



2024 Critical Access Hospital Annual Report

This is a sample of the online form. Print this form to gather the information you will need for submitting the online version.

Please complete this report no later than January 31, 2025.

Facility Information

This report is a: New Report Corrected Report

Name of Facility _____

Address of Facility

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

Reporting Period

The preferred reporting period is January 1 through December 31 of the previous year. It is permissible to use a different 12-month period, but please be consistent from year to year.

Reporting Period Used:

Beginning _____ Ending _____

Was the facility in operation 12 full months at the end of the period? Yes No

If no, please report the number of days in operation. _____

Classification

The following definitions apply to this section of the report:

- **Not for Profit** - Excess revenue retained by the corporation; exempt from federal income taxation under section 501 of the Internal Revenue Code of 1954.
- **For Profit (Proprietary)** - Excess revenue distributed to owners or shareholders or held as retained earnings, subject to federal taxation.

Classification Not for Profit For Profit

Governmental entity (state, city, county or federal), corporation, company, etc., responsible for the ownership and management of the agency.

If selected not for profit, what IRS designation?

Name of management firm of facility (N/A if management is not provided through contract)

Is the facility operated as part of a chain, whether or profit or not? Yes No

If YES, Name of Parent Organization

Name _____

Address of Parent Organization

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

Utilization of Beds and Services

*Report utilization for all patient **admissions** for a full 12-month period. (required)

General Medical/Surgery (Adult)

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

General Medical/Surgery (Pediatric)

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Obstetrics

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Neonatal (ICU and intermediate care)

Neonatal - Please include data for admissions and inpatient days. Bassinets are not included in the number of licensed beds; therefore, they are not included in this bed utilization review.

Admissions _____ Inpatient Days _____

ICU/CCU

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Rehabilitation

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Chemical Dependency

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Psychiatric

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Other - Should **NOT** include any long-term care facility (skilled nursing) beds operated as part of a combined facility. This utilization of long-term care beds should be reflected on the facility's Annual Report of Long-Term Care Facilities

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Total

The sum of the individual categories of licensed beds **MUST** equal the total number of hospital beds for which the facility is licensed by the State of Montana.

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Swing beds - should include only those beds certified as swing beds; other long-term care facility (skilled nursing) beds should **NOT** be included in this section. The number of swing beds should reflect the number of swing beds for which the facility is licensed by the State of Montana.

Licensed _____ Staffed _____ Admissions _____ Inpatient Days _____

Other Facility Information

Surgeries

Inpatient Surgeries _____ Outpatient Surgeries _____ Total _____

Open-Heart Surgery (Number of Procedures)

Adult _____ Pediatric _____ Total _____

Deaths

Fetal _____ All Others _____ Total _____

Number of Bassinets _____

Number of Births _____

Number of Newborn Days _____

PERSONNEL DATA

Exclude volunteers and all personnel whose salary is financed entirely by outside research grants.

For combined facilities, report **ONLY** personnel employed by the **HOSPITAL** as of December 31, 2024.

Administration

Full-Time (35 hr/week) _____ Part-Time (<35 hr/week) _____ Contracted _____

Physicians

Full-Time (35 hr/week) _____ Part-Time (<35 hr/week) _____ Contracted _____

Dentists

Full-Time (35 hr/week) _____ Part-Time (<35 hr/week) _____ Contracted _____

Nursing services (RN, LPN, CNA)

Full-Time (35 hr/week) _____ Part-Time (<35 hr/week) _____ Contracted _____

Physician Assistants/Nurse Practitioners

Full-Time (35 hr/week) _____ Part-Time (<35 hr/week) _____ Contracted _____

All other health professionals and technical personnel - speech, occupational, respiratory, x-ray and laboratory technicians, etc.

Full-Time (35 hr/week) _____ Part-Time (<35 hr/week) _____ Contracted _____

All other personnel - cooks, housekeeping and an estimate of FTEs for shared personnel in combined facilities.

Full-Time (35 hr/week) _____ Part-Time (<35 hr/week) _____ Contracted _____

Total

Full-Time _____

Part-Time _____

Contracted _____

Financial Data

Report all **HOSPITAL** expenses for the full 12-month period. If actual figures are not available, please estimate (indicate which figures have been estimated by checking the box after the amount). Round all figures to the nearest dollar. Do not use commas. Please be consistent year by year.

Do not include financial data from other combined facilities such as clinics, home health agencies, or long-term care.

