Virginia Health Information under contract to Virginia Department of Health

Ambulatory Hospital Detail Report EPICS System

When classifying the financial items for the facility's financial statements, please default to the Financial Accounting Standards Board (FASB) guidelines. By following the guidelines, the financial statements included as part of the Annual Historical Filing will agree to the audited financial statements provided as supporting documentation.

For example, If an item is included in the non-operating gain/loss category in the audited financial statements, then the same item would be included in the non-operating gain/loss category in the Annual Historical Filing. Please contact Sandy Smith at either (804)783-2032 or sandy@vhi.org if you have any questions.

Income Statement

1 Gross inpatient revenue by type of payer:

1a. Medicare	_____
1b. Medicaid	_____
1c. Other Government	_____
1d. Commercial	_____
1e. Other	_____
1f. Total Gross Inpatient Revenue	_____

1 Gross inpatient revenue by type of payer: - Total established full charges for all hospital services provided to inpatients, including charity care, by type of primary payer. Items 1 to 18 are from the hospital's audited income statement or are related to income statement accounts of this hospital only. All figures are to exclude data pertaining to separately licensed or non-hospital activities that are in the same accounting entity with the hospital, such as a hospital-based nursing home (LTCU). The Income Statement Reconciliation Worksheet must be completed to report excluded data.

1a. Medicare - The sum of established full charges for all hospital services provided to inpatients for whom Medicare is the primary payer. Include revenue from Medicare managed plans. Include cost report add-ons: GME, IME, DSH, paramedical education, transplant, Medicare bad debts.

1b. Medicaid - The sum of established full charges for all hospital services provided to inpatients for whom Medicaid is the primary payer. Include Medicaid revenue from managed Medicaid health plans. This line item does not include any payments received for Medicaid Disproportionate Share Program (DSH). The Medicaid DSH payments belong on line 5e below.

1c. Other Government - The sum of established full charges for all hospital services provided to inpatients for whom, CHAMPUS and Tricare, SLH, Veterans Administration, or any other government program other than Medicare or Medicaid is the primary payer.

1d. Commercial - The sum of established full charges for all hospital services provided to inpatients for whom a commercial insurance company or self-funded employer is the primary payer.

1e. Other - The sum of established full charges for all hospital services provided to inpatients whose primary payer is not listed above. Include Worker's Compensation, Self pay, and Uninsured.

1f. Total Gross Inpatient Revenue - The sum of lines 1a through 1e.

2. Gross Outpatient Revenue

2a. Medicare	_____
2b. Medicaid	_____
2c. Other Government	_____
2d. Commercial	_____
2e. Other	_____
2f. Total Gross Outpatient Revenue	_____

3. Total gross patient service revenue	_____

2. Gross Outpatient Revenue - Total established full charges for all hospital services provided to outpatients, including charity care, by type of primary payer. Itemize according to the categories shown. Refer to the definitions of payer categories for item 2.a above. Total the sum of 2a through 2e in 2f.

2a. Medicare - The sum of established full charges for all hospital services provided to outpatients for whom Medicare is the primary payer. Include revenue from Medicare managed plans. Include cost report add-ons: GME, IME, DSH, paramedical education, transplant, Medicare bad debts.

2b. Medicaid - The sum of established full charges for all hospital services provided to outpatients for whom Medicaid is the primary payer. Include Medicaid revenue from managed Medicaid health plans.

2c. Other Government - The sum of established full charges for all hospital services provided to outpatients for whom, CHAMPUS and Tricare, SLH, Veterans Administration, or any other government program other than Medicare or Medicaid is the primary payer.

2d. Commercial - The sum of established full charges for all hospital services provided to outpatients for whom a commercial insurance company or self-funded employer is the primary payer.

2e. Other - The sum of established full charges for all hospital services provided to outpatients whose primary payer is not listed above. Include Worker's Compensation, Self pay, and Uninsured.

2f. Total Gross Outpatient Revenue - The sum of lines 2a through 2e.

3. Total gross patient service revenue - Total established full charges for all inpatient and outpatient hospital services provided to patients. This is the sum of lines 1f and 2f.

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4 Contractual Allowances

4a. Medicare	_____
4b. Medicaid	_____
4c. Other Government	_____
4d. Commercial	_____
4e. Other	_____
4f. Total contractual allowance	_____
5a Charity care at 100% of the poverty level	_____
5b Charity care at 200% of the poverty level	_____
5c Charity care in excess of 200% of poverty	_____
5d Charity Care for which partial payment is received	_____
5e Payment received for Medicaid Disproportionate Share Program	_____
5f Total Charity Care and Medicaid Disproportionate Share	_____
6 Patient Service Bad Debt Expense	_____
7 Net patient service revenue	_____
8 Other revenue and operating gains	_____

4 Contractual Allowances - The difference between a hospital's established charges and the rates paid by third-party payers under contractual agreements. Itemize according to the categories shown.

4a. Medicare - The sum of established full charges for all hospital services provided to all patients for whom Medicare is the

primary payer. Include revenue from Medicare managed plans. Include cost report add-ons: GME, IME, DSH, paramedical education, transplant, Medicare bad debts.

4b. Medicaid - The sum of established full charges for all hospital services provided to all patients for whom Medicaid is the primary payer. Include Medicaid revenue from managed Medicaid health plans.

4c. Other Government - The sum of established full charges for all hospital services provided to all patients for whom, CHAMPUS and Tricare, SLH, Veterans Administration, or any other government program other than Medicare or Medicaid is the primary payer.

4d. Commercial - The sum of established full charges for all hospital services provided to all patients for whom a commercial insurance company or self-funded employer is the primary payer.

4e. Other - The sum of established full charges for all hospital services provided to all patients whose primary payer is not listed above. Include Worker's Compensation, Self pay, and Uninsured. Report administrative and other allowances (but not charity care) in line 4e, Other Contractual Allowances.

4f. Total contractual allowance - Sum of lines 4a through 4e.

