



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: SCHNECK MEDICAL CENTER

City of Hospital: SEYMOUR

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

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

Person Completing the Report: Jonathan Hauersperger

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Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$83744087
Outpatient Patient Service Revenue	\$416449827
Total Gross Patient Service Revenue	\$500193914

2. Deductions From Revenue

Contractual Allowance	\$305519133
Other Deductions	\$1314047
Total Deductions	\$306833180

3. Total Operating Revenue

Net Patient Service Revenue	\$193360734
Other Operating Revenue	\$1330020
Total Operating Revenue	\$194690754

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11624553	\$7217
Medicaid	\$9461937	\$7147
Commercial Insurance	\$11563404	\$6636
Self-pay	\$1083153	\$115
Any Other Category of Payer	\$414025	\$5
Total	\$34147072	\$21120

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$38707392	\$151206
Medicaid	\$19602193	\$100539
Commercial Insurance	\$85175850	\$209221
Self-pay	\$4111863	\$6619
Any Other Category of Payer	\$2489413	\$96
Total	\$150086711	\$467681

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	\$50331945	\$158423
Medicaid	\$29064130	\$107686
Commercial Insurance	\$96739254	\$215857
Self-pay	\$5195016	\$6734
Any Other Category of Payer	\$2903438	\$101
Total	\$184233783	\$488801

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	\$897045	\$1131
Medicaid	\$9675593	\$1472
Commercial Insurance	\$5781599	\$1386
Self-pay	\$-1876431	\$3
Any Other Category of Payer	\$0	\$0
Total	\$14477806	\$3992

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	\$35350102	\$73033
Medicaid	\$11583383	\$46507
Commercial Insurance	\$86418203	\$80699
Self-pay	\$-5528496	\$2183
Any Other Category of Payer	\$1009850	\$72
Total	\$128833042	\$202494

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	\$36247147	\$74164
Medicaid	\$21258976	\$47979
Commercial Insurance	\$92199802	\$82085
Self-pay	\$-7404927	\$2186
Any Other Category of Payer	\$1009850	\$72
Total	\$143310848	\$206486

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	\$866730	\$5675
Medicaid	\$537030	\$5027
Commercial Insurance	\$920562	\$4583
Self-pay	\$96902	\$112
Any Other Category of Payer	\$0	\$0
Total	\$2421224	\$15397

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	\$6953420	\$78173
Medicaid	\$2791031	\$54032
Commercial Insurance	\$10246282	\$128546
Self-pay	\$425085	\$4436
Any Other Category of Payer	\$0	\$0
Total	\$20415818	\$265187

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	\$7820150	\$83848
Medicaid	\$3328061	\$59059
Commercial Insurance	\$11166844	\$133129
Self-pay	\$521987	\$4548
Any Other Category of Payer	\$0	\$0
Total	\$22837042	\$280584

13. Operating Expenses

Salaries and Wages	\$87398865	Employee Benefits	\$23623427
Depreciation and Amortization	\$12378512	Interest Expense	\$478807
Bad Debt	\$9126952	Other Expenses	\$61204040
Total Operating Expenses	\$194210603		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$480151	Total Assets	\$485530749
Net Non-operating Gains over Loss	\$-18710011	Total Liabilities	\$63535247
Total Net Gains	\$-18229860		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$201385098	\$130037661	\$71347437
Medicaid	\$99350704	\$72446267	\$26904437
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$199458112	\$104349252	\$95108860
Total	\$500193914	\$306833180	\$193360734

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$474185	\$248621	\$225564

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	\$14475	\$-14475
Community Education	\$56170	\$45207	\$10963

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

Hospital Charity Charges	\$1314047
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$400170	
HCI Payments	\$0		
Subtotal	\$0	\$400170	\$-400170
Medicaid Shortfalls	\$4335100	\$7963625	
Subtotal	\$4335100	\$8363795	\$-4028695
DSH Payments	\$0		
Subtotal	\$4335100	\$8363795	\$-4028695
Medicare Shortfalls	\$16292479	\$27107262	
Other Government Programs	\$0	\$0	
Total	\$20627579	\$35471057	\$-14843478

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$13895428	\$21146336	\$-7250908
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments