Back to 2005 Hospital Fiscal Main Page
Back to Regulatory Services

2005 STATEWIDE HOSPITAL FISCAL REPORT SUMMARY

I. Introduction

On an annual basis, each acute care hospital in Indiana identifies its expenses for annual operation and the inpatient and outpatient revenues for patient services. These statistics are developed by the hospital and filed with the Indiana State Department of Health (ISDH). Indiana Code 16-21-6-11 requires the ISDH to publish this information to aid the consuming public in making fiscal comparisons among hospitals.

This report focuses on the hospitals' financial status and follows annual publication of the hospitals' service reports, which focus on discharges, patient days, total charges by service, and outpatient visits.

This summary will include the key definitions and statewide totals for all key financial indicators (see Table A). This statewide report will summarize fiscal year 2005 results for 133 hospitals. (Individual reports for each hospital are also included on this Web site.) This summary will then review key financial indicators for the three-year period 2003-2005, as well as among small, medium, and large hospitals in Indiana (see Tables B-J). This overview will conclude with 12 performance standards incorporated into every report to provide comparisons among similar hospitals (see Table K).

Table A
Statewide Hospital Fiscal Summary

Statement One: Summary of Revenue and Expenses

Each fiscal year, each hospital must account for its earned revenue, expenses, and the deficit/surplus of funds in the past 12-month period. Statement One, Summary of Revenue and Expenses, will provide the definition of terms and summarize the 2005 statewide total for 133 hospitals in Indiana.

1. Gross Patient Service Revenue

Term	Definition[1]	2005 Statewide Total[2]	Percent of Subtotal
Inpatient Service Revenue	The total billed value of inpatient services including the value of routine services and ancillary services provided to inpatients.	**$14,095.7**	54.5%
Outpatient Service Revenue	The total billed value of outpatient services.	**$11,743.9**	45.5%
Total Gross Patient Service Revenue	The total inpatient and outpatient revenue from services.	**$25,839.6**	100.0%

*Data in hundred thousands ($000,000)

2. Deductions from Revenue

Term	Definition	2005 Total	% of Total
Contractual Allowances	The difference between charges at established rates and the amounts realizable from third-party payers under contractual agreements.	**$11,812.9**	93.0%
Other Deductions	The deductions including charity care and excluding contractual allowances.	**$885.0**	7.0%
Total Deductions		**$12,697.9**	100.0%

3. Total Operating Revenue

Term	Definition	2005 Total	% of Total
Net Patient Service Revenue	The gross patient service revenue less deductions for contractual allowances and other deductions.	**$13,142.6**	96.0%
Other Operating Revenue	Incoming revenue not generated by patient services.	**$541.3**	4.0%
Total Operating Revenue		**$13,683.9**	100.0%

4. Operating Expenses

Term	Definition	2005 Total	% of Total
Salaries and Wages	The total payment at regular intervals for work or services of employees.	**$4,832.2**	37.1%
Employee Benefits	Fringe benefits in addition to salary. Fringe benefits include FICA taxes, pension plans, health and life insurance, unemployment taxes, and worker compensation.	**$1,293.7**	9.9%
Depreciation/ Amortization	Portion of tangible and intangible operating assets charged as an expense each fiscal year.	**$742.3**	5.7%
Interest	The cost incurred for borrowing money. These costs are only for the value of funds received for loans given to the entity.	**$206.1**	1.6%
Bad Debt	The services rendered for which payment is anticipated and credit is extended to a patient. Expenses are estimated and recognized when providing an allowance for such amounts to be written off at the time that the accounts are deemed uncollectable.	**$783.5**	6.0%
Other Expenses	Other outgoing dollars	**$5,173.7**	39.7%
Total Expenses		**$13,031.5**	100.0%

*Data in hundred thousands ($000,000)

5. Net Revenue and Expenses

Term	Definition	2005 Total	% of Total
Net Operating Revenue over Expenses	The deficit or surplus of funds gained when one subtracts the total operating expenses from the total operating revenue.	**$656.2**	79.1 %
Net Non-Operating Gains over Losses	Same calculation as for non-operating funds.	**$173.3**	20.9%
Net Gain/Loss		**$829.5**	100.0%

6. Assets and Liabilities

Term	Definition	2005 Total	% of Total
Total Assets	All of the property, accounts receivable, cash, etc., of the hospital.	**$17,353.4**	100.0%
Total Liabilities	Sum of current liabilities, deferred credit, net long-term debt, and inter-company indebtedness.	**$8,988.4**	100.0%

*Data in hundred thousands ($000,000)

Statement Two: Contractual Allowances By Payer Group

Statement Two, Contractual Allowances by Payer Group, provides the difference between the revenue at established rates and the amount realizable from third-party payers under contractual agreements.

Term	Definition "Gross Revenue minus contractual allowances …"	2005 Total	% of Total
Medicare	From federal Title 18.	**$3,725.4**	28.1%
Medicaid	From state/federal Title 19.	**$762.3**	5.8%
Other Government	From local and state government sources other than Medicaid.	**$442.7**	3.3%
Commercial Insurance	From all other payers including health maintenance organizations and commercial insurance plans.	**$8,307.7**	62.8%
Total Allowances		**$13,238.1**	100.0%

*Data in hundred thousands ($000,000)

Statement Three: Unique Service or Financial Category

Statement Three, Unique Service or Financial Category, provides four unique sources of incoming revenue and outgoing expenses in the areas of donations, education, medical research, and grants.

Term	Definition	2005 Total Net Gain or Loss	% of Gross Patient Revenue
Donation	Difference between incoming gifts from outside organizations and outgoing gifts (including cash) to organizations outside the hospital's corporate structure.	**($5.9)**	>0.1%
Education	Total net gain or loss from training medical professionals, educating inpatients, and educating the general public.	**($161.9)**	0.6%
Research	Net gain or loss between incoming revenues and outgoing expenses needed to provide research services. Revenues include state or federal dollars given to the hospital for conducting scientific inquiry. Expenses include the cost of facilities, staffing, and equipment.	**($6.6)**	>0.1%
Hospital Bioterrorism Grant Funding	Fiscal Year Grant Funding to Indiana Acute Care Hospitals from ISDH under federal Hospital Bioterrorism grants. All funding was expended during the fiscal year.	**$8.5**	>0.3%
Number of Individuals Educated	Estimate of the total number of medical professionals (physicians, nurses, technicians, and other medical professionals), hospital patients, and number of citizens exposed to health education messages.	**16.5**	NA

*Data in hundred thousands (000,000)

Statement Four: Cost of Charity and Subsidized Community Benefits

The fourth and final statement, Cost of Charity and Subsidized Community Benefits, provides an estimate of the unreimbursed costs of hospitals in Indiana. The information is based on a 14-step methodology to calculate the charges by a hospital and compare that to the payments and cost adjustments by third-party payers, community organizations, or individuals. The information is summarized for government and proprietary owners, and is expanded for nonprofit hospitals that must report additional information under the Charity Reporting Act (IC 16-21-9).

Term	Definition	2005 Total	% of Total Net Patient Revenue
Charity Care	The unreimbursed costs of providing, funding, and otherwise financially supporting health care services provided by the hospital to an obligated patient for which the hospital, pursuant to the principal terms of its charity policy, completely or partially waives its reimbursement. Charity care does not include community discount care or health care that results in bad debt.	**($388.0)**	1.5%
Community Benefits	Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training. Total also includes community health education, community programs and services, and other unreimbursed costs.	**($643.3)**	2.5%

*Data in hundred thousands ($000,000)

II. SUMMARY OF REVENUE AND EXPENSES

In 2005, the average acute care hospital received $97.1 million dollars in revenue (after deductions) as payment for services and expended $91.4 million dollars to pay for salaries for hospital employees, interest payments, and other expenses.

In total, the 133 hospitals received $12.8 billion dollars (after deductions) as payment for services and expended $12.1 billion dollars to pay for expenses (see Table B)[3].

Table B
Annual Total Revenue and Expenses, 2005

Fiscal Indicator	
1. Total Gross Patient Service Revenue	$25,839,598,625
2. Total Deductions from Revenue	$12,697,022,299
3. Total Operating Revenue	$13,683,972,170
4. Total Operating Expenses	$13,031,492,685
5. Total Net Gains over Losses	$829,524,383

A. Inpatient and Outpatient Revenue

In 2005, 54.5 percent of all gross patient revenue was for inpatient care, and 45.5 percent was for outpatient care (see Tables C and D).

Table C displays the key financial indicators for hospitals in four categories: small, medium, large, and specialized hospitals. One will note that the revenue for the larger hospitals represents 61.7 percent of all revenue, but only 17.3 percent of the total number of hospitals.

Table C represents the gross inpatient revenue per discharge. The statistic is derived by dividing the gross inpatient revenue by the number of discharges. In comparison, according to a national publication, the statewide average for 2005 of $11,340 can be compared to the average equivalent revenue per discharge of $10,656 in the East North Central United States. (Source: W Cleverley, PhD. *Almanac of Hospital Financial and Operating Indicators*, 2006 [hence Almanac]).

Table C
Inpatient Gross Revenue per Discharge, 2005

Type of Hospital	Gross Inpatient Revenue *	Number of Discharges	Gross Inpatient Revenue per Discharge
Small Hospitals	$592.9	60,485	$9,802
Medium Hospitals	$3,885.0	245,265	$15,840
Large Hospitals	$8,699.1	392,983	$22,136
Specialized Hospitals	$918.6	27,045	$33,967
All Hospitals	$14,095.7	725,778	$19,421

*Financial data in hundred thousands ($000,000)

Table D presents the amount of outpatient revenue in fiscal year 2005. In 2005, the percent of outpatient revenue was 46.1 percent. According to the Almanac, that can be compared to an average outpatient percentage of 51.75 percent for the East North Central United States.

Table D
Outpatient Gross Revenue per Visit, 2005

Type of Hospital	Gross Outpatient Revenue	Number of Visits	Gross Outpatient Revenue per Visit
Small Hospitals	$1,245.9	1,386,160	$898.88
Medium Hospitals	$3,972.6	4,005,681	$991.75
Large Hospitals	$6,354.9	5,016,875	$1,266.72
Specialized Hospitals	$170.3	137,624	$1,237.60
All Hospitals	$11,743.9	10,546,340	$1,113.00

*Financial data in hundred thousands ($000,000)

B. Revenue by Third-Party Payer

Table E shows the distribution of total revenues by key third-party payers. The table shows Indiana's efforts to serve the population ≥65 years of age under the Medicare program and adjust to the annual reconciliation by the U.S. Congress. The table also shows the relative importance of health maintenance organizations and commercial insurance plans to serve all communities in Indiana.

Table E
Percentage of Net Patient Service Revenue
by Third-Party Payer, 2005

Third-Party Payment	Type of Hospital	Net Patient Service Revenue*	% of Patient Service Revenue	Accumulative % of Patient Service Revenue
Medicare	Small	$301.8	2.3%	2.3%
	Medium	$1,200.5	9.2%	11.5%
	Large	$1,917.7	14.7%	26.2%
Other Government	Small	$36.1	0.3%	26.5%
	Medium	$202.5	1.6%	28.1%
	Large	$942.9	7.2%	35.3%
Commercial/ Private HMO	Small	$569.7	4.4%	39.7%
	Medium	$2,587.7	19.8%	59.5%
	Large	$4,892.7	37.5%	97.0%
Other	Specialized	$397.9	3.0%	100.0%
All Payers		$13,031.5	-	100.0%

*Data in hundred thousands ($000,000)

C. Income Statements by Hospitals

(1) By Peer Groups

- Out of the 133 hospitals, approximately 29 percent of the hospitals were small hospitals (under 150 beds), and 17 percent of the hospitals were large (over 300 beds). These 133 hospitals were located in 72 of the 92 counties in Indiana.
- In contrast, 7 percent of the gross patient service revenue was generated by small hospitals, and 59 percent of the total gross patient service revenue was generated by large hospitals (see Figure 1 and Table F).

