



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

Status: Finalized

I. Hospital Information

Hospital Name: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

Provider #: 152014

City: Evansville

County: Vanderburg

Year: 2018

Person Completing the Report: Dave Huffman

Email Address: djhuffman@selectmedical.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 134

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 | 60 | 599 | 15561 | \$85,654,016 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 0 | 0 | 0 | \$0 |
| Obstetrics | 0 | 0 | 0 | \$0 |
| Pediatric | 0 | 0 | 0 | \$0 |

| | | | | |
|--------------------|--------------------------------|--------------------------------|--------------------------------|-----|
| Psychiatric | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0 |
| Rehabilitation | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0 |
| Substance Abuse | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0 |
| Swing Bed Program | NA | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0 |
| Extended Care | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0 |
| Observation Beds | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0 |
| All Other Services | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | NA |
| Total Acute | 60 | 599 | 15561 | NA |

III. Nursing Facility Utilization

| | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|--------------------------------|--------------------------------|--------------------------------|
| Nursing Facility | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="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 | <input type="text" value="0"/> | HIV | <input type="text" value="0"/> |
| Neoplasms | <input type="text" value="0"/> | Endocrine | <input type="text" value="0"/> |
| Diseases of Blood | <input type="text" value="0"/> | Mental Disorders | <input type="text" value="0"/> |
| Nervous | <input type="text" value="0"/> | Circulatory | <input type="text" value="0"/> |
| Respiratory | <input type="text" value="0"/> | Digestive Diseases | <input type="text" value="0"/> |
| Genitourinary | <input type="text" value="0"/> | Pregnancy | <input type="text" value="0"/> |
| Skin | <input type="text" value="0"/> | Musculoskeletal | <input type="text" value="0"/> |
| Congenital | <input type="text" value="0"/> | Perinatal | <input type="text" value="0"/> |
| All Injuries | <input type="text" value="0"/> | | |
| Other/Known | <input type="text" value="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 | <input type="text" value="0"/> | HIV | <input type="text" value="0"/> |
| Neoplasms | <input type="text" value="0"/> | Endocrine, nutritional and metabolic diseases | <input type="text" value="0"/> |

| | | | |
|---|--------------------------------|--|--------------------------------|
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | <input type="text" value="0"/> | Mental, Behavioral and Neurodevelopmental disorders | <input type="text" value="0"/> |
| Diseases of the nervous system | <input type="text" value="0"/> | Diseases of the circulatory system | <input type="text" value="0"/> |
| Diseases of the eye and adnexa | <input type="text" value="0"/> | Diseases of the ear and mastoid process | <input type="text" value="0"/> |
| Diseases of the respiratory system | <input type="text" value="0"/> | Diseases of the digestive Diseases | <input type="text" value="0"/> |
| Diseases of the genitourinary system | <input type="text" value="0"/> | Pregnancy, childbirth and the puerperium | <input type="text" value="0"/> |
| Diseases of the skin and subcutaneous tissue | <input type="text" value="0"/> | Diseases of the musculoskeletal system and connective tissue | <input type="text" value="0"/> |
| Congenital malformations, deformations and chromosomal abnormalities | <input type="text" value="0"/> | Certain conditions originating in the perinatal period | <input type="text" value="0"/> |
| Injury, poisoning and certain other consequences of external causes | <input type="text" value="0"/> | | |
| Other/Known | <input type="text" value="0"/> | Total Encounters | 0 |

| | | |
|--------------------------------|--------------------------------|--------------------------------|
| Total ED Visits | ED Injury Visits | ED Injury Admissions |
| <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

Comments