	114	112
105. Observation Visits	27	34	26	31	53	59	48	42	54	61	60	46
106. Home Health Visits	0	0	0	0	0	0	0	1	0	0	0	0
107. All Other Outpatient Visits	5,442	5,133	5,457	5,043	5,143	4,978	4,750	4,458	4,589	4,598	4,351	4,332
108. Total Outpatient Visits	6,680	6,220	6,393	6,242	6,383	6,161	5,850	5,517	5,754	5,749	5,396	5,370
Personnel Data												
109. Facility - Full Time Equivalents	164	157	158	153	154	156	154	111	114	110	112	105
110. Average Payroll Expense / FTE Year	\$34,798	\$34,963	\$35,475	\$34,436	\$29,735	\$29,782	\$31,116	\$34,044	\$31,106	\$32,812	\$33,560	\$34,274
111. Average Payroll Expense / FTE Hour	\$16.73	\$16.81	\$17.06	\$16.56	\$14.30	\$14.32	\$14.96	\$16.37	\$14.95	\$15.77	\$16.13	\$16.48
112. Physician - Full Time Equivalents	0	0	0	0	0	0	0	0	0	0	0	0
113. Average Payroll Expense / FTE Year	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
114. Average Benefit Expense / FTE Year	\$5,817	\$6,116	\$5,854	\$5,790	\$5,621	\$5,508	\$5,556	\$5,906	\$5,272	\$5,607	\$5,342	\$5,542
115. FTEs Per Occupied Bed	1.36	1.40	1.32	1.35	1.35	1.35	1.36	4.23	4.33	4.68	3.91	4.32

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Comparative Report

Hospital Name: WHA Hospital
Contact Name: John Doe
Contact Phone: 608/274-1820

Wisconsin Health & Hospital Association
5721 Odana Road
Madison, WI 53719

January-March, 2000

January-March, 1999

	This Hospital	Volume Group 2 Volume Group 2 1	This Hospital	Volume Group 2 Volume Group 2 1
Number of Hospitals	1	12	1	12
Licensed Beds	123	887	123	760
Staffed Beds	102	581	102	489

Utilization Data

1. Discharges - Total (Avg. for Peer Groups)	284	453	345	460
<i>As a % of Total Discharges</i>				
2. Medicare	67.6%	56.5%	67.5%	57.0%
3. Medicaid	7.4%	7.2%	6.1%	5.6%
4. Self Pay	4.9%	4.9%	5.8%	3.4%
5. Managed Care	0.0%	0.0%	0.0%	0.0%
6. Commercial	7.7%	16.3%	8.7%	14.9%
7. All Other	9.5%	11.8%	11.9%	15.9%
8. All Other	2.8%	3.3%	0.0%	3.2%
9. Patient Days - Total (Avg. for Peer Groups)	5,479	3,213	5,640	3,272
<i>As a % of Total Patient Days</i>				
10. Acute Care	12.2%	47.3%	14.8%	47.3%
11. Swing Bed	8.4%	7.0%	7.7%	8.3%
12. Subacute/LTC	79.4%	45.7%	77.6%	43.8%
13. DPU	0.0%	0.0%	0.0%	0.6%
14. ALOS - Total (Average Length Of Stay)	19.3	7.1	16.3	7.1
15. Acute - Total	3.2	3.6	3.3	3.6
16. Medicare	3.6	4.3	3.7	4.5
17. Medicaid	2.7	2.8	2.3	2.6
18. Managed Care	2.4	2.5	2.3	2.5
19. Swing Bed	7.8	8.3	6.6	10.5
20. Subacute/LTC	289.9	293.7	182.3	381.9
21. DPU	N/A	N/A	N/A	14.0
22. Births (Avg. for Peer Groups)	15	51	13	51
23. Newborn LOS (Length Of Stay)	3.1	2.1	2.6	2.0
24. Inpatient Adm. From Emergency Department (Avg. for Peer Groups)	98	238	170	252
25. Inpatient Surgeries (Avg. for Peer Groups)	70	110	67	108
26. Inpatient Surgeries - % of Total (Surgeries)	35.9%	25.1%	34.7%	26.5%

Charges

27. Gross Patient Charges (Avg. for Peer Groups)	\$3,435,221	\$7,452,557	\$3,428,228	\$6,524,486
28. Inpatient Charges (Avg. for Peer Groups)	\$1,731,957	\$3,141,003	\$1,897,869	\$3,058,960
29. Acute as a % of Gross Pat. Chrgs.	32.8%	38.9%	37.9%	42.6%
30. Swing Bed as a % of Gross Pat. Chrgs.	5.3%	1.1%	5.5%	1.6%
31. Subacute/LTC as a % of Gross Pat. Chrgs.	12.4%	2.2%	12.0%	2.4%
32. DPU as a % of Gross Pat. Chrgs.	0.0%	0.0%	0.0%	0.3%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Comparative Report

HospitalName: WHA Hospital
ContactName: John Doe
Contact Phone: 715/537-3186

WisconsinHealth&HospitalAssociation
5721OdanaRoad
Madison, WI 53719

January-March, 2000

January-March, 1999

	This Hospital	Volume Group 2 Volume Group 2 1	This Hospital	Volume Group 2 Volume Group 2 1
Number of Hospitals	1	12	1	12
LicensedBeds	123	887	123	760
StaffedBeds	102	581	102	489
33. Outpatient Charges (Avg. for Peer Groups)	\$1,703,264	\$4,311,555	\$1,530,359	\$3,465,526
34. Outpatient Charges as a % of Gross Pat. Chrgs.	49.6%	57.9%	44.6%	53.1%
Outpatient as a % of Total Payor Charges				
35. Medicare	42.9%	42.3%	34.4%	40.0%
36. Medicaid	23.0%	47.8%	26.2%	41.2%
37. Self Pay	62.0%	56.3%	42.2%	60.7%
38.	N/A	100.0%	N/A	N/A
39. Managed Care	74.6%	73.8%	70.2%	67.2%
40. Commercial	69.6%	72.1%	68.7%	69.2%
41. Others	74.9%	69.6%	95.9%	76.7%
42. Inpatient Charge / Stay - Total	\$6,098	\$6,929	\$5,501	\$6,655
43. Acute - Medicare	\$5,850	\$7,201	\$5,505	\$7,436
44. Acute - Medicaid	\$5,230	\$4,490	\$3,669	\$4,323
45. Acute - Managed Care	\$5,323	\$4,573	\$3,907	\$5,684
46. Acute - Total	\$5,362	\$6,877	\$5,069	\$6,486
47. Inpatient Charge / Day - Total	\$316	\$978	\$337	\$935
48. Acute - Medicare	\$1,619	\$1,681	\$1,474	\$1,658
49. Acute - Medicaid	\$1,961	\$1,595	\$1,572	\$1,664
50. Acute - Managed Care	\$2,209	\$1,801	\$1,724	\$2,254
51. Acute - Total	\$1,683	\$1,906	\$1,556	\$1,797
52. Swing Bed	\$393	\$358	\$435	\$382
53. Subacute/LTC	\$98	\$111	\$94	\$110
54. DPU	N/A	N/A	N/A	\$858
55. Outpatient Charge Per Visit	\$266	\$327	\$262	\$282
56. Home Health Agency Charge Per Visit	N/A	\$86	N/A	\$82
Uncollected Charges				
57. Contractual Adjustments - Total (Avg. for Peer Groups) Contractual Adjustments as a % of Related Payor Charges	\$804,643	\$2,261,301	\$825,759	\$1,923,175
58. Medicare	40.9%	58.2%	40.3%	47.9%
59. Medicaid	19.3%	34.7%	22.4%	39.8%
60. Self Pay	0.0%	3.5%	0.0%	2.6%
61.	N/A	0.0%	N/A	N/A
62. Managed Care	1.4%	19.0%	1.1%	16.6%
63. Commercial	2.2%	5.3%	0.5%	4.8%
64. Others	6.4%	2.1%	48.9%	12.1%
65. Total	23.4%	30.3%	24.1%	29.5%