Figure 1
Percent of Hospitals and Gross Patient Revenue
by Peer Group, Indiana, 2005

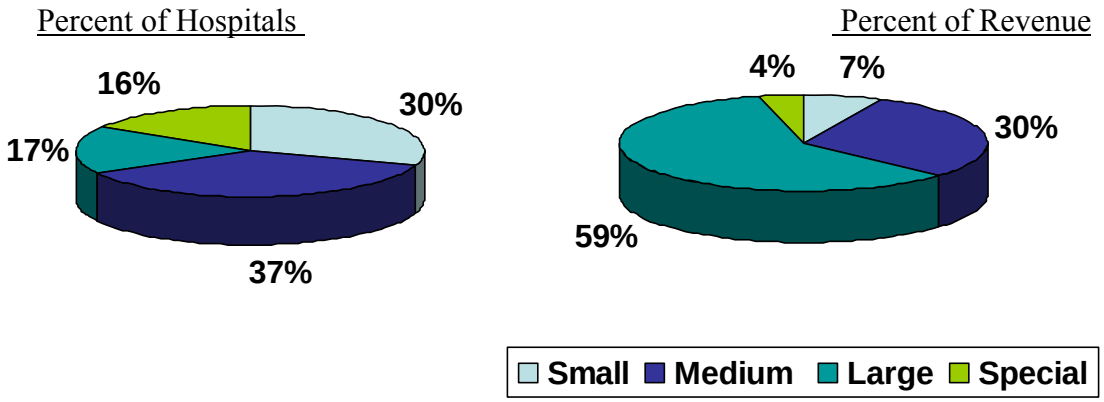


Table F
Total Expenditures*, Indiana,
Small, Medium, and Large Hospitals, 2005

Fiscal Indicator	Small Hospitals (Peer 1)	Medium Hospitals (Peer 2-3)	Large Hospitals (Peer 4-5)	Specialized Hospitals (Peer 7)
1. Total Gross Patient Service Revenue	$1,839	$7,858	$15,054	$1,089
2. Total Deductions from Revenue	$804	$3,658	$7,177	$519
3. Total Operating Revenue	$1,035	$4,200	$7,877	$570
4. Total Operating Expenses	$1,004	$3,930	$7,580	$518
5. Total Net Gains over Losses	$31	$270	$297	$52
6. No. of Hospitals w/Neg Operating Margins	11	8	4	6
7. No. of Hospitals	39	49	23	22

*Financial data in hundred thousands ($000,000)

(2) By Type of Hospital

- 76 of the 133 hospitals, or 57 percent of all hospitals, are organized to provide comprehensive *short-term* general services. The other 43 percent of the hospitals offer specialized long-term-care acute service (14 hospitals), rehabilitation services (7 hospitals), or serve a rural community as a critical access hospital (36 hospitals).
- In contrast, 88 percent of the gross patient service revenue was generated by the short-term hospitals, and 12 percent by all other hospital types.

Figure 2 displays the key financial indicators by hospital type. The definition of those hospital types follows:

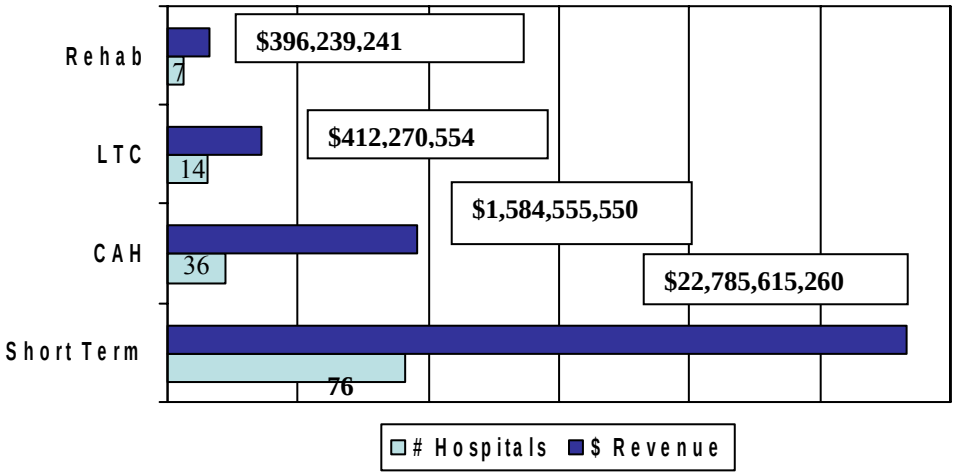
Critical Access Hospital (CAH): a small, rural community hospital that receives cost-based reimbursement. To be designated as a CAH, a rural hospital must meet defined criteria that are outlined in the Conditions of Participation (42 CFR 485) and subsequent legislative refinements to the program through the BBRA, BIPA, and Medicare Modernization Act.

Long-Term Hospital: a hospital with an average patient length of stay of greater than 25 days.

Rehabilitation Hospital: a hospital that provides medical, health-related social and/or vocational services to disabled individuals to help them attain their maximum functional capacity.

General or Short-Term Hospital: a hospital with an average patient length of stay of 25 days or less.

Figure 2
Number of Hospitals and Gross Patient Service Revenue
by Type of Hospital, Indiana, 2005



(3) Ownership of Hospitals

- There are three general categories of hospital ownership: nonprofit, government-based, and proprietary ownership. Of the 133 hospitals, 52 percent were nonprofit (69 hospitals), 28 percent were government-based (37 hospitals), and 20 percent were proprietary (27 hospitals).
- In contrast, 71 percent of the gross patient service revenue was generated by nonprofits, 16 percent by government entities, and 13 percent by proprietary hospitals.

Figure 3
Percent of Hospitals and Gross Patient Revenue
by Ownership, Indiana, 2005

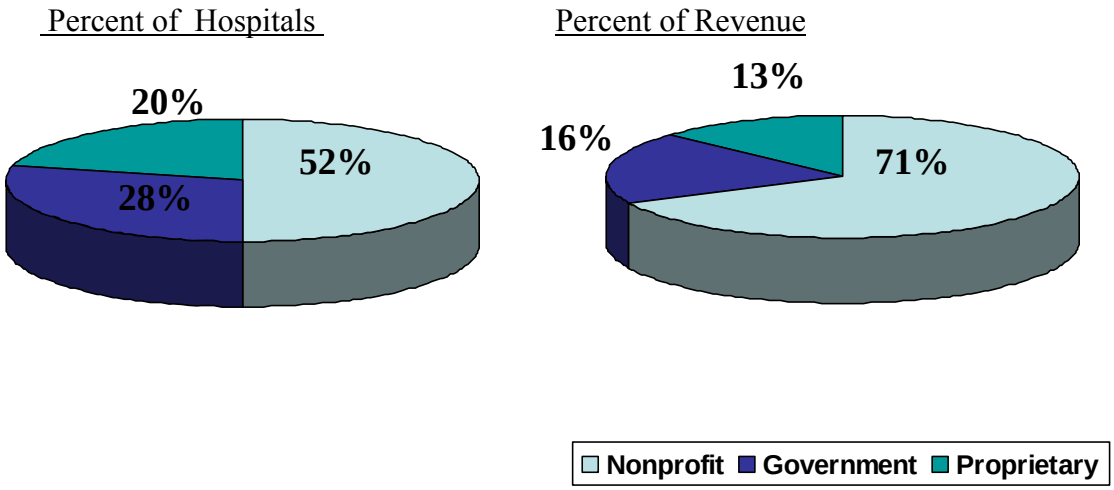


Table G
Total Expenditures*, Indiana
by Ownership of Hospitals, 2005

Fiscal Indicator	Government Ownership	Nonprofit Ownership	Proprietary Ownership
Total Gross Patient Service Revenue	$4,1752.2	$18,255.1	$2,872.3
Total Deductions from Revenue	$1,722.1	$8,422.6	$1,470.9
Total Operating Revenue	$2,450.1	$9,832.4	$1,401.4
Total Operating Expenses	$2,535.3	$9,296.9	$1,199.1
Total Net Gains over Losses	($85.2)	$535.5	$202.3
Number of Hospitals with Neg. Operating Margins	10	11	8
Number of Hospitals	37	69	27

*Financial data in hundred thousands ($000,000)

(4) Geographic Region of Indiana

Table H
Hospital Average Total Net Return by Public Health District

Public Health Districts	Largest City in District	Total Acute Care Hospitals	Average Total Operating Revenue	Average Total Operating Expenses	Average Total Net Return
One	Gary	13	$134.4	$132.2	$2.2
Two	South Bend	12	$96.4	$90.6	$6.4
Three	Fort Wayne	17	$86.9	$73.7	$13.3
Four	Lafayette	7	$61.1	$59.6	$1.5
Five	Indianapolis	27	$163.4	$159.0	$4.4
Six	Muncie	16	$73.8	$71.2	$2.6
Seven	Terre Haute	7	$64.1	$58.4	$5.5
Eight	Bloomington	8	$77.6	$74.8	$2.8
Nine	Clarksville	11	$54.5	$52.6	$1.8
Ten	Evansville	15	$74.7	$69.9	$4.8
Total		133	$100.6	$ 95.7	$4.8

*Financial data in hundred thousands ($100,000)

Note: 1. A map of Indiana Public Health Districts can be found at
http://www.in.gov/isdh/healthinfo/districts.htm

D. Three-Year Trends

During the three-year period, 2003-2005, there has been a 15 percent increase in the total operating revenue of the hospitals and an increase in the number of hospitals with negative operating margins (see Table I).

Table I
Annual Total Expenditures*, Indiana, 2003-2005

Fiscal Indicator	2003	2004	2005
1. Total Gross Patient Service Revenue	$20,617.2	$23,028.7	$25,839.6
2. Total Deductions from Revenue	$8,502.4	$10,879.9	$12,697.0
3. Total Operating Revenue	$11,660.0	$12,816.8	$13,683.9
4. Total Operating Expenses	$11,121.6	$12,065.4	$13,031.5
5. Total Net Gains over Losses	$538.4	$959.6	$829.5
6. No. of Hospitals w/Neg Operating Margins	27	27	29
7. Number of Hospitals	131	132	133

*Financial data in hundred thousands ($000,000)

E. Three-Year Margins

From a public perspective, the key concern must be to ensure access to hospitals for all citizens regardless of insurance plans and to track hospitals that have experienced losses in receiving less revenue than expenses on an annual basis. Two hospitals that experienced losses during 2003-2005 are shown in Table J.

Table J
Identification of Acute Care Hospitals
with Three Years of Negative Total Margins

		* * * Annual Margin * * * *		
Name of Hospital	City	2003	2004	2005
Dukes Memorial Hospital	Peru	($3,577,068)	($860,715)	($3,336,342)
St Mary's Warrick	Boonville	($43,624)	($1,463,098)	($1,676,119)

*Data in hundred thousands ($000,000)

III. Assessing Financial Health of Hospitals

Table K shows 12 performance indicators that the ISDH has selected, analyzed, and posted with each 2005 fiscal report. These indicators are key financial and operating indicators needed to compare hospitals of similar size. Table K shows the indicators and the average values for larger hospitals in fiscal year 2003 and 2005.

Each hospital fiscal report will compare the hospital's values with similarly sized hospitals in its peer group: small, medium, large, and specialized.

Table K presents key financial and operating indicators needed to compare similarly sized hospitals. The table shows the average values for larger hospitals in Indiana in 2005. Utilization and charge statistics were not adjusted for severity, case mix, or any of a variety of other factors that could affect comparisons among facilities. Therefore, all interpretations of actual data and all comparisons of one facility to another should be made with caution.

Table K also presents the total margins in fiscal year 2005. The statistic is derived by dividing the total patient service revenue by the total net gain or loss of the hospital. According to the Almanac, the statewide average of 4.3 can be compared to average total margins of 3.1 for the East North Central United States.

TABLE K
ISDH Performance Indicators Used in Each Hospital Report and the Average Value Submitted by Large Hospitals in Indiana

Performance Indicator	Methodology	Range of Values: Average 2003	Range of Values: Average 2005
1. *# of FTE's*	*Number of Full-Time Equivalents*	2,212	2,325
2. *% of Salary*	*Salary Expenses* divided by *Total Expenses*	37.8%	36.6%
3. *Average Daily Census*	*Patient Days* divided by *Annual Days (365 days)*	237.6	242.8
4. *Average Length of Stay*	*Number of Patient Days* divided by *Number of Discharges*	5.1	5.2
5. *Price of Medical/ Surgical Care per Stay*	*Total Medical/Surgical Charges* divided by *Medical/Surgical Discharges*	$3,042	$3,731
6. *Gross Price per Discharge*	*Gross Inpatient Revenue* divided by *Total Discharges*	$17,323	$21,526
7. *Outpatient Revenue Percentage*	*Outpatient Revenue* divided by *Gross Total Revenue*	40.9%	42.6%
8. *Gross Price per Visit*	*Gross Outpatient Revenue* divided by *Total Outpatient Visits*	$1,022	$1,384
9. *% of Medicare*	*Medicare Revenue* divided by *Gross Patient Revenue*	39.5%	38.1%
10. *% of Bad Debt*	*Bad Debt Expense* divided by *Gross Operating Expenses*	4.5%	5.2%
11. *Charity Allocation*	*Unreimbursed costs of providing services to patients under adopted charity policy*	($10,021,313)	($6,360,979)
12. *Net Margin*	*Excess of Revenue over Expenses* divided by *Total Operating Revenue*	4.3	5.1

FOOTNOTES

1. Definitions of terms in Table A were abstracted from Indiana law and from the *Year 2006 Hospital Statistics* from the American Hospital Association.

2. Majority of numbers shown in this statewide summary are shown in hundred thousands for ease of reading. Accordingly, the total gross patient revenue of 133 hospitals is $25.8 billion dollars or $25,839,598,625 in fiscal year 2005.

3. Data shown in this summary and in the individual hospital reports are in a unique electronic format designed to satisfy Indiana law (Indiana Code 16-21-6-3). Statistics reflect the costs for the hospital only. These reports are displayed with no editing by ISDH staff. This information represents all acute care hospitals licensed under IC 16-21-1. The reports do not include psychiatric hospitals licensed under IC 12-25.

   Each hospital has submitted information on a secure Web site. Indiana hospital Chief Financial Officers interested in additional information on reporting should contact the ISDH.

   Paper copies of the audited financial statement and Medicare Cost Reports are available from the ISDH on request. Both reports are on file for each acute care hospital and are retained in paper format for three years at the ISDH. Both reports reflect the total costs of the larger filing corporation.