5a Charity care at 100% of the poverty level - In Virginia, charity care is defined as health care services delivered to an uninsured patient who has a family income at or below 100 percent of the federal poverty level and for which it was determined that no payment was expected (i) at the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person, or (ii) at some time following the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person.. Charity care does not include care provided for a fee subsequently deemed uncollectable as bad debt. Per the Audit and Accounting Guide for Health Care Entities, charity care does not include contractual adjustments that result from third-party arrangements, such as Medicare, Medicaid, government funding programs, or other third-party arrangements, because the health care entity has accepted the payment terms for the services provided. Charity care should be recorded at the gross service revenue (full established billing rates).

5b Charity care at 200% of the poverty level - In Virginia, charity care is defined as health care services delivered to an uninsured patient who has a family income at or below 100 percent of the federal poverty level and for which it was determined that no payment was expected (i) at the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person, or (ii) at some time following the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person.. Charity care does not include care provided for a fee subsequently deemed uncollectable as bad debt. Partial payment may have been received by the facility and then deemed uncollectible at a later date. Per the Audit and Accounting Guide for Health Care Entities, charity care does not include contractual adjustments that result from third-party arrangements, such as Medicare, Medicaid, government funding programs, or other third-party arrangements, because the health care entity has accepted the payment terms for the services provided. Charity care should be recorded at the gross service revenue (full established billing rates).

5c Charity care in excess of 200% of poverty - In Virginia, charity care is defined as health care services delivered to an uninsured patient who has a family income at or below 100 percent of the federal poverty level and for which it was determined that no payment was expected (i) at the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person, or (ii) at some time following the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person.. Charity care does not include care provided for a fee subsequently deemed uncollectable as bad debt. Partial payment may have been received by the facility and then deemed uncollectible at a later date. Per the Audit and Accounting Guide for Health Care Entities, charity care does not include contractual adjustments that result from third-party arrangements, such as Medicare, Medicaid, government funding programs, or other third-party arrangements, because the health care entity has accepted the payment terms for the services provided. Charity care should be recorded at the gross service revenue (full established billing rates).

5d Charity Care for which partial payment is received - In Virginia, charity care is defined as health care services delivered to an uninsured patient who has a family income at or below 100 percent of the federal poverty level and for which it was determined that no payment was expected (i) at the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person, or (ii) at some time following the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person.. Charity care does not include care provided for a fee subsequently deemed uncollectable as bad debt. Partial payment may have been received by the facility and then deemed uncollectible at a later date. Per the Audit and Accounting Guide for Health Care Entities, charity care does not include contractual adjustments that result from third-party arrangements, such as Medicare, Medicaid, government funding programs, or other third-party arrangements, because the health care entity has accepted the payment terms for the services provided. Charity care should be recorded at the gross service revenue (full established billing rates).

5e Payment received for Medicaid Disproportionate Share Program - Use this field to enter the amount received from the

Commonwealth of Virginia's Department of Medical Assistance Services for the Medicaid Disproportionate Share Program. This amount should be entered as a negative number. Do not include payments received for GME, IME, or Medicare DSH.

5f Total Charity Care and Medicaid Disproportionate Share - The total of lines 5a through 5e

6 Patient Service Bad Debt Expense - Bad debt expense is the revenue amounts deemed uncollectable as determined after collection efforts based upon sound credit and collection policies.

7 Net patient service revenue - Net patient service revenue is total gross patient service revenue (line 3), minus total contractual allowances (line 4f), minus total charity care and Medicaid Disproportional Share (line 5f) minus Patient Service Bad Debt Expense (line 6).

8 Other revenue and operating gains - Revenue or gains from the hospital's ongoing or central operations other than patient care. These may include such activities as educational or research programs, sales of goods and services to other than patients, and sales of personal convenience items and services to patients. Operating gains may be difficult to distinguish from non-operating gains (see line 15 below). Per the AICPA audit guide, other revenue, gains, or losses are derived from services other than providing health care services to patients. These other revenues include, but are not limited to,: interest and dividends from funds, fees from educational programs, rental of health care facility space, sales of medical equipment, proceeds from the sales from cafeteria meals, proceeds from the sales at a gift shop, etc.

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9. Labor expenses:

9a. Salaries	_____
9b. Benefits	_____
9c. Contract	_____
9d. Home office	_____
9e. Other labor expenses	_____
9f. Total labor expenses	_____

9. Labor expenses: - All expenses related to employment of personnel by the hospital.

9a. Salaries - Total monetary compensation paid by the hospital (accrual basis) to employees of the hospital, including holiday pay, vacation pay, sick pay, and bonuses. This is to be based on the Internal Revenue Service salary definition.

9b. Benefits - Any employment benefits that are considered expenses by the hospital, such as, but not limited to, health insurance, retirement plans, day care reimbursement, and Workers' Compensation. Include payroll taxes here.

9c. Contract - The labor portions of any contractual obligations that are incurred in providing hospital services. These include, but are not limited to, the contracted labor expenses for agency nursing, dietary, pharmacy, radiology, and housekeeping services.

9d. Home office - A portion of home office labor expense allocated to the hospital. This includes the salaries, benefits, contracted labor expenses, and professional fees of the home office.

9e. Other labor expenses - All other labor expenses not reported in lines 9a through 9d.

9f. Total labor expenses - The sum of lines 9a through 9e.

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10 Non-labor expenses

10a. Contract	_____
10b. Home office	_____
10c. Drug	_____
10d. Physician fees	_____
10e. Other non-labor expenses	_____
10f. Total non-labor expenses	_____

10 Non-labor expenses - Any expenses that are not related to labor. Exclude capital and capital-related expenses.

10a. Contract - The non-labor portion of any contractual obligation that is incurred in providing hospital services. This includes,

but is not limited to, the contracted non-labor expense of agency nursing, dietary, radiology, and housekeeping services, etc. Pharmacy contract drug expenses should be reported in line 10c.

10b. Home office - A portion of home office non-labor expense allocated to the hospital. Include operating leases with the home office here.

10c. Drug - Billable and non-billable drug expenses incurred. Include IV solutions.

10d. Physician fees - Expenses incurred by the hospital to pay physicians.

