

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. Response to this request for information is required in order to receive the benefits to be derived. Section 232 of the National Housing Act authorizes mortgage insurance for the development of nursing homes and intermediate care facilities. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

|    | A  | B                  | C              | D                     | E              | F              |
|----|--|--------------------|----------------|-----------------------|----------------|----------------|
| 1  | <b>FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING</b>  |                    |                |                       |                |                |
| 2  | <b>ENTER HOSPITAL NAME HERE</b>  |                    |                | <b>ENTER FYE HERE</b> |                |                |
| 3  | If <b>monthly</b> reporting is required enter 1, if <b>quarterly</b> enter 2 → <b>2</b>  |                    |                |                       |                |                |
| 4  | <b>Instructions:</b>   |                    |                |                       |                |                |
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| 9  | (D.) Footnotes, which provide an explanation of some lines, are located on Page 4.   |                    |                |                       |                |                |
| 10 |  |                    |                |                       |                |                |
| 11 | <b>Description</b>   | <b>Entry Label</b> | <b>1st Qtr</b> | <b>2nd Qtr</b>        | <b>3rd Qtr</b> | <b>4th Qtr</b> |
| 12 |  |                    | <b>YTD</b>     | <b>YTD</b>            | <b>YTD</b>     | <b>YTD</b>     |
| 13 | <b>Balance Sheet</b>   |                    |                |                       |                |                |
| 14 | Cash & Temporary Investments   | R06                |                |                       |                |                |
| 15 | Gross Patient Receivables  |                    |                |                       |                |                |
| 16 | Allowance for Doubtful Accounts  | R32                |                |                       |                |                |
| 17 | <b>Net Accounts Receivable</b>   | R07                |                |                       |                |                |
| 18 | All Other Current Assets   |                    |                |                       |                |                |
| 19 | <b>Total Current Assets</b>  | R09                |                |                       |                |                |
| 20 | Long Term Investments  | R33                |                |                       |                |                |
| 21 | Limited Use or Designated Assets   | R10                |                |                       |                |                |
| 22 | Gross Property, Plant & Equipment  |                    |                |                       |                |                |
| 23 | Accumulated Depreciation   | R11                |                |                       |                |                |
| 24 | <b>Net Property, Plant &amp; Equipment</b>   | R12                |                |                       |                |                |
| 25 | All Other Non-current Assets   |                    |                |                       |                |                |
| 26 | <b>Total Assets</b>  | R13                |                |                       |                |                |
| 27 |  |                    |                |                       |                |                |
| 28 | Accounts Payable & Accrued Expenses  | H01                |                |                       |                |                |
| 29 | Current Portion of LT Debts  | R14                |                |                       |                |                |
| 30 | All Other Current Liabilities  |                    |                |                       |                |                |
| 31 | <b>Total Current Liabilities</b>   | R15                |                |                       |                |                |
| 32 | Long Term Capital Debt   | R16                |                |                       |                |                |
| 33 | All Other Long Term Liabilities  |                    |                |                       |                |                |
| 34 | <b>Total Long Term Liabilities</b>   |                    |                |                       |                |                |
| 35 | <b>Total Liabilities</b>   | R17                |                |                       |                |                |
| 36 | Unrestricted Fund Balance  | R18                |                |                       |                |                |
| 37 | Temporarily Restricted Fund Balance  | R39                |                |                       |                |                |
| 38 | Restricted Fund Balance  | R19                |                |                       |                |                |
| 39 | <b>Total Net Assets</b>  |                    |                |                       |                |                |
| 40 | <b>Total Net Assets + Total Liabilities</b>  |                    |                |                       |                |                |
| 41 |  |                    |                |                       |                |                |

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| 42 | <b>Income Statement</b>  |                    |                |                       |                |                |
| 43 | Net Inpatient Revenue (1) (6)  | H02                |                |                       |                |                |
| 44 | Net Outpatient Revenue (1) (6)   | H03                |                |                       |                |                |
| 45 | <b>Total Net Patient Revenue (1)</b>   | R20                |                |                       |                |                |
| 46 | All Other Operating Revenue  |                    |                |                       |                |                |
| 47 | <b>Total Operating Revenue</b>   | R21                |                |                       |                |                |
| 48 |  |                    |                |                       |                |                |
| 49 | Salaries & Wages   | H05                |                |                       |                |                |
| 50 | Employee Benefits  | R36                |                |                       |                |                |
| 51 | Total Supplies Expense   | H04                |                |                       |                |                |
| 52 | Depreciation & Amortization Expense  | R22                |                |                       |                |                |
| 53 | Interest Expense   | R23                |                |                       |                |                |
| 54 | Bad Debt Expense (1)   | R24                |                |                       |                |                |
| 55 | All Other Operating Expenses   |                    |                |                       |                |                |
| 56 | <b>Total Operating Expense</b>   | R25                |                |                       |                |                |
| 57 | Income from Operations   |                    |                |                       |                |                |
| 58 |  |                    |                |                       |                |                |
| 59 | All Non-Operating Revenue  | H06                |                |                       |                |                |
| 60 | All Non-Operating Expense  | H07                |                |                       |                |                |
| 61 | Extraordinary Items & Income Taxes   | R26                |                |                       |                |                |
| 62 | <b>Net Income</b>  | R27                |                |                       |                |                |
| 63 |  |                    |                |                       |                |                |
| 64 | Unrecognized Gains/Losses  | R28                |                |                       |                |                |
| 65 | Other Changes in Fund Balance (2)  | R30                |                |                       |                |                |
| 66 | <b>Net Increase/Decrease in Fund Balance</b>   |                    |                |                       |                |                |
| 67 |  |                    |                |                       |                |                |

