



Survey Submission and Compliance Manual

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I. SURVEY COLLECTION

WHA Information Center (WHAIC) is a wholly owned subsidiary of the Wisconsin Hospital Association (WHA). The WHA Information Center is dedicated to collecting, analyzing, and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other health care providers.

All Wisconsin Medicare certified hospitals, including psychiatric hospitals, are required to report survey data to the Wisconsin Hospital Association Information Center (WHAIC) annually, based on their Fiscal Year End. WHAIC collects data pursuant to [Chapter 153](#) of the State Statutes and subject to all terms and conditions as described in ss. [DHS 120](#) and explains the data submission procedures and any fines/forfeitures that may be incurred from neglecting to submit, validate, and affirm the survey data.

Per the statute, “every hospital shall annually file with the department within 120 calendar days following the close of the hospital’s fiscal year.” For timelines specific to your calendar year, see the survey calendar section.

This manual outlines the process of submitting timely survey data for Wisconsin hospitals. This document can be used alongside the Annual Manual to help answer questions and provide guidance during the annual survey submission. Each facility is responsible for compliance with survey data submission.

In order to get started, users must use the 3-digit facility ID number assigned by WHAIC to each individually licensed hospital. This number is also to be used to communicate with WHAIC and submit facility data in the survey system application. For information on how your data is used in our on-line publications, discharge data sets and other data deliverables, refer to our website at <https://www.whainfocenter.com/>

Please Note: Once we receive your data, if you or a representative from your facility receives inquiries or questions about the data or publications we produce, refer the external party to the WHAIC Vice President. WHAIC would like the opportunity to address any questions your facility may receive from an external party (newspaper, insurance company, researcher or other news outlet, etc.)

II. COMMUNICATION AND RESOURCES

A. COMMUNICATING WITH WHAIC

When emailing WHAIC, include the 3-digit Facility ID number in the subject line and/or body of the email. The ID is in the ‘Select Facility’ dropdown menu in the survey application (shown here) and in the [annual survey manual Appendix](#).

Select Facility:	ascen
	019 - Ascension Calumet Hospital
	302 - Ascension All Saints Hospital
	085 - Ascension St. Francis Hospital
	103 - Ascension NE Wisconsin - Mercy Campus
	017 - Ascension SE Wisconsin - Elmbook Campus
	330 - Ascension Wisconsin Hospital - Waukesha
	329 - Ascension Wisconsin Hospital - Greenfield

B. WEBSITE

The [WHAIC Survey website](#) provides information to assist hospitals with submission, validation, and affirmation of data. Hospitals can find manuals, newsletters, training materials, the survey calendar, and more on this site.



[Newsroom](#) | [About Us](#) | [Applications Login](#)

*The Respected Source for
Health Care Data*



All Wisconsin licensed, Medicare certified, hospitals, including psychiatric hospitals are required to submit survey data on an annual basis to the Wisconsin Hospital Association Information Center (WHAIC). Submissions include data in areas such as utilization, fiscal, and personnel to be used in publications, datasets, and workforce development. WHAIC collects data pursuant to Chapter 153 of the Wisconsin State Statutes and subject to all terms and conditions as described in ss. DHS120.



Survey Manuals



Survey Submission Calendar



News & Bulletins

III. PORTAL ROLES AND REGISTRATION

WHAIC transitioned to a single sign-on process/multi-factor authentication. New users needing access to the secured survey site require registration and a choice of survey role. Registrants will be approved within 24-48 hours unless there is a question about the registration.

Primary contacts will receive notification of all newly registered portal users. The portal site is for authorized, registered users only. Use of the system without authority, or in excess of authority, is strictly prohibited.

A. SURVEY ROLES

Survey Roles are designations assigned by WHAIC and the facility to manage and oversee statutorily required survey data, timely survey submissions and corrections to the annual surveys.

Survey Primary - recommended for users involved in submission process who need regular communications with WHAIC and have authorization to sign off on survey data.

- Responsible for monitoring access and contacting WHAIC with any user access changes due to termination or change in role.
- Automatic assignment of all surveys (if applicable for your hospital) – Annual, Fiscal, Uncompensated, Personnel, Medicare Cost Report, and Health System Survey.
- Serve as a primary contact to address issues with the data, timely submission, and attend training.
- Receive all communications from WHAIC regarding survey timelines, submissions, and compliance.
- Share WHAIC communications with Survey Users in their organization, as appropriate.
- Access to the data deliverables site to download/share the hospital data.
- Authority to electronically sign and submit affirmation statements and/or obtain signatures from leadership.
- Authority to upload Medicare Cost Report Schedule C.

Survey User - Recommended for individuals who may delegate primary responsibility but need survey access to enter, view or sign off on surveys and/or affirmation statements.

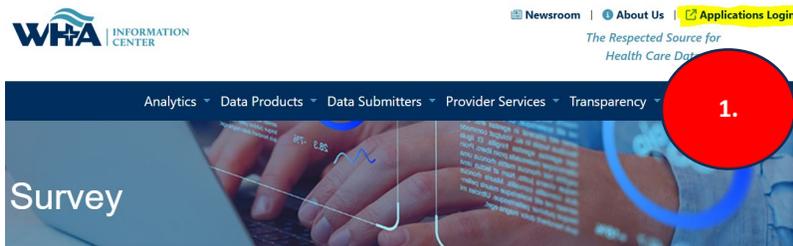
- Limited communications from WHAIC –contacted only in the event there is no response from Primary.
- Surveys Users should expect to receive pertinent information from the Primary contact.