10e. Other non-labor expenses - All other non-labor expenses incurred, such as for supplies, linens, food, and utilities. This line also includes outside legal and accounting expenses, malpractice insurance, director and officer insurance, and maintenance service expenses such as for elevator maintenance. Include amortization expenses that are not defined as capital costs by Medicare.

10f. Total non-labor expenses - The sum of lines 10a through 10e.

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11. Capital expenses:

11a. Depreciation (straight-line)	_____
11b. Amortization	_____
11c. Interest	_____
11d. Insurance	_____
11e. Other capital expenses (excl. capital-related taxes)	_____
11f. Total capital expenses	_____

11. Capital expenses: - Capital expenses are those defined by Medicare as capital expenses. This includes depreciation and interest for capital assets reported as used for patient care, plus Medicare inpatient costs for other capital-related expenses. Medicare inpatient costs for other capital-related expenses include leases, rentals (including license and royalty fees for the use of depreciable assets), insurance expense on depreciable assets, related-organization capital-related costs for assets that are not maintained on the hospital's premises, and taxes on land or depreciable assets used for patient care. Depreciation expenses should be calculated on a straight-line basis, using Medicare useful lives. Include the allocated portion of home office capital expenses here. This capital expense amount is not necessarily the same as the Medicare-allowable cost figure.

11a. Depreciation (straight-line) - Report depreciation charges on capital assets used for patient care, using the straight-line method and Medicare useful lives.

11b. Amortization - Report amortization charges related to capital assets, such as amortization of deferred financing costs and amortization of leases.

11c. Interest - Interest related to capital expenses.

11d. Insurance - Capital-related insurance expense.

11e. Other capital expenses (excl. capital-related taxes) - All other capital-related expenses, except capital-related taxes.

11f. Total capital expenses - The sum of 11a through 11e.

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12 Taxes:

12a. State income	_____
12b. Federal income	_____
12c. Real estate	_____
12d. Business property	_____
12e. Business license	_____
12f. Imputed state income	_____
12g. Imputed federal income	_____
--. Other taxes (Enter the type of other tax you are reporting)	_____
12h. Other taxes (Enter the other tax amount)	_____

12i. Total taxes	_____
13. Total operating expense	_____
14. Operating income (loss)	_____
15. Net non-operating gains (losses)	_____
16. Net extraordinary gains (losses)	_____
17. Cumulative effect of accounting changes	_____
18. Revenue & gains in excess of expenses & losses	_____

12 Taxes: - Report all taxes reported on the hospital's income statement, including: state income tax, federal income tax, real estate tax, business property tax, and business license fees.

12a. State income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations).Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

12b. Federal income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations).Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

12c. Real estate - Taxes assessed or paid on the value of land, buildings, and things permanently attached to land and buildings.

12d. Business property - Taxes assessed or paid on items that are not permanently attached to land or buildings; furniture, fixtures, equipment, vehicles, and the like as defined by local ordinances or specific state statutes.

12e. Business license - taxes or fees paid to operate a business or going-concern as defined by local ordinances or state statutes. Report BPOL (business/professional/occupational licenses) here.

12f. Imputed state income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations).Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

12g. Imputed federal income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations).Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

--. Other taxes (Enter the type of other tax you are reporting) -

12h. Other taxes (Enter the other tax amount) - Specify amounts and types of all other taxes in line above, Other Taxes. Include use taxes (i.e., sales taxes paid for purchased materials and supplies used in the normal course of business) in Other Taxes. Do not include payroll taxes; those go in line 9b, Labor Expenses Benefits.

12i. Total taxes - The total of lines 12a through 12h.

13. Total operating expense - The sum of lines 9f, 10f, 11f, and 12i.

14. Operating income (loss) - (Line 7 plus line 8) minus Line 13

15. Net non-operating gains (losses) - Non-operating gains and losses result from transactions incidental or peripheral to the hospital's central ongoing operations. They may be difficult to distinguish from Other Revenue and Operating Gains (see line 8 above) and may include such items as gifts received, tax support and subsidies, returns on investment of general funds, and gain or loss on sale of properties, as well as other items. Report net non-operating gains (losses) as shown on the hospital's income statement.

16. Net extraordinary gains (losses) - Extraordinary items are transactions and other events that are material, significantly different from the typical or customary business activities, not expected to recur frequently, and not normally considered in evaluating the ordinary operating results of the hospital. Report this item as shown on the hospital's income statement, net of any related tax effects.

17. Cumulative effect of accounting changes - Report the cumulative effect of any changes in accounting principles, as shown on the hospital's income statement, net of any related tax effects.

18. Revenue & gains in excess of expenses & losses - The sum of lines 14 through line 17.

Items for information only - also included in items above

19. Cash donations for medically indigent	_____
20. Unreimbursed medical education expenses	_____
21 Capital-related taxes not related to patient care	_____
Hosptial Entered Medicaid Shortfall	_____

Items for information only - also included in items above -

19. Cash donations for medically indigent - Cash donations made to unrelated organizations to provide services to the medically indigent for which payment is not received.

20. Unreimbursed medical education expenses - Expenses incurred for un-reimbursed medical education.

21 Capital-related taxes not related to patient care - This is an information line only, as these taxes should be included above in item 12, Taxes. Report the taxes on land or depreciable assets not used for patient care, such as property being held for sale or future development. The assets to which these taxes relate should generally be those assets not included in the determination of Medicare-allowable capital costs.

Hosptial Entered Medicaid Shortfall - Hosptial Entered Medicaid Shortfall

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Balance Sheet

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1 Current assets:

1a. Cash and cash equivalents	
1b. Marketable securities	
1c. Accounts receivable (net)	
1d. Receivables from related parties (current)	
1e. Other current assets	
1f. Total current assets	
2 Net fixed assets	

1 Current assets: - Cash and other assets that are expected to be converted into cash, sold, or consumed within one year.

1a. Cash and cash equivalents - Report cash and cash equivalents, including unrestricted short-term investments, short-term marketable securities, short-term accounts for funded depreciation, and board-designated capital improvement funds.

1b. Marketable securities - Report marketable securities that are not considered cash equivalents but are capable of being converted into cash within one year end are not specifically intended to be held for more than one year.

