



Ensure a Balanced, Thoughtful Approach to Hospital Data Reporting

Background

Hospitals and health care providers in Washington State currently report health care financial information to the Washington State Department of Health, the Center for Medicare and Medicaid Services, the All Payer Claims Database, the Internal Revenue Service and others. This data includes quarterly and yearly financials, employee compensation, charges, claims, expenses, patient characteristics and organization-wide fiscal information. This reporting is done in compliance with layers of state and federal requirements. Existing data sources provide substantial information about the financial health of Washington State hospitals.

WSHA Position

It is important to ensure the significant amount of data hospitals report is meaningful and usable. Additional data reporting mandates should take into account information that is already available and not create duplicative, burdensome reporting requirements. WSHA supports developing and maintaining robust, reliable data sources to provide information on the cost and cost drivers of health care. New or expanded reporting requirements should be carefully balanced to ensure the time and resources it takes to report the information is actually providing a tangible benefit.

Key Messages

- Robust hospital financial data is available from several databases maintained by the Department of Health, including quarterly and year-end financials for hospital and department-level financials, volume and statistics. For nonprofit hospitals, additional information is available on the IRS Form 990.
- Information on the number of employees at a hospital is available in DOH databases and Medicare Cost Reports. Employee compensation information for top employees is available from the Department of Health and on the IRS Form 990 for nonprofit hospitals.
- A detailed summary of hospital reporting data sources is available on the second page of this brief.

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Hospital Reporting Data Sources

Entity	Report	Description	Reporting Time Frame	Publicly Available	Financial Information	Patient Information	Revenues	Expenses	FTEs	Employee Compensation	Size
WA DOH	DOH Year End Financials	Yearly financial report for WA State hospitals and systems. Captures hospital and department level financials, volume, and statistics.	Yearly	Yes	Yes	Volume Indicators (ex. Visits, surgeries)	Yes, by 80 Depts	Yes, by Dept	Yes Total FTEs and Nursing by Dept	Salaries, Wages & Benefits	
WA DOH	DOH Quarterly Financials	Quarterly Financial Report for WA State Hospitals. A streamlined version of the Yearly Report. Contains many of the same data elements for finances and volume.	Quarterly	Yes	Yes	Volume Indicators (ex. Visits, surgeries)	Yes, by 80 Depts	Yes, by Dept	No	No	
WA DOH	DOH Employee Compensation	Mandated report from the IRS 990 that records the top 5 highest paid employees in the organization.	Yearly	Yes	No	No	No	No	No	All reportable compensation for Top 5 highest paid officers	
3rd party	DataBank	A monthly streamlined report for hospital finances and statistics.	Monthly Releases	With Exceptions	Yes	Volume Indicators (ex. Visits, surgeries)	Yes	Yes	Some	No	10,097 Rows
WA DOH	CHARS	Highly detailed report of all hospital admissions from 2010-2019. Captures patient and facility characteristics, as well as detailed procedure and diagnosis information. Records all charges from all departments associated with a hospital claim.	Monthly Releases	With Exceptions	Yes	Yes	Yes, by 430 Depts	No	No	Payroll	7,265,679 Claims
Medicare	Medicare Cost Report	Mandated CMS report to calculate appropriate reimbursement. 134 detailed reports on hospital department expense. 42,000+ unique fields on reimbursement and expenses are captured.	Yearly	Yes	Yes	Volume Indicators (ex. Visits, surgeries)	Yes, by 117 Depts	Yes, Cost Allocating	Yes	Salaries, Wages & Benefits	~175 Million Rows
Ongoint/WHA	All Payer Claims Database (APCD)	Highly detailed reporting of all insurance claims in WA State (with exception of Medicare Fee for Service and Self-insured Commercial). Contains charges and actual payments for insurers, patients, and providers. Details for procedures, diagnoses, insurance arrangements etc.	Quarterly Releases	With Exceptions	Yes	Yes	Yes, Allowable Amounts	No	No	No	~600 Million Claims
DOH	RHINO/Essence	Emergency Department Surveillance program ran by the CDC and administered by DOH. Records signs, symptoms, and treatment for all ED patients in WA State. Used for epidemiological surveillance of emerging health threats and trends.	Daily	With Exceptions	No	Yes	No	No	No	No	1 Billion+ Rows
Federal	IRS Form 990	Financial information collected by the Federal Government to verify an organization's Tax-Exempt Status.	Yearly	Yes	Yes	No	Yes	Yes	Yes, Number of employees	All reportable compensation for Top 5 highest paid officers	



Preserve Strategic Health Care Relationships

Background

Washington State hospitals and health systems are dedicated to providing care to their communities 24/7/365 and prioritizing access to care across the state. Ensuring this access often requires strategic relationships – including mergers and affiliations – with other hospitals or systems to create efficiencies, sustain services, ease the burden of complying with state and federal regulations, and respond to the Accountable Care Act’s push toward innovation. These arrangements – which also include contractual relationships – are subject to antitrust oversight by the state Attorney General’s Office and federal antitrust agencies, the Department of Justice, and the Federal Trade Commission. The sale, purchase or lease of a hospital in Washington State is also subject to the Department of Health’s Certificate of Need review.

WSHA Position

WSHA supports the ability of hospitals and health systems to work collaboratively to create efficiencies and sustain services. These approaches have never been more important, as hospitals provide crucial services while facing the enormous financial strain imposed by the unprecedented and ongoing COVID-19 pandemic.

Key Messages

- Positive financial margins are necessary for hospitals to invest in facility up-keep, treatments, and technologies to better care for patients and build reserves to meet unexpected expenses or revenue shortfalls. Community hospitals and solo providers face continuing challenges to achieve a healthy margin.
- Provider and facility integration standardizes care across the continuum by sharing financial risk, streamlining compliance and business functions, and expanding networks to better coordinate patient care, transitions and follow-up. Younger physicians are generally looking to belong to group practices that take care of the business aspects of health care and allow for a reasonable work-life balance.
- Oversight of health care transactions and enforcement of antitrust laws must be evenly applied to all types of health care entities. This includes non-profit and for-profit entities, religious and secular entities, and care provided at the primary, sub-acute, acute, post-acute, and long-term care levels.
- State and federal forces are driving integration and strategic partnerships, including low reimbursement by government payers, value-based and bundled payments, accountable care organizations, Medicare moving more care to the outpatient setting, the complexity of billing and health information technology.

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