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Comparative Report

HospitalName: WHA Hospital
ContactName: John Doe
ContactPhone: 608/274-1820

WisconsinHealth&HospitalAssociation
5721OdanaRoad
Madison,WI53719

January-March, 2000

January-March, 1999

	This Hospital	Volume Group 2 Volume Group 2 1	This Hospital	Volume Group 2 Volume Group 2 1
Number of Hospitals	1	12	1	12
LicensedBeds	123	887	123	760
StaffedBeds	102	581	102	489
Number of Days Charges in Accounts Receivable Gross				
66. Medicare	53	42	55	47
67. Medicaid	35	62	38	64
68. Self Pay	310	232	270	260
69.	N/A	0	N/A	N/A
70. Managed Care	62	49	43	59
71. Commercial	94	75	77	67
72. Others	133	12	106	162
73. Total	77	55	71	67
Operating Revenue				
74. Collected Charges (Net Revenue) (Avg. for Peer Groups)	\$2,618,378	\$5,110,963	\$2,590,863	\$4,542,601
75. As a % of Total Patient Charges	76.2%	68.6%	75.6%	69.6%
76. Other Operating Revenue (Avg. for Peer Groups)	\$100,732	\$145,207	\$112,875	\$115,838
77. Total Operating Revenue (Avg. for Peer Groups)	\$2,719,110	\$5,256,171	\$2,703,738	\$4,658,439
Operating Expenses				
78. Total Operating Expenses (Avg. for Peer Groups)	\$2,529,263	\$5,015,877	\$2,415,597	\$4,288,952
Percent of Total Operating Expense:				
79. Facility Payroll	55.2%	41.3%	48.9%	42.6%
80. Physician Payroll	0.0%	2.3%	0.0%	2.0%
81. Benefit Payroll	9.1%	9.9%	8.7%	9.4%
82. Payroll & Employee Benefits	64.3%	53.4%	57.6%	53.9%
83. Supplies	13.7%	12.5%	19.4%	13.6%
84. Depreciation	8.4%	6.7%	7.2%	7.0%
85. Interest	0.0%	2.0%	0.1%	2.3%
86. Bad Debts	3.0%	4.5%	3.9%	3.1%
87. All Other	10.7%	20.9%	11.8%	19.9%
Operating Expense Per Stay				
88. Medicare - Acute	\$4,307	\$4,846	\$3,879	\$4,888
89. Medicaid - Acute	\$3,851	\$3,022	\$2,585	\$2,842
90. Managed Care - Acute	\$3,919	\$3,078	\$2,753	\$3,737
91. Total - All Services	\$4,490	\$4,663	\$3,876	\$4,375
Operating Expense Per Day				
92. Acute	\$1,239	\$1,283	\$1,096	\$1,181
93. Swing Bed	\$290	\$241	\$307	\$251
94. Subacute/LTC	\$72	\$75	\$66	\$73
95. DPU	\$0	\$0	\$0	\$564
96. Total - All Services	\$233	\$658	\$237	\$615

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Comparative Report

HospitalName: WHA Hospital
ContactName: John Doe
ContactPhone: 608/274-1820

WisconsinHealth&HospitalAssociation
5721OdanaRoad
Madison,WI53719

January-March, 2000

January-March, 1999

	This Hospital	Volume Group 2 Volume Group 2 1	This Hospital	Volume Group 2 Volume Group 2 1
Number of Hospitals	1	12	1	12
LicensedBeds	123	887	123	760
StaffedBeds	102	581	102	489

Profitability & Other Financial Data

97. Patient Service Margin (Avg. for Peer Groups)	\$189,847	\$240,293	\$288,141	\$369,487
98. Patient Service Margin Percent of Total Operating Revenue	7.0%	4.6%	10.7%	7.9%
99. Net Nonoperating Gains/Losses	\$156,416	\$157,075	\$30,440	\$67,602
100. Tax Subsidies	\$0	\$0	\$0	\$0
101. Total Margin (Avg. for Peer Groups)	\$346,263	\$397,369	\$318,581	\$437,088
102. Total Margin Percent	12.7%	7.6%	11.8%	9.4%

Outpatient Data

(Avg. for Peer Groups)

103. Emergency Department Visits	785	2,180	926	2,282
104. Outpatient Surgeries	125	327	126	299
105. Observation Visits	26	70	48	78
106. Home Health Visits	0	2,346	0	2,354
107. All Other Outpatient Visits	5,457	9,448	4,750	8,480
108. Total Outpatient Visits	6,393	13,169	5,850	12,285

Personnel Data

109. Facility - Full Time Equivalents (Avg. for Peer Groups)	158	251	152	226
110. Average Payroll Expense / FTE Year	\$35,475	\$33,128	\$31,116	\$32,373
111. Average Payroll Expense / FTE Hour	\$17.06	\$15.93	\$14.96	\$15.56
112. Physician - Full Time Equivalents (Avg. for Peer Groups)	0	44	0	3
113. Average Payroll Expense / FTE Year	\$0	\$128,314	\$0	\$126,752
114. Average Benefit Expense / FTE Year	\$5,854	\$7,915	\$5,556	\$7,135
115. FTEs Per Occupied Bed	1.32	3.03	1.36	2.98

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Accumulation Report

WHA Hospital
Contact Name: John Doe
Phone: 608/274-1820
Fax: (608)268-1875
E-mail: jdoe@wha.org

Hospital ID: 7777777
Beds Licensed: 123
Beds Available: 102
Data For: January-December, 1999

Wisconsin Health & Hospital Association
 721 Odana Road
 Madison, WI 53719
Phone: (608) 274-1820
Fax: (608) 274-8554

Utilization - Inpatient

	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
1. Discharges								
a. Acute Care	579	52	27	0	109	139	4	910
b. Swing Bed	227	0	0	0	1	2	0	230
c. Subacute/LTC	0	42	34	0	0	0	0	76
d. DPU (Distinct-Part Unit)	0	0	0	0	0	0	0	0
e. Total Discharges	806	94	61	0	110	141	4	1,216
2. Patient Days								
a. Acute Care	1,923	136	71	0	255	304	8	2,697
b. Swing Bed	1,651	0	0	0	14	10	0	1,675
c. Subacute/LTC	0	13,264	3,795	0	0	0	0	17,059
d. DPU (Distinct-Part Unit)	0	0	0	0	0	0	0	0
e. Total Patient Days	3,574	13,400	3,866	0	269	314	8	21,431
3. Inpatient Surgeries								248
4. Births								86
5. Newborn Patient Days								194
6. Inpatient Admissions from Emergency Department								545

Utilization - Outpatient

7. Emergency Department Visits	4,039
8. Ambulatory Surgery Visits	492
9. Observation Visits	191
10. Home Health Visits	0
11. All Other Visits	19,914
12. Total Outpatient Visits	24,636

Charges

	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
13. Acute Care - Inpatient	\$2,929,800	\$237,706	\$164,115	\$0	\$458,130	\$647,292	\$4,858	\$4,441,901
14. Acute Care - Outpatient	\$2,657,725	\$508,781	\$492,398	\$0	\$1,020,304	\$1,398,540	\$265,382	\$6,343,130
15. Swing Bed	\$651,494	\$0	\$0	\$0	\$11,660	\$6,966	\$0	\$670,120
16. Subacute/LTC	\$0	\$1,267,226	\$366,524	\$0	\$0	\$0	\$0	\$1,633,750
17. DPU (Distinct-Part Unit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
18. Home Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19. Total Charges	\$6,239,019	\$2,013,713	\$1,023,037	\$0	\$1,490,094	\$2,052,798	\$270,240	\$13,088,901