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| 12 |  |                    | <b>YTD</b>     | <b>YTD</b>            | <b>YTD</b>     | <b>YTD</b>     |
| 68 | <b>Mortgage Reserve Fund</b>   |                    |                |                       |                |                |
| 69 | Required MRF Balance   | H11                |                |                       |                |                |
| 70 | Actual MRF Balance   | H12                |                |                       |                |                |
| 71 | <b>Net Inpatient Revenue (1)</b>   |                    |                |                       |                |                |
| 72 | Medicare   | H13                |                |                       |                |                |
| 73 | Medicaid   | H14                |                |                       |                |                |
| 74 | Blue Cross   | H15                |                |                       |                |                |
| 75 | Commercial Insurance   | H16                |                |                       |                |                |
| 76 | HMO/Managed Care   | H17                |                |                       |                |                |
| 77 | Self Pay   | H18                |                |                       |                |                |
| 78 | Other  | H45                |                |                       |                |                |
| 79 | <b>Inpatient Utilization</b>   |                    |                |                       |                |                |
| 80 | Total Licensed Beds  | H19                |                |                       |                |                |
| 81 | Total Staffed Beds   | H20                |                |                       |                |                |
| 82 | <b>Acute Medical/Surgical Service</b>  |                    |                |                       |                |                |
| 83 | Number of Beds   | H21                |                |                       |                |                |
| 84 | Discharges   | H22                |                |                       |                |                |
| 85 | Patient Days   | H23                |                |                       |                |                |
| 86 | <b>Newborn Service</b>   |                    |                |                       |                |                |
| 87 | Number of Beds   | H24                |                |                       |                |                |
| 88 | Discharges   | H25                |                |                       |                |                |
| 89 | Patient Days   | H26                |                |                       |                |                |
| 90 | <b>Other Acute Care Services</b>   |                    |                |                       |                |                |
| 91 | Number of Beds   | H27                |                |                       |                |                |
| 92 | Discharges   | H28                |                |                       |                |                |
| 93 | Patient Days   | H29                |                |                       |                |                |
| 94 | <b>Other Non-Acute Care</b>  |                    |                |                       |                |                |
| 95 | Number of Beds   | H30                |                |                       |                |                |
| 96 | Discharges   | H31                |                |                       |                |                |
| 97 | Patient Days   | H32                |                |                       |                |                |

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| 98  | <b>Acute Care Only (Excl. Newborn)</b>   |                    |                |                       |                |                |
| 99  | <b>Medicare</b>  |                    |                |                       |                |                |
| 100 | Case Mix Index (3)   | H33                |                |                       |                |                |
| 101 | ALOS (5)   | H34                |                |                       |                |                |
| 102 | <b>Non-Medicare</b>  |                    |                |                       |                |                |
| 103 | Case Mix Index (3)   | H35                |                |                       |                |                |
| 104 | ALOS (5)   | H36                |                |                       |                |                |
| 105 | <b>All Patients</b>  |                    |                |                       |                |                |
| 106 | Case Mix Index (3)   | H37                |                |                       |                |                |
| 107 | ALOS (5)   | H38                |                |                       |                |                |
| 108 | Inpatient Cost per Discharge   | H39                |                |                       |                |                |
| 109 | <b>Outpatient Utilization</b>  |                    |                |                       |                |                |
| 110 | Emergency Room Visits  | H40                |                |                       |                |                |
| 111 | Ambulatory Surgery   | H41                |                |                       |                |                |
| 112 | Clinic Visits  | H42                |                |                       |                |                |
| 113 | Other Outpatient Visits  | H43                |                |                       |                |                |
| 114 | <b>Staffing</b>  |                    |                |                       |                |                |
| 115 | Total Full-Time Equivalents (4)  | H44                |                |                       |                |                |
| 116 |  |                    |                |                       |                |                |
| 117 |  |                    |                |                       |                |                |
| 118 | <b>Footnotes:</b>  |                    |                |                       |                |                |
| 119 | (1) Bad Debt Expense is recorded as a separate line item, not as a component of net patient revenue.   |                    |                |                       |                |                |
| 120 | (2) Please provide an explanation for any "Other Changes in Fund Balance".   |                    |                |                       |                |                |
| 121 | (3) Please enter using only 2 decimal points   |                    |                |                       |                |                |
| 122 | (4) Please enter using only a whole number   |                    |                |                       |                |                |
| 123 | (5) Please enter using only 1 decimal point  |                    |                |                       |                |                |
| 124 | (6) These are estimates. To estimate the Net Inpatient Revenue, use the percentage of Gross Inpatient Revenue to Gross Total Patient Revenue.        |                    |                |                       |                |                |
| 125 |  |                    |                |                       |                |                |

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| 126 |  |                    |                        |                        |                        |                        |
| 127 | <b>Edit Checks</b>   |                    | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> |
| 128 | Balance Sheet  |                    |                        |                        |                        |                        |
| 129 | A15-A16=A17  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 130 | A14+A17+A18=A19  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 131 | A19+A20+A21+A24+A25=A26  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 132 | A28+A29+A30=A31  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 133 | A32+A33=A34  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 134 | A31+A34=A35  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 135 | A36+A37+A38=A39  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 136 | A35+A39=A40  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 137 |  |                    |                        |                        |                        |                        |
| 138 | Income Statement   |                    |                        |                        |                        |                        |
| 139 | A43+A44=A45  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 140 | A45+A46=A47  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 141 | A49+A50+A51+A52+A53+A54+A55=A56  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 142 | A57+A59-A60-A61=A62  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 143 | A62+A64+A65=A66  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 144 | A72+A73+A74+A75+A76+A77+A78=A43  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 145 |  |                    |                        |                        |                        |                        |
| 146 | Various Edit Checks  |                    |                        |                        |                        |                        |
| 147 | R20<=R21   |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 148 | R21-R25+H6-H7+R26=R27  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 149 | H4+H5+R22+R23+R24<=R25   |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 150 | R6+R7+R8<=R9   |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 151 | R9+R10+R12<=R13  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 152 | R13=R17+R18  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 153 | H1+R14<=R15  |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 154 | R15+R16<=R17   |                    | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             | <b>Yes</b>             |
| 155 |  |                    |                        |                        |                        |                        |
| 156 | Reasonableness Review for Cost per Discharge   |                    | #DIV/0!                | #DIV/0!                | #DIV/0!                | #DIV/0!                |

**FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING**

**ENTER FYE HERE**

**ENTER HOSPITAL NAME HERE**

If **monthly** reporting is required enter 1, if **quarterly** enter 2

→ **1**

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|--|-------------|------------------|------------------|------------------|--|
| <b>Balance Sheet</b>                       |             |                  |                  |                  |  |
| Cash & Temporary Investments               | R06         |                  |                  |                  |  |
| Gross Patient Receivables                  |             |                  |                  |                  |  |
| Allowance for Doubtful Accounts            | R32         |                  |                  |                  |  |
| <b>Net Accounts Receivable</b>             | R07         |                  |                  |                  |  |
| All Other Current Assets                   |             |                  |                  |                  |  |
| <b>Total Current Assets</b>                | R09         |                  |                  |                  |  |
| Long Term Investments                      | R33         |                  |                  |                  |  |
| Limited Use or Designated Assets           | R10         |                  |                  |                  |  |
| Gross Property, Plant & Equipment          |             |                  |                  |                  |  |
| Accumulated Depreciation                   | R11         |                  |                  |                  |  |
| <b>Net Property, Plant &amp; Equipment</b> | R12         |                  |                  |                  |  |
| All Other Non-current Assets               |             |                  |                  |                  |  |
| <b>Total Assets</b>                        | R13         |                  |                  |                  |  |
| Accounts Payable & Accrued Expenses        | H01         |                  |                  |                  |  |
| Current Portion of LT Debts                | R14         |                  |                  |                  |  |
| All Other Current Liabilities              |             |                  |                  |                  |  |
| <b>Total Current Liabilities</b>           | R15         |                  |                  |                  |  |
| Long Term Capital Debt                     | R16         |                  |                  |                  |  |
| All Other Long Term Liabilities            |             |                  |                  |                  |  |
| <b>Total Long Term Liabilities</b>         |             |                  |                  |                  |  |
| <b>Total Liabilities</b>                   | R17         |                  |                  |                  |  |
| Unrestricted Fund Balance                  | R18         |                  |                  |                  |  |

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| Temporarily Restricted Fund Balance          | R39 |  |  |  |  |
| Restricted Fund Balance                      | R19 |  |  |  |  |
| <b>Total Net Assets</b>                      |     |  |  |  |  |
| <b>Total Net Assets + Total Liabilities</b>  |     |  |  |  |  |
| <b>Income Statement</b>                      |     |  |  |  |  |
| Net Inpatient Revenue (1) (6)                | H02 |  |  |  |  |
| Net Outpatient Revenue (1) (6)               | H03 |  |  |  |  |
| <b>Total Net Patient Revenue (1)</b>         | R20 |  |  |  |  |
| All Other Operating Revenue                  |     |  |  |  |  |
| <b>Total Operating Revenue</b>               | R21 |  |  |  |  |
| Salaries & Wages                             | H05 |  |  |  |  |
| Employee Benefits                            | R36 |  |  |  |  |
| Total Supplies Expense                       | H04 |  |  |  |  |
| Depreciation & Amortization Expense          | R22 |  |  |  |  |
| Interest Expense                             | R23 |  |  |  |  |
| Bad Debt Expense (1)                         | R24 |  |  |  |  |
| All Other Operating Expenses                 |     |  |  |  |  |
| <b>Total Operating Expense</b>               | R25 |  |  |  |  |
| Income from Operations                       |     |  |  |  |  |
| All Non-Operating Revenue                    | H06 |  |  |  |  |
| All Non-Operating Expense                    | H07 |  |  |  |  |
| Extraordinary Items & Income Taxes           | R26 |  |  |  |  |
| <b>Net Income</b>                            | R27 |  |  |  |  |
| Unrecognized Gains/Losses                    | R28 |  |  |  |  |
| Other Changes in Fund Balance (2)            | R30 |  |  |  |  |
| <b>Net Increase/Decrease in Fund Balance</b> |     |  |  |  |  |
| <b>Mortgage Reserve Fund</b>                 |     |  |  |  |  |
| Required MRF Balance                         | H11 |  |  |  |  |
| Actual MRF Balance                           | H12 |  |  |  |  |
| <b>Net Inpatient Revenue (1)</b>             |     |  |  |  |  |
| Medicare                                     | H13 |  |  |  |  |
| Medicaid                                     | H14 |  |  |  |  |
| Blue Cross                                   | H15 |  |  |  |  |
| Commercial Insurance                         | H16 |  |  |  |  |
| HMO/Managed Care                             | H17 |  |  |  |  |



|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| Self Pay                               | H18 |  |  |  |  |
| Other                                  | H45 |  |  |  |  |
| <b>Inpatient Utilization</b>           |     |  |  |  |  |
| Total Licensed Beds                    | H19 |  |  |  |  |
| Total Staffed Beds                     | H20 |  |  |  |  |
| <b>Acute Medical/Surgical Service</b>  |     |  |  |  |  |
| Number of Beds                         | H21 |  |  |  |  |
| Discharges                             | H22 |  |  |  |  |
| Patient Days                           | H23 |  |  |  |  |
| <b>Newborn Service</b>                 |     |  |  |  |  |
| Number of Beds                         | H24 |  |  |  |  |
| Discharges                             | H25 |  |  |  |  |
| Patient Days                           | H26 |  |  |  |  |
| <b>Other Acute Care Services</b>       |     |  |  |  |  |
| Number of Beds                         | H27 |  |  |  |  |
| Discharges                             | H28 |  |  |  |  |
| Patient Days                           | H29 |  |  |  |  |
| <b>Other Non-Acute Care</b>            |     |  |  |  |  |
| Number of Beds                         | H30 |  |  |  |  |
| Discharges                             | H31 |  |  |  |  |
| Patient Days                           | H32 |  |  |  |  |
| <b>Acute Care Only (Excl. Newborn)</b> |     |  |  |  |  |
| <b>Medicare</b>                        |     |  |  |  |  |
| Case Mix Index (3)                     | H33 |  |  |  |  |
| ALOS (5)                               | H34 |  |  |  |  |
| <b>Non-Medicare</b>                    |     |  |  |  |  |
| Case Mix Index (3)                     | H35 |  |  |  |  |
| ALOS (5)                               | H36 |  |  |  |  |
| <b>All Patients</b>                    |     |  |  |  |  |
| Case Mix Index (3)                     | H37 |  |  |  |  |
| ALOS (5)                               | H38 |  |  |  |  |
| Inpatient Cost per Discharge           | H39 |  |  |  |  |
| <b>Outpatient Utilization</b>          |     |  |  |  |  |
| Emergency Room Visits                  | H40 |  |  |  |  |
| Ambulatory Surgery                     | H41 |  |  |  |  |
| Clinic Visits                          | H42 |  |  |  |  |
| Other Outpatient Visits                | H43 |  |  |  |  |
| <b>Staffing</b>                        |     |  |  |  |  |
| Total Full-Time Equivalents (4)        | H44 |  |  |  |  |

