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Survey of Montana Health Care Facilities

If you do not have time to fill out the full survey, please fill out from Statistics, Staffing, Payers, and Policies.

Name of Facility:

Please answer questions for the fiscal year immediately preceding January 1, 2008:

Are you a not-for-profit entity?   Yes   No

Are you a for-profit entity?   Yes   No

If you are a for-profit entity, please list percentage of owners or principals in the business who are:

Physicians _____ %

Other holders of health-care professional related licenses (under Title 37) in Montana _____ %

Other principals or owners not licensed to perform health care in Montana _____ %

What type of license do you have? Please check applicable box.

☐ Hospital

☐ Critical Access Hospital

☐ ASC

☐ Outpatient Surgery Center

☐ Other

List other licenses

General Information about facility

Number of inpatient beds

Number of outpatient beds

Number of operating rooms

Number of outpatient procedures

Affiliation

Do you provide emergency services?   Yes   No

If yes,

Are these through a critical access hospital?   Yes   No

Is this a trauma center?   Yes (Level   )   No

Other?

Do you provide obstetric care?   Yes   No

If yes, please check the following boxes that apply.

☐ Birthing suites

☐ Neonatal Level II

☐ Neonatal Intensive Care

☐ Neonatal Intermediate Care

Other?

Do you provide psychiatric care?   Yes   No

If yes,

Number of licensed psychiatric beds

Other behavioral health beds for co-occurring diagnoses

Do you provide outpatient psychiatric services for children?   Yes   No

Do you provide outpatient psychiatric services for adults?   Yes   No

Other?

What other inpatient services do you provide? Please check applicable services.

☐ General medical

☐ Surgical

☐ Pediatric medical

☐ Pediatric surgical

☐ General intensive care

☐ Pediatric intensive care

☐ Cardiac intensive care

- [ ] Pediatric intensive care
- [ ] Cardiology
- [ ] Open-heart surgery
- [ ] Orthopedics
- [ ] Neurology
- [ ] Skilled nursing (long-term care)
- [ ] Acute long-term care
- [ ] Hospice/palliative care
- [ ] Infection isolation room
- [ ] Pain management
- [ ] Physical rehabilitation

What outpatient services do you provide? Please check applicable boxes.

- [ ] Alternative medicine
- [ ] Alzheimer center
- [ ] Angioplasty
- [ ] Arthritis center
- [ ] Bariatric weight control
- [ ] Breast cancer screening or mammograms
- [ ] Cardiac catheterization
- [ ] Dental services
- [ ] Dermatology
- [ ] Diabetes management
- [ ] Ear, nose and throat
- [ ] ECS lithotripsy
- [ ] Endoscopy
- [ ] Fertility counseling
- [ ] Gastroenterology
- [ ] Geriatric
- [ ] HIV-AIDS services
- [ ] Home health services
- [ ] Kidney dialysis
- [ ] Laboratory services
- [ ] Oncology services
- [ ] Opthalmological

- ☐ Orthopedics
- ☐ Physical rehabilitation
- ☐ Podiatry
- ☐ Reconstructive or cosmetic surgery
- ☐ Sleep center
- ☐ Smoke cessation assistance
- ☐ Sports medicine
- ☐ Urology
- ☐ Women's health services
- ☐ Wound management

What imaging services do you provide? Please check applicable services.

- ☐ CT scans
- ☐ Diagnostic radioisotopes
- ☐ Positron Emission Tomography
- ☐ MRI
- ☐ Multislice spiral CT
- ☐ Ultrasound

Other? _____

Statistics, Staffing, Payers, and Policies

Please fill in the blanks for the following based on the fiscal year immediately preceding January 1, 2008:

Number of admissions _____

Number of emergency visits _____

Number of births _____

Number of physicians with privileges not employed or under contract by hospital _____

Number of physicians employed by hospital, with referral privileges but not hospitalists _____

Number of contract physicians not considered employees _____

Number of locum tenem physicians _____

Number of medical staff hired as "travelers" on time-limited contracts _____

Staffing mix:

Number of full-time RNs   Number of part-time RNs

Number of full-time LPNs   Number of part-time LPNs

Number of full-time all Other Medical Staff   Number of part-time All Other Medical Staff

Other?

Policy Information:

Do you have a policy that limits privileges of physicians based on economic credentials or conflict of interest?

    Yes   No

Do you post pricing information in a visible place?   Yes   No

If yes, how do you provide?

Do you post payment policies?   Yes   No

If yes, how do you provide?

Do you provide written payment policies prior to service?   Yes   No

If yes, how do you provide?

Do you use electronic records?   Yes   No

Please check who fills in the records.

☐ Physicians

☐ Nursing staff

☐ Others

What percentage of revenues do you receive from each of the following payer types?

Commercial insurance   %

Medicare   %

Medicaid   %

Self-pay (private pay)   %

Workers compensation   %

Military insurance   %

Indian Health Service   %

Other   % List:

Do you provide health insurance coverage for employees?   Yes   No

Do you provide health insurance coverage for employees' families?   Yes   No

Have you received state financial assistance for construction of health-related facilities?   Yes   No

If yes, what type of financial assistance?

Do you participate in a joint venture with another medical provider for medical services?   Yes

If yes, please list name(s) of facility/facilities   No

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