Gross revenue - the total billing revenues from inpatient and outpatient care, and all other HOSPITAL sources

Gross Revenue \$ _____ Estimated

Net revenue - Gross revenue minus the contractual revenue (deductions); the revenue actually received by the **HOSPITAL**

Net Revenue \$ _____ Estimated

Payroll expenses - Report salaries for full-time and part-time personnel as reported in Personnel Data. **Benefits** should also be included in payroll expenses.

Payroll Expenses \$ _____ Estimated

Non-payroll expenses - All costs for goods and services used or consumed by the **HOSPITAL** during the reporting period.

Non-payroll Expenses \$ _____ Estimated

Total Expenses \$ _____

Closing date of financial statement _____

Compare financial data with previous year's report data and explain any differences exceeding ten percent.

Facility's operating revenue by payor source:

Government

Medicare Gross \$ _____

Medicare Net \$ _____

Medicaid Gross \$ _____

Medicaid Net \$ _____

Other Gross \$ _____

Other Net \$ _____

Non-Government

Self-pay Gross \$ _____

Self-pay Net \$ _____

Third Party Payors

HMO's Gross \$ _____

HMO's Net \$ _____

PPO Gross \$ _____

PPO Net \$ _____

Other Gross \$ _____

Other Net \$ _____

TOTAL

TOTAL Gross \$ _____

TOTAL Net \$ _____

Patient Origin Data A – K

Cities A - K

Report patient origin data for **all patients DISCHARGED** from the facility for the reporting year by city of origin.
(Hint: Ctrl-F will allow you to search on this page.)

Absarokee	_____	Broadus	_____	Crow Agency	_____	Forestgrove	_____
Acton	_____	Broadview	_____	Culbertson	_____	Forsyth	_____
Alberton	_____	Brockton	_____	Custer	_____	Fort Benton	_____
Alder	_____	Brockway	_____	Cut Bank	_____	Fort Harrison	_____
Alzada	_____	Browning/Saint Mary	_____	Dagmar	_____	Fort Peck	_____
Anaconda	_____	Brusett	_____	Danvers	_____	Fort Shaw	_____
Angela	_____	Buffalo	_____	Darby	_____	Fortine	_____
Antelope	_____	Busby	_____	Dayton	_____	Four Buttes	_____
Arlee	_____	Butte	_____	De Borgia	_____	Frazer/Lustre	_____
Ashland	_____	Bynum	_____	Decker	_____	Frenchtown	_____
Augusta	_____	Cameron	_____	Deer Lodge/Galen	_____	Froid	_____
Avon	_____	Canyon Creek	_____	Dell	_____	Fromberg	_____
Babb	_____	Capitol	_____	Denton	_____	Galata	_____
Bainville	_____	Cardwell	_____	Dillon	_____	Gallatin Gateway	_____
Baker	_____	Carlyle	_____	Divide	_____	Gardiner/Miner	_____
Ballantine	_____	Carter	_____	Dixon	_____	Garneill	_____
Basin	_____	Cascade	_____	Dodson	_____	Garrison	_____
Bearcreek	_____	Cat Creek	_____	Drummond	_____	Garryowen	_____
Belfry	_____	Charlo/Moiese	_____	Dupuyer	_____	Geraldine	_____
Belgrade	_____	Chester	_____	Dutton	_____	Geyser	_____
Belle Creek	_____	Chinook	_____	East Glacier Park	_____	Gilford	_____
Belt	_____	Choteau	_____	East Helena	_____	Glasgow/Tampico	_____
Biddle	_____	Christina	_____	Edgar	_____	Glen	_____
Big Arm	_____	Circle	_____	Ekalaka	_____	Glendive	_____
Big Sandy	_____	Clancy/Montana City	_____	Elliston	_____	Glentana	_____
Big Sky	_____	Clinton	_____	Elmo	_____	Goldcreek	_____
Big Timber	_____	Clyde Park	_____	Emigrant	_____	Grantsdale	_____
Bigfork/Swan Lake	_____	Coalridge	_____	Enid	_____	Grassrange	_____
Bighorn	_____	Coffee Creek	_____	Ennis/Jeffers	_____	Great Falls	_____
Billings	_____	Cohagen	_____	Epsie	_____	Greenough	_____
Birney	_____	Colstrip	_____	Essex	_____	Greycliff	_____
Black Eagle	_____	Columbia Falls	_____	Ethridge	_____	Hall	_____
Blackfoot	_____	Columbus	_____	Eureka	_____	Hamilton	_____
Bloomfield	_____	Condon	_____	Fairfield	_____	Hammond	_____
Bonner/Potomac	_____	Conner	_____	Fairview	_____	Hardin	_____
Boulder	_____	Conrad	_____	Fallon	_____	Harlem	_____
Box Elder	_____	Cooke City	_____	Ferdig	_____	Harlowton	_____
Boyd	_____	Coram	_____	Fergus	_____	Harrison	_____
Boyes	_____	Corvallis	_____	Fishtail	_____	Hathaway	_____
Bozeman	_____	Corwin Springs	_____	Flaxville	_____	Haugan	_____
Brady	_____	Crane	_____	Florence	_____	Havre/Simpson	_____
Bridger	_____	Creston	_____	Floweree	_____	Hays	_____