1c. Accounts receivable (net) - Report accounts receivable from patients, third-party payers, and others, net of contractual adjustments, discounts, and allowances for uncollectible.

1d. Receivables from related parties (current) - Receivables from Related Parties (current portion). Report any amounts due from a related party and expected to be received within one year. A related-party transaction exists when one of the transacting parties has the ability to significantly influence the policies of the other transacting party or when a non-transacting party has the ability to influence the policies of the two transacting parties. A related party may be a parent company, a subsidiary company, another subsidiary of a common parent company, a trust controlled by the reporting entity, or an officer or principal owner of the reporting entity.

1e. Other current assets - Report all other current assets not included above, such as investments not considered either cash equivalents or marketable securities but expected to be converted into cash within one year, current portion of long-term receivables, interest receivable, supplies/inventory, prepaid expenses, and deferred income taxes to be recovered within one year.

1f. Total current assets - The sum of lines 1a through 1e.

2 Net fixed assets - Report the value of property, plant, and equipment, net of accumulated depreciation using the straight-line method. Timing differences due to an alternative depreciation method should be reported in line 3a, Other Assets Non-Current Investments.

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3 Other assets:

3a. Non-current investments	

3b. Intangible assets	
3c. Receivables from related parties (non-current)	
3d. Other	
3e. Total other assets	
4 Total Assets	

3 Other assets: - Report assets, other than fixed assets, that are not expected to be converted into cash, sold, or consumed within one year.

3a. Non-current investments - Report the value of investments, including property not currently in use for operations, marketable securities, investments in affiliates or non-consolidated subsidiaries, and receivables expected to be held for more than one year. Include accounts for funded depreciation and board-designated capital improvement funds. Include differences between straight-line depreciation and alternative depreciation methods.

3b. Intangible assets - Report the value of intangible assets such as deferred organization costs, deferred financing costs, goodwill, franchises, and the like, net of accumulated amortization.

3c. Receivables from related parties (non-current) - Report any amounts due from a related party and not expected to be received within one year. Please see definition of a related-party transaction on line 1d above.

3d. Other - Report the value of any other assets, not included above, such as pre-paid expenses or deferred costs more than one year in the future.

3e. Total other assets - The sum of lines 3a through 3d.

4 Total Assets - Total assets as reported on the hospital's balance sheet. The sum of lines 1f, 2, and 3e.

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5 Current liabilities;

5a. Notes payable	
5b. Current portion of long-term debt	
5c. Accounts payable	
5d. Liabilities to related parties (current)	
5e. Other current liabilities	
5f. Total current liabilities	

5 Current liabilities; - Obligations expected to be paid within one year.

5a. Notes payable - Report the principal of notes payable within one year.

5b. Current portion of long-term debt - Report those portions of long-term debt principal due to be paid within one year. Include the principal portion of capital lease payments due to be made within one year.

5c. Accounts payable - Report trade and other accounts payable.

5d. Liabilities to related parties (current) - Liabilities to Related Parties (current portion). Report any amounts due to a related party and expected to be paid within one year. Please see definition of a related-party transaction on line 1d above.

5e. Other current liabilities - Report all other current liabilities not included above, such as accrued salaries and wages, accrued interest payable, other accrued expenses, deposits from patients and deferred revenues, estimated refunds to third-party payers, and income taxes payable.

5f. Total current liabilities - The sum of lines 5a through 5e.

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6 Long-term liabilities (less current installments)

6a. Notes payable	_____
6b. Bonds payable	_____
6c. Mortgages payable	_____
6d. Capital lease obligations	_____
6e. Liabilities to related parties (non-current)	_____
6f. Other long-term liabilities	_____
6g. Total long-term liabilities	_____
7 Total Liabilities	_____
8 Patient funds	_____

6 Long-term liabilities (less current installments) - Obligations not expected to be paid within one year.

6a. Notes payable - Report the principal of notes payable more than one year in the future.

6b. Bonds payable - Report bonds maturing more than one year in the future.

6c. Mortgages payable - Report the principal portion of mortgages payable more than one year in the future.

6d. Capital lease obligations - Report the principal portion of capital lease obligations payable more than one year in the future.

6e. Liabilities to related parties (non-current) - Liabilities to Related Parties (non-current portion). Report any amounts due to a related party and not expected to be paid within one year. Please see definition of a related-party transaction on line 1d above.

6f. Other long-term liabilities - Report all other long-term liabilities not included above, such as malpractice settlements, pension obligations, deferred income taxes, or other estimated obligations expected to be paid more than one year in the future.

6g. Total long-term liabilities - The sum of lines 6a through 6f.

7 Total Liabilities - The sum of lines 5f and 6g.

8 Patient funds - This is an information line only, as this item is included in items reported above. Report patients' personal funds being held under an agency arrangement and included in the entity's balance sheet. These are funds being held for the patient's personal expenditures for comfort and convenience items while in the facility. These do not include funds deposited as prepayment or security for payment of future patient service charges.

Statement of Changes in Net Assets

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1. Changes in unrestricted net assets:

1a Revenue and gains in excess of expenses and losses	_____
1b Investment income	_____
1c Transfers from unrestricted funds	_____
1d Transfer to unrestricted funds	_____
1e Other	_____
1f Increase (decrease) in unrestricted net assets	_____

1. Changes in unrestricted net assets: - Note: Restricted funds only apply to Not-for-profit facilities and should be reported in section 2 and/or 3.

1a Revenue and gains in excess of expenses and losses - Report net income as reported on the income statement for the facility. This should be the same as line 18 on the income statement tab unless the reconciliation worksheet is used.

1b Investment income - Investment Income (unrestricted). Report income from unrestricted funds investments.

1c Transfers from unrestricted funds - Report the amount of all transfers and capital contributions from unrestricted funds to restricted funds.

1d Transfer to unrestricted funds - Report the amount of all transfers and capital contributions from restricted funds to unrestricted funds.

1e Other - Other (unrestricted). The net of other changes in unrestricted funds not shown above.

1f Increase (decrease) in unrestricted net assets - The net total of 1a through 1e. EPICS will calculate this value. For-profit facilities may skip ahead to 4..

