

FREQUENTLY ASKED QUESTIONS 2025 DSHS/AHA/THA Annual Survey of Hospitals

I. Getting Started-General Information

1) Why has the 2025 DSHS/AHA/THA Annual Survey been put online? AHA in cooperation with DSHS has built the online application for a number of reasons:

- To create an interactive environment that will guide survey respondents through the survey process and supply tools to help collect and verify data from their facility.
- To provide hospitals with reporting tools that can be immediately shared with colleagues and personnel in their facility.
- To provide the Texas Department of State Health Services and Health forum staff the ability to monitor activity as the surveys are being completed.
- To improve the quality and timeliness of the hospital data that is released.

You may view the online survey at www.ahasurvey.org or www.dshs.state.tx.us/chs/hosp.

2) What if I do not have easy access to the Internet for online data entry?

You can contact Dwayne Collins at (E-mail: Dwayne.Collins@dshs.texas.gov) for a paper copy of the DSHS/AHA/THA Annual Survey. A copy of the survey form may also be downloaded from our web site www.dshs.state.tx.us/chs/hosp under Forms.

3) What if I did not respond to the 2024 DSHS/AHA/THA Annual Survey last year? You can still participate online this year. However, historical validation edits will be suppressed if we do not have data on file for your hospital last year. This data will be manually verified once your survey is completed.

4) What is the deadline for submission of the survey?

According to the rules adopted by the Texas Board of Health Human Services, **ALL TEXAS HOSPITALS ARE REQUIRED TO SUBMIT THE SURVEY DATA WITHIN 60 DAYS OF RECEIPT OF THIS PACKET OF INFORMATION. The completion deadline for your online survey is July 13, 2026.**

5) What should I do if I do not have a copy of last year's survey to use as reference?

The online application contains a series of tools that will refer to your historical data and notify you of any discrepancies. In Section E, F, and H (Total Facility Beds, Utilization, Finances, and Staffing), the previous year's values will be displayed in

parenthesis at the end of each question. From the Print Menu, you will have access to print a copy of the previous year's survey.

6) What happens to my data once I have completed and submitted the survey online?

The data will be revalidated once it has been completed and received by DSHS/Health Forum staff. Your data will be thoroughly checked and if there are questions an analyst will contact you directly via email or a phone call.

7) Is the online survey the same as the traditional hard copy?

The two surveys are essentially the same. A few questions have been added to the online survey to help facilitate the data entry process. In addition, the page numbers are different between the survey downloaded from the AHA web site and the hard copy survey. Please note that the page numbers referenced in questions refer to the hardcopy survey form.

In addition, there is a difference in the wording of item C.F.90.1, Trauma Center, Level of Unit. The online form asks to specify the level of unit from 1 to 3 while the hard copy form specifies a level of unit from 1 to 4. If your hospital has a Level 4 Trauma Center Unit, you will be able to enter 4 as the Level of Unit on the online survey form.

8) My hospital does not track data for an item and the online survey form will not let me type "not available" or leave the question blank. How should I answer this question?

When completing the American Hospital Association part online (Sections A-H), use the following guideline:

This part of the survey does not allow for the use of "Not Available." If an answer is not available, implying that the hospital does provide the service but data are not available in the detail required to complete the question, answer the question as zero and indicate that the item is not available in the Supplemental Information. The changes indicated in this section will be made by a survey staff member prior to running the State's additional edit checks.

9) When completing the State Section online (Section F-Q), use the following guidelines:

1. For items that are not applicable to your hospital or for which no services were provided, enter "0" zero or select NO.
2. For items, which are applicable, but data are not available in the details required to complete the questions enter "-9."
3. For items that are combined with another variable, enter "-8."

The form is available on website www.dshs.state.tx.us/chs/hosp/. If you have any additional questions please email hospital survey staff at HSU@dshs.texas.gov.

II. Survey Specific Questions

10) What is the definition of a skilled nursing home unit/facility?

For the purposes of this survey, nursing home type unit/facility provides care for the elderly and chronic care in a non-acute setting in any of the following categories "Skilled nursing", "Intermediate nursing care" and "Other long-term care." The nursing home type units/facilities are to be owned and operated by the hospital. Only one legal entity may be vested with title to the physical property or operate under the authority of a duly executed lease of the physical property.

Swing Beds should not be classified as nursing facility beds (see question number 12 for information on reporting swing beds).

Hospitals reporting a skilled nursing facility should report designated beds set up and staffed in at least one of the following categories in the Facilities and Service Section: C15 (Skilled Nursing Care), C16 (Intermediate Nursing Care) or C18 (Other Long-Term Care). Hospitals reporting these services should provide utilization and financial breakouts in sections E2 through F1 in column 2.

11) Section C: Facilities and Services. How am I to report beds in this section?

For this section (items C1-C19), report the number of beds your hospital had set up and staffed for use as of the last day of the reporting period. These numbers should reflect beds as assigned to each unit. The combined total of these beds must equal the reported beds set up and staffed in section E, item E2B1. This number must be less than or equal to the number of licensed beds.

If a service is provided but the hospital does not have assigned beds set up and staffed, check that the service is provided and enter zero for beds. If these beds are combined with another unit, please indicate the line item and the beds that are combined in the supplemental section.

12) How is my hospital to report our Medicaid Disproportionate Share Hospital Payments?

Beginning with the 2002 survey, the way in which hospitals are being asked to report their Medicaid Disproportionate Share Hospital (DSH) Payments has changed. This change has been made to more accurately reflect American Institute of Certified Public Accountants (AICPA) guidelines.