**Footnotes:**

- (1) Bad Debt Expense is recorded as a separate line item, not as a component of net patient revenue.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates. To estimate the Net Inpatient Revenue, use the percentage of Gross Inpatient Revenue to Gross Total Patient Revenue.

| <b>Edit Checks</b>              | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> |  |
|---------------------------------|------------------------|------------------------|------------------------|------------------------|--|
| Balance Sheet                   |                        |                        |                        |                        |  |
| A17-A18=A19                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A16+A19+A20=A21                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A21+A22+A23+A26+A27=A28         | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A30+A31+A32=A33                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A34+A35=A36                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A33+A36=A37                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A38+A39+A40=A41                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A37+A41=A42                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| Income Statement                |                        |                        |                        |                        |  |
| A45+A46=A47                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A47+A48=A49                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A51+A52+A53+A54+A55+A56+A57=A58 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A59+A61-A62-A63=A64             | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A64+A66+A67=A68                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A74+A75+A76+A77+A78+A79+A80=A45 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| Various Edit Checks             |                        |                        |                        |                        |  |
| R20<=R21                        | Yes                    | Yes                    | Yes                    | Yes                    | total net patient revenue < or = total operating i<br>tot op rev - tot op exp + non op rev - non op ex<br>tot supplies exp + tot sale & benefits + deep ex<br>cash & temp invest + net AR + inventories<= tc<br>tot current assets + limited use assets + net fi<br>total assets = total liabilities + unrestricted fund<br>AP & accrued exp + current portion LT debt <=<br>total current lab + LT capital debt = total liabili |
| R21-R25+H6-H7+R26=R27           | Yes                    | Yes                    | Yes                    | Yes                    |  |
| H4+H5+R22+R23+R24<=R25          | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R6+R7+R8<=R9                    | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R9+R10+R12<=R13                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R13=R17+R18                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| H1+R14<=R15                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R15+R16<=R17                    | Yes                    | Yes                    | Yes                    | Yes                    |  |

Reasonableness Review for Cost per Discharge

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revenue  
p - extraordinary items = net incom  
p + into exp + bad debt exp <= tot  
t current assets  
fixed assets <= tot asset  
balance  
total liabilities  
es



**FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING**

**ENTER FYE HERE**

**ENTER HOSPITAL NAME HERE**

If **monthly** reporting is required enter **1**, if **quarterly** enter **2** → **1**

**Instructions:**

- (A.) Please call your OIHC Account Executive for any clarifications.
- (B.) For the FY month that you are completing, a value must be entered for all cells highlighted in yellow
- (C.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no specific line on this worksheet for it, then it should be included in "All Other Current Assets")
- (D.) Footnotes, which provide an explanation of some lines, are located on Page 4.

| Description                                | Entry Label | 4th Month<br>YTD | 5th Month<br>YTD | 6th Month<br>YTD | Do not Use - Start<br>New Spreadsheet<br>YTD |
|--|-------------|------------------|------------------|------------------|--|
| <b>Balance Sheet</b>                       |             |                  |                  |                  |  |
| Cash & Temporary Investments               | R06         |                  |                  |                  |  |
| Gross Patient Receivables                  |             |                  |                  |                  |  |
| Allowance for Doubtful Accounts            | R32         |                  |                  |                  |  |
| <b>Net Accounts Receivable</b>             | R07         |                  |                  |                  |  |
| All Other Current Assets                   |             |                  |                  |                  |  |
| <b>Total Current Assets</b>                | R09         |                  |                  |                  |  |
| Long Term Investments                      | R33         |                  |                  |                  |  |
| Limited Use or Designated Assets           | R10         |                  |                  |                  |  |
| Gross Property, Plant & Equipment          |             |                  |                  |                  |  |
| Accumulated Depreciation                   | R11         |                  |                  |                  |  |
| <b>Net Property, Plant &amp; Equipment</b> | R12         |                  |                  |                  |  |
| All Other Non-current Assets               |             |                  |                  |                  |  |
| <b>Total Assets</b>                        | R13         |                  |                  |                  |  |
| Accounts Payable & Accrued Expenses        | H01         |                  |                  |                  |  |
| Current Portion of LT Debts                | R14         |                  |                  |                  |  |
| All Other Current Liabilities              |             |                  |                  |                  |  |
| <b>Total Current Liabilities</b>           | R15         |                  |                  |                  |  |
| Long Term Capital Debt                     | R16         |                  |                  |                  |  |
| All Other Long Term Liabilities            |             |                  |                  |                  |  |
| <b>Total Long Term Liabilities</b>         |             |                  |                  |                  |  |
| <b>Total Liabilities</b>                   | R17         |                  |                  |                  |  |
| Unrestricted Fund Balance                  | R18         |                  |                  |                  |  |