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2. Changes in temporarily restricted net assets:

2a Contributions, gifts, and bequests	_____
2b Investment income	_____
2c Net assets released from restriction	_____

2d Other	_____
2e Increase (decrease) in temporarily restricted net assets	_____

2. Changes in temporarily restricted net assets: - Restricted funds only apply to Not-for-profit facilities.

2a Contributions, gifts, and bequests - Contributions, gifts, and bequests (temporarily restricted). Report the sum of these items.

2b Investment income - Investment income (temporarily restricted). Report income from temporarily restricted funds investments.

2c Net assets released from restriction - Net assets released from temporary restriction Report the total of the release.

2d Other - Other (temporarily restricted). The net of other changes in temporarily restricted funds not shown above.

2e Increase (decrease) in temporarily restricted net assets - The net total of 2a through 2d. EPICS will calculate this value.

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3. Changes in permanently restricted net assets:

3a. Contributions, gifts, and bequests	_____
3b. Investment income	_____
3c. Net assets release from restriction	_____
3d. Other	_____
3e. Increase (decrease) in permanently restricted net assets	_____
4. Increase (decrease in net assets)	_____
5. Net assets, beginning of year	_____
6. Net assets, end of year	_____

3. Changes in permanently restricted net assets: - Restricted funds only apply to Not-for-profit facilities.

3a. Contributions, gifts, and bequests - Contributions, gifts, and bequests (permanently restricted). Report the sum of these items.

3b. Investment income - Investment income (permanently restricted). Report income from permanently restricted funds investments.

3c. Net assets release from restriction - Net assets released from permanently restricted funds. Report the total of the release.

3d. Other - Other (permanently restricted). The net of other changes in permanently restricted funds not shown above.

3e. Increase (decrease) in permanently restricted net assets - The net total of 3a through 3d. EPICS will calculate this value.

4. Increase (decrease in net assets) - Sum of 1f, 2e, and 3e. EPICS will calculate this value.

5. Net assets, beginning of year - Net assets, beginning of year. The amount should be equal to the year end balance from the prior year unless prior period adjustments were made during the current year.

6. Net assets, end of year - EPICS will calculate this value. Sum of lines 4 and 5.

Statement of Cash Flows

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1 Statement of Cash Flows

1a. Net cash provided (used) by operating activities and gains	_____
1b. Net cash provided (used) by investing activities	_____
1c. Net cash provided (used) by financing activities	_____
1d. Net increase (decrease in cash and cash equivalents	_____
2 Prior-year cash and cash equivalents	_____
3 Current-year cash and cash equivalents	_____

1 Statement of Cash Flows - Items 1 to 4 are from the audited statement of cash flows for the hospital. An obligated group holding assets and liabilities on behalf of the entity completing this Historical Filing should specify the amounts of such assets, liabilities, and related cash flows attributable to this entity. The data reported here should match your auditor's Changes in Cash Flows.

1a. Net cash provided (used) by operating activities and gains - Report the net cash provided (used) by operating activities and gains as reported on the audited statement of cash flows. Any extraordinary gains or losses (e.g., when there is a bond defeasance) included in net income on the audited income statement should be excluded from Net Cash Provided (Used) by Operating Activities and Gains for this Historical Filing. If necessary, remove extraordinary effects from your audited statement's net cash provided (used) by operating activities and gains by adding back an extraordinary loss and subtracting an extraordinary gain.

1b. Net cash provided (used) by investing activities - Report the net cash provided (used) by investing activities as shown on the audited statement of cash flows. Cash inflows from investing activities include, among other items, proceeds from sales of physical and financial assets and capital contributions from affiliates. Cash outflows include, among other items, purchases of plant, property and equipment, cash investments in physical and financial assets, and capital contributions to affiliates.

1c. Net cash provided (used) by financing activities - Report net cash provided (used) by financing activities as shown on the audited statement of cash flows. Net cash provided (used) by financing activities includes, among other items, proceeds from the issuance of debt or sale of stock, payments made to reduce the principal of debt or capital lease obligations, repurchase of stock, and dividends paid.

1d. Net increase (decrease in cash and cash equivalents - As reported on the audited statement of cash flows. It should be the sum of lines 1a through 1c, EPICS automatically calculates this number.

2 Prior-year cash and cash equivalents - As reported on the audited statement of cash flows.

3 Current-year cash and cash equivalents - As reported on the audited statement of cash flows. It should be the sum of lines 1d and 2 and should be the same as line 1a on the balance sheet.

Items for information only-also included in items above

4a Interest paid on long-term debt	_____
4b Principal paid on long-term debt	_____

Items for information only-also included in items above -

4a Interest paid on long-term debt - This is an information line only, as this expense should be included above in line 1a, Net Cash Provided (Used) by Operating Activities. Report interest on long-term debt that was paid during the report period. Include the interest portion of payments on capital leases.

4b Principal paid on long-term debt - This is an information line only, as these payments should be included above in line 1c Net Cash Provided (Used) by Financing Activities. Report actual cash payments of principal on long-term debt during the report period. Include the principal portion of payments on capital leases. Extraordinary gains or losses associated with payments of principal on long-term debt should not be included in this line. An obligated group holding assets and liabilities on behalf of the entity completing this Historical Filing should specify the related principal paid attributable to this entity. Principal payments on intra-company debt and on loans from stockholders are not arms-length transactions and should not be reported here.

Statistics: Other

1. Full time equivalents:

	On Payroll		Contracted	
	FTEs	**Labor Expenses**	**FTEs**	**Labor Expenses**
a. Physicians				
b. Advanced Practice Providers (i.e. PAs, Nurse Practitioners & CRNAs)				
c. Psychologists				
d. Registered Nurses				
e. LPNs				
f. Licensed Professional Counselors				
g. Certified Addiction Counselors				
h. Social Workers				
i. Nurse Aides and Patient Techs				
j. Other				
k. Total				

3a. Physicians - Doctors of medicine (MD) or of osteopathy (DO) paid directly by the facility. Exclude courtesy and attending staff. Do not include any physicians more appropriately reported in other occupational categories such as facility administrators.