- Access to all surveys but responsibility for compliance lies with the Survey Primary.
- Authority to upload Medicare Cost Report Schedule C.
- May freely contact WHAIC with survey contact changes/facility changes.

B. HOW TO REGISTER

WHAIC uses single sign on/multi-factor authentication/duo-authentication as a method for users to log into multiple applications with one set of credentials. Users will no longer need a separate WHAIC username and password. Instructions for how to register for survey access are below.

1. **ACCESS THE SURVEY PORTAL HERE.** (Applications Login in upper right corner.)
2. Users will use their own facility email address/credentials to register and login to the Survey portal.
3. WHAIC will first verify if the user has an active WHA account.
4. If no email is registered, the user will be required to register as a Survey User and select Primary or User, as it relates to WHAIC data submissions.
5. All WHAIC communications are sent to the Primary contact. See the [Survey Roles Descriptions](#) for more information.
6. Choose **ALL hospital(s)** that you will be submitting data for.
7. Also note that selecting Primary Survey Contact brings up a question regarding the Health System Survey. If you are part of a Hospital System and will be submitting the Health System Survey, scroll down to choose your system from the 900's in the dropdown.
8. User access can be upgraded / downgraded at any time. Notify WHAIC at whainfocenter@wha.org with updates.
9. Periodic authentication will be required to maintain system security.



All Wisconsin licensed, Medicare certified, hospitals, including psychiatric hospitals are required to submit survey data on an annual basis to the Wisconsin Hospital Association Information Center (WHAIC). Submissions include data in areas such as utilization, fiscal, and personnel to be used in publications, datasets, and workforce development. WHAIC collects data pursuant to Chapter 153 of the Wisconsin State Statutes and subject to all terms and conditions as described in ss. DHS120.



Survey Manuals



Survey Submission Calendar



News & Bulletins

IV. SURVEY INFORMATION COLLECTED AND ITS USE

Below is a list of the surveys collected and a brief description of their use and distribution of data. For questions about the use of the data collected, or answer questions from external sources such as news outlets, contact us at whainfocenter@wha.org

More information about survey data collection can be found in [Chapter 153](#) of the State Statutes and Admin Rule [DHS 120](#).

- **Annual Survey**
 - Collects hospital information – Part of a system, type of hospital, certifications, etc. Reports the services that are provided at the hospital, number of beds, utilization, FTEs, and physicians.
 - [Guide to Wisconsin Hospitals](#) , [Custom Reports & Workforce Development](#)
 - Collects vacancies of select employee categories; number of employees 55 and over; number of employee separations; the Personnel survey has been combined with the Annual survey in 2024.
 - [Custom Reports & Workforce Development](#), Workforce Resources

- **Fiscal Survey**
 - Collects information on revenue and expense figures, gross patient charges and contractual adjustments by payer, balance sheet figures, and charity care and bad debt.
 - [Guide to Wisconsin Hospitals & the Uncompensated Health Care report](#)

- **Uncompensated Health Care**
 - Collects definitions and policies and procedures determining a patients' ability to pay related to eligibility for uncompensated care and income thresholds for financial assistance.
 - [Uncompensated Health Care Survey](#)

- **Medicare Cost Report / Schedule C**
 - Used by WHAIC under the authority of the State of WI to calculate hospital tax. Facilities are required to upload their Schedule C into Data Deliverables on the survey website.
 - An example can be found [here](#).

- **Health System Survey**
 - Collects WI health care system information (if applicable); WHAIC utilizes this data with our government relations efforts and communication with the press regularly.
 - An example can be found [here](#).

V. SURVEY DUE DATES AND EXTENSIONS

This section reviews the timely submission of survey data and how we collect the information based on your fiscal year end.

A. SURVEY CALENDAR

Per the statute, “every hospital shall annually file with the department within 120 calendar days following the close of the hospital’s fiscal year.” For timelines specific to your fiscal year, see the most recent [survey calendar](#).

The survey calendar provides a schedule of the due dates for all required upcoming submissions. Timely submission of the data allows WHAIC to comply with our obligation to release the publications on time per statutory requirements.

Note each section of the calendar is divided by Fiscal Year End. DHS defines the standard submission deadline, but a facility may file for an extension via the survey application.

Most hospitals are also required to submit a Medicare Cost Report. Due dates for the Medicare Cost Report are included in the calendar and are also due based on the Fiscal Year End. Submission of the Medicare Cost Report survey is done via the survey application, and a copy of the Worksheet C must be uploaded under Data Deliverables. The data is used by the WHAIC CFO to perform hospital tax assessments in August.