SAMPLE REPORT

Wisconsin Health & Hospital Association DATABANK Accumulation Report

WHA Hospital
ContactName:
Phone:
Fax:
E-mail:

John Doe
608/274-1820
(608)268-1875
jdoe@wha.org

HospitalID: 7777777
BedsLicensed: 123
BedsAvailable: 102
DataFor: January-December,1999

WisconsinHealth&HospitalAssociation
7210danaRoad
Madison,WI53719
Phone:(608)274-1820
Fax:(608)274-8554

Contractuals Allowances	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
20. Contractuals - Acute	\$2,409,133	\$435,771	\$0	\$0	\$19,868	\$22,241	\$63,093	\$2,950,106
21. Contractuals - Other	\$227,217	\$0	\$0	\$0	\$0	\$0	\$0	\$227,217
22. Total Contractuals	\$2,636,350	\$435,771	\$0	\$0	\$19,868	\$22,241	\$63,093	\$3,177,323

23. Charity Care

\$49,796

Operating Expenses

24. Payroll Expense	Amount	Hours
a. Facility Payroll	\$4,825,517	321,053
b. Physician Payroll	\$0	0
c. Total Payroll, Total Hours	\$4,825,517	321,053
25. Benefit Expense	\$867,307	
26. Supply Expense	\$1,709,614	
27. Depreciation Expense	\$744,965	
28. Interest Expense	\$2,600	
29. Bad Debt Expense	\$333,862	
30. All Other Expense	\$1,195,749	
31. Total Operating Expenses	\$9,679,614	

Other Financial Data

32. Other Operating Revenue	\$483,056
33. Operating Margin	\$665,224
34. Net Nonoperating Gains	\$240,322
35. Tax Subsidies	\$0
36. Total Margin	\$905,546

37. Gross Patient Accounts Receivable	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
	\$1,114,034	\$284,270	\$677,514	\$0	\$207,968	\$566,055	\$95,555	\$2,945,396

Comments:

None

Colorado Health & Hospital Association
DATABANK Monthly Report - By Payors and Levels of Service
Formulas Used in Report

Hospital Name: **St. Elsewhere Hospital**
 Contact Name:
 Contact Phone:

Colorado Health & Hospital Association
 7335 East Orchard Road, Suite 100
 Englewood, CO 80111-2512
 Phone (720)489-1630

October, 1999

Red equals hospital formulas

Blue equals Peer Group formulas

	This Hospital	Peer Group Formulas
Number of Hospitals	This line has not changed	This line has not changed
Licensed Beds	This line has not changed	This line has not changed
Staffed Beds	This line has not changed	This line has not changed

INPATIENT UTILIZATION DISCHARGES

Please Note: This format generally follows the Input Form. Where averages are displayed, for peer groups, they are noted.

Discharges

As a Percent of Total Discharges

By Payors

Medicare	1 e Col. A / 1 e Col. H	1 e Col. A / 1 e Col. H
Medicaid	1 e Col. B / 1 e Col. H	1 e Col. B / 1 e Col. H
Self Pay	1 e Col. C / 1 e Col. H	1 e Col. C / 1 e Col. H
Champus (Optional One)	1 e Col. D / 1 e Col. H	1 e Col. D / 1 e Col. H
Managed Care (Optional Two)	1 e Col. E / 1 e Col. H	1 e Col. E / 1 e Col. H
Commercial (Optional Three)	1 e Col. F / 1 e Col. H	1 e Col. F / 1 e Col. H
Others	1 e Col. G / 1 e Col. H	1 e Col. G / 1 e Col. H

By Levels of Service

Acute Care	1 a Col. H / 1 e Col. H	1 a Col. H / 1 e Col. H
Swing Bed	1 b Col. H / 1 e Col. H	1 b Col. H / 1 e Col. H
Subacute/LTC	1 c Col. H / 1 e Col. H	1 c Col. H / 1 e Col. H
DPU	1 d Col. H / 1 e Col. H	1 d Col. H / 1 e Col. H

Number of Discharges

By Payor

Medicare	1 e Col. A	1 e Col. A
Medicaid	1 e Col. B	1 e Col. B
Self Pay	1 e Col. C	1 e Col. C
Champus (Optional One)	1 e Col. D	1 e Col. D
Managed Care (Optional Two)	1 e Col. E	1 e Col. E
Commercial (Optional Three)	1 e Col. F	1 e Col. F
Others	1 e Col. G	1 e Col. G

Total **1 e Col. H** **1 e Col. H**

By Levels of Service

Acute Care	1 a Col. H	1 a Col. H
Swing Bed	1 b Col. H	1 b Col. H
Subacute/LTC	1 c Col. H	1 c Col. H
DPU	1 d Col. H	1 d Col. H

Total **1 e Col. H** **1 e Col. H**

Discharges Compared to Peer Group Averages

By Payor

Medicare	1 e Col. A	1 e Col. A / # of Hospitals w/ > 0
Medicaid	1 e Col. B	1 e Col. B / # of Hospitals w/ > 0
Self Pay	1 e Col. C	1 e Col. C / # of Hospitals w/ > 0
Champus (Optional One)	1 e Col. D	1 e Col. D / # of Hospitals w/ > 0
Managed Care (Optional Two)	1 e Col. E	1 e Col. E / # of Hospitals w/ > 0
Commercial (Optional Three)	1 e Col. F	1 e Col. F / # of Hospitals w/ > 0
Others	1 e Col. G	1 e Col. G / # of Hospitals w/ > 0

Total / Averages **1 e Col. H** **1 e Col. H / # of Hospitals w/ > 0**

By Levels of Service

Acute Care	1 a Col. H	1 a Col. H / # of Hospitals w/ > 0
Swing Bed	1 b Col. H	1 b Col. H / # of Hospitals w/ > 0
Subacute/LTC	1 c Col. H	1 c Col. H / # of Hospitals w/ > 0
DPU	1 d Col. H	1 d Col. H / # of Hospitals w/ > 0

Total / Averages **1 e Col. H** **1 e Col. H / # of Hospitals w/ > 0**

INPATIENT UTILIZATION PATIENT DAYS

Patient Days

As a Percent of Total Patient Days

By Payors

Medicare	2 e Col. A / 2 e Col. H	2 e Col. A / 2 e Col. H
Medicaid	2 e Col. B / 2 e Col. H	2 e Col. B / 2 e Col. H
Self Pay	2 e Col. C / 2 e Col. H	2 e Col. C / 2 e Col. H
Champus (Optional One)	2 e Col. D / 2 e Col. H	2 e Col. D / 2 e Col. H

Managed Care (Optional Two)	2 e Col. E / 2 e Col. H	2 e Col. E / 2 e Col. H
Commercial (Optional Three)	2 e Col. F / 2 e Col. H	2 e Col. F / 2 e Col. H
Others	2 e Col. G / 2 e Col. H	2 e Col. G / 2 e Col. H

By Levels of Service - As a % of Total Patient Days

Acute Care	2 a Col. H / 2 e Col. H	2 a Col. H / 2 e Col. H
Swing Bed	2 b Col. H / 2 e Col. H	2 b Col. H / 2 e Col. H
Subacute/LTC	2 c Col. H / 2 e Col. H	2 c Col. H / 2 e Col. H
DPU	2 d Col. H / 2 e Col. H	2 d Col. H / 2 e Col. H

Number of Patient Days

By Payor

Medicare	2 e Col. A	2 e Col. A
Medicaid	2 e Col. B	2 e Col. B
Self Pay	2 e Col. C	2 e Col. C
Champus (Optional One)	2 e Col. D	2 e Col. D
Managed Care (Optional Two)	2 e Col. E	2 e Col. E
Commercial (Optional Three)	2 e Col. F	2 e Col. F
Others	2 e Col. G	2 e Col. G
Total / Averages	2 e Col. H	2 e Col. H

