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	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>					
5	(A.) Please call your OIHC Account Executive for any clarifications.					
6	(B.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow					
7	(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					
8	specific line on this worksheet for it, then it should be included in "All Other Current Assets")					
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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12			<b>YTD</b>	<b>YTD</b>	<b>YTD</b>	<b>YTD</b>
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				

	A	B	C	D	E	F
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12			<b>YTD</b>	<b>YTD</b>	<b>YTD</b>	<b>YTD</b>
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 Equivalent (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						

	A	B	C	D	E	F
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12			<b>YTD</b>	<b>YTD</b>	<b>YTD</b>	<b>YTD</b>
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		Yes	Yes	Yes	Yes
130	A14+A17+A18=A19		Yes	Yes	Yes	Yes
131	A19+A20+A21+A24+A25=A26		Yes	Yes	Yes	Yes
132	A28+A29+A30=A31		Yes	Yes	Yes	Yes
133	A32+A33=A34		Yes	Yes	Yes	Yes
134	A31+A34=A35		Yes	Yes	Yes	Yes
135	A36+A37+A38=A39		Yes	Yes	Yes	Yes
136	A35+A39=A40		Yes	Yes	Yes	Yes
137						
138	Income Statement					
139	A43+A44=A45		Yes	Yes	Yes	Yes
140	A45+A46=A47		Yes	Yes	Yes	Yes
141	A49+A50+A51+A52+A53+A54+A55=A56		Yes	Yes	Yes	Yes
142	A57+A59-A60-A61=A62		Yes	Yes	Yes	Yes
143	A62+A64+A65=A66		Yes	Yes	Yes	Yes
144	A72+A73+A74+A75+A76+A77+A78=A43		Yes	Yes	Yes	Yes
145						
146	Various Edit Checks					
147	R20<=R21		Yes	Yes	Yes	Yes
148	R21-R25+H6-H7+R26=R27		Yes	Yes	Yes	Yes
149	H4+H5+R22+R23+R24<=R25		Yes	Yes	Yes	Yes
150	R6+R7+R8<=R9		Yes	Yes	Yes	Yes
151	R9+R10+R12<=R13		Yes	Yes	Yes	Yes
152	R13=R17+R18		Yes	Yes	Yes	Yes
153	H1+R14<=R15		Yes	Yes	Yes	Yes
154	R15+R16<=R17		Yes	Yes	Yes	Yes
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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Description	Entry Label	1st Month YTD	2nd Month YTD	3rd Month YTD	Do not Use - Start New Spreadsheet 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
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- (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 tot op rev - tot op exp + non op rev - non op ex tot supplies exp + tot sale & benefits + deep ex cash & temp invest + net AR + inventories<= tc tot current assets + limited use assets + net fi total assets = total liabilities + unrestricted fund AP & accrued exp + current portion LT debt <= 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!

#DIV/0!

#DIV/0!

#DIV/0!

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**

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

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Description	Entry Label	4th Month YTD	5th Month YTD	6th Month YTD	Do not Use - Start New Spreadsheet 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				
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<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>					
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Salaries & Wages	H05				
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All Other Operating Expenses					
<b>Total Operating Expense</b>	R25				
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Required MRF Balance	H11				
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<b>Net Inpatient Revenue (1)</b>					
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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:**

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- (3) Please enter using only 2 decimal points
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- (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.

Edit Checks	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	
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 tot op rev - tot op exp + non op rev - non op ex tot supplies exp + tot sale & benefits + deep ex cash & temp invest + net AR + inventories<= tc tot current assets + limited use assets + net fi total assets = total liabilities + unrestricted fund AP & accrued exp + current portion LT debt <= 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  
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 OIHCF 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 YTD	8th Month YTD	9th Month YTD	Do not Use - Start New Spreadsheet 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.

Edit Checks	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?
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
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

total net patient revenue < or = total operating i  
tot op rev - tot op exp + non op rev - non op ex  
tot supplies exp + tot sale & benefits + deep ex  
cash & temp invest + net AR + inventories<= tc  
tot current assets + limited use assets + net fi  
total assets = total liabilities + unrestricted fund  
AP & accrued exp + current portion LT debt <=  
total current lab + LT capital debt = total liabili



Reasonableness Review for Cost per Discharge

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revenue  
p - extraordinary items = net incom  
p + into exp + bad debt exp <= tot  
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**FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING**

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

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Description	Entry Label	10th Month YTD	11th Month YTD	12th Month YTD	Do not Use - Start New Spreadsheet 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.
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Edit Checks	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	
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 tot op rev - tot op exp + non op rev - non op ex tot supplies exp + tot sale & benefits + deep ex cash & temp invest + net AR + inventories<= tc tot current assets + limited use assets + net fi total assets = total liabilities + unrestricted fund AP & accrued exp + current portion LT debt <= 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  
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balance  
total liabiliti  
es