DSH payments are to be reported as part of net patient revenue and are not to be included in gross patient revenue. These payments are to be included in the following items: F1a and in the net column for items F4a2d and F2c. DSH payments are no longer to be included in J1a1(a-c) and should now be included in item J1c.

13) Uncompensated Care Payments are to be reported as part of net patient revenue and included in F.4.a.2.F.2 Medicaid supplemental payments.

14) Where is the hospital to report swing beds?

Swing beds are licensed acute care beds that have been designated by a hospital to provide acute or long-term care services. These beds are certified by Medicare. Hospitals with swing beds are in a "rural area" and have less than 100 acute care beds.

Swing beds should be reported as general medical-surgical care beds (item Ca1). Swing days corresponding to the swing beds are to be reported in item I4b.

15) What are the differences between Bad Debt/Charity in section F3 and Bad Debt/Charity in section I1 and I2?

Please note that the definitions for bad debt expense/charges and charity charges in items I1c and I2c are specific to the DSH program and are somewhat different from the AHA definitions for items F3 and F3B. Please, refer to the specific definitions listed on the survey form.

Bad Debt expense/charges: Item F3a allows for the provision of actual or expected uncollectibles while item I1c allows (actual) uncollectible inpatient and outpatient charges that result from the extension of credit.

Charity charges: The definition of charity for item F3b is broad whereas the definition for item I2c specifies what can and cannot be included in charity care.

16) What is a hospital FID number?

The Hospital FID number is the unique seven-digit facility identification number assigned to a hospital by the state of Texas. This number is different from the hospital's American Hospital Association ID. For your convenience, the number is printed on the Web Survey Login Information sheet included as part of the survey packet.

III. Completing the Survey

17) What do I do after I have completed the online survey form?

- 1) Make sure that all sections of the survey are complete and have been accepted.
- 2) **Print a completed copy of the survey for the hospital's records.**
- 3) ***Send a copy of policies:***

- a) (Section K: Hepatitis B vaccination, patient immunization and/or employee immunization, to **Imm.Epi@dshs.texas.gov** and
 - b) Section L: charity care), to **HSU@dshs.texas.gov**. Please make sure, that the hospital name, FID, and City are listed on the top of each policy.
- 4) The data will be exported by Department of State Health Services directly from the AHA web site. HSU will conduct an in-house report to verify any discrepancies with the data. An analyst will request additional information if needed to complete your survey.

IV. Annual Statement of Community Benefits

1) Exclude the following net patient revenue (Std1) and ASCBS

- a. Local Provider Participating Funds (LPPF)
- b. Comprehensive Hospital Increase Reimbursement Program (CHIRP)
- c. Rural Access to Primary and Preventive Services (RAPPS)
- d. QIPP – QIPP is a state directed payment. The appropriate placement is Medicaid State Directed Payments (line F4a2e)
- e. ATLIS – ATLIS did not exist until 2025. ATLIS payments should not be reported on the 2024 annual survey to the extent these payments are not included in the hospital’s most recently completed fiscal year.
- f. HARP – HARP is a non-DSH, non-directed Medicaid supplemental payment. The appropriate placement is Other Medicaid Supplemental Payments (line F4a2f)

What should I do if I still have questions?

Please contact Hospital Survey Unit at DSHS at 512 776-3314 (E-mail: HSU@dshs.texas.gov) or AHA Survey staff member at 1-800-530-9092 or via-e-mail at surveysupport@aha.org.

IMPORTANT: The Texas Health and Safety Code, Chapters 311, require the Texas Department of State Health Services to collect aggregate financial, utilization, and other data from all licensed hospitals. Therefore, it is extremely important that all sections of the survey be completed fully and accurately.

(1) If a hospital does not submit the completed online survey form to the Department of State Health Services (department) within the 60-day reporting period and in accordance with §13.15 of this title (relating to Survey Forms and Methods of Reporting Data), the department may institute the following procedures.

(A) The department will notify the entity in writing by certified mail, return receipt requested that the entity is in noncompliance with department reporting requirements. The written notification will also state that the commissioner may

request that the attorney general institute if the hospital fails to submit the requested data to the department within 30 days of the date the entity received the notification letter. (B) If the department does not receive the requested data from the nonresponding hospital within the specified time frame, the commissioner may notify the attorney general in writing of the entity's noncompliance.

The department will send a copy of the written notification to the hospital.

(B) Report of the Community Benefit Plan (CBP) and the online Annual Statement of Community Benefits Standard (ASCBS).

(1) A nonprofit hospital or hospital system that does not timely submit a CBP report to the Department of State Health Services (department) according to the requirements and procedures established in these sections is subject to a civil penalty of not more than \$1,000 for each day of noncompliance, under the provisions of Health and Safety Code, Chapter 311.

(2) If a nonprofit hospital or hospital system does not submit a CBP report to the department within the reporting period established in §13.17 of this title (relating to Duties of Nonprofit Hospitals under Health and Safety Code, Chapter 311), the department may institute the following procedures.

(A) The department will notify the entity in writing by certified mail, return receipt requested, that the entity is in noncompliance with department reporting requirements and may be in violation of the Health and Safety Code, Chapter 311. The written notification will also state that the commissioner may request that the attorney general institute and conduct a suit in the name of the state to recover civil penalties if the hospital or hospital system fails to submit the report to the department within ten days after receipt of the written notification letter.

(B) If the department does not receive the CBP report from the nonresponding hospital or hospital system within the specified time frame, the commissioner may notify the attorney general in writing of the entity's noncompliance. The department will send a copy of the written notification to the hospital or hospital system.

Prepared by: Center for Health Statistics-Hospital Survey Unit, Department of State Health Services 02/23/26.