



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: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: Indianapolis

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

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

Person Completing the Report: Marjorie Basey

Email Address: marjorie.basey@rhin.com

Medicare Provider Number: 15-3028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$95631400	Contractual Allowance	\$73627825
Outpatient Patient Service Revenue	\$22059642	Other Deductions	\$995693
Total Gross Patient Service Revenue	\$117691042	Total Deductions	\$74623518

3. Total Operating Revenue	
Net Patient Service Revenue	\$43067525
Other Operating Revenue	\$2263788
Total Operating Revenue	\$45331313

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$16419686	962
Medicaid	\$4897371	362
Commercial Insurance	\$13367333	302
Self-pay	\$135454	9
Any Other Category of Payer	\$1531388	50
Total	\$36351232	1685

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1081853	1894
Medicaid	\$702363	1445
Commercial Insurance	\$3816607	1787
Self-pay	\$6780	12
Any Other Category of Payer	\$219823	241
Total	\$5827426	5379

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	\$17501539	2856
Medicaid	\$5599734	1807

Commercial Insurance	\$17183940	2089
Self-pay	\$142234	9
Any Other Category of Payer	\$1751211	303
Total	\$42178658	7064

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
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	\$199565	716
Medicaid	\$147825	622
Commercial Insurance	\$90976	294
Self-pay	\$0	0
Any Other Category of Payer	\$11627	103
Total	\$449993	1735

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	\$199565	716
Medicaid	\$147825	622
Commercial Insurance	\$90976	294
Self-pay	\$0	0
Any Other Category of Payer	\$11627	103
Total	\$449993	1735

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	\$31920	108
Medicaid	\$16286	55
Commercial Insurance	\$15634	53
Self-pay	\$0	0
Any Other Category of Payer	\$1302	4
Total	\$65142	220

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	\$183129	789
Medicaid	\$93433	403
Commercial Insurance	\$89696	387
Self-pay	\$0	0
Any Other Category of Payer	\$7474	32
Total	\$373732	1611

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	\$215049	897

Medicaid	\$109719	458
Commercial Insurance	\$105330	440
Self-pay	\$0	0
Any Other Category of Payer	\$8776	36
Total	\$438874	1831

13. Operating Expenses

Salaries and Wages	\$24828622	Employee Benefits	\$8166765
Depreciation and Amortization	\$1425141	Interest Expense	\$239607
Bad Debt	\$-89076	Other Expenses	\$11525155
Total Operating Expenses	\$46096214		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$764902	Total Assets	\$31342527
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$14639679
Total Net Gains	\$764902		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$56453206	\$38537053	\$17916153
Medicaid	\$26807164	\$20949887	\$5857277
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$34430672	\$15136579	\$19294093
Total	\$117691042	\$74623519	\$43067523

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	\$33271	\$-33271

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$222403	\$-222403
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$12378	\$-12378

Number of Medical Professionals Trained	\$15
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$452241
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$168526	
HCI Payments	\$0		
Subtotal	\$0	\$168526	\$-168526
Medicaid Shortfalls	\$5363460	\$9728580	
Subtotal	\$5363460	\$9897106	\$-4533646
DSH Payments	\$0		
Subtotal	\$5363460	\$9897106	\$-4533646
Medicare Shortfalls	\$11590346	\$21037121	
Other Government Programs	\$0	\$0	
Total	\$16953806	\$30934227	\$-13980421

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$12378	\$-12378
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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