Hospital / Health System Survey Submission - Fiscal Year End 2024

Annual/Personnel*, Fiscal, Uncompensated, Medicare Cost Report and Health System

Surveys are open for submission on November 1	
MARCH – JUNE FYE (APR/JULY 1 FY)	
March – June FYE Extension Request Deadline	12/20/2024
March – June FYE <i>Standard</i> Submission Deadline	01/02/2025
March – June FYE <i>Extended</i> Submission Deadline (submit request by deadline)	02/03/2025
March – June Affirmation Deadline	02/14/2025
JULY – SEPTEMBER FYE (AUG/OCT 1 FY)	
July – September FYE Extension Request Deadline	01/23/2025
July – September FYE <i>Standard</i> Submission Deadline	01/31/2025
July – September FYE <i>Extended</i> Submission Deadline (submit request by deadline)	03/03/2025
July – September Affirmation Deadline	03/14/2025
DECEMBER FYE (JAN 1 FY)	
December FYE Extension Request Deadline	04/18/2025
December FYE <i>Standard</i> Submission Deadline	04/29/2025
December FYE <i>Extended</i> Submission Deadline (submit request by deadline)	05/29/2025
December Affirmation Deadline	06/13/2025
MEDICARE COST REPORT SUBMISSION	
January – June FYE Submission Deadline & Upload Schedule C Copy in Data Deliverables by Affirmation Deadline	02/03/2025
July – December FYE Submission Deadline & Upload Schedule C Copy in Data Deliverables by Affirmation Deadline	06/03/2025

- The timeline reflects adjusted (some combined) survey submission timelines to benefit hospitals to improve efficiency and prevent/reduce duplication of work and requests for additional time. If you are part of a state or county facility – please note the adjusted timeline accounts for additional time allowed for in the statute.
- *Annual/Personnel Surveys** – Personnel survey was combined with the Annual survey in FY 2024.
- Medicare Cost Report (MCR)** – complete survey and upload [Worksheet C](#) as applicable. Due dates are allowed to match [CMS](#) due dates. If given a CMS extension, please inform WHAIC as soon as possible via email.
- Health System Survey** completion is included in the FYE timeline. If your facility is part of a system located in Wisconsin, please locate your 900 series facility ID in the facility drop down list to complete your system survey **for WI only**.

B. FILING FOR AN EXTENSION

Under administrative rule [DHS 120.12](#), WHAIC has the authority to grant extensions for up to 30 days. To file an extension, you must have access to the [WHAIC portal](#) survey submission. Extensions must be filed 10 days before the data is due. Instructions for the extension process are below.

1. Login to the Survey application and choose Survey Submission page
2. Click on Extensions.
3. Click on the 'Request' under the 'Request Extension' column, for each survey that needs an Extension. Or click the 'Request Extension for all Facilities' button to choose all of your facilities and all of their surveys at the same time.
4. Choose an Extension reason and/or provide comments for why you are filing it.
5. Click 'Save'.
6. Once approved, 'Request' will change to 'Requested' and change color.
7. An email will be sent to the person requesting the extension regarding the extension request approval.

Survey

Home User Links Survey Manuals Data Detail Data Deliverables

Announcements & Important Dates

4/9/2025 WHA's Advocacy Day [Add To Calendar](#) Survey Submission

Survey

Home User Links Survey Manuals Data Detail Data Deliverables

Select Facility: 000 - WHA Test Hospital Year: 2024 Extensions

Select Facility: 132 - Year: 2025 Back to Survey Submission

Survey Extension Requests:
 Any facility that anticipates delays in submitting hospital survey data within the standard submission deadline must file an extension request through the survey submission application. An extension of up to 30 days past the submission deadline may be granted under limited circumstances.

As a reminder, extension requests should not be a routine function of the survey submission process; the state statute has specific language that applies to extension requests. WHAIC will monitor reasons for extensions carefully.

To request an extension, click on the icon under the "request extension" column. You will then be prompted to select a reason for the request, and add any additional comments. You will receive an email confirmation once your request has been received.

Hospital Surveys:
 132 - Stoughton Health -- (), FY End: 09/30

Survey Name	Request Extension	Status	Progress
2025 ANNUAL SURVEY	Request	Open	10%
2025 FISCAL SURVEY	Request	Open	0%
2025 MEDICARE COST REPORT SURVEY	Request	Open	0%
2025 UNCOMPENSATED HEALTH CARE PLAN	Request	Open	0%

[Extension Request for Facilities](#)

Specify Surveys and Reason for Extension

Select Applicable Facilities*
 132 - Stoughton Health
 Select All Facilities

Surveys*
 Annual
 Fiscal
 Uncompensated
 Medicare Cost Report

Extension Reason:
 Hospital/Surgery Center Strike

If other, please explain:

Cancel Save

Request Extension

[Request](#)

[Request](#)

[Request](#)

[Requested](#)

VI. SURVEY APPLICATION AND ENTERING DATA

This is the survey home screen. The [links in the toolbar](#) will take you to areas such as the WHA website, Survey website, Calendar, FAQ's, Data Deliverables, and more.

The *'Announcements & Important Dates'* and *'Attention Survey Users'* are areas that show information on what is upcoming or happening now for surveys such as the survey opening dates, training information, and other important information.

The *Survey Submission* button takes users to the area of the website where surveys are listed and submitted.