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| Temporarily Restricted Fund Balance          | R39 |  |  |  |  |
| Restricted Fund Balance                      | R19 |  |  |  |  |
| <b>Total Net Assets</b>                      |     |  |  |  |  |
| <b>Total Net Assets + Total Liabilities</b>  |     |  |  |  |  |
| <b>Income Statement</b>                      |     |  |  |  |  |
| Net Inpatient Revenue (1) (6)                | H02 |  |  |  |  |
| Net Outpatient Revenue (1) (6)               | H03 |  |  |  |  |
| <b>Total Net Patient Revenue (1)</b>         | R20 |  |  |  |  |
| All Other Operating Revenue                  |     |  |  |  |  |
| <b>Total Operating Revenue</b>               | R21 |  |  |  |  |
| Salaries & Wages                             | H05 |  |  |  |  |
| Employee Benefits                            | R36 |  |  |  |  |
| Total Supplies Expense                       | H04 |  |  |  |  |
| Depreciation & Amortization Expense          | R22 |  |  |  |  |
| Interest Expense                             | R23 |  |  |  |  |
| Bad Debt Expense (1)                         | R24 |  |  |  |  |
| All Other Operating Expenses                 |     |  |  |  |  |
| <b>Total Operating Expense</b>               | R25 |  |  |  |  |
| Income from Operations                       |     |  |  |  |  |
| All Non-Operating Revenue                    | H06 |  |  |  |  |
| All Non-Operating Expense                    | H07 |  |  |  |  |
| Extraordinary Items & Income Taxes           | R26 |  |  |  |  |
| <b>Net Income</b>                            | R27 |  |  |  |  |
| Unrecognized Gains/Losses                    | R28 |  |  |  |  |
| Other Changes in Fund Balance (2)            | R30 |  |  |  |  |
| <b>Net Increase/Decrease in Fund Balance</b> |     |  |  |  |  |
| <b>Mortgage Reserve Fund</b>                 |     |  |  |  |  |
| Required MRF Balance                         | H11 |  |  |  |  |
| Actual MRF Balance                           | H12 |  |  |  |  |
| <b>Net Inpatient Revenue (1)</b>             |     |  |  |  |  |
| Medicare                                     | H13 |  |  |  |  |
| Medicaid                                     | H14 |  |  |  |  |
| Blue Cross                                   | H15 |  |  |  |  |
| Commercial Insurance                         | H16 |  |  |  |  |
| HMO/Managed Care                             | H17 |  |  |  |  |

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| Self Pay                               | H18 |  |  |  |  |
| Other                                  | H45 |  |  |  |  |
| <b>Inpatient Utilization</b>           |     |  |  |  |  |
| Total Licensed Beds                    | H19 |  |  |  |  |
| Total Staffed Beds                     | H20 |  |  |  |  |
| <b>Acute Medical/Surgical Service</b>  |     |  |  |  |  |
| Number of Beds                         | H21 |  |  |  |  |
| Discharges                             | H22 |  |  |  |  |
| Patient Days                           | H23 |  |  |  |  |
| <b>Newborn Service</b>                 |     |  |  |  |  |
| Number of Beds                         | H24 |  |  |  |  |
| Discharges                             | H25 |  |  |  |  |
| Patient Days                           | H26 |  |  |  |  |
| <b>Other Acute Care Services</b>       |     |  |  |  |  |
| Number of Beds                         | H27 |  |  |  |  |
| Discharges                             | H28 |  |  |  |  |
| Patient Days                           | H29 |  |  |  |  |
| <b>Other Non-Acute Care</b>            |     |  |  |  |  |
| Number of Beds                         | H30 |  |  |  |  |
| Discharges                             | H31 |  |  |  |  |
| Patient Days                           | H32 |  |  |  |  |
| <b>Acute Care Only (Excl. Newborn)</b> |     |  |  |  |  |
| <b>Medicare</b>                        |     |  |  |  |  |
| Case Mix Index (3)                     | H33 |  |  |  |  |
| ALOS (5)                               | H34 |  |  |  |  |
| <b>Non-Medicare</b>                    |     |  |  |  |  |
| Case Mix Index (3)                     | H35 |  |  |  |  |
| ALOS (5)                               | H36 |  |  |  |  |
| <b>All Patients</b>                    |     |  |  |  |  |
| Case Mix Index (3)                     | H37 |  |  |  |  |
| ALOS (5)                               | H38 |  |  |  |  |
| Inpatient Cost per Discharge           | H39 |  |  |  |  |
| <b>Outpatient Utilization</b>          |     |  |  |  |  |
| Emergency Room Visits                  | H40 |  |  |  |  |
| Ambulatory Surgery                     | H41 |  |  |  |  |
| Clinic Visits                          | H42 |  |  |  |  |
| Other Outpatient Visits                | H43 |  |  |  |  |
| <b>Staffing</b>                        |     |  |  |  |  |
| Total Full-Time Equivalents (4)        | H44 |  |  |  |  |



**Footnotes:**

- (1) Bad Debt Expense is recorded as a separate line item, not as a component of net patient revenue.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates. To estimate the Net Inpatient Revenue, use the percentage of Gross Inpatient Revenue to Gross Total Patient Revenue.

| <b>Edit Checks</b>              | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> |  |
|---------------------------------|------------------------|------------------------|------------------------|------------------------|--|
| Balance Sheet                   |                        |                        |                        |                        |  |
| A17-A18=A19                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A16+A19+A20=A21                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A21+A22+A23+A26+A27=A28         | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A30+A31+A32=A33                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A34+A35=A36                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A33+A36=A37                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A38+A39+A40=A41                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A37+A41=A42                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| Income Statement                |                        |                        |                        |                        |  |
| A45+A46=A47                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A47+A48=A49                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A51+A52+A53+A54+A55+A56+A57=A58 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A59+A61-A62-A63=A64             | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A64+A66+A67=A68                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A74+A75+A76+A77+A78+A79+A80=A45 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| Various Edit Checks             |                        |                        |                        |                        |  |
| R20<=R21                        | Yes                    | Yes                    | Yes                    | Yes                    | total net patient revenue < or = total operating i<br>tot op rev - tot op exp + non op rev - non op ex<br>tot supplies exp + tot sale & benefits + deep ex<br>cash & temp invest + net AR + inventories<= tc<br>tot current assets + limited use assets + net fi<br>total assets = total liabilities + unrestricted fund<br>AP & accrued exp + current portion LT debt <=<br>total current lab + LT capital debt = total liabili |
| R21-R25+H6-H7+R26=R27           | Yes                    | Yes                    | Yes                    | Yes                    |  |
| H4+H5+R22+R23+R24<=R25          | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R6+R7+R8<=R9                    | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R9+R10+R12<=R13                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R13=R17+R18                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| H1+R14<=R15                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R15+R16<=R17                    | Yes                    | Yes                    | Yes                    | Yes                    |  |

Reasonableness Review for Cost per Discharge

#DIV/0!

