

Nebraska Hospital Association DATABANK Input Form

Hospital Name: _____

Available Beds: _____

Month: _____

Year: _____

Licensed Beds: _____

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

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Contractual Allowances	Medicare	Medicaid	Self Pay	Champus / Tricare	Managed Care	Commercial	Others	Total
20 Contractuals - Acute								20
21 Contractuals - Other								21
22 Total Contractual Allowances								22

23 **Charity Care** 23

Operating Expenses	
24 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=24c+25+26+27+28+29+30

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
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Gross Patient	Medicare	Medicaid	Self Pay	Champus / Tricare	Managed Care	Commercial	Others	Total
37 Accounts Receivable								37

Comments: _____