By Levels of Service

Acute Care	2 a Col. H	2 a Col. H
Swing Bed	2 b Col. H	2 b Col. H
Subacute/LTC	2 c Col. H	2 c Col. H
DPU	2 d Col. H	2 d Col. H
Total / Averages	2 e Col. H	2 e Col. H

Patient Days Compared to Peer Group Averages

By Payor

Medicare	2 e Col. A	2 e Col. A / # of Hospitals w/ #'s > 0
Medicaid	2 e Col. B	2 e Col. B / # of Hospitals w/ #'s > 0
Self Pay	2 e Col. C	2 e Col. C / # of Hospitals w/ #'s > 0
Champus (Optional One)	2 e Col. D	2 e Col. D / # of Hospitals w/ #'s > 0
Managed Care (Optional Two)	2 e Col. E	2 e Col. E / # of Hospitals w/ #'s > 0
Commercial (Optional Three)	2 e Col. F	2 e Col. F / # of Hospitals w/ #'s > 0
Others	2 e Col. G	2 e Col. G / # of Hospitals w/ #'s > 0
Total / Averages	2 e Col. H	2 e Col. H / # of Hospitals w/ #'s > 0

By Levels of Service

Acute Care	2 a Col. H	2 a Col. H / # of Hospitals w/ #'s > 0
Swing Bed	2 b Col. H	2 b Col. H / # of Hospitals w/ #'s > 0
Subacute/LTC	2 c Col. H	2 c Col. H / # of Hospitals w/ #'s > 0
DPU	2 d Col. H	2 d Col. H / # of Hospitals w/ #'s > 0
Total / Averages	2 e Col. H	2 e Col. H / # of Hospitals w/ #'s > 0

INPATIENT UTILIZATION

Average Daily Census

By Payor

Medicare	2 e Col. A / # of Days in the Period	2 e Col. A / # of Days in the Period / # of hospitals with values > 0
Medicaid	2 e Col. B / # of Days in the Period	2 e Col. B / # of Days in the Period / # of hospitals with values > 0
Self Pay	2 e Col. C / # of Days in the Period	2 e Col. C / # of Days in the Period / # of hospitals with values > 0
Champus (Optional One)	2 e Col. D / # of Days in the Period	2 e Col. D / # of Days in the Period / # of hospitals with values > 0
Managed Care(Optional One)	2 e Col. E / # of Days in the Period	2 e Col. E / # of Days in the Period / # of hospitals with values > 0
Commercial (Optional One)	2 e Col. F / # of Days in the Period	2 e Col. F / # of Days in the Period / # of hospitals with values > 0
Others	2 e Col. G / # of Days in the Period	2 e Col. G / # of Days in the Period / # of hospitals with values > 0
Total / Averages	2 e Col. H / # of Days in the Period	2 e Col. H / # of Days in the Period / # of hospitals with values > 0

By Levels of Service

Acute Care	2 a Col. H / # of Days in the Period	2 a Col. H / # of Days in the Period / # of hospitals with values > 0
Swing Bed	2 b Col. H / # of Days in the Period	2 b Col.H / # of Days in the Period / # of hospitals with values > 0
Subacute/LTC	2 c Col. H / # of Days in the Period	2 c Col.H / # of Days in the Period / # of hospitals with values > 0
DPU	2 d Col. H / # of Days in the Period	2 d Col.H / # of Days in the Period / # of hospitals with values > 0
Total / Averages	2 e Col. H / # of Days in the Period	2 e Col.H / # of Days in the Period / # of hospitals with values > 0

Average Length of Stay

All Patients

By Payor

Medicare	2 e Col. A / 1 e Col. A	2 e Col. A / 1 e Col. A
Medicaid	2 e Col. B / 1 e Col. B	2 e Col. B / 1 e Col. B
Self Pay	2 e Col. C / 1 e Col. C	2 e Col. C / 1 e Col. C

Champus (Optional One)	2 e Col. D / 1 e Col. D	2 e Col. D / 1 e Col. D
Managed Care (Optional Two)	2 e Col. E / 1 e Col. E	2 e Col. E / 1 e Col. E
Commercial (Optional Three)	2 e Col. F / 1 e Col. F	2 e Col. F / 1 e Col. F
Others	2 e Col. G / 1 e Col. G	2 e Col. G / 1 e Col. G
Total	2 e Col. H / 1 e Col. H	2 e Col. H / 1 e Col. H

Acute Care

<u>By Payer</u>		
Medicare	2 a Col. A / 1 a Col. A	2 a Col. A / 1 a Col. A
Medicaid	2 a Col. B / 1 a Col. B	2 a Col. B / 1 a Col. B
Self Pay	2 a Col. C / 1 a Col. C	2 a Col. C / 1 a Col. C
Champus (Optional One)	2 a Col. D / 1 a Col. D	2 a Col. D / 1 a Col. D
Managed Care (Optional Two)	2 a Col. E / 1 a Col. E	2 a Col. E / 1 a Col. E
Commercial (Optional Three)	2 a Col. F / 1 a Col. F	2 a Col. F / 1 a Col. F
Others	2 a Col. G / 1 a Col. G	2 a Col. G / 1 a Col. G
Total / Averages	2 a Col. H / 1 a Col. H	2 a Col. H / 1 a Col. H

By Levels of Service

Acute Care	2 a Col. H / 1 a Col. H	2 a Col. H / 1 a Col. H
Swing Bed	2 b Col. H / 1 b Col. H	2 b Col. H / 1 b Col. H
Subacute/LTC	2 c Col. H / 1 c Col. H	2 c Col. H / 1 c Col. H
DPU	2 d Col. H / 1 d Col. H	2 d Col. H / 1 d Col. H
Total / Averages	2 e Col. H / 1 e Col. H	2 e Col. H / 1 e Col. H

OTHER UTILIZATION STATISTICS

Inpatient Surgeries Percent of Total Surgeries	3 / (3 + 8)	3 / (3 + 8)
Outpatient Surgeries Percent of Total Surgeries	8 / (3 + 8)	8 / (3 + 8)
Total Surgeries (Avg. for Peer Groups)	3 + 8	3 + 8 / # of Hospitals w/ #'s > 0

Hospital Numbers Compared to Peer Group Averages

Inpatient Surgeries	3	3 / # of Hospitals w/ #'s > 0
Inpatient Surgeries as a Percent of Total Discharges	3 / 1 e Col. H	3 / 1 e Col. H
Births	4	4 / # of Hospitals w/ #'s > 0
Births as a Percent of Total Discharges	4 / 1 e Col. H	4 / 1 e Col. H
Newborn Patient Days	5	5 / # of Hospitals w/ #'s > 0
Newborn Patient Days as a Percent of Total Patient Days	5 / 2 e Col. H	5 / 2 e Col. H
Newborn Length Of Stay	5 / 4	5 / 4
Inpatient Admissions From Emergency Department	6	6 / # of Hospitals w/ #'s > 0

Outpatient Visits as a Percent of Total

Emergency Department Visits	7 / 12	7 / 12
Ambulatory Surgery Visits	8 / 12	8 / 12
Observation Visits	9 / 12	9 / 12
Home Health Visits	10 / 12	10 / 12
All Other Visits	11 / 12	11 / 12

Hospital Numbers Compared to Peer Group Averages

Emergency Department Visits	7	7 / # of Hospitals w/ #'s > 0
Ambulatory Surgery Visits	8	8 / # of Hospitals w/ #'s > 0
Observation Visits	9	9 / # of Hospitals w/ #'s > 0
Home Health Visits	10	10 / # of Hospitals w/ #'s > 0
All Other Visits	11	11 / # of Hospitals w/ #'s > 0
Total Outpatient Visits / Averages	12	12 / # of Hospitals w/ #'s > 0