Heart Butte	Hobson/Utica	Ingomar	Judith Gap
Helena	Hogeland	Inverness	Kalispell/Evergreen
Helmville	Homestead	Ismay	Kevin
Heron	Hot Springs	Jackson	Kila
Highwood	Hungry Horse	Jefferson City	Kinsey
Hilger/Suffolk	Huntley	Joliet	Kremlin
Hingham	Huson	Joplin	
Hinsdale	Hysham/Myers	Jordan	

Patient Origin Data L - Z

Cities L - Z

Report all patients **discharged** from the facility for the reporting year by city of origin. Hint Ctrl-F will allow you to search on this page.

Lake McDonald	Mccabe	Park City	Ringling
Lakeside	McLeod	Peerless	Roberts
Lambert	Medicine Lake	Pendroy	Rock Springs
Lame Deer	Melrose	Perma	Rollins
Landusky	Melstone	Philipsburg	Ronan
Larslan	Melville	Pinesdale	Roscoe
Laurel	Mildred	Plains	Rosebud
Lavina/Cushman	Miles City	Plentywood	Roundup
Ledger	Mill Iron	Plevna	Roy
Lewistown/Ross Fork	Miltown	Polaris	Rudyard
Libby	Missoula	Polebridge	Ryegate
Lima/Monida	Mocassin/Kolin	Polson	Saco
Lincoln	Molt	Pompeys Pillar	Saint Ignatius
Lindsay	Monarch	Pony	Saint Marie
Livingston	Moore	Poplar	Saint Regis
Lloyd	Mosby	Powderville	Saint Xavier
Lodge Grass	Musselshell	Power	Saltese
Logan	Nashua	Pray	Sand Coulee
Lolo	Neihart	Proctor	Sand Springs
Loma	Nirada	Pryor	Sanders
Lonepine	Norris	Radersburg	Santa Rita
Loring	Noxon	Ramsay	Savage
Lothair	Nye	Rapelje	Scobey
Luther	Oilmont	Ravalli	Seeley Lake
Malta/Wagner	Olive	Raymond	Shawmut
Manhattan	Olney	Raynesford	Shelby/Devon
Marion	Opheim	Red Lodge	Shepherd
Martin City	Oswego	Redstone	Sheridan/Laurin
Martinsdale	Otter	Reedpoint	Shonkin
Marysville	Outlook	Reserve	Sidney
Maudlow	Ovando	Rexford	Silesia
Maxville	Pablo	Richey	Silver Gate
McAllister	Paradise	Richland	Silver Star

Simms _____	Thompson Falls _____	Vida _____	Willow Creek _____
Somers _____	Three Forks _____	Virginia City _____	Wilsall _____
Sonnette _____	Toston _____	Volborg _____	Winifred _____
Springdale _____	Townsend _____	Walkerville _____	Winnett _____
Stanford/Windham _____	Trego _____	Warm Springs _____	Winston _____
Stevensville _____	Trident _____	West Glacier _____	Wisdom _____
Stockett _____	Trout Creek _____	West Yellowstone _____	Wise River _____
Stryker _____	Troy _____	Westby _____	Wolf Creek _____
Sula _____	Turner _____	White Sulphur Springs _____	Wolf Point _____
Sumatra _____	Twin Bridges _____	Whitefish _____	Worden _____
Sun River _____	Twodot _____	Whitehall/Waterloo _____	Wyola _____
Sunburst _____	Ulm _____	Whitetail _____	Yellowtail _____
Superior/Tarkio _____	Valier _____	Whitewater _____	Zortman _____
Sweetgrass _____	Vandalia _____	Whitlash _____	Zurich _____
Teigen _____	Vaughn _____	Wibaux _____	Unknown Instate _____
Terry _____	Victor _____	Willard _____	Out of State _____

Report Completion Data

Please complete this report no later than January 31, 2025.

Date Report Completed _____

Administrator's Name _____ Administrator's Email _____

If there are questions about any of the responses on this report, who should be contacted?

Contact Name _____

Contact Phone Number _____ Contact Email _____

If you have any questions, please contact:

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Office of Inspector General
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