



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: TERRE HAUTE REGIONAL HOSPITAL

City of Hospital: Terre Haute

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

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

Person Completing the Report: Brooklyn Harrison

Email Address: brooklyn.harrison@hcahealthcare.com

Medicare Provider Number: 150046

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$393339000
Outpatient Patient Service Revenue	\$410088000
Total Gross Patient Service Revenue	\$803427000

2. Deductions From Revenue

Contractual Allowance	\$615243000
Other Deductions	\$63020000
Total Deductions	\$678263000

3. Total Operating Revenue

Net Patient Service Revenue	\$125164000
Other Operating Revenue	\$489000
Total Operating Revenue	\$125653000

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$29917000	2387
Medicaid	\$20162000	1481
Commercial Insurance	\$19995000	932
Self-pay	-\$4317000	104
Any Other Category of Payer	\$0	0
Total	\$65757000	4904

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$18958000	1948
Medicaid	\$9203000	1464
Commercial Insurance	\$30160000	1645
Self-pay	\$1087000	150
Any Other Category of Payer	\$0	0
Total	\$59408000	5207

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	\$48875000	4335
Medicaid	\$29365000	2945
Commercial Insurance	\$50155000	2577
Self-pay	-\$3231000	254
Any Other Category of Payer	\$0	0
Total	\$125164000	10111

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

13. Operating Expenses

Salaries and Wages	\$42097000	Employee Benefits	\$8366000
Depreciation and Amortization	\$5862000	Interest Expense	\$0
Bad Debt	\$3046000	Other Expenses	\$74914000
Total Operating Expenses	\$134285000		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-8632000	Total Assets	\$73486000
Net Non-operating Gains over Loss	\$13840000	Total Liabilities	\$-239485000
Total Net Gains	\$5208000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$393966000	\$345091000	\$48875000
Medicaid	\$194077000	\$164711000	\$29366000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$215384000	\$168459000	\$46925000
Total	\$803427000	\$678261000	\$125166000

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

Hospital Charity Charges	\$13133817
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

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

Comments

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