3b.Advanced Practice Providers (i.e. PAs, Nurse Practitioners & CRNAs) - Registered providers who have successfully completed a formal program of study designed to prepare registered nurses to provide primary health care through diagnosis, clinical judgment, and management abilities to restore, maintain and improve the health status of patients. These providers are jointly licensed by the Board of Nursing and Board of Medicine.

3c. Psychologists - Include licensed clinical psychologists and licensed psychologists (clinical) and all others holding at least a masters degree who may be working (in a residency program) under the supervision of a licensed clincial psychologist or licensed psychologist (clinical).

3d. Registered Nurses - Nurses who have graduated from approved schools of nursing who are currently registered by a State.

They are responsible for the nature and quality of all nursing care that patients or residents receive. Do not include any registered nurses more appropriately reported in other occupational categories such as facility administrators.

3e. LPNs - Nurses who have graduated from an approved school of practical (vocational) nursing who are currently licensed by the State and who work under the supervision of registered nurses and/or physicians.

3f. Licensed Professional Counselors - Include all licensed professional counselors (LPCs) and all others holding a masters degree in counselling who may be working under the supervision of LPC..

3g. Certified Addiction Counselors - Certified Addiction Counselors

3h. Social Workers - Include licensed clinical social workers (LCSWs) and all others holding a Masters of Social Work (MSW) degree.

3i. Nurse Aides and Patient Techs - Persons who, under the direct supervision of a registered/licensed nurse, assist the nursing staff by performing routine duties in caring for patients or residents. Include mental health workers in this category.

3j. Other - Include all other staff.

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2. Full time equivalents by service:

	Patient Care	Administrative/ Management	Other	Total
a. Physicians				
b. Advanced Practice Providers (i.e. PAs, Nurse Practitioners & CRNAs)				
c. Psychologists				
d. Registered Nurses				
e. LPNs				
f. Licensed Professional Counselors				
g. Certified Addiction Counselors				
h. Social Workers				
i. Nurse Aides and Patient Techs				
j. Other				
k. Total				

4a. Physicians - Doctors of medicine (MD) or of osteopathy (DO) paid directly by the facility. Exclude courtesy and attending staff.

4b. Advanced Practice Providers (i.e. Residents, PAs, Nurse Practitioners & CRNAs) - Registered providers who have successfully completed a formal program of study designed to provide primary health care through diagnosis, clinical judgment, and management abilities to restore, maintain and improve the health status of patients. These providers are jointly licensed by the Board of Nursing and Board of Medicine.

4c. Psychologists - Include licensed clinical psychologists and licensed psychologists (clinical) and all others holding at least a masters degree who may be working (in a residency program) under the supervision of a licensed clincial psychologist or licensed psychologist (clinical).

4d. Registered Nurses - Nurses who have graduated from approved schools of nursing who are currently registered by a State. They are responsible for the nature and quality of all nursing care that patients or residents receive. Do not include any registered nurses more appropriately reported in other occupational categories such as facility administrators.

4e. LPNs - Nurses who have graduated from an approved school of practical (vocational) nursing who are currently licensed by the State and who work under the supervision of registered nurses and/or physicians.

4f. Licensed Professional Counselors - Include all licensed professional counselors (LPCs) and all others holding a masters degree in counselling who may be working under the supervision of LPC..

4g. Certified Addiction Counselors - Certified Addiction Counselors

4h. Social Workers - Include licensed clinical social workers (LCSWs) and all others holding a Masters of Social Work (MSW) degree.

4i. Nurse Aides and Patient Techs - Persons who, under the direct supervision of a registered/licensed nurse, assist the nursing staff by performing routine duties in caring for patients or residents. Include mental health workers in this category.

4j. Other - . Include all other staff.

Imaging and Procedures

1. Nuclear Medicine Imaging:

	Imaging Systems	Patient Visits		Procedures	
		Inpatient	Outpatient	Inpatient	Outpatient
a. Planar Imaging					
b. SPECT					
c. PET - Stationary					
d. PET - Mobile					

Mobile PET Unit's Vendor Name	Average Half Days per week at this facility

6.1 Nuclear Medicine Imaging - Nuclear Medicine Imaging (in vivo diagnostic radioisotope procedures). Those procedures measuring the activity of radioactive substances while those substances are in the body. Does not include the measurement of such activity within fluids withdrawn from the body (in vitro procedures).

Imaging Systems - Report the number of systems available for Nuclear Medicine Imaging.

Inpatient - A visit by one inpatient, which may include multiple procedures.

Outpatient - A visit by one outpatient, which may include multiple procedures.

Inpatient - A single procedure identified by a distinct ICD10 or CPT code performed on an inpatient. There may be multiple procedures performed on a single patient during each patient visit.

Outpatient - A single procedure identified by a distinct ICD10 or CPT code performed on an outpatient. There may be multiple procedures performed on a single patient during each patient visit.

b. SPECT - Single Photon Emission Computed Tomography (SPECT) - A nuclear medicine imaging technique in which data on the activity of a single-photon emitting radionuclide is gathered at 180 to 360 degrees of arc by a single or multiple crystal detector which, with the aid of a computer, creates three-dimensional images from the data.

c. PET - Stationary - Positron Emission Tomography (PET) - A non-invasive diagnostic procedure that involves injecting positron-emitting radio pharmaceuticals into the body and observing the body's physiological and biochemical processes to these radio pharmaceuticals by utilizing a specialized imaging machine serving only this one facility.

d. PET - Mobile - A non-invasive diagnostic procedure that involves injecting positron-emitting radio pharmaceuticals into the body and observing the body's physiological and biochemical processes to these radio pharmaceuticals by utilizing a specialized imaging machine owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Mobile PET Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

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2. Computed Tomography (CT):

	Number of Units	Inpatient Procedures			Inpatient Visits	Outpatient Procedures			Outpatient Visits
		With Contrast	Without Contrast	Dual Studies		With Contrast	Without Contrast	Dual Studies	
a. Stationary CT Units at this facility									
b. Mobile CT Units operating at this facility									

Mobile CT Unit's Vendor Name	Average Half Days per week at this facility

6.2 Computed Tomography (CT) - The construction of images through the detection and computer analysis of numerous x-ray beams directed through a part of the body. Do not report a given study in more than one combination of three categories. Please enter zeroes where applicable.

Number of Units - Report the number of stationary units available for CT Imaging.

Inpatient with Contrast - The gathering of data by utilizing a single inpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as With Contrast.

Inpatient without Contrast - The gathering of data by utilizing a single inpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Without Contrast.

Inpatient Dual Studies - The gathering of data by utilizing a single inpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Dual Study, consisting of two parts, one without contrast and one with contrast.

Inpatient Visits - Total inpatient visits where one or more procedures were performed

Outpatient with Contrast - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as With Contrast.

Outpatient without Contrast - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Without Contrast.

Outpatient Dual Studies - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Dual Study, consisting of two parts, one without contrast and one with contrast

Outpatient Visits - Total outpatient visits where one or more procedures were performed

CT Stationary Units - A unit serving only this one facility

CT Mobile Units - A unit owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days

Mobile CT Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

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3. Magnetic Resonance Imaging (MRI):

	Units	Patient Visits		Procedures	
		Inpatient	Outpatient	Inpatient	Outpatient
a. Stationary MRI Units at this Facility					
b. Mobile MRI Units Operating at this Facility					

Mobile MRI Unit's Vendor Name	Average Half Days per week at this facility

6.3 Magnetic Resonance Imaging (MRI) - The construction of images through the detection and computer analysis of minute changes in magnetic properties of atomic particles within a strong magnetic field in response to the transmission of selected radio-frequency pulse sequences. Also referred to as nuclear magnetic resonance (NMR) imaging. Do not report a given study in more than one combination of these categories. Please enter zeroes where applicable.

Units - Report the number of units available for Magnetic Resonance Imaging.

Patient Visits - Inpatient - The gathering of data during a single inpatient visit from which one or more magnetic resonance images may be constructed of a single anatomical region for the purpose of reaching a definitive clinical diagnosis. MRI studies are classified as either proton studies (the gathering of data specific to hydrogen nuclei) or other studies (the gathering of data specific to atomic particles other than protons or other applications such as spectroscopic analysis).

Patient Visits - Outpatients - The gathering of data during a single outpatient visit from which one or more magnetic resonance images may be constructed of a single anatomical region for the purpose of reaching a definitive clinical diagnosis. MRI studies are classified as either proton studies (the gathering of data specific to hydrogen nuclei) or other studies (the gathering of data specific to atomic particles other than protons or other applications such as spectroscopic analysis).

Procedures - Inpatient - The total number of procedures identified by a distinct ICD10 or CPT code performed on all inpatients during the report period.

Procedures - Outpatient - The total number of procedures identified by a distinct ICD10 or CPT code performed on all outpatients during the report period.

a. Stationary MRI Units at this facility - A unit serving only this one facility.

b. Mobile MRI Units operating at this facility - A unit owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Mobile MRI Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

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4. Therapeutic Radiology:

	Number of Machines	New Courses of Treatment	Treatment Visits		Fields Treated
			Inpatient	Outpatient	
a. Variable (Superficial/Orthovoltage)					
b. Cobalt and Linear Accelerator without Stereotactic Radiosurgery (SR) Capability					
c. Linear Accelerator with SR Capability					
d. Gamma Knife					

6.4 Therapeutic Radiology - The delivery of a prescribed overall dose of radiation to the patient's tumor by use of radioactive sources placed in the tumor region for a prescribed period of time or by directing a beam of ionizing radiation, an external source, towards the tumor region in a series of treatment fractions

Number of Machines - The number of machines in use in the delivery of radiation.

New Courses of Treatment - The number of patient therapy programs initiated during the reporting period.

Inpatient Treatment Visits - The number of distinct inpatient visits during the reporting period each of which consists of the delivery of a treatment fraction to the patient's tumor. A treatment fraction is the number of sessions prescribed by the physician to administer radiation dosage(s). Sessions should cover a period of time.

Outpatient Treatment Visits - The number of distinct outpatient visits during the reporting period each of which consists of the delivery of a treatment fraction to the patient's tumor. A treatment fraction is the number of sessions prescribed by the physician to administer radiation dosage(s). Sessions should cover a period of time.

Fields Treated - The total number of different beams of radiation directed toward the tumor region(s) during the treatment session as prescribed by the physician. The number of fields treated should be equal to or greater than the number of visits.

a. Varible (Superficial/Orthovoltage) - Superficial radiation therapy unit - a machine that generates x-rays with an energy range of 85-180 kilovolts and is used to treat lesions on the surface or just below the skin. Orthovoltage radiation therapy unit - a machine that generates x-rays with an energy range of 200-400 kilovolts. Although these machines have been largely replaced by electron beams from megavoltage radiation therapy units, they are sometimes used for treatment of shallow lesions.

b. Cobalt and Linear Accelerator without sterotactic radiosurgery (SR) capability - A machine, including electron linear accelerators and Cobalt-60 teletherapy units, used to generate ionizing radiation with an energy range of 2-50 megavolts, or millions of electron volts (MeV). Linear accelerators (linacs) may provide both directly ionizing radiation (electrons) and indirectly ionizing radiation (x-rays) to produce a desired radition therapy treatment plan. Do not include those procedures done on a machine with stereotactic radiosurgery capability in this category.

c. Linear Accelerator with SR capability - A machine used to generate ionizing radiation with an energy range of 2-50 megavolts, or millions of electron volts (MeV). Linear accelerators (linacs) may provide both directly ionizing radiation (electrons) and indirectly ionizing radiation (x-rays) to produce a desired radiation therapy treatment plan. Include those procedures done on a machine with stereotactic radiosurgery capability in this category. Stereotactic radiosurgery is a noninvasive therapeutic procedure in which narrow beams of radiant energy are directed at the treatment target so as to produce tissue destruction using computerized tomography, radiography, magnetic resonance imaging, and angiography for localization. Cranial stereotactic radiosurgery may be performed with either a linear accelerator (xX-rRays) or a gamma-knife (Cobalt-60 gamma rays), and the immobilzation of the head may be performed with an invasive frame for single treatments or with a relocatable frame or mask for multiple treatments. Stereotactic radiosurgery is generally a single treatment and stereotactic radiotherapy implies multiple treatment deliveries.

d. Gamma Knife - Gamma knife or gamma unit - a stereotactic radiosurgical instrument with cobalt 60 sources arrayed in a semicircular arc so that they may be very precisely focused and the radiation dose may be very precisely distributed permitting treatment in neurosurgical cases where the site is inaccessible or otherwise unsuitable for other invasive methods. Medical linear accelerators with the proper accessories may perform stereotactic radiosurgical procedures identical to those of a gamma knife.