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revenue  
p - extraordinary items = net incom  
p + into exp + bad debt exp <= tot  
t current assets  
xed assets <= tot asset  
balance  
total liabiliti  
es



**FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING**

**ENTER FYE HERE**

**ENTER HOSPITAL NAME HERE**

If **monthly** reporting is required enter **1**, if **quarterly** enter **2** → **1**

**Instructions:**

- (A.) Please call your OIHC Account Executive for any clarifications.
- (B.) For the FY month that you are completing, a value must be entered for all cells highlighted in yellow
- (C.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no specific line on this worksheet for it, then it should be included in "All Other Current Assets")
- (D.) Footnotes, which provide an explanation of some lines, are located on Page 4.

| Description                                | Entry Label | 7th Month<br>YTD | 8th Month<br>YTD | 9th Month<br>YTD | Do not Use - Start<br>New Spreadsheet<br>YTD |
|--|-------------|------------------|------------------|------------------|--|
| <b>Balance Sheet</b>                       |             |                  |                  |                  |  |
| Cash & Temporary Investments               | R06         |                  |                  |                  |  |
| Gross Patient Receivables                  |             |                  |                  |                  |  |
| Allowance for Doubtful Accounts            | R32         |                  |                  |                  |  |
| <b>Net Accounts Receivable</b>             | R07         |                  |                  |                  |  |
| All Other Current Assets                   |             |                  |                  |                  |  |
| <b>Total Current Assets</b>                | R09         |                  |                  |                  |  |
| Long Term Investments                      | R33         |                  |                  |                  |  |
| Limited Use or Designated Assets           | R10         |                  |                  |                  |  |
| Gross Property, Plant & Equipment          |             |                  |                  |                  |  |
| Accumulated Depreciation                   | R11         |                  |                  |                  |  |
| <b>Net Property, Plant &amp; Equipment</b> | R12         |                  |                  |                  |  |
| All Other Non-current Assets               |             |                  |                  |                  |  |
| <b>Total Assets</b>                        | R13         |                  |                  |                  |  |
| Accounts Payable & Accrued Expenses        | H01         |                  |                  |                  |  |
| Current Portion of LT Debts                | R14         |                  |                  |                  |  |
| All Other Current Liabilities              |             |                  |                  |                  |  |
| <b>Total Current Liabilities</b>           | R15         |                  |                  |                  |  |
| Long Term Capital Debt                     | R16         |                  |                  |                  |  |
| All Other Long Term Liabilities            |             |                  |                  |                  |  |
| <b>Total Long Term Liabilities</b>         |             |                  |                  |                  |  |
| <b>Total Liabilities</b>                   | R17         |                  |                  |                  |  |
| Unrestricted Fund Balance                  | R18         |                  |                  |                  |  |

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| Temporarily Restricted Fund Balance          | R39 |  |  |  |  |
| Restricted Fund Balance                      | R19 |  |  |  |  |
| <b>Total Net Assets</b>                      |     |  |  |  |  |
| <b>Total Net Assets + Total Liabilities</b>  |     |  |  |  |  |
| <b>Income Statement</b>                      |     |  |  |  |  |
| Net Inpatient Revenue (1) (6)                | H02 |  |  |  |  |
| Net Outpatient Revenue (1) (6)               | H03 |  |  |  |  |
| <b>Total Net Patient Revenue (1)</b>         | R20 |  |  |  |  |
| All Other Operating Revenue                  |     |  |  |  |  |
| <b>Total Operating Revenue</b>               | R21 |  |  |  |  |
| Salaries & Wages                             | H05 |  |  |  |  |
| Employee Benefits                            | R36 |  |  |  |  |
| Total Supplies Expense                       | H04 |  |  |  |  |
| Depreciation & Amortization Expense          | R22 |  |  |  |  |
| Interest Expense                             | R23 |  |  |  |  |
| Bad Debt Expense (1)                         | R24 |  |  |  |  |
| All Other Operating Expenses                 |     |  |  |  |  |
| <b>Total Operating Expense</b>               | R25 |  |  |  |  |
| Income from Operations                       |     |  |  |  |  |
| All Non-Operating Revenue                    | H06 |  |  |  |  |
| All Non-Operating Expense                    | H07 |  |  |  |  |
| Extraordinary Items & Income Taxes           | R26 |  |  |  |  |
| <b>Net Income</b>                            | R27 |  |  |  |  |
| Unrecognized Gains/Losses                    | R28 |  |  |  |  |
| Other Changes in Fund Balance (2)            | R30 |  |  |  |  |
| <b>Net Increase/Decrease in Fund Balance</b> |     |  |  |  |  |
| <b>Mortgage Reserve Fund</b>                 |     |  |  |  |  |
| Required MRF Balance                         | H11 |  |  |  |  |
| Actual MRF Balance                           | H12 |  |  |  |  |
| <b>Net Inpatient Revenue (1)</b>             |     |  |  |  |  |
| Medicare                                     | H13 |  |  |  |  |
| Medicaid                                     | H14 |  |  |  |  |
| Blue Cross                                   | H15 |  |  |  |  |
| Commercial Insurance                         | H16 |  |  |  |  |
| HMO/Managed Care                             | H17 |  |  |  |  |