FINANCIAL DATA

Inpatient Charges (Acute, Swing Bed, Subacute/LTC and DPU)

Inpatient Charge Per Patient Day

<u>Acute Care</u>		
<u>By Payer</u>		
Medicare	13 Col. A / 2 a Col. A	13 Col. A / 2 a Col. A
Medicaid	13 Col. B / 2 a Col. B	13 Col. B / 2 a Col. B
Self Pay	13 Col. C / 2 a Col. C	13 Col. C / 2 a Col. C
Champus (Optional One)	13 Col. D / 2 a Col. D	13 Col. D / 2 a Col. D
Managed Care (Optional Two)	13 Col. E / 2 a Col. E	13 Col. E / 2 a Col. E
Commercial (Optional Three)	13 Col. F / 2 a Col. F	13 Col. F / 2 a Col. F
Others	13 Col. G / 2 a Col. G	13 Col. G / 2 a Col. G
Total	13 Col. H / 2 a Col. H	13 Col. H / 2 a Col. H

All Patients

<u>By Payer</u>		
Medicare	13 Col. A + 15 Col. A + 16 Col. A + 17 Col. A / 2 e Col. A	13 Col. A + 15 Col. A + 16 Col. A + 17 Col. A / 2 e Col. A
Medicaid	13 Col. B + 15 Col. B + 16 Col. B + 17 Col. B / 2 e Col. B	13 Col. B + 15 Col. B + 16 Col. B + 17 Col. B / 2 e Col. B
Self Pay	13 Col. C + 15 Col. C + 16 Col. C + 17 Col. C / 2 e Col. C	13 Col. C + 15 Col. C + 16 Col. C + 17 Col. C / 2 e Col. C
Champus (Optional One)	13 Col. D + 15 Col. D + 16 Col. D + 17 Col. D / 2 e Col. D	13 Col. D + 15 Col. D + 16 Col. D + 17 Col. D / 2 e Col. D
Managed Care (Optional Two)	13 Col. E + 15 Col. E + 16 Col. E + 17 Col. E / 2 e Col. E	13 Col. E + 15 Col. E + 16 Col. E + 17 Col. E / 2 e Col. E

Commercial (Optional Three)	13 Col. F + 15 Col. F + 16 Col. F + 17 Col. F / 2 e Col. F	13 Col. F + 15 Col. F + 16 Col. F + 17 Col. F / 2 e Col. F
Others	13 Col. G + 15 Col. G + 16 Col. G + 17 Col. G / 2 e Col. G	13 Col. G + 15 Col. G + 16 Col. G + 17 Col. G / 2 e Col. G
Total	13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H / 2 e Col. H	13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H / 2 e Col. H

FINANCIAL DATA

Inpatient Charge Per Patient Day

All Patients

By Levels of Service

Acute Care	13 Col. H / 2 a Col. H	13 Col. H / 2 a Col. H
Swing Bed	15 Col. H / 2 b Col. H	15 Col. H / 2 b Col. H
Subacute/LTC	16 Col. H / 2 c Col. H	16 Col. H / 2 c Col. H
DPU	17 Col. H / 2 d Col. H	17 Col. H / 2 d Col. H
Total	19 Col. H / 2 e Col. H	19 Col. H / 2 e Col. H

Inpatient Charge Per Discharge

Acute Care

By Payer

Medicare	13 Col. A / 1 a Col. A	13 Col. A / 1 a Col. A
Medicaid	13 Col. B / 1 a Col. B	13 Col. B / 1 a Col. B
Self Pay	13 Col. C / 1 a Col. C	13 Col. C / 1 a Col. C
Champus (Optional One)	13 Col. D / 1 a Col. D	13 Col. D / 1 a Col. D
Managed Care (Optional Two)	13 Col. E / 1 a Col. E	13 Col. E / 1 a Col. E
Commercial (Optional Three)	13 Col. F / 1 a Col. F	13 Col. F / 1 a Col. F
Others	13 Col. G / 1 a Col. G	13 Col. G / 1 a Col. G
Total	13 Col. H / 1 a Col. H	13 Col. H / 1 a Col. H

All Patients

By Payer

Medicare	13 Col. A + 15 Col. A + 16 Col. A + 17 Col. A / 1 e Col. A	13 Col. A + 15 Col. A + 16 Col. A + 17 Col. A / 1 e Col. A
Medicaid	13 Col. B + 15 Col. B + 16 Col. B + 17 Col. B / 1 e Col. B	13 Col. B + 15 Col. B + 16 Col. B + 17 Col. B / 1 e Col. B
Self Pay	13 Col. C + 15 Col. C + 16 Col. C + 17 Col. C / 1 e Col. C	13 Col. C + 15 Col. C + 16 Col. C + 17 Col. C / 1 e Col. C
Champus (Optional One)	13 Col. D + 15 Col. D + 16 Col. D + 17 Col. D / 1 e Col. D	13 Col. D + 15 Col. D + 16 Col. D + 17 Col. D / 1 e Col. D
Managed Care (Optional Two)	13 Col. E + 15 Col. E + 16 Col. E + 17 Col. E / 1 e Col. E	13 Col. E + 15 Col. E + 16 Col. E + 17 Col. E / 1 e Col. E
Commercial (Optional Three)	13 Col. F + 15 Col. F + 16 Col. F + 17 Col. F / 1 e Col. F	13 Col. F + 15 Col. F + 16 Col. F + 17 Col. F / 1 e Col. F
Others	13 Col. G + 15 Col. G + 16 Col. G + 17 Col. G / 1 e Col. G	13 Col. G + 15 Col. G + 16 Col. G + 17 Col. G / 1 e Col. G
Total	13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H / 1 e Col. H	13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H / 1 e Col. H

By Levels of Service

Acute Care	13 Col. H / 1 a Col. H	13 Col. H / 1 a Col. H
Swing Bed	15 Col. H / 1 b Col. H	15 Col. H / 1 b Col. H
Subacute/LTC	16 Col. H / 1 c Col. H	16 Col. H / 1 c Col. H
DPU	17 Col. H / 1 d Col. H	17 Col. H / 1 d Col. H
Total	19 Col. H / 1 e Col. H	19 Col. H / 1 e Col. H

As a Percent of Total Inpatient Charges

By Payer

Medicare	(13 Col. A + 15 Col. A + 16 Col. A + 17 Col. A) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)	(13 Col. A + 15 Col. A + 16 Col. A + 17 Col. A) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)
Medicaid	(13 Col. B + 15 Col. B + 16 Col. B + 17 Col. B) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)	(13 Col. B + 15 Col. B + 16 Col. B + 17 Col. B) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)
Self Pay	(13 Col. C + 15 Col. C + 16 Col. C + 17 Col. C) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)	(13 Col. C + 15 Col. C + 16 Col. C + 17 Col. C) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)
Champus (Optional One)	(13 Col. D + 15 Col. D + 16 Col. D + 17 Col. D) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)	(13 Col. D + 15 Col. D + 16 Col. D + 17 Col. D) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)
Managed Care (Optional Two)	(13 Col. E + 15 Col. E + 16 Col. E + 17 Col. E) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)	(13 Col. E + 15 Col. E + 16 Col. E + 17 Col. E) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)
Commercial (Optional Three)	(13 Col. F + 15 Col. F + 16 Col. F + 17 Col. F) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)	(13 Col. F + 15 Col. F + 16 Col. F + 17 Col. F) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)
Others	(13 Col. G + 15 Col. G + 16 Col. G + 17 Col. G) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)	(13 Col. G + 15 Col. G + 16 Col. G + 17 Col. G) / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H)

By Levels of Service

Acute Care	(13 Col. H / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H))	(13 Col. H / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H))
Swing Bed	(15 Col. H / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H))	(15 Col. H / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H))

