



2024 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 from year to 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		Hysam/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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