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| Self Pay                               | H18 |  |  |  |  |
| Other                                  | H45 |  |  |  |  |
| <b>Inpatient Utilization</b>           |     |  |  |  |  |
| Total Licensed Beds                    | H19 |  |  |  |  |
| Total Staffed Beds                     | H20 |  |  |  |  |
| <b>Acute Medical/Surgical Service</b>  |     |  |  |  |  |
| Number of Beds                         | H21 |  |  |  |  |
| Discharges                             | H22 |  |  |  |  |
| Patient Days                           | H23 |  |  |  |  |
| <b>Newborn Service</b>                 |     |  |  |  |  |
| Number of Beds                         | H24 |  |  |  |  |
| Discharges                             | H25 |  |  |  |  |
| Patient Days                           | H26 |  |  |  |  |
| <b>Other Acute Care Services</b>       |     |  |  |  |  |
| Number of Beds                         | H27 |  |  |  |  |
| Discharges                             | H28 |  |  |  |  |
| Patient Days                           | H29 |  |  |  |  |
| <b>Other Non-Acute Care</b>            |     |  |  |  |  |
| Number of Beds                         | H30 |  |  |  |  |
| Discharges                             | H31 |  |  |  |  |
| Patient Days                           | H32 |  |  |  |  |
| <b>Acute Care Only (Excl. Newborn)</b> |     |  |  |  |  |
| <b>Medicare</b>                        |     |  |  |  |  |
| Case Mix Index (3)                     | H33 |  |  |  |  |
| ALOS (5)                               | H34 |  |  |  |  |
| <b>Non-Medicare</b>                    |     |  |  |  |  |
| Case Mix Index (3)                     | H35 |  |  |  |  |
| ALOS (5)                               | H36 |  |  |  |  |
| <b>All Patients</b>                    |     |  |  |  |  |
| Case Mix Index (3)                     | H37 |  |  |  |  |
| ALOS (5)                               | H38 |  |  |  |  |
| Inpatient Cost per Discharge           | H39 |  |  |  |  |
| <b>Outpatient Utilization</b>          |     |  |  |  |  |
| Emergency Room Visits                  | H40 |  |  |  |  |
| Ambulatory Surgery                     | H41 |  |  |  |  |
| Clinic Visits                          | H42 |  |  |  |  |
| Other Outpatient Visits                | H43 |  |  |  |  |
| <b>Staffing</b>                        |     |  |  |  |  |
| Total Full-Time Equivalents (4)        | H44 |  |  |  |  |

**Footnotes:**

- (1) Bad Debt Expense is recorded as a separate line item, not as a component of net patient revenue.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates. To estimate the Net Inpatient Revenue, use the percentage of Gross Inpatient Revenue to Gross Total Patient Revenue.

| <b>Edit Checks</b>              | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> | <b>Edit Satisfied?</b> |  |
|---------------------------------|------------------------|------------------------|------------------------|------------------------|--|
| Balance Sheet                   |                        |                        |                        |                        |  |
| A17-A18=A19                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A16+A19+A20=A21                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A21+A22+A23+A26+A27=A28         | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A30+A31+A32=A33                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A34+A35=A36                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A33+A36=A37                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A38+A39+A40=A41                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A37+A41=A42                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| Income Statement                |                        |                        |                        |                        |  |
| A45+A46=A47                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A47+A48=A49                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A51+A52+A53+A54+A55+A56+A57=A58 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A59+A61-A62-A63=A64             | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A64+A66+A67=A68                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| A74+A75+A76+A77+A78+A79+A80=A45 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| Various Edit Checks             |                        |                        |                        |                        |  |
| R20<=R21                        | Yes                    | Yes                    | Yes                    | Yes                    | total net patient revenue < or = total operating i<br>tot op rev - tot op exp + non op rev - non op ex<br>tot supplies exp + tot sale & benefits + deep ex<br>cash & temp invest + net AR + inventories<= tc<br>tot current assets + limited use assets + net fi<br>total assets = total liabilities + unrestricted fund<br>AP & accrued exp + current portion LT debt <=<br>total current lab + LT capital debt = total liabili |
| R21-R25+H6-H7+R26=R27           | Yes                    | Yes                    | Yes                    | Yes                    |  |
| H4+H5+R22+R23+R24<=R25          | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R6+R7+R8<=R9                    | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R9+R10+R12<=R13                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R13=R17+R18                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| H1+R14<=R15                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| R15+R16<=R17                    | Yes                    | Yes                    | Yes                    | Yes                    |  |



Reasonableness Review for Cost per Discharge

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revenue  
p - extraordinary items = net incom  
p + into exp + bad debt exp <= tot  
t current assets  
fixed assets <= tot asset  
balance  
total liabilities  
es



**FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING**

**ENTER FYE HERE**

**ENTER HOSPITAL NAME HERE**

If **monthly** reporting is required enter **1**, if **quarterly** enter **2**      **—————>**      **1**

**Instructions:**

- (A.) Please call your OIHC Account Executive for any clarifications.
- (B.) For the FY month that you are completing, a value must be entered for all cells highlighted in yellow
- (C.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no specific line on this worksheet for it, then it should be included in "All Other Current Assets")
- (D.) Footnotes, which provide an explanation of some lines, are located on Page 4.

| Description                                | Entry Label | 10th Month<br>YTD | 11th Month<br>YTD | 12th Month<br>YTD | Do not Use - Start<br>New Spreadsheet<br>YTD |
|--|-------------|-------------------|-------------------|-------------------|--|
| <b>Balance Sheet</b>                       |             |                   |                   |                   |  |
| Cash & Temporary Investments               | R06         |                   |                   |                   |  |
| Gross Patient Receivables                  |             |                   |                   |                   |  |
| Allowance for Doubtful Accounts            | R32         |                   |                   |                   |  |
| <b>Net Accounts Receivable</b>             | R07         |                   |                   |                   |  |
| All Other Current Assets                   |             |                   |                   |                   |  |
| <b>Total Current Assets</b>                | R09         |                   |                   |                   |  |
| Long Term Investments                      | R33         |                   |                   |                   |  |
| Limited Use or Designated Assets           | R10         |                   |                   |                   |  |
| Gross Property, Plant & Equipment          |             |                   |                   |                   |  |
| Accumulated Depreciation                   | R11         |                   |                   |                   |  |
| <b>Net Property, Plant &amp; Equipment</b> | R12         |                   |                   |                   |  |
| All Other Non-current Assets               |             |                   |                   |                   |  |
| <b>Total Assets</b>                        | R13         |                   |                   |                   |  |
| Accounts Payable & Accrued Expenses        | H01         |                   |                   |                   |  |
| Current Portion of LT Debts                | R14         |                   |                   |                   |  |
| All Other Current Liabilities              |             |                   |                   |                   |  |
| <b>Total Current Liabilities</b>           | R15         |                   |                   |                   |  |
| Long Term Capital Debt                     | R16         |                   |                   |                   |  |
| All Other Long Term Liabilities            |             |                   |                   |                   |  |
| <b>Total Long Term Liabilities</b>         |             |                   |                   |                   |  |
| <b>Total Liabilities</b>                   | R17         |                   |                   |                   |  |
| Unrestricted Fund Balance                  | R18         |                   |                   |                   |  |