   It is estimated that statistics in this report represent roughly 98 percent of the revenue and expenses for all hospitals in Indiana. One should note that not all hospitals filed in any one fiscal year. These reports contain six reports from FY 2004 and three reports for FY 2006.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Kindred Hospital Indianapolis

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$39,336,257
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$39,336,257
2. Deductions from Revenue	
Contractual Allowances	$22,775,630
Other Deductions	$0
Total Deductions	$22,775,630
3. Total Operating Revenue	
Net Patient Service Revenue	$16,560,627
Other Operating Revenue	$32,641
Total Operating Revenue	$16,593,268

4. Operating Expenses	
Salaries and Wages	$5,523,255
Employee Benefits and Taxes	$969,193
Depreciation and Amortization	$483,888
Interest Expenses	$0
Bad Debt	$86,999
Other Expenses	$8,845,243
Total Operating Expenses	$15,734,580
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$858,688
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$858,688
6. Assets and Liabilities	
Total Assets	$5,417,901
Total Liabilities	$989,747

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$32,512,950	$20,112,846	$12,400,104
Medicaid	$587,431	$514,207	$73,224
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$6,235,257	$2,148,577	$4,087,299
Total	$39,336,257	$22,775,630	$16,560,627

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative William Brenner
Telephone Number 317.636.4400

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	103	145
2. % of Salary	Salary Expenses divided by Total Expenses	35.1%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	28.2	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	26.5	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$108,729	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$101,121	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	82.7%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	0.6%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.2	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Southern Indiana Rehabilitation Hospital

Year: 2005 City: New Albany Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$30,045,399
Outpatient Patient Service Revenue	$8,280,064
Total Gross Patient Service Revenue	$38,325,463
2. Deductions from Revenue	
Contractual Allowances	$22,130,206
Other Deductions	$181,663
Total Deductions	$22,311,869
3. Total Operating Revenue	
Net Patient Service Revenue	$16,013,594
Other Operating Revenue	$158,829
Total Operating Revenue	$16,172,423

4. Operating Expenses	
Salaries and Wages	$7,124,723
Employee Benefits and Taxes	$1,458,610
Depreciation and Amortization	$930,377
Interest Expenses	$240,221
Bad Debt	$89,931
Other Expenses	$4,787,862
Total Operating Expenses	$14,631,724
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,540,699
Net Non-operating Gains over Losses	$152,294
Total Net Gain over Loss	$1,692,993
6. Assets and Liabilities	
Total Assets	$18,066,000
Total Liabilities	$7,463,000

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$28,428,793	$15,989,732	$12,439,061
Medicaid	$2,237,768	$1,742,761	$495,007
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$7,658,901	$4,579,378	$3,079,523

Total	$38,325,463	$22,311,871	$16,013,592

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$63,308	$0	$63,308
Educational	$0	$118,953	($118,953)
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	220
Number of Hospital Patients Educated in This Hospital	2,796
Number of Citizens Exposed to Health Education Message	30,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Floyd	**Community Served**	Floyd County

Hospital Mission Statement

"The mission of Southern Indiana Rehab Hospital is to provide superior health services to the people and communities we serve."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	No
Community Education	Yes	Clinic Support	No	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	18	7	NR
Charity Care Allocation	($187,000)	($184,000)	($155,000)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
No Program Specified	$0

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($427,000_
2. Community Health Education	($83,359)
3. Community Programs and Services	$0

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($510,359)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Randy Napier
Telephone Number: 812.941.6106
Web Address Information: www.sirh.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	162	145
2. % of Salary	Salary Expenses divided by Total Expenses	48.7%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	33.4	32.9
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	12.7	12.7
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	NR	$39,284

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$31,297	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	21.6%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$328	$1,408
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	74.2%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	0.6%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($155,000)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.5	9.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Kindred Hospital Indianapolis South

Year: 2005 City: Greenwood Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$26,655,215
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$26,655,215
2. Deductions from Revenue	
Contractual Allowances	$15,240,051
Other Deductions	$0
Total Deductions	$15,240,051
3. Total Operating Revenue	
Net Patient Service Revenue	$11,425,167
Other Operating Revenue	$8,849
Total Operating Revenue	$11,444,016

4. Operating Expenses	
Salaries and Wages	$4,318,635
Employee Benefits and Taxes	$764,297
Depreciation and Amortization	$158,821
Interest Expenses	$42
Bad Debt	$214,564
Other Expenses	$4,644,495
Total Operating Expenses	$10,100,854
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,343,162
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$1,343,162
6. Assets and Liabilities	
Total Assets	$1,796,009
Total Liabilities	$671,418

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$20,152,699	$11,738,257	$8,414,442
Medicaid	$4,499,507	$3,222,984	$1,276,523
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$2,003,012	$258,810	$1,744,202
Total	$26,655,216	$15,220,051	$11,436,167

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$8,239,131	$8,994,925	($755,794)
Community Benefits	$0	$104,000	($104,000)

For further information on this report, please contact:

Hospital Representative Joe Johnston
Telephone Number 260/726-7131

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	76	145
2. % of Salary	Salary Expenses divided by Total Expenses	42.8%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	27.1	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	25.6	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$75,476	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$68,877	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NP	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	75.6%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.1%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.7	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Rehabilitation Hospital of Fort Wayne

Year: 2005 City: Fort Wayne Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$12,585,413
Outpatient Patient Service Revenue	$1,604,839
Total Gross Patient Service Revenue	$14,190,252
2. Deductions from Revenue	
Contractual Allowances	$5,625,827
Other Deductions	$47,562
Total Deductions	$5,673,389
3. Total Operating Revenue	
Net Patient Service Revenue	$8,516,863
Other Operating Revenue	$345,785
Total Operating Revenue	$8,862,648

4. Operating Expenses	
Salaries and Wages	$4,511,556
Employee Benefits and Taxes	$995,938
Depreciation and Amortization	$314,620
Interest Expenses	$0
Bad Debt	$101,264
Other Expenses	$2,234,408
Total Operating Expenses	$8,157,786
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$704,862
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$704,862
6. Assets and Liabilities	
Total Assets	$7,785,483
Total Liabilities	$7,785,483

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$9,775,021	$4,084,245	$5,710,776
Medicaid	$351,208	$308,819	($17,611)
Other State	$0	$0	$0
Local Government	$30,643	$9,174	$21,469
Commercial Insurance	$4,033,380	$1,183,5879	$2,849,791
Total	$14,190,252	$5,625,827	$8,564,425

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$8,000	$2,831	$5,169
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$5,377,796	$5,576,811	($199,015)
Community Benefits	$0	$129,000	($129,000)

For further information on this report, please contact:

Hospital Representative Karen Till

Telephone Number 260,435,6100

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	101	145
2. % of Salary	Salary Expenses divided by Total Expenses	55.3%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	22.4	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	12.4	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	NP	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$19,011	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	11.3%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,043	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	68.9%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	1.2%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($26,361)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.0	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Select Specialty Hospital – Indianapolis

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$31,926,028
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$31,926,028
2. Deductions from Revenue	
Contractual Allowances	$16,502,224
Other Deductions	$27,428
Total Deductions	$16,529,652
3. Total Operating Revenue	
Net Patient Service Revenue	$15,396,376
Other Operating Revenue	$2,618
Total Operating Revenue	$15,398,994

4. Operating Expenses	
Salaries and Wages	$7,401,197
Employee Benefits and Taxes	$1,324,212
Depreciation and Amortization	$630,697
Interest Expenses	$1,492
Bad Debt	$345,805
Other Expenses	$10,102,338
Total Operating Expenses	$19,805,741
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($4,406,747)
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	($4,406,747)
6. Assets and Liabilities	
Total Assets	$4,373,996
Total Liabilities	$7,014,064

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$26,538,715	$13,501,846	$13,036,869
Medicaid	$0	$0	$0
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$5,387,313	$3,027,806	$2,359,507
Total	$31,926,028	$16,529,652	$15,396,376

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$0	$0	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Brian Cunningham
Telephone Number 317.925.8066

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	104	145
2. % of Salary	Salary Expenses divided by Total Expenses	37.4%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	31.7	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	29.8	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$82,284	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$82,284	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	83.1%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	1.7%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-28.6	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: St Elizabeth Ann Seton Hospital - Evansville

Year: 2005 City: Evansville Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$12,938,603
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$12,938,603
2. Deductions from Revenue	
Contractual Allowances	$6,029,654
Other Deductions	$613,731
Total Deductions	$5,415,923
3. Total Operating Revenue	
Net Patient Service Revenue	$7,522,680
Other Operating Revenue	$7,988
Total Operating Revenue	$7,530,668

4. Operating Expenses	
Salaries and Wages	$2,817,149
Employee Benefits and Taxes	$654,099
Depreciation and Amortization	$71,266
Interest Expenses	$113,006
Bad Debt	$278,389
Other Expenses	$2,461,079
Total Operating Expenses	$6,394,988
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,135,680
Net Non-operating Gains over Losses	$67,339
Total Net Gain over Loss	$1,230,019
6. Assets and Liabilities	
Total Assets	$3,497,488
Total Liabilities	$4,731,614

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$11,253,609	$4,849,602	$6,404,007
Medicaid	$104,607	$193,605	($88,999)
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$1,580,387	$986,447	$593,940
Total	$12,938,603	$6,029,654	$6,908,948

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$83,673	($83,673)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Carol Godsey
Telephone Number 812.450.5270

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	57	145
2. % of Salary	Salary Expenses divided by Total Expenses	44.1%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	13.8	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	24.5	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	NP	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$62,809	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	87.0%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.4%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($83,673)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	15.1	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Select Specialty Hospital – Northwest Indiana

Year: 2005 City: Hammond Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$46,537,196
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$46,537,196
2. Deductions from Revenue	
Contractual Allowances	$24,440,654
Other Deductions	$65,299
Total Deductions	$24,505,952
3. Total Operating Revenue	
Net Patient Service Revenue	$22,031,244
Other Operating Revenue	$572
Total Operating Revenue	$22,031,996

4. Operating Expenses	
Salaries and Wages	$6,323,581
Employee Benefits and Taxes	$1,610,685
Depreciation and Amortization	$145,865
Interest Expenses	$1,533
Bad Debt	$650,275
Other Expenses	$14.149.515
Total Operating Expenses	$22,881,453
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($849,457)
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	($849,457)
6. Assets and Liabilities	
Total Assets	$12,125,176
Total Liabilities	$2,175,220

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$39,321,060	$21,293,533	$18,027,527
Medicaid	$0	($29,823)	$29,823
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$57,216,136	$3,242,242	$3,973,894
Total	$46,537,196	$24,505,952	$22,031,244

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$219,651	($219,541)

For further information on this report, please contact:

Hospital Representative Brian Cunningham
Telephone Number 219.852.2409

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	117	145
2. % of Salary	Salary Expenses divided by Total Expenses	27.6%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	39.8	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.0	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$86,340	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$86,340	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	84.5%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.8%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.9	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Select Specialty Hospital – Beech Grove

Year: 2005 City: Beech Grove Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$35,086,132
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$35,086,132
2. Deductions from Revenue	
Contractual Allowances	$14,997,710
Other Deductions	$15,363
Total Deductions	$15,013,093
3. Total Operating Revenue	
Net Patient Service Revenue	$20,073,039
Other Operating Revenue	$1,808
Total Operating Revenue	$20,074,847

4. Operating Expenses	
Salaries and Wages	$6,310,709
Employee Benefits and Taxes	$1,508,181
Depreciation and Amortization	$119,537
Interest Expenses	$1,497
Bad Debt	$58,790
Other Expenses	$10,253,440
Total Operating Expenses	$18,252,154
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,822,693
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$1,822,693
6. Assets and Liabilities	
Total Assets	$17,734,194
Total Liabilities	$1,303,555

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$28,240,249	$13,036,458	$15,153,791
Medicaid	$0	$0	$0
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$6,845,883	$1,926,635	$4,919,246
Total	$35,086,132	$15,013,093	$20,073,039

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$0	$0	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$524,152	($524,152)

For further information on this report, please contact:

Hospital Representative Brian Cunningham
Telephone Number 317.783.8731

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	114	145
2. % of Salary	Salary Expenses divided by Total Expenses	34.6%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	33.2	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	30.5	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$88,156	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$88,156	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	80.5%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	0.3%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.1	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Select Specialty Hospital – Evansville

Year: 2005 City: Evansville Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$28,566,577
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$28,566,577
2. Deductions from Revenue	
Contractual Allowances	$15,621,768
Other Deductions	$62,478
Total Deductions	$15,684,246
3. Total Operating Revenue	
Net Patient Service Revenue	$12,862,331
Other Operating Revenue	$2,796
Total Operating Revenue	$12,885,127

4. Operating Expenses	
Salaries and Wages	$4,558,841
Employee Benefits and Taxes	$1,308,731
Depreciation and Amortization	$224,417
Interest Expenses	$1,488
Bad Debt	$285,099
Other Expenses	$7,289,207
Total Operating Expenses	$13,667,783
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($762,656)
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	($762,656)
6. Assets and Liabilities	
Total Assets	$14,756,760
Total Liabilities	$1,143,505

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$22,595,218	$11,120,112	$11,475,106
Medicaid	$0	$0	$0
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$5,971,359	$4,564,134	$1,407,225
Total	$28,566,577	$15,684,246	$12,882,331

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$127,095	($127,095)

For further information on this report, please contact:

