Status: Finalized

I. Hospital Information

Hospital Name: CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC

Provider #: 152025 City: Muncie

County: Delaware

Year: 2018

Person Completing the Report: Jessica Mcgee

Email Address: jmcgee@amgihm.com

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

State Licensure: ✓ Acute License □ LTC Certification

Private ☐ JCAHO ☑ HFAP

CMS Specialized Hosp:

DRG Exempt: □ Psych □ Rehab □ Swing Bed

Number of Total Hospital Full Time Equivalents 69

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 | 42 | 305 | 7702 | \$28,838,523 |
| 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 | 0 | 0 | 0 | \$0 |
| 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 | 42 | 305 | 7702 | NA |

III. Nursing Facility Utilization

| | Number of | Number of | Number of Patient |
|------------------|---------------|------------|-------------------|
| | Licensed Beds | Discharges | 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 | 0 | Certain conditions originating in the perinatal | 0 |

| chromosomal abnormalities | | period | |
|---|---|------------------|---|
| 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

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