WHA INFORMATION CENTER

Welcome, Heather S. | Sign out
Administration | Edit Survey

Survey

Home User Links Survey Manuals Data Detail Data Deliverables

9/3/2024 2024 Surveys Add To Calendar

Survey Submission

Attention Survey Users

As of November 1, 2024, the WHAIC Survey application has been updated and moved out of the old WHAIC Portal. The application login process has also changed to a Single Sign On (SSO) system. This means you will use your ORGANIZATION CREDENTIALS in order to log in.

Key Submission Guidelines:

- **Hospital Details:** be prepared to provide your hospital's Medicare, Medicaid, accreditation details and status, along with other general information about the hospital, inpatient beds and details about each unit. To reference your facility ID – click here: [3-digit WHA Information Center Hospital ID Number](#).
- **Completeness and Accuracy:** All data items must be completed. For items deemed not applicable, enter "0." Responses of "not available" or "missing" are unacceptable.
- **Pre-filled radio buttons:** The facility is responsible for making any necessary changes and/or updates to each pre-filled section.
- **Rounding/Decimals:** Round all financial figures to the nearest dollar.
- **Hospital changes:** Hospitals that merge, close, or change their reporting fiscal year are still required to submit data covering a full 12-month period.
- **Separate Submissions:** Hospitals affiliated with a healthcare system must submit individual surveys for each entity unless otherwise arranged.

A. OVERVIEW OF THE SURVEY SUBMISSION PROCESS

1. After clicking Survey Submission from the Survey home page, the **Hospital Surveys** screen will appear.
2. Choose your hospital from the **Select Facility** listing.

- Type in the name or 3-Digit ID to find your facility. The 3-digit ID is a unique 3-digit identification number assigned to each facility by WHAIC. This number should be included in email communications or correspondence with WHAIC.
 - For Health System Surveys (if applicable), locate the 900's at the bottom of the list.
 - Survey submitters may review the data from previous survey years through the survey application. The Year dropdown contains the current year plus two previous years.
 - To view, save or print the current year and/or previous surveys, choose a Year and click "Print/View Survey". You will have the option to Save or Print.
3. The Enter/View Survey column will show the status of the survey.
 - 'New' or 'Continue' to begin the surveys.
 - 'Continue' takes you back to where you left off if you have already started the survey.
 - The Annual Survey has auto filled/pre-filled items from the previous survey year and will show up to 49% complete. All other questions require the user to enter data.
 - An example of auto filled questions in the Annual Survey is the 'Communications Contact and Reporting Period' in Section I.
 - 'Incomplete' means that surveys are done but not yet submitted. There will be Edits listed in the Action Needed column that need to be reviewed.
 - 'View Only' means that the survey was submitted but can still be reopened if the affirmation has not yet been submitted. (Once the affirmation is submitted, only WHAIC can reopen surveys. Contact WHAIC for help.)
 4. The Action Needed column will show Hard, Soft and Stats Edits that need to be reviewed, as well as confirmation of a Submitted Survey.
 5. The Data Submitted column will show the date that survey was submitted.
 6. There is also a list of authorized users for the hospital. Review this on a regular basis and contact WHAIC for any updates.
 7. Questions inside the surveys have additional details when clicking on the line number. They provide answers given to the questions in the previous year's survey. (Previous Year Response)
 8. The Calculator will make calculations, which is especially helpful in the Fiscal survey.
 9. The "i" icon takes you to the manual to help answer any questions.
 10. Click the Save icon for any changes that are made to the survey. Auto-save occurs while in the survey, but it is good practice to Save upon exiting the survey.

Select Facility: Year: Extensions

2

2

GENERAL INFORMATION All Wisconsin licensed hospitals, including psychiatric hospitals, are required to submit data to the Wisconsin Hospital Association Information Center (WHAC). This submission encompasses data related to utilization, operations, and personnel, which will be utilized in various publications, data analysis, and workforce development initiatives. WHAC collects this data under Chapter 153 of the Wisconsin State Statutes, adhering to the terms of the Wisconsin Hospital Association's Privacy Policy, as per DHS 120.12.

Each section of the survey will have instructions and guidelines to assist the user. Additional information can be found in the online user manuals in the links provided in the Toolbar.

Hospital Surveys:

098 - ProHealth Oconomowoc Memorial Hospital (ProHealth Oconomowoc), FY End: 09/30

Survey Name	Enter/View Survey	Status	Print/View Survey	Progress	Action Needed	Date Submitted
2025 ANNUAL SURVEY	Incomplete	Open		100%	▲ Hard Edits	
2025 FISCAL SURVEY	Incomplete	Open		100%	▲ Stat Edits	
2025 MEDICARE COST REPORT SURVEY	View Only	Closed Reopen		100%	● Survey Submitted	01/14/2026
2025 UNCOMPENSATED HEALTH CARE PLAN	View Only	Closed Reopen		100%	● Survey Submitted	01/14/2026

Authorized Users for Selected Hospital:

Please take a moment to review your hospital's list of users authorized to access the Secure Survey Site. Should any of the names listed no longer require access to the Survey or if changes need to be made, please contact whainfocenter@wha.org, as it is the hospital's responsibility to notify WHAIC with any staff updates or corrections.