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| Temporarily Restricted Fund Balance          | R39 |  |  |  |  |
| Restricted Fund Balance                      | R19 |  |  |  |  |
| <b>Total Net Assets</b>                      |     |  |  |  |  |
| <b>Total Net Assets + Total Liabilities</b>  |     |  |  |  |  |
| <b>Income Statement</b>                      |     |  |  |  |  |
| Net Inpatient Revenue (1) (6)                | H02 |  |  |  |  |
| Net Outpatient Revenue (1) (6)               | H03 |  |  |  |  |
| <b>Total Net Patient Revenue (1)</b>         | R20 |  |  |  |  |
| All Other Operating Revenue                  |     |  |  |  |  |
| <b>Total Operating Revenue</b>               | R21 |  |  |  |  |
| Salaries & Wages                             | H05 |  |  |  |  |
| Employee Benefits                            | R36 |  |  |  |  |
| Total Supplies Expense                       | H04 |  |  |  |  |
| Depreciation & Amortization Expense          | R22 |  |  |  |  |
| Interest Expense                             | R23 |  |  |  |  |
| Bad Debt Expense (1)                         | R24 |  |  |  |  |
| All Other Operating Expenses                 |     |  |  |  |  |
| <b>Total Operating Expense</b>               | R25 |  |  |  |  |
| Income from Operations                       |     |  |  |  |  |
| All Non-Operating Revenue                    | H06 |  |  |  |  |
| All Non-Operating Expense                    | H07 |  |  |  |  |
| Extraordinary Items & Income Taxes           | R26 |  |  |  |  |
| <b>Net Income</b>                            | R27 |  |  |  |  |
| Unrecognized Gains/Losses                    | R28 |  |  |  |  |
| Other Changes in Fund Balance (2)            | R30 |  |  |  |  |
| <b>Net Increase/Decrease in Fund Balance</b> |     |  |  |  |  |
| <b>Mortgage Reserve Fund</b>                 |     |  |  |  |  |
| Required MRF Balance                         | H11 |  |  |  |  |
| Actual MRF Balance                           | H12 |  |  |  |  |
| <b>Net Inpatient Revenue (1)</b>             |     |  |  |  |  |
| Medicare                                     | H13 |  |  |  |  |
| Medicaid                                     | H14 |  |  |  |  |
| Blue Cross                                   | H15 |  |  |  |  |
| Commercial Insurance                         | H16 |  |  |  |  |
| HMO/Managed Care                             | H17 |  |  |  |  |

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| Self Pay                               | H18 |  |  |  |  |
| Other                                  | H45 |  |  |  |  |
| <b>Inpatient Utilization</b>           |     |  |  |  |  |
| Total Licensed Beds                    | H19 |  |  |  |  |
| Total Staffed Beds                     | H20 |  |  |  |  |
| <b>Acute Medical/Surgical Service</b>  |     |  |  |  |  |
| Number of Beds                         | H21 |  |  |  |  |
| Discharges                             | H22 |  |  |  |  |
| Patient Days                           | H23 |  |  |  |  |
| <b>Newborn Service</b>                 |     |  |  |  |  |
| Number of Beds                         | H24 |  |  |  |  |
| Discharges                             | H25 |  |  |  |  |
| Patient Days                           | H26 |  |  |  |  |
| <b>Other Acute Care Services</b>       |     |  |  |  |  |
| Number of Beds                         | H27 |  |  |  |  |
| Discharges                             | H28 |  |  |  |  |
| Patient Days                           | H29 |  |  |  |  |
| <b>Other Non-Acute Care</b>            |     |  |  |  |  |
| Number of Beds                         | H30 |  |  |  |  |
| Discharges                             | H31 |  |  |  |  |
| Patient Days                           | H32 |  |  |  |  |
| <b>Acute Care Only (Excl. Newborn)</b> |     |  |  |  |  |
| <b>Medicare</b>                        |     |  |  |  |  |
| Case Mix Index (3)                     | H33 |  |  |  |  |
| ALOS (5)                               | H34 |  |  |  |  |
| <b>Non-Medicare</b>                    |     |  |  |  |  |
| Case Mix Index (3)                     | H35 |  |  |  |  |
| ALOS (5)                               | H36 |  |  |  |  |
| <b>All Patients</b>                    |     |  |  |  |  |
| Case Mix Index (3)                     | H37 |  |  |  |  |
| ALOS (5)                               | H38 |  |  |  |  |
| Inpatient Cost per Discharge           | H39 |  |  |  |  |
| <b>Outpatient Utilization</b>          |     |  |  |  |  |
| Emergency Room Visits                  | H40 |  |  |  |  |
| Ambulatory Surgery                     | H41 |  |  |  |  |
| Clinic Visits                          | H42 |  |  |  |  |
| Other Outpatient Visits                | H43 |  |  |  |  |
| <b>Staffing</b>                        |     |  |  |  |  |
| Total Full-Time Equivalents (4)        | H44 |  |  |  |  |

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| A34+A35=A36                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
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| Income Statement                |                        |                        |                        |                        |  |
| A45+A46=A47                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
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| R6+R7+R8<=R9                    | Yes                    | Yes                    | Yes                    | Yes                    |  |
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| R13=R17+R18                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
| H1+R14<=R15                     | Yes                    | Yes                    | Yes                    | Yes                    |  |
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Reasonableness Review for Cost per Discharge

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revenue  
p - extraordinary items = net incom  
p + into exp + bad debt exp <= tot  
t current assets  
xed assets <= tot asset  
balance  
total liabiliti  
es