Hospital Representative Brian Cunningham
Telephone Number 812.450.5270

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	106	145
2. % of Salary	Salary Expenses divided by Total Expenses	33.4%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	30.2%	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.2	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$70,361	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$70,361	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	79.1%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.1%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-6.1	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Elizabeth Ann Seton Hospital - Carmel

Year: 2005 City: Carmel Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$32,005,799
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$32,005,799
2. Deductions from Revenue	
Contractual Allowances	$11,373,504
Other Deductions	$289,990
Total Deductions	$11,663,494
3. Total Operating Revenue	
Net Patient Service Revenue	$20,342,305
Other Operating Revenue	$3,873
Total Operating Revenue	$20,346,178

4. Operating Expenses	
Salaries and Wages	$7,828,748
Employee Benefits and Taxes	$1,765,607
Depreciation and Amortization	$154,391
Interest Expenses	$7,091
Bad Debt	$200,329
Other Expenses	$6,085,339
Total Operating Expenses	$16,041,505
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,304,673
Net Non-operating Gains over Losses	$179,975
Total Net Gain over Loss	$4,484,648
6. Assets and Liabilities	
Total Assets	$13,211,771
Total Liabilities	$1,273,202

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$21,262,135	$128,018	$21,134,117
Medicaid	$1,266,723	$345,967	$920,756
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$9,476,939	$146,682	$9,330,257

Total	$32,005,797	$620,667	$31,385,130

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Hamilton	**Community Served**	Central Indiana

Hospital Mission Statement

"To make a positive difference in the lives and health status of individuals and communities. Central to our mission is services to those persons who are poor. The health services we provide will be spiritually centered accessible, and affordable."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes

Community Education	No	Clinic Support	Yes	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	2,437	1,966	4,526
Charity Care Allocation	($675,998)	($1,088,321)	($1,961,188))

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All programs	($87,785)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($8,540,486)
2. Community Health Education	$0

3. Community Programs and Services	($87,785)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($8,628,271)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Audra Poe
Telephone Number: 317.338.7374
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	57	145
2. % of Salary	Salary Expenses divided by Total Expenses	48.8%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	13.8	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	24.5	12.7
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	NR	$321,284

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$155,368	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NR	$1,408
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	66.4%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	1.2%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($143,530)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	21.2	9.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Select Specialty Hospital – Fort Wayne

Year: 2005 City: Fort Wayne Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$26,449,300
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$26,449,300
2. Deductions from Revenue	
Contractual Allowances	$12,941,836
Other Deductions	$12,785
Total Deductions	$12,954,621
3. Total Operating Revenue	
Net Patient Service Revenue	$13,497,679
Other Operating Revenue	$2,335
Total Operating Revenue	$13,497,014

4. Operating Expenses	
Salaries and Wages	$4,416,089
Employee Benefits and Taxes	$1,056,400
Depreciation and Amortization	$407,300
Interest Expenses	$3,531
Bad Debt	$209,675
Other Expenses	$7,265,356
Total Operating Expenses	$13,358,348
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$138,666
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$138,666
6. Assets and Liabilities	
Total Assets	$13,764,020
Total Liabilities	$976,957

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$20,654,579	$11,019,798	$9,634,781
Medicaid	$0	$0	$0
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$5,794,721	$1,934,825	$3,859,898
Total	$26,449,300	$12,904,621	$13,494,679

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$255,818	($255,818)

For further information on this report, please contact:

Hospital Representative Brian Cunningham
Telephone Number 260.425.3811

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	74	145
2. % of Salary	Salary Expenses divided by Total Expenses	33.1%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	23.9	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	28.6	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$86,719	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$86,719	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	78.1%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	1.8%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.0	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital Indiana North Satellite

Year: 2005 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$222,222,486
Outpatient Patient Service Revenue	$354,568,325
Total Gross Patient Service Revenue	$576,790,811
2. Deductions from Revenue	
Contractual Allowances	$131,823,016
Other Deductions	$144,577,187
Total Deductions	$276,400,203
3. Total Operating Revenue	
Net Patient Service Revenue	$300,392,608
Other Operating Revenue	$15,697,157
Total Operating Revenue	$316,087,765

4. Operating Expenses	
Salaries and Wages	$79,727,042
Employee Benefits and Taxes	$14,275,738
Depreciation and Amortization	$8,481,205
Interest Expenses	$2,011,215
Bad Debt	$12,681,716
Other Expenses	$169,037,793
Total Operating Expenses	$286,214,709
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$29,873,056
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$29,873,056
6. Assets and Liabilities	
Total Assets	$244,301,809
Total Liabilities	$127,557,754

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$150,963,184	$101,737,049	$49,226,135
Medicaid	$68,140,302	$50,401,429	$17,738,873
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$357,687,325	$132,487,928	$225,199,397

Total	$576,790,811	$284,626,406	$292,164,397

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$166,197	$0	$167,197
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Hamilton	**Community Served**	Marion, Hamilton, Hancock, Johnson, Shelby, and Morgan Counties

Hospital Mission Statement

"With caring and compassion, we continually strive to improve the health and well being of those individuals, in central Indiana who entrust their care to us. "

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	No
Community Education	No	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	12,717	NR	NR
Charity Care Allocation	($1,980,151)	($2,387,153)	($3,783,811)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All programs	($36,580,002)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($36,946,199)
2. Community Health Education	$0
3. Community Programs and Services	($36,580,002)

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($73,526,201)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Daniel Hodgkins
Telephone Number: 317.621.7636
Web Address Information: www.ecommunity.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	986	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	27.9%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	221.8	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,445	$3,731

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,800	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.5%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$3,000	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	26.2%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.4%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,783,811)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.5	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: St Vincent Women's Hospital (Satellite)

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$42,394,316
Outpatient Patient Service Revenue	$20,716,307
Total Gross Patient Service Revenue	$63,110,623
2. Deductions from Revenue	
Contractual Allowances	$22,404,512
Other Deductions	$643,866
Total Deductions	$23,048,380
3. Total Operating Revenue	
Net Patient Service Revenue	$40,062,243
Other Operating Revenue	$323,725
Total Operating Revenue	$40,385,968

4. Operating Expenses	
Salaries and Wages	$14,340,089
Employee Benefits and Taxes	$3,247,889
Depreciation and Amortization	$1,950,369
Interest Expenses	$4,445
Bad Debt	$1,076,135
Other Expenses	$12,509,907
Total Operating Expenses	$33,128,834
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$7,257,134
Net Non-operating Gains over Losses	($29,255)
Total Net Gain over Loss	$7,227,879
6. Assets and Liabilities	
Total Assets	$51,797,451
Total Liabilities	$7,049,398

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$3,137,000	$2,205,748	$931,252
Medicaid	$1,958,000	$1,684,382	$273,618
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$58,015,623	$19,158,250	$38,857,373
Total	$63,110,623	$23,048,380	$40,062,243

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$500,000	($500,000)
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	16,000
Number of Citizens Exposed to Hospital's Health Education Messages	500,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$524,152	($152,152)

For further information on this report, please contact:

Hospital Representative Joseph B. Ford
Telephone Number 317.415.6051

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	527	145
2. % of Salary	Salary Expenses divided by Total Expenses	43.3%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	56.3	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,467	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$9,194	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	32.8%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,436	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	5.0%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	32.%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($129,871)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	18.0	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: St Vincent Stress Center (Satellite)

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$12,786,247
Outpatient Patient Service Revenue	$1,543,893
Total Gross Patient Service Revenue	$19,330,140
2. Deductions from Revenue	
Contractual Allowances	$6,619,726
Other Deductions	$735,708
Total Deductions	$7,355,434
3. Total Operating Revenue	
Net Patient Service Revenue	$11,974,706
Other Operating Revenue	$707,105
Total Operating Revenue	$12.681,811

4. Operating Expenses	
Salaries and Wages	$6,900,929
Employee Benefits and Taxes	$1,745,535
Depreciation and Amortization	$461,803
Interest Expenses	$229,636
Bad Debt	$719,787
Other Expenses	$2,767,787
Total Operating Expenses	$12,825,442
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($143,631)
Net Non-operating Gains over Losses	$102,702
Total Net Gain over Loss	($402,929)
6. Assets and Liabilities	
Total Assets	$10,326,367
Total Liabilities	10,838,412

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$5,862,000	$2,639,961	$3,222,039
Medicaid	$2,400,000	$1,463,495	$936,505
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$11,068,140	$3,251,978	$7,816,162
Total	$19,330,140	$7,355,434	$11,974,706

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$400,000	($400,000)
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	42,491
Number of Citizens Exposed to Hospital's Health Education Messages	450,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$4,158,544	$5,331,259	($1,172,715)
Community Benefits	$0	$89,802	($89,802)

For further information on this report, please contact:

Hospital Representative Joseph B. Ford
Telephone Number 317.415.6051

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	128	145
2. % of Salary	Salary Expenses divided by Total Expenses	53.8%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	32.4	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	NP	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$5,413	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	8.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$40	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	30.3%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.6%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($157,116)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.1	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Dupont Hospital

Year: 2005 City: Fort Wayne Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$73,984,838
Outpatient Patient Service Revenue	$85,196,189
Total Gross Patient Service Revenue	$159,181,027
2. Deductions from Revenue	
Contractual Allowances	$86,997,018
Other Deductions	$0
Total Deductions	$86,997,018
3. Total Operating Revenue	
Net Patient Service Revenue	$90,184,008
Other Operating Revenue	$548,387
Total Operating Revenue	$90,732,395

4. Operating Expenses	
Salaries and Wages	$21,707,228
Employee Benefits and Taxes	$5,330,028
Depreciation and Amortization	$3.692.643
Interest Expenses	$826,464
Bad Debt	$3,197,623
Other Expenses	$27,338,231
Total Operating Expenses	$62,092,217
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$28,640,178
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$28,640,178
6. Assets and Liabilities	
Total Assets	$82,460,138
Total Liabilities	($10,200,501)

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$30,039,767	$20,026,713	$10,013,054
Medicaid	$4,550,877	$3,468,950	$1,081,927
Other State	$353,376	$389,760	($36,384)
Local Government	$1,409,485	$856,033	$553,452
Commercial Insurance	$122,827,522	$44,255,562	$78,255,959
Total	$159,181,027	$68,997,018	$90,184,008

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative	Kevin Lofton
Telephone Number	260.416.3023

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	457	663
2. % of Salary	Salary Expenses divided by Total Expenses	35.0%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	45.9	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,326	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$15,417	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.5%	50.9%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,277	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	18.9%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.1%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	31.6	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview Noble Hospital

Year: 2005 City: Kendallville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$17,721,959
Outpatient Patient Service Revenue	$42,218,748
Total Gross Patient Service Revenue	$59,940,707
2. Deductions from Revenue	
Contractual Allowances	$24,166,029
Other Deductions	$1,509,377
Total Deductions	$25,675,406
3. Total Operating Revenue	
Net Patient Service Revenue	$34,265,301
Other Operating Revenue	$758,171
Total Operating Revenue	$35,023,472

4. Operating Expenses	
Salaries and Wages	$11,663,360
Employee Benefits and Taxes	$3,264,038
Depreciation and Amortization	$1,431,846
Interest Expenses	$43,787
Bad Debt	$3,629,433
Other Expenses	$10,839,283
Total Operating Expenses	$30,871,747
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,151,725
Net Non-operating Gains over Losses	($10,273)
Total Net Gain over Loss	$4,141,452
6. Assets and Liabilities	
Total Assets	$12,236,536
Total Liabilities	$9,383,211

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$24,412,724	$15,386,783	$9,025,941
Medicaid	$6,276,040	$5,047,251	$1,228,789
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$29,251,943	$3,731,995	$25,519,948

Total	$59,940,707	$24,166,029	$35,774,678

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$60,674	($60,674)
Educational	$2,510	$75,737	($73,227)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	61.183
Number of Citizens Exposed to Health Education Message	66,138

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Noble	**Community Served**	Noble County

Hospital Mission Statement

"Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2003

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	668	679	338
Charity Care Allocation	($258,823)	($236,843)	($493,214)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
EMS Youth Summer Camp	($16,620)
School Based Screening and Health Education	($12,994)
Life and Family Services (BABE Program)	($10,000)
Colorectal Cancer and Pneumonia Program	($3,477)
All Other Initiatives	($178,656)
Subtotal	($221,747)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($4,358,919)
2. Community Health Education	($73,227)
3. Community Programs and Services	($49,227)
4. Other Unreimbursed Costs	($37,968)
5. Total Cost of Providing Community Benefits	($4,519,989)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Jane Roush
Telephone Number: 260.347.8809
Web Address Information: www.Parkview.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	252	257
2. % of Salary	Salary Expenses divided by Total Expenses	37.8%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	14.9	18.4

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,736	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,721	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	70.4%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$686	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.7%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	11.8%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($492,214)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.9	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Our Lady of Peace Hospital

Year: 2005 City: South Bend Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$24,966,414
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$24,966,414
2. Deductions from Revenue	
Contractual Allowances	$13,979,817
Other Deductions	$53,080
Total Deductions	$14,032,897
3. Total Operating Revenue	
Net Patient Service Revenue	$10,933,517
Other Operating Revenue	$271,336
Total Operating Revenue	$11,207,853

