



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

## I. Identification of Organization

Hospital Name: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Andrew Pyle

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Medicare Provider Number: 15-0005

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$263987592	Contractual Allowance	\$722657767
Outpatient Patient Service Revenue	\$934036910	Other Deductions	\$51993828
Total Gross Patient Service Revenue	\$1198024502	Total Deductions	\$774651595

3. Total Operating Revenue	
Net Patient Service Revenue	\$423372907
Other Operating Revenue	\$12043605
Total Operating Revenue	\$435416512

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$29054754	32406
Medicaid	\$11473032	13648
Commercial Insurance	\$42313680	25614
Self-pay	\$403730	11833
Any Other Category of Payer	\$88902	47
Total	\$83334098	83548

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$84427640	281305
Medicaid	\$34487328	148729
Commercial Insurance	\$217338258	498267
Self-pay	\$1982317	238221
Any Other Category of Payer	\$1803267	2460
Total	\$340038810	1168982

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$113482394	313711
Medicaid	\$45960359	162377

Commercial Insurance	\$259651938	523881
Self-pay	\$2386047	250054
Any Other Category of Payer	\$1892169	2507
Total	\$423372907	1252530

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	\$25214885	2934
Medicaid	\$9715009	1361
Commercial Insurance	\$37156128	2663
Self-pay	\$394097	48
Any Other Category of Payer	\$83546	5
Total	\$72563665	7011

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	\$66429419	104107
Medicaid	\$27749325	34268
Commercial Insurance	\$184870972	131308
Self-pay	\$1901495	4010
Any Other Category of Payer	\$1580835	1161
Total	\$282532046	274854

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	\$91644304	313711
Medicaid	\$37464334	162377
Commercial Insurance	\$222027101	523881
Self-pay	\$2295592	250054
Any Other Category of Payer	\$1664380	2507
Total	\$355095711	1252530

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	\$3839869	29472
Medicaid	\$1758022	12287
Commercial Insurance	\$5157552	22951
Self-pay	\$9633	11785
Any Other Category of Payer	\$5356	42
Total	\$10770432	76537

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	\$17998221	177198
Medicaid	\$6738003	114461
Commercial Insurance	\$32467286	366959
Self-pay	\$80822	234211
Any Other Category of Payer	\$222432	1299
Total	\$57506764	894128

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$21838089	206670

Medicaid	\$8496025	126748
Commercial Insurance	\$37624837	389910
Self-pay	\$90455	245996
Any Other Category of Payer	\$227789	1341
Total	\$68277195	970665

## 13. Operating Expenses

Salaries and Wages	\$189134144	Employee Benefits	\$46961459
Depreciation and Amortization	\$31716899	Interest Expense	\$5250589
Bad Debt	\$0	Other Expenses	\$165842132
Total Operating Expenses	\$438905223		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3488712	Total Assets	\$742596133
Net Non-operating Gains over Loss	\$-32843241	Total Liabilities	\$257289236
Total Net Gains	\$-36331953		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$533855970	\$420373576	\$113482394
Medicaid	\$153416022	\$107455663	\$45960359
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$510752510	\$246822356	\$263930154
Total	\$1198024502	\$774651595	\$423372907

## Statement Three: Donations Statement

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

## 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	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$10300000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3652000	
HCI Payments	\$0		
Subtotal	\$0	\$3652000	\$-3652000
Medicaid Shortfalls	\$0	\$15400445	
Subtotal	\$0	\$19052445	\$-19052445
DSH Payments	\$3,755,582		
Subtotal	\$3755582	\$19052445	\$-15296863
Medicare Shortfalls	\$0	\$91372492	
Other Government Programs	\$0	\$0	
Total	\$3755582	\$110424937	\$-106669355

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$126449	\$-126449
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$14676164	\$-14676164
Other Allocations	\$0	\$0	\$0

Comments

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