Status: Finalized

### I. Identification of Organization

Hospital Name: DEACONESS MIDTOWN HOSPITAL

City of Hospital: Evansville

Year Begin: 10/01/2021 (mm/dd/yyyy format) Year End: 09/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Danielle Metzger-Cundiff

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Medicare Provider Number: 15-0082

Statement One: Summary of Revenue and Expenses

### 1. Gross Patient Service Revenue

### 2. Deductions From Revenue

Inpatient Patient Service	\$1543864435	Contractual Allowance	\$2399413492
Revenue	Ψ1010001100	Other Deductions	\$43742117
Outpatient Patient Service Revenue	\$2038760993	Total Deductions	\$2443155609
Total Gross Patient Service Revenue	\$3582625428		

### 3. Total Operating Revenue

Net Patient Service Revenue	\$1139469729
Other Operating Revenue	\$85014943
Total Operating Revenue	\$1224484672

### 4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$222782692	\$155779
Medicaid	\$68914112	\$46258
Commercial Insurance	\$166973181	\$53246
Self-pay	\$18491684	\$3620
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

### 5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

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Net Patient Revenue	Total Number of Paid Claims	

Medicare	\$202997255	\$447947
Medicaid	\$88839324	\$200987
Commercial Insurance	\$411312379	\$451530
Self-pay	\$24933620	\$14993
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

## 6. <u>Total</u> Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$425779947	\$603726
Medicaid	\$157753436	\$247245
Commercial Insurance	\$555702772	\$504776
Self-pay	\$211867	\$18613
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

## 7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$209348794	\$18100
Medicaid	\$65557975	\$5180
Commercial Insurance	\$159812225	\$6006
Self-pay	\$18214048	\$201
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

### 8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$190997351	\$3313331
Medicaid	\$82964936	\$130411
Commercial Insurance	\$396781846	\$352418
Self-pay	\$24357832	\$8969
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

### 9. Total Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$400346145	\$349431
Medicaid	\$148522910	\$135591
Commercial Insurance	\$556594071	\$358424
Self-pay	\$42571880	\$9170
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

### 10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$13433898	\$137679
Medicaid	\$3356138	\$41078
Commercial Insurance	\$7160956	\$47240
Self-pay	\$277636	\$3419
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

## 11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11999904	\$116616
Medicaid	\$5874388	\$70576
Commercial Insurance	\$14530533	\$99112
Self-pay	\$575789	\$6024
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

# 12. <u>Total</u> Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

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	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$25433802	\$254295
Medicaid	\$9230526	\$111654
Commercial Insurance	\$21691489	\$146352
Self-pay	\$853425	\$9443
Any Other Category of Payer	\$0	\$521744
Total	\$0	\$0

### 13. Operating Expenses

Salaries and Wages	\$386245987	Employee Benefits	\$111332784
Depreciation and Amortization	\$56470574	Interest Expense	\$9291110
Bad Debt	\$0	Other Expenses	\$569853552
Total Operating Expenses	\$1133194007		

### 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$93169631	Total Assets	\$2165451155
Net Non-operating Gains over	\$-182485989	Total Liabilities	\$2165451155
Loss	Ţ		
Total Net Gains	\$-89316358		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1794157767	\$1368377820	\$425779947
Medicaid	\$558183455	\$400430019	\$157753436
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1230284205	\$674347770	\$555936435
Total	\$3582625427	\$2443155609	\$1139469818

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$47822	\$1879063	\$-1831241

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3586019	\$10736108	\$-7150089
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$114345	\$-114345

Number of Medical Professionals Trained	22432
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	625

## Statement Six: Charity Statement

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12331054	
HCI Payments	\$0		
Subtotal	\$0	\$12331054	\$-12331054
Medicaid Shortfalls	\$157753436	\$204751955	
Subtotal	\$157753436	\$217083009	\$-59329573
DSH Payments	\$7,143,132		
Subtotal	\$164896568	\$217083009	\$-52186441
Medicare Shortfalls	\$425779947	\$566559374	
Other Government Programs	\$0	\$0	
Total	\$590676515	\$783642383	\$-192965868

# Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1196191	\$-1196191
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-6432	\$281314	\$-287746

### Comments