4. Operating Expenses	
Salaries and Wages	$3,095,290
Employee Benefits and Taxes	$886,479
Depreciation and Amortization	$42,098
Interest Expenses	$0
Bad Debt	($62,894)
Other Expenses	$5,189,520
Total Operating Expenses	$9,150,493
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,054,360
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$2,054,360
6. Assets and Liabilities	
Total Assets	$4,905,955
Total Liabilities	$2,115,088

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$21,383,114	$12,820,214	$8,562,900
Medicaid	$57,437	$51,037	$6,400
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$3,525,863	$1,161,646	$2,364,217
Total	$24,966,414	$14,032,897	$10,933,517

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$47,925	($47,925)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Jeff Carvin
Telephone Number 574.237.7457

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	58	257
2. % of Salary	Salary Expenses divided by Total Expenses	33.8%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	23.9	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	26.9	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	NP	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$77,057	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	85.6%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	-0.7%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($47,925)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	18.3	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Deaconess Women's Hospital of Southern Indiana

Year: 2005 City: Newburgh Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$52,633,858
Outpatient Patient Service Revenue	$10,815,566
Total Gross Patient Service Revenue	$63,449,424
2. Deductions from Revenue	
Contractual Allowances	$26,928,222
Other Deductions	$145,542
Total Deductions	$27,073,764
3. Total Operating Revenue	
Net Patient Service Revenue	$36,375,660
Other Operating Revenue	$861,191
Total Operating Revenue	$37,236,851

4. Operating Expenses	
Salaries and Wages	$12,764,488
Employee Benefits and Taxes	$2,835,926
Depreciation and Amortization	$1,002,917
Interest Expenses	$234,436
Bad Debt	$687,935
Other Expenses	$16,131,028
Total Operating Expenses	$33,656,730
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$3,580,121
Net Non-operating Gains over Losses	$383,825
Total Net Gain over Loss	$3,963,946
6. Assets and Liabilities	
Total Assets	$12,204,505
Total Liabilities	$7,877,256

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$2,343,691	$1,437,620	$906,071
Medicaid	$18,318,262	$12,548,009	$5,770,253
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$42,787,471	$13,088,135	$29,699,336
Total	$63,449,424	$27,073,764	$36,375,660

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$91,477	($91,477)
Educational	$26,840	$168,646	($141,806)
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	1,450
Number of Citizens Exposed to Hospital's Health Education Messages	100,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$6,411,453	$10,255,055	($3,843,602)
Community Benefits	$0	$168,941	($168,941)

For further information on this report, please contact:

Hospital Representative Martha McClain
Telephone Number 812.842.4200

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	297	663
2. % of Salary	Salary Expenses divided by Total Expenses	37.9%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	43.1%	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$10,755	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$12,961	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	17.0%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,833	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	3.7%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.0%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($77,137)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.6	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Select Specialty Hospital – Bloomington

Year: 2005 City: Bloomington Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$15,565,852
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$15,565,852
2. Deductions from Revenue	
Contractual Allowances	$8,285,724
Other Deductions	$611
Total Deductions	$8,286,335
3. Total Operating Revenue	
Net Patient Service Revenue	$7,279,517
Other Operating Revenue	$774
Total Operating Revenue	$7,280,291

4. Operating Expenses	
Salaries and Wages	$2,846,769
Employee Benefits and Taxes	$783,579
Depreciation and Amortization	$126,020
Interest Expenses	$1,815
Bad Debt	$39,000
Other Expenses	$4,010,965
Total Operating Expenses	$7,730,148
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($449,857)
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	($449,857)
6. Assets and Liabilities	
Total Assets	$1,012,824
Total Liabilities	$1,666,826

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$13,274,234	$7,470,062	$5,804,172
Medicaid	$0	$0	$0
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$2,291,618	$816,273	$1,475,345
Total	$15,565,852	$8,286,335	$7,279,517

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$45,456	($45,456)

For further information on this report, please contact:

Hospital Representative Brian Cunningham
Telephone Number 812.353.2000

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	60	145
2. % of Salary	Salary Expenses divided by Total Expenses	36.8%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	15.1	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	25.1	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$70,754	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$70,754	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	85.3%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	-0.5	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-6.2	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: St Vincent Heart Center of Indiana

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$151,716,070
Outpatient Patient Service Revenue	$31,804,922
Total Gross Patient Service Revenue	$213,520,993
2. Deductions from Revenue	
Contractual Allowances	$105,746,583
Other Deductions	$3,964,998
Total Deductions	$109,711,583
3. Total Operating Revenue	
Net Patient Service Revenue	$103,809,410
Other Operating Revenue	$721,540
Total Operating Revenue	$104,530,950

4. Operating Expenses	
Salaries and Wages	$21,210,061
Employee Benefits and Taxes	$5,057,239
Depreciation and Amortization	$6,240,432
Interest Expenses	$2,966,704
Bad Debt	$1,803,281
Other Expenses	$50,728,656
Total Operating Expenses	$88,095,373
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$16,435,577
Net Non-operating Gains over Losses	$733,602
Total Net Gain over Loss	$17,169,179
6. Assets and Liabilities	
Total Assets	$87,787,742
Total Liabilities	$64,310,781

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$128,582,446	$76,319,876	$52,262,570
Medicaid	$3,737,268	$4,219,205	($481,937)
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$81,201,279	$29,172,502	$52,028,777
Total	$213,520,993	$109,711,583	$103,809,410

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$245	$0	$245
Educational	$0	$729,661	($729,661)
Research	$16,447	$17,772	($1,325)
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	127
Number of Hospital Patients Educated in This Hospital	10,950
Number of Citizens Exposed to Hospital's Health Education Messages	634,400

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$2,700	$7,709,648	($7,706,948)
Community Benefits	$0	$40,500	($40,500)

For further information on this report, please contact:

Hospital Representative Lis Earl

Telephone Number 317.583.5000

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	360	145
2. % of Salary	Salary Expenses divided by Total Expenses	24.1%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	52.5	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	NP	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$31,433	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	14.9%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$4,882	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	60.2%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.1%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,490,444)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	15.7	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Indiana Heart Hospital

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$134,364,446
Outpatient Patient Service Revenue	$59,069,423
Total Gross Patient Service Revenue	$193,433,869
2. Deductions from Revenue	
Contractual Allowances	$100,477,109
Other Deductions	$2,447,972
Total Deductions	$102,925,081
3. Total Operating Revenue	
Net Patient Service Revenue	$90,508,788
Other Operating Revenue	$1,928,114
Total Operating Revenue	$92,436,902

4. Operating Expenses	
Salaries and Wages	$17,921,219
Employee Benefits and Taxes	$3,654,101
Depreciation and Amortization	$6,180,100
Interest Expenses	$5,196,095
Bad Debt	$3,529,845
Other Expenses	$49,262,907
Total Operating Expenses	$85,744,268
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$6,692,634
Net Non-operating Gains over Losses	($386,947)
Total Net Gain over Loss	$6,305,687
6. Assets and Liabilities	
Total Assets	$76,547,616
Total Liabilities	$56,641,615

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$105,186,463	$71,442,878	$33,743,585
Medicaid	$7,200,436	$5,794,166	$1,406,270
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$81,046,970	$23,240,065	$57,806,905
Total	$193,433,869	$100,477,109	$92,956,760

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$1,356	$295,458	($294,102)
Research	$167,746	$319,032	($151,286)
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	30
Number of Hospital Patients Educated in This Hospital	17,901
Number of Citizens Exposed to Hospital's Health Education Messages	800

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$31,049,282	$44,704,247	($13,654,965)
Community Benefits	$500	$624,327	($622,927)

For further information on this report, please contact:

Hospital Representative Mark Smith

Telephone Number 317.621.8055

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	356	145
2. % of Salary	Salary Expenses divided by Total Expenses	20.9%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	38.4	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,995	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$35,936	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	30.5%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$3,593	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	54.4%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.1%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,040,388)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.2	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: St Elizabeth Ann Seton Hospital - Indianapolis

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$23,566,254
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$23,566,254
2. Deductions from Revenue	
Contractual Allowances	$7,832,246
Other Deductions	$23,729
Total Deductions	$7,855,975
3. Total Operating Revenue	
Net Patient Service Revenue	$15,710,279
Other Operating Revenue	$2,615
Total Operating Revenue	$15,712,894

4. Operating Expenses	
Salaries and Wages	$6,119,934
Employee Benefits and Taxes	$1,028,842
Depreciation and Amortization	$91,180
Interest Expenses	$18,169
Bad Debt	$316,021
Other Expenses	$5,212,936
Total Operating Expenses	$12,786,082
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,926,812
Net Non-operating Gains over Losses	$33,324
Total Net Gain over Loss	$2,960,136
6. Assets and Liabilities	
Total Assets	$5,443,267
Total Liabilities	$2,424,842

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$15,217,310	$5,501,498	$9,715,812
Medicaid	$256,568	$562,525	($305,957)
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$8,092,376	$1,791,952	$6,300,424
Total	$23,566,254	$7,855,254	$15,710,279

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$8,256,912	$8,735,790	($478,878)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Kathy Edwards
Telephone Number 317.338.5767

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	69	145
2. % of Salary	Salary Expenses divided by Total Expenses	47.9%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	25.1	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.0	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$69,856	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$69,517	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	64.6%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.5%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($37,362)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	18.6	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: St Elizabeth Ann Seton Hospital - Kokomo

Year: 2005 City: Kokomo Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$17,925,772
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$17,925,772
2. Deductions from Revenue	
Contractual Allowances	$7,057,463
Other Deductions	$2,435
Total Deductions	$7,059,898
3. Total Operating Revenue	
Net Patient Service Revenue	$10,865,874
Other Operating Revenue	$377
Total Operating Revenue	$10,866,251

4. Operating Expenses	
Salaries and Wages	$5,324,663
Employee Benefits and Taxes	$747,605
Depreciation and Amortization	$119,301
Interest Expenses	$68,518
Bad Debt	$103,180
Other Expenses	$3,567,046
Total Operating Expenses	$9,930,313
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$935,938
Net Non-operating Gains over Losses	$29,086
Total Net Gain over Loss	$965,021
6. Assets and Liabilities	
Total Assets	$3,278,308
Total Liabilities	$2,103,821

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$15,663,503	$5,720,948	$9,942,555
Medicaid	$979,830	$927,095	$52,735
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$1,282,439	$4411,855	$870,584
Total	$17,925,772	$7,059,898	$10,865,874

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$8,677,580	$9,210,827	($533,247)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Kathy Edwards
Telephone Number 765.236.8900

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	61	145
2. % of Salary	Salary Expenses divided by Total Expenses	53.6%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	20.6	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	28.6	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$74,578	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$68,159	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	87.4%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	1.0%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($67,586)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.6	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Regency Hospital of Northwest Indiana

Year: 2005 City: East Chicago Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$50,735,152
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$50,735,152
2. Deductions from Revenue	
Contractual Allowances	$30,301,090
Other Deductions	$73,881
Total Deductions	$30,227,211
3. Total Operating Revenue	
Net Patient Service Revenue	$20,507,941
Other Operating Revenue	$220
Total Operating Revenue	$20,507,721

4. Operating Expenses	
Salaries and Wages	$5,365,659
Employee Benefits and Taxes	$1,094,796
Depreciation and Amortization	$258,879
Interest Expenses	$39,715
Bad Debt	$168,286
Other Expenses	$8,559,842
Total Operating Expenses	$15,487,277
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$5,020,444
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$5,020,444
6. Assets and Liabilities	
Total Assets	$8,447,828
Total Liabilities	$2,019,207

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$42,420,640	$27,388,396	$15,032,244
Medicaid	$915,185	$816,583	$98,602
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$7,399,325	$2,096,111	$5,303,214
Total	$50,735,153	$30,301,090	$20,434,061

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$3,000	$3,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$0	$0
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Bobby Franklin
Telephone Number 219.392.7790

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	45	145
2. % of Salary	Salary Expenses divided by Total Expenses	34.6%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	268.1	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	268.1	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	NP	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$139,000	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	83.6%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	1.1%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	$0	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	24.5	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Clarian West Medical Center

Year: 2005 City: Avon Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$34,717,000
Outpatient Patient Service Revenue	$54,247,000
Total Gross Patient Service Revenue	$88,964,000
2. Deductions from Revenue	
Contractual Allowances	$41,483,000
Other Deductions	$1,078,000
Total Deductions	$42,561,000
3. Total Operating Revenue	
Net Patient Service Revenue	$46,403,000
Other Operating Revenue	$955,000
Total Operating Revenue	$47,358,000

4. Operating Expenses	
Salaries and Wages	$19,600,000
Employee Benefits and Taxes	$3,669,000
Depreciation and Amortization	$8,534,000
Interest Expenses	$10,067,000
Bad Debt	$4,598,000
Other Expenses	$23,421,000
Total Operating Expenses	$69,889,000
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($22,531,000)
Net Non-operating Gains over Losses	$20,000
Total Net Gain over Loss	($22,511,000)
6. Assets and Liabilities	
Total Assets	$425,042,000
Total Liabilities	$425,042,000

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$30,697,000	$22,535,000	$8,162,000
Medicaid	$3,985,000	$3,120,000	$865,000
Other State	$0	$0	$0
Local Government	$545,000	$231,000	$314,000
Commercial Insurance	$53,737,000	$16,675,000	$37,062,000
Total	$88,964,000	$42,561,000	$46,403,000

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	322

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$8,325,735	$25,509,391	($17,183,656)
Community Benefits	$0	$941,000	($941,000)