Subacute/LTC	(16 Col. H / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H))	(16 Col. H / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H))
DPU	(17 Col. H / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H))	(17 Col. H / (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H))

FINANCIAL DATA

As a Percent of Total Inpatient Charges

Acute Outpatient & Home Health Charges as a Percent of Total Outpatient Charges

By Payor (Outpatient Only)

Medicare	(14 Col. A + 18 Col. A) / (14 Col. H + 18 Col. H)	(14 Col. A + 18 Col. A) / (14 Col. H + 18 Col. H)
Medicaid	(14 Col. B + 18 Col. B) / (14 Col. H + 18 Col. H)	(14 Col. B + 18 Col. B) / (14 Col. H + 18 Col. H)
Self Pay	(14 Col. C + 18 Col. C) / (14 Col. H + 18 Col. H)	(14 Col. C + 18 Col. C) / (14 Col. H + 18 Col. H)
Champus (Optional One)	(14 Col. D + 18 Col. D) / (14 Col. H + 18 Col. H)	(14 Col. D + 18 Col. D) / (14 Col. H + 18 Col. H)
Managed Care (Optional Two)	(14 Col. E + 18 Col. E) / (14 Col. H + 18 Col. H)	(14 Col. E + 18 Col. E) / (14 Col. H + 18 Col. H)
Commercial (Optional Three)	(14 Col. F + 18 Col. F) / (14 Col. H + 18 Col. H)	(14 Col. F + 18 Col. F) / (14 Col. H + 18 Col. H)
Others	(14 Col. G + 18 Col. G) / (14 Col. H + 18 Col. H)	(14 Col. G + 18 Col. G) / (14 Col. H + 18 Col. H)

By Levels of Service (Outpatient Only)

Acute	14 Col. H / (14 Col. H + 18 Col. H)	14 Col. H / (14 Col. H + 18 Col. H)	Originally :
Home Health	18 Col. H / (14 Col. H + 18 Col. H)	18 Col. H / (14 Col. H + 18 Col. H)	Originally :

Other Outpatient Statistics

Outpatient Charges as a Percent of Total Patient Charges	(14 Col. H + 18 Col. H) / 19 Col. H	(14 Col. H + 18 Col. H) / 19 Col. H	
Outpatient Charge Per Visit	14 Col. H / 12	14 Col. H / 12	
Home Health Agency Charge Per Visit	18 Col. H / 10	18 Col. H / 10	Originally :

As a Percent of Total Patient Charges

By Payor

Medicare	19 Col. A / 19 Col. H	19 Col. A / 19 Col. H
Medicaid	19 Col. B / 19 Col. H	19 Col. B / 19 Col. H
Self Pay	19 Col. C / 19 Col. H	19 Col. C / 19 Col. H
Champus (Optional One)	19 Col. D / 19 Col. H	19 Col. D / 19 Col. H
Managed Care (Optional Two)	19 Col. E / 19 Col. H	19 Col. E / 19 Col. H
Commercial (Optional Three)	19 Col. F / 19 Col. H	19 Col. F / 19 Col. H
Others	19 Col. G / 19 Col. H	19 Col. G / 19 Col. H

By Levels of Service

Acute Care - Inpatient	13 Col. H / 19 Col. H	13 Col. H / 19 Col. H
Acute Care - Outpatient	14 Col. H / 19 Col. H	14 Col. H / 19 Col. H
Swing Bed	15 Col. H / 19 Col. H	15 Col. H / 19 Col. H
Subacute/LTC	16 Col. H / 19 Col. H	16 Col. H / 19 Col. H
DPU	17 Col. H / 19 Col. H	17 Col. H / 19 Col. H
Home Health	18 Col. H / 19 Col. H	18 Col. H / 19 Col. H

UNCOLLECTED CHARGES

Total Contractual Allowances Compared to Peer Group

Averages

By Payor

Medicare	22 Col. A	22 Col. A / # of Hospitals w/ numbers > 0
Medicaid	22 Col. B	22 Col. B / # of Hospitals w/ numbers > 0
Self Pay	22 Col. C	22 Col. C / # of Hospitals w/ numbers > 0
Champus (Optional One)	22 Col. D	22 Col. D / # of Hospitals w/ numbers > 0
Managed Care (Optional Two)	22 Col. E	22 Col. E / # of Hospitals w/ numbers > 0
Commercial (Optional Three)	22 Col. F	22 Col. F / # of Hospitals w/ numbers > 0
Others	22 Col. G	22 Col. G / # of Hospitals w/ numbers > 0
Total / Averages	22 Col. H	22 Col. H / # of Hospitals w/ numbers > 0

UNCOLLECTED CHARGES

Total Contractual Allowances as a Percent of Total RELATED Payor Charges and Collected Charges

By Payor

Medicare	22 Col. A / 19 Col. A	22 Col. A / 19 Col. A
Medicare Collected Charges	(19 Col. A - 22 Col. A) / 19 Col. A	(19 Col. A - 22 Col. A) / 19 Col. A
Medicaid	22 Col. B / 19 Col. B	22 Col. B / 19 Col. B
Medicaid Collected Charges	(19 Col. B - 22 Col. B) / 19 Col. B	(19 Col. B - 22 Col. B) / 19 Col. B
Self Pay	22 Col. C / 19 Col. C	22 Col. C / 19 Col. C
Self Pay Collected Charges	(19 Col. C - 22 Col. C) / 19 Col. C	(19 Col. C - 22 Col. C) / 19 Col. C
Champus (Optional One)	22 Col. D / 19 Col. D	22 Col. D / 19 Col. D
Champus (Optional One) Collected Charges	(19 Col. D - 22 Col. D) / 19 Col. D	(19 Col. D - 22 Col. D) / 19 Col. D
Managed Care (Optional Two)	22 Col. E / 19 Col. E	22 Col. E / 19 Col. E
Managed Care (Optional Two) Collected Charges	(19 Col. E - 22 Col. E) / 19 Col. E	(19 Col. E - 22 Col. E) / 19 Col. E

Commercial (Optional Three)	22 Col. F / 19 Col. F	22 Col. F / 19 Col. F
Commercial (Optional Three) Collected Charges	(19 Col. F - 22 Col. F) / 19 Col. F	(19 Col. F - 22 Col. F) / 19 Col. F
Others	22 Col. G / 19 Col. G	22 Col. G / 19 Col. G
Others Collected Charges	(19 Col. G - 22 Col. G) / 19 Col. G	(19 Col. G - 22 Col. G) / 19 Col. G
Total	22 Col. H / 19 Col. H	22 Col. H / 19 Col. H
Charity Care As Compared to Peer Group Averages	23	23 / # of Hospitals with numbers > 0
Charity Care as a Percent of Gross Patient Charges	23 / 19 Col. H	23 / 19 Col. H

OPERATING REVENUE		
Collected Charges (Net Patient Revenue) as Compared to Peer Group Averages	19 Col. H - 22 Col. H - 23	(19 Col. H - 22 Col. H - 23) / # of Hospitals with numbers > 0
Collected Charges (Net Patient Revenue) as a Percent of Gross Patient Charges	(19 Col. H - 22 Col. H - 23) / 19 Col. H	(19 Col. H - 22 Col. H - 23) / 19 Col. H
Other Operating Revenue as Compared to Peer Group Averages	32	32 / # of Hospitals with numbers > 0
Other Operating Revenue as a Percent of Collected Charges (Net Patient Revenue)	32 / (19 Col. H - 22 Col. H - 23)	32 / (19 Col. H - 22 Col. H - 23)
Total Operating Revenue as Compared to Peer Group Averages	(19 Col. H - 22 Col. H - 23) + 32	((19 Col. H - 22 Col. H - 23) + 32) / # of Hospitals with numbers > 0