First Name	Last Name	Title	Email	Survey Role
Thomas	Johnson	Reimbursement Manager	thomas.johnson@phci.org	IC Primary User

11. Indicate the ONE category that BEST describes the type of service that the hospital provides to the MAJORITY of admissions

6

General medical and surgical (GMS)
 General Long-Term Acute Care
 Rehabilitation
 Cancer Hospital
 Orthopedic Hospital

Critical Access Hospital (CAH)
 Psychiatric
 Alcohol/Substance Use Disorder
 Heart Hospital

Question 11 Validation Errors

Previous Year Response:

11. Indicate the ONE category that BEST describes the type of service that the hospital provides to the MAJORITY of admissions

GMS - Long-Term Acute Care

Cancel

I. HOSPITAL INFORMATION AND CLASSIFICATION (86%)

Organization Information [1 - 10] (100%)

Service [11 - 12] (0%)

I. HOSPITAL INFORMATION AND CLASSIFICATION

Organization Information

7, 8, 9

Instructions and Guidelines:

For detailed instructions, refer to the Annual Survey Manual in the links above. This section covers hospital classifications and will be auto-filled with data from your previous survey response as applicable. The facility is responsible for making any necessary changes and/or updates to each pre-filled section. The survey is based on a facility's Fiscal Year (FY). WHAIC requires 12 months of data collection and if the facility changes the FY, that change must be communicated via email with whainfocenter@wha.org

B. THE EDITS PROCESS

After saving you will get the opportunity to view and correct edits on that page or moving on and completing the survey and completing edits at the end. Edits can be a Hard Edit, Soft Edit and/or Statistical Comparison Edit.

o Hard Edit – Required changes to make. A field is required to be entered. Mathematical or logical error: Edit that must be fixed to submit survey (ex: Fiscal survey line 1 + line 4 must equal line 5). These will show up as **red** inside the survey.

o Soft Edit – Flagged for review. The values imply an unusual situation. Edit that must be verified to submit survey. (ex: are you sure there should be a 50% variance between inpatient days and discharge days in your psychiatric unit or are you sure the avg. LOS for rehab is 20 days?) These will show up as **yellow** inside the survey.

o Statistical Comparison or Stats Edit– Possible error; values are substantially different than reported in the previous survey. Edits run after hard and soft edits are addressed. If the value is 30% more or less than submitted in previous year, an edit will appear. (ex: are you sure you had a 40% increase in Total Revenue?) These will show up as **purple** inside the survey. **If the edit is bypassed, but needs further explanation, it will show up as an Action Edit on your affirmation statement.**

C. SUBMITTING AND REOPENING SURVEYS

1. Once you have reviewed and/or fixed all edits, click Submit Survey in the Enter/View Survey column.
2. There will be a check mark with Survey Submitted in the Action Needed column when fully submitted.
3. The Data Submitted column will have the date the survey was submitted.
4. If a survey needs to be Reopened and the Affirmation has not been completed yet, the user can reopen surveys in the Status column.
 - o * Please note: Once surveys are reopened or changed, you will need to go back through the edit process and resubmit your surveys and complete a new affirmation statement.
5. If the Affirmation has already been completed and a survey needs to be Reopened, WHAIC will need to do this for the facility. Contact WHAIC for assistance.

Hospital Surveys:

098 - ProHealth Oconomowoc Memorial Hospital (Ac), FY End: 09/30

Survey Name	Enter/View Survey	Status	Print/View Survey	Progress	Action Needed	Date Submitted
2025 ANNUAL SURVEY	Incomplete	Open		<div style="width: 100%;"><div style="width: 100%; background-color: green; color: white;">100%</div></div>	▲ Hard Edits	
2025 FISCAL SURVEY	Incomplete	Open		<div style="width: 100%;"><div style="width: 100%; background-color: green; color: white;">100%</div></div>	▲ Stat Edits	
2025 MEDICARE COST REPORT SURVEY	View Only	Closed Reopen		<div style="width: 100%;"><div style="width: 100%; background-color: green; color: white;">100%</div></div>	● Survey Submitted	01/14/2026
2025 UNCOMPENSATED HEALTH CARE PLAN	Submit Survey	Open		<div style="width: 100%;"><div style="width: 100%; background-color: green; color: white;">100%</div></div>		

Completed Submissions:

- ✓ Progress is 100%
- ✓ All surveys have a checkmark and say Survey Submitted.

VII. ONLINE AFFIRMATIONS AND SCHEDULE C'S

All hospitals are required to validate and affirm their data. Primary contacts have access to the affirmation statement and will receive email reminders about deadlines to affirm the data. WHAIC may contact hospitals after the affirmations are submitted if there are questions regarding variances in the data. The accuracy of the data is important for the Survey publications and for users of the data.

To validate the data, users must first access the Affirmation.