For further information on this report, please contact:

Hospital Representative Tracy Bolin
Telephone Number 317.217.3000

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	363	663
2. % of Salary	Salary Expenses divided by Total Expenses	28.0%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	25.5	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,441	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$15,911	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.0%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,092	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	34.5%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.6%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($882,549)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-47.6	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Howard Regional Speciality Care Hospital

Year: 2005 City: Kokomo Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$9,242,918
Outpatient Patient Service Revenue	$3,050,362
Total Gross Patient Service Revenue	$12,293,280
2. Deductions from Revenue	
Contractual Allowances	$3,847,923
Other Deductions	$84,460
Total Deductions	$3,932,383
3. Total Operating Revenue	
Net Patient Service Revenue	$8,360,897
Other Operating Revenue	$9,047
Total Operating Revenue	$8,369,944

4. Operating Expenses	
Salaries and Wages	$2,704,641
Employee Benefits and Taxes	$703,054
Depreciation and Amortization	$80,633
Interest Expenses	$0
Bad Debt	$153,440
Other Expenses	$5,074,712
Total Operating Expenses	$8,716,480
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($346,536)
Net Non-operating Gains over Losses	($387)
Total Net Gain over Loss	($346,923)
6. Assets and Liabilities	
Total Assets	$1,560,670
Total Liabilities	$1,611,109

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$9,213,868	$2,773,519	$6,440,349
Medicaid	$242,221	$205,772	$36,449
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$2,867,191	$953,092	$1,884,099
Total	$12,293,280	$3,932,383	$8,360,897

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$7,601	($7,601)
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	96
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$6,491,167	$6,736,666	($245,499)
Community Benefits	$0	$101,277	($101,277)

For further information on this report, please contact:

Hospital Representative Julie Pena
Telephone Number 765.452.6700

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	96	145
2. % of Salary	Salary Expenses divided by Total Expenses	31.0%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	18.5	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	12.4	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	NP	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$16,959	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	24.8%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$514	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	75.0%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	1.8%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($17,510)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-4.1	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Indiana Orthopaedic Hospital

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$26,647,024
Outpatient Patient Service Revenue	$31,320,509
Total Gross Patient Service Revenue	$57,967,633
2. Deductions from Revenue	
Contractual Allowances	$17,946,013
Other Deductions	$3,404,396
Total Deductions	$21,350,409
3. Total Operating Revenue	
Net Patient Service Revenue	$36,617,123
Other Operating Revenue	$1,213,172
Total Operating Revenue	$37,830,294

4. Operating Expenses	
Salaries and Wages	$7,315,291
Employee Benefits and Taxes	$1,756,590
Depreciation and Amortization	$2,543,332
Interest Expenses	$1,201,172
Bad Debt	$2,179,427
Other Expenses	$20,217,354
Total Operating Expenses	$35,213,166
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,617,129
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$2,617,129
6. Assets and Liabilities	
Total Assets	$38,441,455
Total Liabilities	$15,984,865

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$16,324,963	$10,909,431	$5,415,532
Medicaid	$1,973,536	$1,032,515	$941,021
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$36,669,032	$9,408,463	$30,260,569
Total	$57,967,531	$21,350,409	$36,617,123

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$41,400	($41,400)
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	353
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$7,485,093	$17,545,975	($10,160,882)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Nancy C Butler
Telephone Number 317.956.1010

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	149	145
2. % of Salary	Salary Expenses divided by Total Expenses	20.8%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	7.9	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.8	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$55,865	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$25,721	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	54.0%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$3,449	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	28.2%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.2%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($123,538)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.9	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Hospital Carmel

Year: 2005 City: Carmel Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$202,986,762
Outpatient Patient Service Revenue	$11,171,576
Total Gross Patient Service Revenue	$214,158,338
2. Deductions from Revenue	
Contractual Allowances	$79,866,368
Other Deductions	$2,641,073
Total Deductions	$82,507,441
3. Total Operating Revenue	
Net Patient Service Revenue	$138,650,897
Other Operating Revenue	$5,310,064
Total Operating Revenue	$136,960,901

4. Operating Expenses	
Salaries and Wages	$32,572,311
Employee Benefits and Taxes	$8,476,452
Depreciation and Amortization	$3,441,913
Interest Expenses	$882,480
Bad Debt	$4,107,510
Other Expenses	$46,426,818
Total Operating Expenses	$95,907,484
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$41,053,417
Net Non-operating Gains over Losses	$4,104,922
Total Net Gain over Loss	$45,158,339
6. Assets and Liabilities	
Total Assets	$185,539,658
Total Liabilities	$43,724,652

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$35,485,000	$23,167,947	$12,287,053
Medicaid	$4,281,000	$4,458,508	($177,508)
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$174,392,338	$54,850,986	$119,541,352

Total	$214,158,338	$82,507,441	$131,650,897

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$0	$950,000	($950,000)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	51,250
Number of Citizens Exposed to Health Education Message	1,500,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Hamilton	**Community Served**	Hamilton County

Hospital Mission Statement

"To improve the health status of the individuals and the communities we serve with a special concern for the sick and poor."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes

Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	No	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	23,302	41,090	97,068
Charity Care Allocation	($712,437)	($1,437,517)	($2,260,131)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($96,613)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($5,083,519)

2. Community Health Education	($300,000)
3. Community Programs and Services	($96,613)
4. Other Unreimbursed Costs	($63,569)
5. Total Cost of Providing Community Benefits	($5,543,701)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Audra Pope
Telephone Number: 317.338.7374
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	645	663
2. % of Salary	Salary Expenses divided by Total Expenses	34.0%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	60.1	59.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	4.4

5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,237	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$32,566	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	5.2%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$241	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	16.6%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.3%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($547,917)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	30.0	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Bedford Regional Medical Center

Year: 2005 City: Bedford Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$31,693,915
Outpatient Patient Service Revenue	$66,667,772
Total Gross Patient Service Revenue	$98,361,687
2. Deductions from Revenue	
Contractual Allowances	$53,738,378
Other Deductions	$2,097,110
Total Deductions	$55,835,488
3. Total Operating Revenue	
Net Patient Service Revenue	$42,526,199
Other Operating Revenue	$313,026
Total Operating Revenue	$42,839,225

4. Operating Expenses	
Salaries and Wages	$18,794,450
Employee Benefits and Taxes	$3,516,702
Depreciation and Amortization	$2,167,554
Interest Expenses	$1,122,363
Bad Debt	$2,442,518
Other Expenses	$12,614,363
Total Operating Expenses	$40,657,950
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,181,275
Net Non-operating Gains over Losses	$46,667
Total Net Gain over Loss	$2,227,942
6. Assets and Liabilities	
Total Assets	$25,171,185
Total Liabilities	$19,899,822

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$42,965,220	$31,389,132	$11,576,088
Medicaid	$9,463,941	$8,790,310	$673,631
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$45,932,526	$13,558,936	$32,373,590

Total	$98,361,687	$53,738,738	$44,623,309

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$0	$51,343	($51,343)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	884
Number of Hospital Patients Educated in This Hospital	7,127
Number of Citizens Exposed to Health Education Message	1,776

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lawrence	**Community Served**	Lawrence County

Hospital Mission Statement

"To advance the health of our communities through an integrated healthcare delivery system."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1998

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	52	86	250
Charity Care Allocation	($755,628)	($939,602)	($2,097,110)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Diabetes Ed Program	($107,000)
Sport Physical Fair	($20,500)
Pulse Oximetry Tests	($25,463)
Peak Flow Tests	($16,100)
All Other Programs	($108,777)
Subtotal	($277,840)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($28,832,317)
2. Community Health Education	($6,098)
3. Community Programs and Services	($116,137)
4. Other Unreimbursed Costs	$3,384)
5. Total Cost of Providing Community Benefits	$28,957,936)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Anita Hamilton
Telephone Number: 812.275.1200
Web Address Information: www.brmchealtcare.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	416	257
2. % of Salary	Salary Expenses divided by Total Expenses	46.2%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	24.0	18.4

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$13,546	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$11,669	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	67.8%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,445	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.7%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.0%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,097,110)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.1	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Decatur County Memorial Hospital

Year: 2005 City: Greensburg Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$17,664,757
Outpatient Patient Service Revenue	$40,043,454
Total Gross Patient Service Revenue	$57,708,211
2. Deductions from Revenue	
Contractual Allowances	$25,053,303
Other Deductions	$782,849
Total Deductions	$25,836,152
3. Total Operating Revenue	
Net Patient Service Revenue	$31,872,059
Other Operating Revenue	$601,105
Total Operating Revenue	$32,473,164

4. Operating Expenses	
Salaries and Wages	$14,188,120
Employee Benefits and Taxes	$4,716,589
Depreciation and Amortization	$1,564,708
Interest Expenses	$309,011
Bad Debt	$3,568,472
Other Expenses	$10,300,959
Total Operating Expenses	$34,647,859
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($2,174,695)
Net Non-operating Gains over Losses	$759,058
Total Net Gain over Loss	($1,415,638)
6. Assets and Liabilities	
Total Assets	$35,835,288
Total Liabilities	$35,835,288

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$21,051,076	$13,492,421	$7,558,655
Medicaid	$6,428,415	$4,983,498	$1,444,917
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$30,220,656	$6,577,384	$23,643,272
Total	$57,708,211	$25,053,303	$32,654,908

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$669,071	$5,157	$659,914
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$483,875	($483,875)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Carol Geise
Telephone Number 812.663.4331

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	298	257
2. % of Salary	Salary Expenses divided by Total Expenses	40.9%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	30.1	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$11,133	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$6,334	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.4%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$801	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.5%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	10.3%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($483,875)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-6.7	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Margaret Mary Community Hospital

Year: 2005 City: Batesville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$18,893,904
Outpatient Patient Service Revenue	$45,217,630
Total Gross Patient Service Revenue	$64,111,534
2. Deductions from Revenue	
Contractual Allowances	$21,307,266
Other Deductions	$621,204
Total Deductions	$22,018,470
3. Total Operating Revenue	
Net Patient Service Revenue	$42,093,064
Other Operating Revenue	$214,432
Total Operating Revenue	$42,307,496

4. Operating Expenses	
Salaries and Wages	$16,854,283
Employee Benefits and Taxes	$8,092,841
Depreciation and Amortization	$4,009,615
Interest Expenses	$906,752
Bad Debt	$2,379,076
Other Expenses	$12,419,489
Total Operating Expenses	$42,662,056
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($354,560)
Net Non-operating Gains over Losses	$758,121
Total Net Gain over Loss	$403,561
6. Assets and Liabilities	
Total Assets	$68,349,464
Total Liabilities	$25,637,560

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$25,142,294	$13,997,884	$11,144,410
Medicaid	$5,201,733	$3,253,106	$1,948,627
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$33,767,507	$4,146,276	$29,621,231

Total	$64,111,534	$21,307,266	$42,714,268

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$68,603	$40,498	$27,805
Educational	$12,485	$393,318	($380,833)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	341
Number of Hospital Patients Educated in This Hospital	1,808
Number of Citizens Exposed to Health Education Message	71,657

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Ripley	**Community Served**	Serving Dearborn, Franklin, and Ripley Counties

Hospital Mission Statement

"To improve the health of our communities."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2002

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	426	577	313
Charity Care Allocation	($261,460)	($264,299)	($268,174)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Osgood Primary Care	($271,901)
Influenza Clinic	($89,768)
Immunization for children and adults	($25,805)
Emergency Medical Services	($67,590)
Heart and Diabetes Risk Assessment	($63,869)
Subtotal	($518,933)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($5,941,099)
2. Community Health Education	($212,282)
3. Community Programs and Services	($824,590)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($6,977,971)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Brian Daeger
Telephone Number: 812.934.6624
Web Address Information: www.mmch.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	381	663
2. % of Salary	Salary Expenses divided by Total Expenses	39.5%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	15.1	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,443	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,456	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	70.5%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$702	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.2%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.6%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($285,008)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.8	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Adams County Memorial Hospital

Year: 2005 City: Decatur Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$31,911,510
Outpatient Patient Service Revenue	$40,909,067
Total Gross Patient Service Revenue	$72,820,578
2. Deductions from Revenue	
Contractual Allowances	$34,200,665
Other Deductions	$0
Total Deductions	$34,200,665
3. Total Operating Revenue	
Net Patient Service Revenue	$38,619,913
Other Operating Revenue	$665,808
Total Operating Revenue	$39,285,721

4. Operating Expenses	
Salaries and Wages	$13,131,084
Employee Benefits and Taxes	$5,628,256
Depreciation and Amortization	$2,422,703
Interest Expenses	$1,008,811
Bad Debt	$4,963,479
Other Expenses	$13,111,865
Total Operating Expenses	$40,266,198
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$980,477
Net Non-operating Gains over Losses	$975,361
Total Net Gain over Loss	$1,955,838
6. Assets and Liabilities	
Total Assets	$82,568,139
Total Liabilities	$50,483,840

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$32,328,309	$23,651,178	$14,677,131
Medicaid	$3,888,107	$2,724,911	$1,163,196
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$30,604,162	$7,824,576	$22,779,586
Total	$72,820,578	$34,200,665	$38,619,913

