



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: WOMENS HOSPITAL, THE (DEACONESS)

City of Hospital: Newburgh

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

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

Person Completing the Report: Christina Cady

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Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$103630416
Outpatient Patient Service Revenue	\$141417412
Total Gross Patient Service Revenue	\$245047828

2. Deductions From Revenue

Contractual Allowance	\$112151003
Other Deductions	\$1497343
Total Deductions	\$113648346

3. Total Operating Revenue

Net Patient Service Revenue	\$131399482
Other Operating Revenue	\$1569270
Total Operating Revenue	\$132968752

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1182474	\$224
Medicaid	\$18234987	\$8640
Commercial Insurance	\$43288669	\$11335
Self-pay	\$441268	\$131
Any Other Category of Payer	\$277299	\$164
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$5605494	\$13095
Medicaid	\$7821557	\$18617
Commercial Insurance	\$53263393	\$48045
Self-pay	\$794128	\$978
Any Other Category of Payer	\$490213	\$721
Total	\$0	\$0

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	\$6787968	\$13319
Medicaid	\$26056545	\$27257
Commercial Insurance	\$96552061	\$59380
Self-pay	\$1235397	\$1109
Any Other Category of Payer	\$767511	\$885
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	\$1027055	\$68
Medicaid	\$16439868	\$1993
Commercial Insurance	\$39857559	\$4017
Self-pay	\$436528	\$88
Any Other Category of Payer	\$241792	\$66
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	\$4748257	\$9741
Medicaid	\$6245129	\$7804
Commercial Insurance	\$48866409	\$29023
Self-pay	\$745591	\$662
Any Other Category of Payer	\$433337	\$447
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	\$5775312	\$9809
Medicaid	\$22684997	\$9797
Commercial Insurance	\$88723968	\$33040
Self-pay	\$1182120	\$750
Any Other Category of Payer	\$675129	\$513
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	\$155419	\$156
Medicaid	\$1795119	\$6647
Commercial Insurance	\$3431110	\$7318
Self-pay	\$4740	\$43
Any Other Category of Payer	\$35506	\$98
Total	\$5421894	\$14262

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	\$857237	\$3354
Medicaid	\$1576429	\$10813
Commercial Insurance	\$4396983	\$19022
Self-pay	\$48537	\$316
Any Other Category of Payer	\$56876	\$274
Total	\$6936062	\$33779

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	\$1012655	\$3510
Medicaid	\$3371548	\$17460
Commercial Insurance	\$7828093	\$26340
Self-pay	\$53277	\$359
Any Other Category of Payer	\$92382	\$372
Total	\$12357955	\$48041

13. Operating Expenses

Salaries and Wages	\$52561402	Employee Benefits	\$11837511
Depreciation and Amortization	\$2809448	Interest Expense	\$305617
Bad Debt	\$3049867	Other Expenses	\$48258263
Total Operating Expenses	\$118822108		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$14146644	Total Assets	\$59937153
Net Non-operating Gains over Loss	\$-52271	Total Liabilities	\$59937153
Total Net Gains	\$14094373		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22225299	\$6787968	\$15437331
Medicaid	\$76825558	\$26056545	\$50769013
Other Government	\$2484928	\$767511	\$1717417
Other State	\$0	\$0	\$0
Other Payers	\$143512043	\$78538979	\$64973064
Total	\$245047828	\$112151003	\$132896825

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1497343	
HCI Payments	\$0		
Subtotal	\$0	\$1497343	\$-1497343
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$6,381,517		
Subtotal	\$6381517	\$0	\$6381517
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$6381517	\$0	\$6381517

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