

Nebraska Hospital Association DATABANK Input Form

Hospital Name: _____
 Month: _____ Year: _____

Available Beds: _____
 Licensed Beds: _____

Column Letters	A	B	C	D	E	F	G	H
Utilization								
Discharges	Medicare	Medicaid	Self Pay	Champus/Tricare	Managed Care	Commercial	Others	Total
a Acute Care								
b Swing Bed								
c Subacute/LTC								
d DPU								
f Total								

Patient Days	Medicare	Medicaid	Self Pay	Champus/Tricare	Managed Care	Commercial	Others	Total
a Acute Care								
b Swing Bed								
c Subacute/LTC								
d DPU								
f 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	

Column Letters	A	B	C	D	E	F	G	H
Charges	Medicare	Medicaid	Self Pay	Champus/Tricare	Managed Care	Commercial	Others	Total
13 Inpatient - Acute								
14 Outpatient - Acute								
15 Swing Bed								
16 Subacute/LTC								
17 DPU								
19 Home Health								
20 Total Charges								

Nebraska Hospital Association DATABANK Input Form

Hospital Name: _____
 Month: _____ Year: _____

Available Beds: _____
 Licensed Beds: _____

	Column Letters	A	B	C	D	E	F	G	H
	Contractual Allowances	Medicare	Medicaid	Self Pay	Champus/Tricare	Managed Care	Commercial	Others	Total
21	Contractuals - Acute								21
22	Contractuals - Other								22
23	Total Contractuals								23

24	Charity Care		24
30	Bad Debt		30

Operating Expenses	
25	Payroll Expense
a,d	25a Facility Payroll
b,e	25b Physician Payroll
c,f	25c Total Payroll, Hours

26	Benefit Expense		26
27	Supply Expense		27
28	Depreciation Expense		28
29	Interest Expense		29
31	All Other Expense		31
32	Total Operating Expense		32

Calculation: 25c+26+27+28+29+31 = 32

Other Financial Data			
33	Other Operating Revenue		33
34	Operating Margin		34
35	Net Nonoperating Gains		35
36	Tax Subsidies		36
37	Total Margin		37

Calculation: 20H-23H-24-30-32+33=34

Calculation: 34 +/- 35 + 36 = 37

	Column Letters	A	B	C	D	E	F	G	H
		Medicare	Medicaid	Self Pay	Champus/Tricare	Managed Care	Commercial	Others	Total
38	Gross Patient Accounts Receivable								38