

Chapter HRSC 1

GENERAL PROVISIONS

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**HRSC 1.01 Definitions.** In chs. HRSC 1 to 5 and to interpret provisions of ch. 54, Stats:

(1) "Accounts receivable" means claims arising from rendering patient care services.

(1m) "Ancillary services" means a hospital's clinical, diagnostic and treatment services, not room and board or nursing services.

(2) "Bad debts" means claims arising from rendering patient care services that the hospital, using a sound credit and collection policy, determines are uncollectible. "Bad debts" does not include charity care.

(2m) "Budget year" means the fiscal year of a hospital for which rates are being set during a rate review.

(3) "Case mix" means a measure of the types of patients treated in a hospital during a specified period.

(3m) "Charge element" means any hospital service, supply or combination of services or supplies reported at the direction of the commission.

(4) "Charity care" means reductions in the hospital's charges for patient care services due to indigence of the patient. "Charity care" does not include bad debts or allowances related to medical assistance, medicare or general relief payments.

(5) "Commission" means the Wisconsin hospital rate-setting commission.

(6) "Fixed cost" means a hospital's expenses that do not generally vary in relation to the hospital's volume.

(7) "General relief" means hospital care for which a municipality or county is liable under s. 49.02 or 49.03, Stats., or hospital care for which the state is liable under s. 49.035, 49.04 or 49.046, Stats.

(8) "Hospital" has the meaning provided in s. 50.33 (1), Stats.

(9) "Intensity" means the standard of care established by the clinical health professions for a given case mix and volume, measured as the number and kind of ancillary services provided and the level of nursing services provided.

(10) "Variable cost" means a hospital's expenses that generally vary in relation to the hospital's volume.

(11) "Volume" includes the following:

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(a) The number of inpatient and outpatient admissions at a hospital during a specified period. The commission shall adjust the calculation of outpatient admission volume in recognition of the different level of services provided to outpatients, as compared to inpatients, to create a method of calculating total admissions.

(b) The number of inpatient and outpatient days at a hospital during a specified period. The commission shall adjust the calculation of outpatient days in recognition of the different level of services provided to outpatients, as compared to inpatients, to create a method of calculating total days.

(c) The number of procedures of any particular type performed by a hospital during a specified period.

(d) The number of times any charge element is billed.

History: Cr. Register, December, 1984, No. 348, eff. 2-1-85; am. (1) (intro.), Register, October, 1985, No. 358, eff. 11-1-85.

**HRSC 1.03 Naming agents.** The commission may designate its agents and grant them authority to examine confidential materials, conduct investigations or hearings and perform other functions authorized by the commission. The commission shall issue to each agent an identification card.

History: Cr. Register, December, 1984, No. 348, eff. 2-1-85.

**HRSC 1.05 Supervisor of hearings.** The chairperson of the commission may assign to each agent the supervision of a particular investigation or, if the assignment is indicated on the commission's calendar, the conduct of a hearing.

History: Cr. Register, December, 1984, No. 348, eff. 2-1-85.

**HRSC 1.09 Communications and documents addressed to the commission.** (1) **ADDRESS.** All written communications concerning the commission's activities shall be addressed to the commission.

Note: The present address of the commission is as follows:  
Wisconsin Hospital Rate-Setting Commission  
Room 215  
110 E. Main St.  
Madison, WI 53702

(2) **DOCUMENT FORMAT.** Documents shall be printed on 8 and 1/2 by 11 inch paper unless the commission otherwise provides. The first page of each communication or document addressed to the commission shall contain a distinctive title identifying the action requested and, if one exists, a docket number. All written information submitted on behalf of a hospital to the commission shall be signed by the hospital's chief executive officer or a designated agent.

History: Cr. Register, December, 1984, No. 348, eff. 2-1-85.

**HRSC 1.11 Service of documents.** Service of documents on the commission or other parties in commission proceedings shall be by 1st class or registered mail or by delivery in person. The date of service is the day the document is postmarked or delivered in person.

History: Cr. Register, December, 1984, No. 348, eff. 2-1-85.