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$102,481	$45,000	$57,481
Educational	$30,000	$230,000	($200,000)
Research	$0	$10,000	($10,000)
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	1,000
Number of Hospital Patients Educated in This Hospital	3,234
Number of Citizens Exposed to Hospital's Health Education Messages	350,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$16,295,236	$24,009,937	($7,714,701)
Community Benefits	$25,000	$60,000	($35,000)

For further information on this report, please contact:

Hospital Representative William G. Seck
Telephone Number 260.724.2145

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	348	257
2. % of Salary	Salary Expenses divided by Total Expenses	32.6%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	25.2	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,590	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,512	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.2%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$622	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	52.6%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	12.3%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($300,000)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.5	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

SUMMARY OF 2005 HOSPITAL AUDITED FINANCIAL STATEMENT

Hospital: Putnam County Hospital

Year: 2005 City: Greencastle

1. Total Operating Revenue	
Net Patient Service Revenue	$28,181,501
Other Operating Revenue	$217,252
Total Operating Revenue	$28,398,753
2. Operating Expenses	
Salaries and Benefits	$16,012,311
Benefits	$4,800,775
Depreciation and Amortization	$1,875,587
Interest Expenses	$0
Bad Debt	$3,652,326
Other Expenses	$2,225,302
Total Operating Expenses	$28,506,301
3. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($167,548)
Net Non-operating Gains over Losses	($264,910)
Total Net Gains over Losses	($432,458)
4. Assets and Liabilities	
Total Assets	$32,210,114
Total Liabilities	$32,210,114
Charity Allocation	($15,644)

Hospital Representative: Dennis Weatherford

Telephone number: 765.655.2620

Other information is not available.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Harrison County Hospital

Year: 2005 City: Corydon Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$22,918,091
Outpatient Patient Service Revenue	$51,466,632
Total Gross Patient Service Revenue	$74,384,723
2. Deductions from Revenue	
Contractual Allowances	$37,576,755
Other Deductions	$850,292
Total Deductions	$38,427,047
3. Total Operating Revenue	
Net Patient Service Revenue	$35,057,676
Other Operating Revenue	$1,051,387
Total Operating Revenue	$37,009,083

4. Operating Expenses	
Salaries and Wages	$12,778,470
Employee Benefits and Taxes	$2,813,793
Depreciation and Amortization	$1,646,214
Interest Expenses	$126,926
Bad Debt	$4,222,287
Other Expenses	$10,734,191
Total Operating Expenses	$32,323,881
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,685,182
Net Non-operating Gains over Losses	$201.530
Total Net Gain over Loss	$4,886,712
6. Assets and Liabilities	
Total Assets	$46,418,030
Total Liabilities	$5,565,065

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$28,890,693	$20,172,124	$8,718,569
Medicaid	$7,413,422	$5,861,194	$1,552,228
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$38,080,608	$12,393,729	$25,686,879
Total	$74,384,723	$38,427,047	$35,957,676

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$28,073	$222,381	($194,308)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	170
Number of Hospital Patients Educated in This Hospital	57,679
Number of Citizens Exposed to Hospital's Health Education Messages	20,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$8,969,041	$13,693,487	($4,724,446)
Community Benefits	$611,660	$661,660	($65,034)

For further information on this report, please contact:

Hospital Representative Keith Lieber
Telephone Number 812.738.4251

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	327	257
2. % of Salary	Salary Expenses divided by Total Expenses	39.5%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	18.9	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,312	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$12,223	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.2%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,286	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.8%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	13.1%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($369,877)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.7	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Scott Memorial Hospital

Year: 2005 City: Scottsburg Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$13,180,258
Outpatient Patient Service Revenue	$30,880,462
Total Gross Patient Service Revenue	$44,060,720
2. Deductions from Revenue	
Contractual Allowances	$21,710,771
Other Deductions	$163,875
Total Deductions	$21,874,647
3. Total Operating Revenue	
Net Patient Service Revenue	$22,188,073
Other Operating Revenue	$686,526
Total Operating Revenue	$22,872,599

4. Operating Expenses	
Salaries and Wages	$7,741,950
Employee Benefits and Taxes	$1,310,735
Depreciation and Amortization	$1,406,284
Interest Expenses	$0
Bad Debt	$3,815,402
Other Expenses	$6,754,090
Total Operating Expenses	$21,028,461
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,844,138
Net Non-operating Gains over Losses	$99,082
Total Net Gain over Loss	$1,943,219
6. Assets and Liabilities	
Total Assets	$25,378,572
Total Liabilities	$796,200

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$16,050,198	$9,907,850	$6,142,348
Medicaid	$7,333,792	$5,698,856	$1,634,936
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$20,676,730	$6,267,941	$14,408,789
Total	$44,060,720	$21,874,647	$22,186,073

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$99,082	$99,082	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$5,471,600	$8,178,991	($2,707,391)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Kelly Ledbetter
Telephone Number 812.752.8500

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	168	257
2. % of Salary	Salary Expenses divided by Total Expenses	36.8%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	14.8	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$1,353	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$8,400	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	70.1%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$971	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.4%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	18.1%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($46,180)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.1	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

SUMMARY OF 2005 HOSPITAL AUDITED FINANCIAL STATEMENT

Hospital: Dunn Memorial Hospital

Year: 2005 City: Bedford

1. Total Operating Revenue	
Net Patient Service Revenue	$32,038,818
Other Operating Revenue	$1,039,603
Total Operating Revenue	$33,078,421
2. Operating Expenses	
Salaries and Benefits	$15,106,862
Benefits	$2,858,364
Depreciation and Amortization	$3,304,235
Interest Expenses	$0
Bad Debt	$4,303,741
Other Expenses	$9,028,395
Total Operating Expenses	$34,601,597
3. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($1,523,176)
Net Non-operating Gains over Losses	($369,708)
Total Net Gains over Losses	($1,892,884)
4. Assets and Liabilities	
Total Assets	$36,760,105
Total Liabilities	$36,780,105
Charity Allocation	$0

Hospital Representative: Michael Cooper

Telephone number: 812.275.3331

Other information is not available.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: St Catherine Regional Hospital – Charlestown

Year: 2005 City: Charlestown Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$17,485,059
Outpatient Patient Service Revenue	$12,398,298
Total Gross Patient Service Revenue	$29,883,357
2. Deductions from Revenue	
Contractual Allowances	$16,017,570
Other Deductions	$0
Total Deductions	$16,017,570
3. Total Operating Revenue	
Net Patient Service Revenue	$13,865,787
Other Operating Revenue	$152,051
Total Operating Revenue	$14,017,838

4. Operating Expenses	
Salaries and Wages	$6,270,698
Employee Benefits and Taxes	$1,120,958
Depreciation and Amortization	$467,747
Interest Expenses	$9,263
Bad Debt	$1,667,031
Other Expenses	$5,283,135
Total Operating Expenses	$14,838,832
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($820,994)
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	($820,994)
6. Assets and Liabilities	
Total Assets	$13,026,400
Total Liabilities	$964,119

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$16,684,911	$8,581,126	$8,103,785
Medicaid	$3,037,680	$2,517,838	$519,842
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$10,160,766	$4,918,606	$5,242,160
Total	$29,883,357	$16,017,570	$13,865,787

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$108,889	($108,889)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Susan Young
Telephone Number 812.256.3301

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	145	257
2. % of Salary	Salary Expenses divided by Total Expenses	42.3%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	24.6	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,051	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,095	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	41.5%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,311	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	55.8%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	11.4%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($65,682)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-5.9	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Johnson Memorial Hospital

Year: 2005 City: Franklin Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$56,086,779
Outpatient Patient Service Revenue	$75,655,574
Total Gross Patient Service Revenue	$131,742,353
2. Deductions from Revenue	
Contractual Allowances	$57,488,875
Other Deductions	$545,965
Total Deductions	$58,034,839
3. Total Operating Revenue	
Net Patient Service Revenue	$75,707,515
Other Operating Revenue	$4,354,861
Total Operating Revenue	$78,062,376

4. Operating Expenses	
Salaries and Wages	$30,034,069
Employee Benefits and Taxes	$8,179,595
Depreciation and Amortization	$4,246,371
Interest Expenses	$125,272
Bad Debt	$4,676,144
Other Expenses	$26,308,909
Total Operating Expenses	$73,570,360
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,492,016
Net Non-operating Gains over Losses	$856,794
Total Net Gain over Loss	$5,348,809
6. Assets and Liabilities	
Total Assets	$85,877,305
Total Liabilities	$12,761,168

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$57,356,964	$37,725,846	$19,631,118
Medicaid	$12,598,628	$8,770,403	$3,828,225
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$61,786,761	$11,538,590	$50,248,171
Total	$131,742,353	$58,034,839	$73,707,515

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$12,000	$67,429	($55,429)
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	1,000
Number of Hospital Patients Educated in This Hospital	5,000
Number of Citizens Exposed to Hospital's Health Education Messages	30,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$24,135,455	$42,300,933	($18,166,478)
Community Benefits	$629,891	$950,809	($320,918)

For further information on this report, please contact:

Hospital Representative Larry Heydon
Telephone Number 317.736.3300

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	637	663
2. % of Salary	Salary Expenses divided by Total Expenses	40.8%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	45.1	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$14,953	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,469	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.4%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$819	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.5%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.4%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($327,578)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.8	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Methodist Hospitals

Year: 2005 City: Gary Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$388,718,725
Outpatient Patient Service Revenue	$240,928,308
Total Gross Patient Service Revenue	$629,647,033
2. Deductions from Revenue	
Contractual Allowances	$366,534,717
Other Deductions	($22,208,136)
Total Deductions	$344,236,581
3. Total Operating Revenue	
Net Patient Service Revenue	$285,410,452
Other Operating Revenue	$8,493,252
Total Operating Revenue	$293,903,704

4. Operating Expenses	
Salaries and Wages	$130,763,401
Employee Benefits and Taxes	$34,531,761
Depreciation and Amortization	$16,138,401
Interest Expenses	$4,744,628
Bad Debt	$24,460,931
Other Expenses	$107,264,415
Total Operating Expenses	$317,903,537
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($23,999,833)
Net Non-operating Gains over Losses	$7,709,891
Total Net Gain over Loss	($16,289,942)
6. Assets and Liabilities	
Total Assets	$344,999,661
Total Liabilities	$158,112,253

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$15,038,728	$149,145,778	($134,107,050)
Medicaid	$77,613,026	$72,626,831	$4,986,195
Other State	$1,432,276	$1,227,930	$204,346
Local Government	$0	($22,298,136)	$22,298,136
Commercial Insurance	$535,563,003	$143,534,178	$392,028,825

Total	$629,647,033	$344,236,581	$285,410,452

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$14,931	$108,310	($93,379)
Educational	$485,015	$2,155,903	($1,669,888)
Research	$0	$0	$0
Bioterrorism Grant	$200,000	$200,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	33,492
Number of Hospital Patients Educated in This Hospital	16,228
Number of Citizens Exposed to Health Education Message	4,158

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	**Community Served**	Gary and Merrillville

Hospital Mission Statement

"Committed to excellence in diagnostic and treatment services for all patients. We seek to enable every resident in our communities to achieve and maintain the highest possible status of health for physical, emotional, and social well being."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	14,664	9,132	20,386
Charity Care Allocation	($1,023,229)	($92,434)	($793,669)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Health Fairs held four times a year	($794,179)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($35,352,065)
2. Community Health Education	($498,006)

3. Community Programs and Services	($564,236)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($36,414,307)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:
Hospital Representative: Angela Magana
Telephone Number: 219.886.4406
Web Address Information: www.methodisthospital.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	2,619	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	41.1%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	341.8	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.9	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,262	$3,731

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$18,540	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	38.3%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$3,570	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	2.4%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.7%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($6,779,616)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-8.2	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Elizabeth Medical Center

Year: 2005 City: Lafayette Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$167,856,872
Outpatient Patient Service Revenue	$153,545,530
Total Gross Patient Service Revenue	$321,402,402
2. Deductions from Revenue	
Contractual Allowances	$176,099,323
Other Deductions	$8,839,628
Total Deductions	$184,938,951
3. Total Operating Revenue	
Net Patient Service Revenue	$136,463,451
Other Operating Revenue	$4,146,104
Total Operating Revenue	$140,609,555

4. Operating Expenses	
Salaries and Wages	$45,786,667
Employee Benefits and Taxes	$28,217,526
Depreciation and Amortization	$7,765,040
Interest Expenses	$0
Bad Debt	$4,647,321
Other Expenses	$53,101,944
Total Operating Expenses	$139,518,498
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,091,057
Net Non-operating Gains over Losses	$173,373
Total Net Gain over Loss	$1,264,430
6. Assets and Liabilities	
Total Assets	$100,620,582
Total Liabilities	$28,997,737

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$163,792,743	$107,249,376	$56,543,367
Medicaid	$23,633,342	$18,457,877	$5,175,465
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$133,976,317	$59,231,698	$74,744,619

Total	$321,402,402	$184,938,951	$136,463,451

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$67,370	($67,370)
Educational	$1,945,598	$2,713,951	($768,353)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	200
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Tippecanoe	**Community Served**	Tippecanoe County