A. ACCESSING AFFIRMATIONS AND UPLOADING SCHEDULE C'S

1. To access the affirmation statement, login to the survey site, and on the Survey home page toolbar click on the Data Deliverables tab and choose *Affirmation and Schedule C Upload*.
2. Under the **Action** column, there are three values.
 - *Complete Affirmation* means that all required surveys have been submitted. Click the link to open the affirmation that needs to be submitted. (See “**B. Reviewing the Data**” below for instructions on how to review the data.)
 - *Surveys Incomplete* means the surveys are not fully submitted. Users should click the link, and it will take them to the survey application to close any outstanding surveys.
 - *View Affirmation* means the affirmation has already been submitted. The affirmation can be downloaded but no further changes can be made.
3. Under the **Schedule C** column you will see Upload, Download and Delete.
 - Upload prompts the user to upload the Schedule C. Upload will change to Download Delete after a file has been uploaded. The Schedule C will always be available to view via Download.
 - Download means the Schedule C is available to view because it has been uploaded.
 - Delete means the Schedule C can be deleted and a new one uploaded, if needed.
 - The **Validated** column is for **WHAIC use only**.
4. The **Year** dropdown defaults to the current year and it can be changed to view affirmations and Schedule C's from previous years.

1

Data Deliverables ▾

Affirmation and Schedule C Upload

Affirmation List

2024

Search:

Facility ID	Facility Name	Year	FYE	Submitted	Approved By	Action	Schedule C	Validated
059	Grant Regional Health Center	2024				Surveys Incomplete	Upload	<input type="checkbox"/>
060	Mendota Mental Health Institute	2024				Surveys Incomplete	Upload	<input type="checkbox"/>
051	UnityPoint Health - Marlar	2024				Surveys Incomplete	Upload	<input type="checkbox"/>
053	St Mary's Hospital	2024				Surveys Incomplete	Upload	<input type="checkbox"/>
054	UW Hospitals and Clinics Authority	2024				Complete Affirmation	Upload	<input type="checkbox"/>

2

Affirmation List

2024

Search:

Facility ID	Facility Name	Year	FYE	Submitted	Approved By	Action	Schedule C	Validated
130	Aspirus Stanley Hospital	2024				Surveys Incomplete	Upload	<input type="checkbox"/>
131	Aspirus Stevens Point Hospital	2024				Surveys Incomplete	Upload	<input type="checkbox"/>
132	Stoughton Hospital Association	2024				Surveys Incomplete	Upload	<input type="checkbox"/>
133	Door County Medical Center	2024		12/4/2024	testing testing	View Affirmation	Upload	<input type="checkbox"/>

2

4

2024

3

Action	Schedule C	Validated
Surveys Incomplete	Upload	<input type="checkbox"/>
Surveys Incomplete	Upload	<input type="checkbox"/>
Surveys Incomplete	Upload	<input type="checkbox"/>
Surveys Incomplete	Upload	<input type="checkbox"/>
Complete Affirmation	Upload	<input type="checkbox"/>

Action	Schedule C
View Affirmation	Download Delete

B. REVIEWING THE DATA

1. Clicking *Complete Affirmation* will bring you to a screen with the **Affirmation Summary Data, the FY Summary Report, Action Edits, Sign & Submit Affirmation and Reopen Surveys**. This is the data that will be presented in the publications on the [WHAIC survey website](#).
2. Start with the **Affirmation Summary Data**. **Use the **Survey Validation Quick Reference Guide** to verify data. The **Guide** provides guidance on where in the annual and fiscal surveys to find the associated field names on the affirmation. According to the Department of Health Services (DHS) [120.11](#), hospitals must adhere to standard data verification, review and comments *before* the data is signed off on via the affirmation statement. Review the data in the charts and on the table for accuracy. Items listed in red indicate a significant variation of 30% or greater from the previous year and should be reviewed carefully as they are often the focus of public interest. If changes need to be made, click **Reopen Surveys** and make the necessary corrections, including going through the edit process.
3. To advance to the next page, click **Next** at the bottom of the page.
4. Review the **FY Summary Report**. This represents a compilation of what will be displayed in the [Guide to Wisconsin Hospitals](#). The information is drawn from the Annual/Personnel and Fiscal surveys. Review this information carefully for accuracy, again using the **Survey Validation Quick Reference Guide**. Once the data is processed and published on the WHAIC website, any errors or misrepresented data cannot be adjusted. If changes need to be made, click **Reopen Surveys** and make the necessary corrections, including going through the edit process again.
5. **Action Edits** will show any data points that need additional clarification. **Comments must be filled in before Acknowledge Edits can be clicked**. If no Action Edits are found, you can submit the affirmation.
6. **Sign & Submit Affirmation** - The designated primary contacts and/or the person(s) responsible for affirming the correctness of the data should submit the affirmation statement. Additional comments are not required, but this is an opportunity to share further information (i.e. explanation of variances in the Affirmation Summary Data). Submit the affirmation statement when complete and then download a copy for your records.



Welcome, Heather S. | [Sign out](#)
[Administration](#) | [Edit Survey](#)

Survey

[Home](#) [User Links](#) [Survey Manuals](#) [Data Detail](#) [Data Deliverables](#)

Affirmation Summary Data
FY Summary Report
Action Edits
Sign & Submit Affirmation
Reopen Surveys
Validation Tips

Survey Tips [Click here to download the PDF of Validation Tips](#)

Affirmation Summary Data

FY Summary Report

Action Edits

Sign & Submit Affirmation

Reopen Surveys

2024 Survey Affirmation

According to the Department of Health Services (DHS) 120.11, hospitals must adhere to standard data verification, review, and comment procedures. This must occur **before** the data is signed off on via the affirmation statement.

