



ISDH Hospital Service Report  
State Form 49476 (R /7-02)  
IC 16-21-6

Status: Finalized

### I. Hospital Information

Hospital Name: INDIANA STATE DEPARTMENT OF HEALTH

Provider #: 30005139/15-3048

City: Carmel

County: Hamilton

Year: 2022

Person Completing the Report: Jerry Huggler

Email Address: jhuggler@nobisrehabpartners.com

#### LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure:  Acute License  LTC Certification

Private Accreditation:  JCAHO  HFAP

CMS Specialized Hosp:  CAH  TLC  Rehab

DRG Exempt:  Psych  Rehab  Swing Bed

Number of Total Hospital Full Time Equivalents 0

### II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	0	0	0	\$0
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0
Psychiatric	0	0	0	\$0
Rehabilitation	40	784	9334	\$31,521,977
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	0	0	\$0
Extended Care	0	0	0	\$0

Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	40	784	9334	NA

### III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

### IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	0	HIV	0
Neoplasms	0	Endocrine	0
Diseases of Blood	0	Mental Disorders	0
Nervous	0	Circulatory	0
Respiratory	0	Digestive Diseases	0
Genitourinary	0	Pregnancy	0
Skin	0	Musculoskeletal	0
Congenital	0	Perinatal	0
All Injuries	0		
Other/Known	0	Total Encounters	0

### V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Certain infectious and parasitic diseases	0	HIV	0
Neoplasms	0	Endocrine, nutritional and metabolic diseases	0
Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism	0	Mental, Behavioral and Neurodevelopmental disorders	0
Diseases of the nervous system	0	Diseases of the circulatory system	0
Diseases of the eye and adnexa	0	Diseases of the ear and mastoid process	0
Diseases of the respiratory system	0	Diseases of the digestive Diseases	0
Diseases of the genitourinary system	0	Pregnancy, childbirth and the puerperium	0

Diseases of the skin and subcutaneous tissue	0	Diseases of the musculoskeletal system and connective tissue	0
Congenital malformations, deformations and chromosomal abnormalities	0	Certain conditions originating in the perinatal period	0
Injury, poisoning and certain other consequences of external causes	0		
Other/Known	0	Total Encounters	0

Total ED Visits	ED Injury Visits	ED Injury Admissions
0	0	0

### Comments

Section I dropdown menu would not allow me to enter the hospital name. Hospital name is Indianapolis Rehabilitation Hospital LLC.

Under Private Accreditation, the hospital is accredited by CIHQ.

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