OPERATING EXPENSES		
Operating Expense Per Adjusted Patient Day		
By Payor		
Medicare	((13 Col. A / 2 a Col. A) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day	((13 Col. A / 2 a Col. A) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day
Medicaid	((13 Col. B / 2 a Col. B) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day	((13 Col. B / 2 a Col. B) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day
Self Pay	((13 Col. C / 2 a Col. C) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day	((13 Col. C / 2 a Col. C) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day
Champus (Optional One)	((13 Col. D / 2 a Col. D) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day	((13 Col. D / 2 a Col. D) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day
Managed Care (Optional Two)	((13 Col. E / 2 a Col. E) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day	((13 Col. E / 2 a Col. E) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day
Commercial (Optional Three)	((13 Col. F / 2 a Col. F) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day	((13 Col. F / 2 a Col. F) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day
Others	((13 Col. G / 2 a Col. G) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day	((13 Col. G / 2 a Col. G) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day
Total	Inpatient Percent (IP %) = (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H) / 19 Col. H Then: (31 X IP %) / 2 e Col. H	Inpatient Percent (IP %) = (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H) / 19 Col. H Then: (31 X IP %) / 2 e Col. H
By Levels of Service		
Acute Care	((13 Col. H / 2 a Col. H) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day	((13 Col. H / 2 a Col. H) / (13 Col. H / 2 a Col H)) * Total Operating Expense Per Adj. Patient Day
Swing Bed	((15 Col. H / 2 b Col. H) / (15 Col. H / 2 b Col H)) * Total Operating Expense Per Adj. Patient Day	((15 Col. H / 2 b Col. H) / (15 Col. H / 2 b Col H)) * Total Operating Expense Per Adj. Patient Day
Subacute/LTC	((16 Col. H / 2 c Col. H) / (16 Col. H / 2 c Col H)) * Total Operating Expense Per Adj. Patient Day	((16 Col. H / 2 c Col. H) / (16 Col. H / 2 c Col H)) * Total Operating Expense Per Adj. Patient Day
DPU	((17 Col. H / 2 d Col. H) / (17 Col. H / 2 d Col H)) * Total Operating Expense Per Adj. Patient Day	((17 Col. H / 2 d Col. H) / (17 Col. H / 2 d Col H)) * Total Operating Expense Per Adj. Patient Day
Total	Inpatient Percent (IP %) = (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H) / 19 Col. H Then: (31 X IP %) / 2 e Col. H	Inpatient Percent (IP %) = (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H) / 19 Col. H Then: (31 X IP %) / 2 e Col. H

OPERATING EXPENSES		
Operating Expense Per Adjusted Patient Stay		
By Payor		
Medicare	((13 Col. A / 1 a Col. A) / (13 Col. H / 1 a Col H)) * Total Operating Expense Per Adj. Patient Stay	((13 Col. A / 1 a Col. A) / (13 Col. H / 1 a Col H)) * Total Operating Expense Per Adj. Patient Stay
Medicaid	((13 Col. B / 1 a Col. B) / (13 Col. H / 1 a Col H)) * Total Operating Expense Per Adj. Patient Stay	((13 Col. B / 1 a Col. B) / (13 Col. H / 1 a Col H)) * Total Operating Expense Per Adj. Patient Stay
Self Pay	((13 Col. C / 1 a Col. C) / (13 Col. H / 1 a Col H)) * Total Operating Expense Per Adj. Patient Stay	((13 Col. C / 1 a Col. C) / (13 Col. H / 1 a Col H)) * Total Operating Expense Per Adj. Patient Stay

Champus (Optional One)	$((13 \text{ Col. D} / 1 \text{ a Col. D}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Stay}$	$((13 \text{ Col. D} / 1 \text{ a Col. D}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Stay}$
Managed Care (Optional Two)	$((13 \text{ Col. E} / 1 \text{ a Col. E}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Stay}$	$((13 \text{ Col. E} / 1 \text{ a Col. E}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Stay}$
Commercial (Optional Three)	$((13 \text{ Col. F} / 1 \text{ a Col. F}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Stay}$	$((13 \text{ Col. F} / 1 \text{ a Col. F}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Stay}$
Others	$((13 \text{ Col. G} / 1 \text{ a Col. G}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Stay}$	$((13 \text{ Col. G} / 1 \text{ a Col. G}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Stay}$

Total	Inpatient Percent (IP %) = (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H) / 19 Col. H Then: (31 X IP %) / 1 e Col. H	Inpatient Percent (IP %) = (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H) / 19 Col. H Then: (31 X IP %) / 1 e Col. H
By Levels of Service		
Acute Care	$((13 \text{ Col. H} / 1 \text{ a Col. H}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Day}$	$((13 \text{ Col. H} / 1 \text{ a Col. H}) / (13 \text{ Col. H} / 1 \text{ a Col. H})) * \text{Total Operating Expense Per Adj. Patient Day}$
Swing Bed	$((15 \text{ Col. H} / 1 \text{ b Col. H}) / (15 \text{ Col. H} / 1 \text{ b Col. H})) * \text{Total Operating Expense Per Adj. Patient Day}$	$((15 \text{ Col. H} / 1 \text{ b Col. H}) / (15 \text{ Col. H} / 1 \text{ b Col. H})) * \text{Total Operating Expense Per Adj. Patient Day}$
Subacute/LTC	$((16 \text{ Col. H} / 1 \text{ c Col. H}) / (16 \text{ Col. H} / 1 \text{ c Col. H})) * \text{Total Operating Expense Per Adj. Patient Day}$	$((16 \text{ Col. H} / 1 \text{ c Col. H}) / (16 \text{ Col. H} / 1 \text{ c Col. H})) * \text{Total Operating Expense Per Adj. Patient Day}$
DPU	$((17 \text{ Col. H} / 1 \text{ d Col. H}) / (17 \text{ Col. H} / 1 \text{ d Col. H})) * \text{Total Operating Expense Per Adj. Patient Day}$	$((17 \text{ Col. H} / 1 \text{ d Col. H}) / (17 \text{ Col. H} / 1 \text{ d Col. H})) * \text{Total Operating Expense Per Adj. Patient Day}$

Total	Inpatient Percent (IP %) = (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H) / 19 Col. H Then: (31 X IP %) / 1 e Col. H	Inpatient Percent (IP %) = (13 Col. H + 15 Col. H + 16 Col. H + 17 Col. H) / 19 Col. H Then: (31 X IP %) / 1 e Col. H
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Percent of Total Operating Expense

By Expense Line Item		
Facility Payroll	24 a / 31	24 a / 31
Physician Payroll	24 b / 31	24 b / 31
Total Payroll	24 c / 31	24 c / 31
Benefit Expense	25 / 31	25 / 31
Payroll and Benefits	24 c + 25 / 31	24 c + 25 / 31
Supplies	26 / 31	26 / 31
Depreciation	27 / 31	27 / 31
Interest	28 / 31	28 / 31
Bad Debts	29 / 31	29 / 31
All Other	30 / 31	30 / 31

Hospital Operating Expenses Compared to Peer Group Averages

By Expense Line Item		
Facility Payroll	24 a	24 a / # of Hospitals with Numbers > 0
Physician Payroll	24 b	24 b / # of Hospitals with Numbers > 0
Total Payroll	24 c	24 c / # of Hospitals with Numbers > 0
Benefit Expense	25	25 / # of Hospitals with Numbers > 0
Payroll and Benefits	24 c + 25	(24 c + 25) / # of Hospitals with Numbers > 0
Supplies	26	26 / # of Hospitals with Numbers > 0
Depreciation	27	27 / # of Hospitals with Numbers > 0
Interest	28	28 / # of Hospitals with Numbers > 0
Bad Debts	29	29 / # of Hospitals with Numbers > 0
All Other	30	30 / # of Hospitals with Numbers > 0
Total	31	31 / # of Hospitals with Numbers > 0