Portions of the Annual and/or Fiscal survey data is publicly available on the WHAIC website in various [publications](#), custom reports, and [PricePoint](#) to display Payer Mix details for various payers as well as Charity/Other Uncompensated care. For more information and validation of this data, see the Preliminary Fiscal Year Summary Report on the left toolbar.

Review the Summary Data in the charts and table below for accuracy. Line items listed in **red** indicate a significant variation of 30% or greater from the previous years reporting. * Review these changes carefully as they are often the focus of public interest. If changes are required for the current year, use the toolbar on the left to reopen the appropriate survey and make the necessary corrections. If no corrections to the figures below are required, but you choose to provide a comment, you may do so prior to submitting your electronic affirmation.

Commercial

Medicare

Medicaid

	Current Year	Previous Year	% Change
Gross Patient Revenue			-10.8%
Less Deductions			-10.9%
Net Patient Revenue			-10.6%
Plus Other Operating Revenue			-18.1%
Total Revenue			-10.7%
Less Expenses			-11.7%
Operating Margin			24.6%
Operating Margin %			39.4%
Non-Operating (Gains/Losses)			-190.0%
Net Income (Total Margin)			-107.5%
Total Margin %			-109.2%

	Current Year	Previous Year	% Change
Bad Debt			-40.0%
Charity Care			1.5%
Inpatient Discharges			-5%
Total Outpatient Visits			-5.7%
Total FTEs			-44.2%
Total Beds			-17.5%

Next

Affirmation Summary Data

FY Summary Report

Action Edits

Sign & Submit Affirmation

Reopen Surveys

2024 Survey Affirmation

[Print/Download PDF](#)

This document represents a compilation of what will be displayed in the [Guide to Wisconsin Hospitals](#) and is produced for your review prior to publication. WHAIC encourages you to **review this information carefully for accuracy**. Once the data is processed and published on the WHAIC website any egregious errors or misrepresented data cannot be adjusted. This is your last opportunity to validate the data and make any corrections.

This FY Summary Report provides detailed information about your hospital, including (as applicable) general medical-surgical, long-term acute-care, psychiatric, alcohol and other drug abuse, and rehabilitation. The information is drawn from responses to the Annual Survey of Hospitals, the Hospital Fiscal Survey, and the Personnel Survey. Tables present selected measures of utilization, service, staffing and finance. Once the data is published in the Guide, comparison data for hospitals of the same type, in the same analysis area, and for the same patient volume group will be displayed.

To make any corrections, re-open the applicable survey, make corrections and resubmit (including going through the edit process). This will prompt your reports to refresh. Contact WHAIC staff if you have questions.

[FY Summary FAQ](#)

	Fiscal Year: 2024	County: [Redacted]
	Type: [Redacted]	Analysis Area: 7
		Volume Group: 2
	Control: Other Not-For-Profit	

Selected Utilization Statistics	FY 2024	FY 2023	Ratio
Occupancy Rates (%)			
Adult Medical-Surgical	35.5%	36.0%	0.98
Obstetrics	19.3%	17.9%	1.07
Pediatrics	0.0%	0.0%	N/A
Total Hospital	32.9%	33.1%	0.99

Affirmation Summary Data

FY Summary Report

Action Edits

Sign & Submit Affirmation

Reopen Surveys

2024 Survey Affirmation

Question: 110 - TOTALS - (A2) Number of Discharge Days*

Current Year: **Previous Year:** 195,475

Explanation:

Question: 110 - TOTALS - (B2) Number of Newborn Discharge Days**

Current Year: **Previous Year:** 58

Explanation:

Question: 110 - TOTALS - (B2) Number of Newborn Discharge Days**

Current Year: **Previous Year:** 1,379

Explanation:

Question: 124 - TOTAL, charges for uncompensated health care for the fiscal year - Fiscal Year 2024 (add lines 120 and 122) \$

Current Year: **Previous Year:** 143,621,499

Explanation:

Acknowledge Edits

Next

Affirmation Summary Data

FY Summary Report

Action Edits

Sign & Submit Affirmation

Reopen Surveys

2024 Survey Affirmation

The electronic signature on this affidavit affirms that the chief executive officer, administrator, or designee have reviewed the following data as presented from the surveys submitted by [REDACTED]

- Affirmation Summary Data
- FY Summary Report
- Any Applicable Action Edits

This is a legally binding equivalent of the individual's handwritten signature as per [DHS 120.12](#).

I HEREBY ATTEST, that I or my designated representative, to the best of my knowledge, reviewed and verified internally the data that was submitted to WHA Information Center and the data is accurate.

Provide e-signature for the Electronic Survey Affirmation Statement

Name of person submitting the Electronic Survey Affirmation Statement

Provide additional comments as needed:

Submit Affirmation

Affirmation Summary Data

FY Summary Report

Action Edits

Sign & Submit Affirmation

Reopen Surveys

2024 Survey Affirmation

If survey data needs to be changed, you can reopen the desired survey(s) by clicking the link below. You can then make the changes at the Survey site. Reopening will close and reset this affirmation form.