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5. Cardiac Catheterization:

	Cardiac	Diagnostic Cardiac	Therapeutic	Diagnostic and	Non-Cardiac

	Catheterization Laboratories		Catheterization Patient Visits		Cardiac Catheterization Patient Visits		Therapeutic Cardiac Catheterization Patient Visits in the same session		Patient Visits in Catheterization Laboratories	
	Stat	Mobile	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
a. Adult										
b. Pediatric	XXXXXX	XXXXXX								

Mobile Cardiac Catheterization Lab's Vendor Name	Average Half Days per week at this facility

Diagnostic Cardiac Catheterization Patient Visits - Number of diagnostic only visits performed during the reporting period permitting the securing of blood samples, determination of intra-cardiac pressure, and detection of cardiac anomalies. Also, include transesophageal echocardiogram which is an invasive imaging procedure that creates a picture of the heart's movement, valves, and chambers using high frequency sound waves that come from a small transducer passed down your throat. Report inpatient and outpatient activity separately.

Therapeutic Cardiac Catheterization Patient Visits - Number of therapeutic only visits performed during the reporting period such as percutaneous transluminal coronary angioplasty. Report inpatient and outpatient activity separately.

Diagnostic and Therapeutic Cardiac Catherization Patient Visits in the Same Session - Number of combined diagnostic and therapeutic visits during the reporting period such as percutaneous transluminal coronary angioplasty. Report inpatient and outpatient activity separately.

Non-Cardiac Patient Visits in Catheterization Laboratories - As an example pace makers, renal angioplasty and EP studies, etc. Report inpatient and outpatient activity separately.

Stationary - Laboratories serving only this one facility dedicated to the passage of a small catheter through a vein in an arm, leg or the neck and into the heart. All Adult and Pediatric Laboratories should be combined and reported under Adult Laboratories.

Mobile - Laboratories owned by a vendor and operated at this facility part time dedicated to the passage of a small catheter through a vein in an arm, leg or the neck and into the heart. All Adult and Pediatric Laboratories should be combined and reported under Adult Laboratories. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

a. Adult - The treatment of patients at the appropriate age as designated by the hospital.

b. Ped - The treatment of patients under 15 years of age.

Mobile Cardiac Catheterization Lab's Vendor Name - Please supply the vendor's name.

Average Hald Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

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6. Extracorporeal Shock Wave Lithotripsy:

	Lithotripsy Machines		Lithotripsy Patient Visits	
	Stationary	Mobile	Inpatient	Outpatient
a. Renal Lithotripsy				
b. Gall Stone Lithotripsy				

c. Orthotripsy				

Mobile Lithotripsy Machine's Vendor Name	**Average Half Days per week at this facility**

6.6 Extracorporeal Shock Wave Lithotripsy - Extracorporeal Shock Wave Lithotripsy. The use of shock waves produced outside the body to fragment stony matter without requiring an incision

Stationary Lithotripsy Machines - The number of machines serving only this one facility

Mobile Lithotripsy Machines - The number of machines owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Lithotripsy Inpatient Visits - The number of distinct inpatient visits during the reporting period each consisting of any number of procedures.

Lithotripsy Outpatient Visits - The number of distinct outpatient visits during the reporting period each consisting of any number of procedures.

a. Renal Lithotripsy - Fragmentation of kidney stone including those in upper urinary tract. The use of shock waves produced outside the body to fragment stones in the kidney or upper urinary tract.

b. Gall Stone Lithotripsy - The use of shock waves produced outside the body to fragment stones in the gall bladder.

c. Orthotripsy - The use of shock waves produced outside the body in the treatment of any orthopedic condition.

Mobile Cardiac Catheterization Lab's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Surgery and ED

1. Surgical Facilities and Use:

	Rooms			**Cases**	**Surgical Procedures**	**Non-Surgical Procedures**	**Hours** (cut to end of suture)	**Hours** (prep and clean up)
	Operating	**Exclusive Use**	**Procedure**	**Outpatient**	**Outpatient**	**Outpatient**	**Outpatient**	**Outpatient**
a. General								
b. Cystoscopic								
c. Endoscopic								
d. Cardiac Surgery - Adult			**XXXXXX**					
e. Cardiac Surgery - Pediatric			**XXXXXX**					
f. Trauma								

g. Ambulatory Surgical								
h. Other Minor Excisions								
Total Operation Rooms								

7.1 Surgical Facilities and Use - Please indicate whether each facility and service listed below is actually available within your hospital. If services are contracted answer “yes” only if the services are provided within your facility.

a. General - Include general surgical activity as well as any surgery that is not included in the rows below.

b. Cystoscopic - The use of a cystoscope to examine the bladder or ureter.

c. Endoscopic - The use of a flexible or rigid scope with an optical system for observing the inside of a hollow organ or cavity.

d. Cardiac Surgery - Adult - Use of a heart-lung-bypass machine to perform the function of circulation during surgery on patients 15 years of age and older, using or including use of heart-lung-bypass machine to perform the function of circulation.

e. Cardiac Surgery - Pediatric - Use of a heart-lung-bypass machine to perform the function of circulation during surgery Surgery on patients under 15 years of age. using or including the use of a heart-lung-bypass machine to perform the function of circulation.

f. Trauma - Immediately available 24 hours a day for trauma surgery as required to meet the criteria for Trauma Center (Levels I and II) designation by the Department of Health.

g. Ambulatory Surgical - Separate, distinct operating room especially dedicated to ambulatory surgery.

h. Other Minor Exisions - Minor excisions not covered above.