PROFITABILITY & OTHER FINANCIAL DATA

Patient Service Margin	$(19 \text{ Col. H} - 22 \text{ Col. H} - 23 - 31) / (19 \text{ Col. H} - 22 \text{ Col. H} - 23)$	$(19 \text{ Col. H} - 22 \text{ Col. H} - 23 - 31) / (19 \text{ Col. H} - 22 \text{ Col. H} - 23)$
Operating Margin	$((19 \text{ Col. H} - 22 \text{ Col. H} - 23 - 31 + 32) / ((19 \text{ Col. H} - 22 \text{ Col. H} - 23 + 32))$	$((19 \text{ Col. H} - 22 \text{ Col. H} - 23 - 31 + 32) / ((19 \text{ Col. H} - 22 \text{ Col. H} - 23 + 32))$
Net Nonoperating Gains Compared to Peer Group Averages	34	34 / Number of Hospitals with numbers > 0
Tax Subsidies Compared to Peer Group Averages	35	35 / Number of Hospitals with numbers > 0
Total Margin	$(19 \text{ Col. H} - 22 \text{ Col. H} - 23 - 31 + 32 + 34 + 35) / (19 \text{ Col. H} - 22 \text{ Col. H} - 23 + 32 + 34 + 35)$	$(19 \text{ Col. H} - 22 \text{ Col. H} - 23 - 31 + 32 + 34 + 35) / (19 \text{ Col. H} - 22 \text{ Col. H} - 23 + 32 + 34 + 35)$

PERSONNEL DATA

Facility Data (Excluding Physicians)		
FTEs (Full Time Equivalents) Compared to Peer Group Averages	$((24 \text{ a Col. C} / 5.7) / \text{Number of Days in the Period})$	$((24 \text{ Col. C} / 5.7) / \text{Number of Days in the Period}) \# \text{ of Hospitals with numbers} > 0$
FTEs Per Occupied Bed	$((24 \text{ a Col. C} / 5.7) / \text{Number of Days in the Period}) * \text{IP\%} / 2 \text{ e Col. H} / \text{Number of Days in Period}$	$((24 \text{ a Col. C} / 5.7) / \text{Number of Days in the Period}) * \text{IP\%} / 2 \text{ e Col. H} / \text{Number of Days in Period}$

Paid Hours Per Day	24 a Col. C * IP% / 2 e Col. H	24 a Col. C * IP% / 2 e Col. H / # of Hospitals with numbers > 0
Hospital Average Payroll Expense Per Full Time Equivalent Compared to Peer Group Averages		
Per Hour	24 a Col. B / 24 a Col. C	24 a Col. B / 24 a Col. C
Per Year	24 a Col. B / 24 a Col. C X 2,080	24 a Col. B / 24 a Col. C X 2,080
Average Benefit Expense Per Full Time Equivalent Compared to Peer Group Averages		
Per Hour	25 / 24 a Col. C	25 / 24 a Col. C
Per Year	(25 / 24 a Col. C) X 2,080	(25 / 24 a Col. C) X 2,080
Average Payroll and Benefit Expense Per Full Time Equivalent Compared to Peer Group Averages		
Per Hour	(25 + 24 a Col. B) / 24 a Col. C	(25 + 24 a Col. B) / 24 a Col. C
Per Year	((25 + 24 a Col. B) / 24 a Col. C) X 2,080	((25 + 24 a Col. B) / 24 a Col. C) X 2,080
Physician Data (Excluding Facility)		
FTEs (Full Time Equivalents)	((24 b Col. C / 5.7) / Number of Days in the Period)	((24 b Col. C / 5.7) / Number of Days in the Period)
FTEs Per Occupied Bed	((24 b Col. C / 5.7) / Number of Days in the Period) * IP% / 2 e Col. H / Number of Days in Period	((24 b Col. C / 5.7) / Number of Days in the Period) * IP% / 2 e Col. H / Number of Days in Period
Paid Hours Per Day	24 b Col. C * IP% / 2 e Col. H	24 b Col. C * IP% / 2 e Col. H
Average Physician Payroll Expense Per Full Time Equivalent Compared to Peer Group Averages		
Per Hour	24 b Col. B / 24 b Col. C	24 b Col. B / 24 b Col. C
Per Year	24 b Col. B / 24 b Col. C X 2,080	24 b Col. B / 24 b Col. C X 2,080
Hospital Paid Hours Compared to Peer Group Averages		
Facility	24 a Col. C	24 a Col. C / # of Hospitals with numbers > 0
Physician	24 b Col. C	24 b Col. C / # of Hospitals with numbers > 0
Total Hours	24 c Col. C	24 c Col. C / # of Hospitals with numbers > 0
DAYS IN ACCOUNTS RECEIVABLE GROSS		
By Payor		
Medicare	Don't change existing formulas; they working just fine and should be applied exactly as they are implement in the current monthly report.	Don't change existing formulas; they working just fine and should be applied exactly as they are implement in the current monthly report.
Medicaid	Ditto	Ditto
Self Pay	Ditto	Ditto
Champus (Optional One)	Ditto	Ditto
Managed Care (Optional Two)	Ditto	Ditto
Commercial (Optional Three)	Ditto	Ditto
Others	Ditto	Ditto
Total	Ditto	Ditto

SAMPLE INPUT FORM

Wisconsin Health & Hospital Association DATABANK Input Form

Hospital Name: _____ **Hospital ID:** _____ **Available Beds:** _____
Month: _____ **Year:** _____ **Licensed Beds:** _____

Column Letters	A	B	C	D	E	F	G	H
Utilization								
1 Discharges	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
a Acute Care								
b Swing Bed								
c Subacute/LTC								
d DPU								
e Total								
2 Patient Days	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
a Acute Care								
b Swing Bed								
c Subacute/LTC								
d DPU								
e Total								
3	Number of Inpatient Surgeries							
4	Number of Births							
5	Number of Newborn Patient Days							
6	Number of Admissions from Emergency Department							
7	Emergency Department Visits							
8	Ambulatory Surgery Visits							
9	Observation Visits							
10	Home Health Visits							
11	All Other Visits							
12	Total Outpatient Visits							
Charges								
	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
13	Inpatient - Acute							
14	Outpatient - Acute							
15	Swing Bed							
16	Subacute/LTC							
17	DPU							
18	Home Health							
19	Total Charges							

SAMPLE INPUT FORM

Wisconsin Health & Hospital Association DATABANK Input Form

Hospital Name: _____ **Hospital ID:** _____ **Available Beds:** _____
Month: _____ **Year:** _____ **Licensed Beds:** _____

Column Letters	A	B	C	D	E	F	G	H
Contractuals Allowances	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
20 Contractuals-Acute								20
21 Contractuals-Other								21
22 Total Contractuals								22

23 **Charity Care** 23

Operating Expenses			
Payroll Expense	Amount	Hours	
a Facility Payroll	a		d
b Physician Payroll	b		e
c Total Payroll, Total Hours	c		f

25 Benefit Expense	25
26 Supply Expense	26
27 Depreciation Expense	27
28 Interest Expense	28
29 Bad Debt Expense	29
30 All Other Expense	30
31 Total Operating Expense	31

Other Financial Data	
32 Other Operating Revenue	32
33 Operating Margin	33
Calculation: 19H - 22H - 23 - 31 + 32 = 33	
34 Net Nonoperating Gains	34
35 Tax Subsidies	35
36 Total Margin	36
Calculation: 33 +/- 34 + 35 = 36	
A	B
C	D
E	F
G	H

Gross Patient	A	B	C	D	E	F	G	H
Accounts Receivable	Medicare	Medicaid	Self Pay		Managed Care	Commercial	Others	Total
37								37

Comments: If unable to enter data on www.databankprogram.com, please fax to Brian Potter @ (608)274-8554. Thank you!