Annual Survey Only

Annual Survey Only

Fiscal Survey Only

Annual and Fiscal Surveys

All Surveys

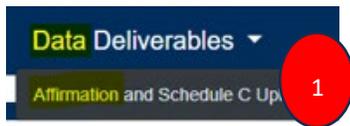
C. UPLOADING THE MEDICARE COST REPORT (MCR) SCHEDULE C

Hospitals must upload a copy of their Medicare Cost Report Schedule C. WHAIC is looking for the Title XVIII, Charges section of the Worksheet C, for the current fiscal year.

1. Login to the survey site and click Data Deliverables on the Survey home page toolbar and then click *Affirmation and Schedule C Upload*.
2. Click Upload under the **Schedule C** column and follow the prompts.
3. Incorrect or updated Schedule C's can be Deleted and re-uploaded.
4. To view a Schedule C, click Download.
5. See the example Schedule C below.

Once the MCR is uploaded, WHAIC will validate it by comparing it with the MCR survey. This entails ensuring questions 67, 68 and 69 on the MCR survey match Lines 200, 201 and 202 on the Schedule C, along with verifying that all lines from the Charges section have been accounted for. The WHA CFO then reviews it to assign the hospital tax.

If the facility has a Medicare exception and/or extension from CMS, WHAIC will need a copy of the letter emailed to whainfocenter@wha.org for our records.



Affirmation List

2024

Search:

Facility ID	Facility Name	Year	FYE	Submitted	Approved By	Action	Schedule C
000	WHA Test Hospital	2024				Surveys Incomplete Download Delete	<input type="checkbox"/>
001	Amery Regional Medical Center	2024				Surveys Incomplete Upload	<input type="checkbox"/>
002	Aspirus Langlade Hospital	2024				Surveys Incomplete Upload	<input type="checkbox"/>
003	ThedaCare Regional Medical Center - Appleton, Inc.	2024				Surveys Incomplete Upload	<input type="checkbox"/>
004	Ascension NE Wisconsin - St. Elizabeth Campus	2024				Surveys Incomplete Upload	<input type="checkbox"/>
006	Memorial Medical Center	2024				Surveys Incomplete Upload	<input type="checkbox"/>
007	Western Wisconsin Health	2024				Surveys Incomplete Upload	<input type="checkbox"/>
008	St Clare Hospital & Health Services	2024				Surveys Incomplete Upload	<input type="checkbox"/>
008	St Clare Hospital & Health Services	2024				Surveys Incomplete Upload	<input type="checkbox"/>
009	Mayo Clinic Health System – Northland in Barron	2024				Surveys Incomplete Upload	<input type="checkbox"/>
009	Mayo Clinic Health System – Northland in Barron	2024				Surveys Incomplete Upload	<input type="checkbox"/>
010	Marshfield Medical Center – Beaver Dam	2024				Surveys Incomplete Upload	<input type="checkbox"/>
011	Beloit Health System	2024				Surveys Incomplete Upload	<input type="checkbox"/>
013	ThedaCare Medical Center - Berlin, Inc.	2024				Surveys Incomplete Upload	<input type="checkbox"/>
014	Black River Memorial Hospital	2024				Surveys Incomplete Upload	<input type="checkbox"/>
015	Mayo Clinic Health System – Chippewa Valley in Bloomer	2024				Surveys Incomplete Upload	<input type="checkbox"/>

Showing 1 to 16 of 170 entries

« < 1 2 3 4 5 ... 11 > »

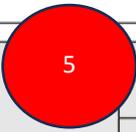
COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: [REDACTED]

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/23/2023 4:33 pm

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



76.03	03954	WOUND CARE	2,570	2,659,144	2,661,714	0.458800	0.000000	76.03
76.04	03550	BH STRUCTURED OP	0	74,076	74,076	1.347251	0.000000	76.04
76.05	03955	BH OP	3,500	1,189,788	1,193,288	0.549814	0.000000	76.05
76.06	03956	PROGRAMS FOR CHANGE	322	607,757	608,079	0.682796	0.000000	76.06
76.97	07697	CARDIAC REHABILITATION	0	536,747	536,747	0.349604	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800		0	1,373,534	1,373,534			88.00
88.01	08801		0	1,212,528	1,212,528			88.01
88.02	08802		0	1,340,220	1,340,220			88.02
88.03	08803	(RHC)	6,177	13,905,826	13,912,003			88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0	0	0			88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	45	495,092	495,137	0.386804	0.000000	90.00
90.01	09001	CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09003	CLINIC	0	0	0	0.000000	0.000000	90.03
90.04	09004	CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	INFUSION CLINIC	700	1,228,164	1,228,864	0.493195	0.000000	90.05
91.00	09100	EMERGENCY	772,192	10,471,830	11,244,022	0.451449	0.000000	91.00
91.01	09101	ED TELE CRISIS	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,765	1,488,191	1,502,956	0.486230	0.000000	92.00

Health Financial Systems

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: [REDACTED]

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/23/2023 4:33 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost		
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	21,930,143	109,159,490	131,089,633			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	21,930,143	109,159,490	131,089,633			202.00