Hospital Mission Statement

"Continuing Christ's Ministry in Our Franciscan Tradition."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	No	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	3,073	3,300	3,555
Charity Care Allocation	($3,297,460)	($3,576,755)	($3,814,958)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Unreimbursed Cost under Government Programs	($24,286,887)
Donations	($67,370)
Other Unreimbursed Costs	($768,353)
Other Community Services	($62,500)
Subtotal	($28,185,110)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($28,101,845)
2. Community Health Education	$0
3. Community Programs and Services	($62,500)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($28,164,345)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Theresa Janssen
Telephone Number: 765.449.5129
Web Address Information: www.ginsi.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,069	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	32.8%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	92.2	242.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,126	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$22,244	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	47.8%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,125	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.0%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	3.3%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,814,958)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.8	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Margaret Mercy Healthcare North Campus

Year: 2005 City: Hammond Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$237,982,443
Outpatient Patient Service Revenue	$144,477,975
Total Gross Patient Service Revenue	$382,460,418
2. Deductions from Revenue	
Contractual Allowances	$204,951,816
Other Deductions	$9,367,134
Total Deductions	$214,318,950
3. Total Operating Revenue	
Net Patient Service Revenue	$168,141,469
Other Operating Revenue	$14,096,129
Total Operating Revenue	$182,237,598

4. Operating Expenses	
Salaries and Wages	$67,795,391
Employee Benefits and Taxes	$19,397,663
Depreciation and Amortization	$9,901,829
Interest Expenses	$3,428,242
Bad Debt	$5,043,842
Other Expenses	$70,527,805
Total Operating Expenses	$176,094,772
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$6,142,825
Net Non-operating Gains over Losses	$1,073,116
Total Net Gain over Loss	$7,215,941
6. Assets and Liabilities	
Total Assets	$128,060,619
Total Liabilities	$39,438,961

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$185,080,161	$111,048,097	$74,032,064
Medicaid	$69,400,084	$52,050,063	$17,150,021
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$127,980,173	$38,394,052	$89,586,121

Total	$382,460,418	$201,492,212	$180,968,206

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$953,988	$529,442	$424,546
Educational	$74,714	$1,024,082	($949,368)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	1,200
Number of Hospital Patients Educated in This Hospital	121,839
Number of Citizens Exposed to Health Education Message	480,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	**Community Served**	Lake County

Hospital Mission Statement

"Continuing Christ's Ministry in our Franciscan Tradition."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	No	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($5,591,200)	($13,888,260)	($9,367,134)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Catherine MCauley Clinic	($313,236)
Project Respect	($47,247)
Volunteer Advocates for Seniors	($51,747)
Community Health Education	($1,673,022)
Other Community Programs	($672,115)
Subtotal	($2,757,367)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($28,912,994)
2. Community Health Education	($551,289)
3. Community Programs and Services	($6,354,928)
4. Other Unreimbursed Costs	($108,794)
5. Total Cost of Providing Community Benefits	($34,928,005)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Nancy Monak
Telephone Number: 219.932.2300
Web Address Information: www.smmhc.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,240	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	38.5%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	188.5	242.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,870	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$17.973	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.8%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,609	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.4%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.9%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($6,818,536)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.4	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Hendricks Regional Hospital

Year: 2005 City: Danville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$71,818,536
Outpatient Patient Service Revenue	$153,270,906
Total Gross Patient Service Revenue	$225,089,442
2. Deductions from Revenue	
Contractual Allowances	$92,914,301
Other Deductions	$2,063,341
Total Deductions	$94,997,642
3. Total Operating Revenue	
Net Patient Service Revenue	$130,111,800
Other Operating Revenue	$2,652,651
Total Operating Revenue	$132,764,451

4. Operating Expenses	
Salaries and Wages	$54,622,708
Employee Benefits and Taxes	$15,425,183
Depreciation and Amortization	$9,689,449
Interest Expenses	$2,737,763
Bad Debt	$7,545,738
Other Expenses	$36,546,532
Total Operating Expenses	$126,567,373
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$6,197,078
Net Non-operating Gains over Losses	$1,852,345
Total Net Gain over Loss	$8,049,423
6. Assets and Liabilities	
Total Assets	$204,214,623
Total Liabilities	$68,304,267

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$77,865,196	$49,927,667	$27,937,529
Medicaid	$11,363,969	$9,261,987	$2,101,982
Other State	$0	$0	$0
Local Government	$847,637	$245,815	$601,822
Commercial Insurance	$135,012,640	$35,542,173	$99,470,467
Total	$225,089,442	$94,977,642	$130,111,800

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$31,806,280	$53,125,972	($21,319,692)
Community Benefits	$953,192	$1,641,781	($688,589)

For further information on this report, please contact:

Hospital Representative Gary Simpson
Telephone Number 317.745.3500

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	1,074	663
2. % of Salary	Salary Expenses divided by Total Expenses	43.2%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	75.2	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,450	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,968	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.1%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$868	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	34.6%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.0%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,755,783)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.7	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Laporte Hospital and Health Care

Year: 2005 City: Laporte Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$151,485,691
Outpatient Patient Service Revenue	$123,420,222
Total Gross Patient Service Revenue	$274,905,913
2. Deductions from Revenue	
Contractual Allowances	$112,878,923
Other Deductions	$31,002,052
Total Deductions	$143,881,575
3. Total Operating Revenue	
Net Patient Service Revenue	$131,024,335
Other Operating Revenue	$3,136,396
Total Operating Revenue	$134,160,734

4. Operating Expenses	
Salaries and Wages	$45,727,174
Employee Benefits and Taxes	$16,101,383
Depreciation and Amortization	$8,901,882
Interest Expenses	$2,076,398
Bad Debt	$12,315,264
Other Expenses	$39,722,217
Total Operating Expenses	$124,934,318
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$9,226,416
Net Non-operating Gains over Losses	$3,788,769
Total Net Gain over Loss	$13,015,184
6. Assets and Liabilities	
Total Assets	$169,267,925
Total Liabilities	$169,267,925

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$120,789,066	$90,187,113	$30,601,953
Medicaid	$27,856,558	$22,691,510	$5,164,748
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$126,260,289	$31,002,652	$95,257,637

Total	$274,905,913	$143,881,575	$131,024,338

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$61,325	$825,244	($763,919)
Educational	$195,524	$608,732	($413,208)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	1,406
Number of Hospital Patients Educated in This Hospital	24,337
Number of Citizens Exposed to Health Education Message	109,173

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Laporte	**Community Served**	Laporte County

Hospital Mission Statement

"To make a positive difference in the lives of those we serve by exceeding expectations, and by encouraging and supporting healthier communities and lifestyles within our service area."

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	1,298	1,179	NR
Charity Care Allocation	($2,465,204)	($3,122,316)	($5,806,064)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Wellness Resource Center	($569,597)
Healthy Communities of LaPorte County	($62,481)
Other Initiatives	($256,981)
Subtotal	($780,947)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($36,541,560)
2. Community Health Education	($172,642)
3. Community Programs and Services	($370,890)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($36,739,808)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Shawna Burke
Telephone Number: 219.326.2516
Web Address Information: www.laportehealth.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	765	663
2. % of Salary	Salary Expenses divided by Total Expenses	36.6%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	72.7	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.4	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$9,520	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$25,319	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	44.9%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,629	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.9%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.9%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($5,651,918)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.9	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

SUMMARY OF 2005 HOSPITAL AUDITED FINANCIAL STATEMENT

Hospital: Howard Regional Health

Year: 2005 City: Kokomo

1. Total Operating Revenue	
Net Patient Service Revenue	$105,787,802
Other Operating Revenue	$13,841,335
Total Operating Revenue	$119,629,137
2. Operating Expenses	
Salaries and Benefits	$47,665,122
Benefits	$12,011,758
Depreciation and Amortization	$5,797,826
Interest Expenses	$0
Bad Debt	$5,828,183
Other Expenses	$45,235,685
Total Operating Expenses	$116,538,574
3. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$3,090,563
Net Non-operating Gains over Losses	$3,832,587
Total Net Gains over Losses	$6,923,150
4. Assets and Liabilities	
Total Assets	$150,962,374
Total Liabilities	$80,322,760
Charity Allocation	($5,055,068)

Hospital Representative: Thomas M. Cook

Telephone number: 765.453.8179

Other information is not available.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Catherine Hospital

Year: 2005 City: East Chicago Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$99,363,189
Outpatient Patient Service Revenue	$69,688,305
Total Gross Patient Service Revenue	$169,051,494
2. Deductions from Revenue	
Contractual Allowances	$68,696,402
Other Deductions	$2,045,017
Total Deductions	$70,741,419
3. Total Operating Revenue	
Net Patient Service Revenue	$98,310,075
Other Operating Revenue	$16,795,796
Total Operating Revenue	$115,105,871

4. Operating Expenses	
Salaries and Wages	$41,394,958
Employee Benefits and Taxes	$9,541,660
Depreciation and Amortization	$4,105,809
Interest Expenses	$2,578,331
Bad Debt	$6,362,953
Other Expenses	$52,421,062
Total Operating Expenses	$116,404,773
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($1,298,902)
Net Non-operating Gains over Losses	($70,644)
Total Net Gain over Loss	($1,369,546)
6. Assets and Liabilities	
Total Assets	$78,924,710
Total Liabilities	$76,584,182

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$74,550,815	$29,279,736	$45,310,079
Medicaid	$29,50,097	$9,664,830	$20,285,267
Other State	$0	$0	$0
Local Government	$2,764,412	$2,018,424	$745,988
Commercial Insurance	$49,690,287	$15,053,232	$34,637,055

Total	$156,955,611	$55,986,222	$100,969,389

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$4,685	$4,685	$0
Educational	$0	$221,966	($221,966)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	1,571
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	12,500

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	**Community Served**	East Chicago, Whitling, Hessville, and surrounding communities in Lake County

Hospital Mission Statement

"Our emphasis is on wholistic healthcare, encompassing the physical, spiritual, emotional, and psychological needs of each person. Fidelity to our belief and heritage in our shared priority."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	No	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($1,435,667)	($1,699,327)	($2,045,017)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Health Fairs to Community	($22,865)
Health Seminars Programs and Lectures	($15,225)
Coronary Risk Profiles	($2,325)
Scholarship Programs	($27,000)
Other Programs	($6,861)
Subtotal	($74,276)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($14,031,806)
2. Community Health Education	($149,563)
3. Community Programs and Services	($74,276)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($14,255,645)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Jackie Vivo
Telephone Number: 219.392.7045
Web Address Information: www.comhs.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	910	663
2. % of Salary	Salary Expenses divided by Total Expenses	35.6%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	114.9	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.1	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,266	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$11,990	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	41.2%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,006	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.1%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.5%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,943,888)	($2,502,75)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.1	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Clark Memorial Hospital

Year: 2005 City: Jeffersonville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$155,527,429
Outpatient Patient Service Revenue	$151,262,739
Total Gross Patient Service Revenue	$306,790.168
2. Deductions from Revenue	
Contractual Allowances	$185,203,154
Other Deductions	$6,877,139
Total Deductions	$192,080,293
3. Total Operating Revenue	
Net Patient Service Revenue	$114,709,875
Other Operating Revenue	$2,099,619
Total Operating Revenue	$116.809.494

4. Operating Expenses	
Salaries and Wages	$47,774,496
Employee Benefits and Taxes	$11,459,202
Depreciation and Amortization	$8,257,618
Interest Expenses	$1,653,202
Bad Debt	$17,807,953
Other Expenses	$40,339,125
Total Operating Expenses	$127,292,337
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($12,582,462)
Net Non-operating Gains over Losses	$809,351
Total Net Gain over Loss	($11,773,111)
6. Assets and Liabilities	
Total Assets	$126,341,813
Total Liabilities	$126,341,813

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$127,757,016	$85,653,105	$42,103,911
Medicaid	$35,695,156	$26,161,516	$9,533,640
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$143,337,996	$73,388,533	$69,949,463
Total	$306,790,168	$185,203,154	$121,587,014

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$10,054,361	($10,054,361)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	36
Number of Hospital Patients Educated in This Hospital	55,772
Number of Citizens Exposed to Hospital's Health Education Messages	18,614

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	($30,496,381)	$41,159,120	($71,655,501)
Community Benefits	$0	$201,273	($201,273)

For further information on this report, please contact:

Hospital Representative Mark Hassett

Telephone Number 812.283.2142

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	1,035	663
2. % of Salary	Salary Expenses divided by Total Expenses	37.5%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	130.8	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,048	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,732	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	49.3%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,147	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.6%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	14.0%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,326,866)	($5,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-10.8	8.0

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Joseph Hospital & Health Center Kokomo

Year: 2005 City: Kokomo Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$64,736,347
Outpatient Patient Service Revenue	$93,829,252
Total Gross Patient Service Revenue	$158,565,599
2. Deductions from Revenue	
Contractual Allowances	$78,024,743
Other Deductions	$4,642,159
Total Deductions	$82,666,902
3. Total Operating Revenue	
Net Patient Service Revenue	$75,898,697
Other Operating Revenue	$1,578,587
Total Operating Revenue	$77,477,284

4. Operating Expenses	
Salaries and Wages	$25,002,451
Employee Benefits and Taxes	$8,607,944
Depreciation and Amortization	$6,435,008
Interest Expenses	$668,141
Bad Debt	$6,286,078
Other Expenses	$26,607,259
Total Operating Expenses	$76,606,881
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$870,403
Net Non-operating Gains over Losses	$1,771,715
Total Net Gain over Loss	$2,642,118
6. Assets and Liabilities	
Total Assets	$89,868,297
Total Liabilities	$89,868,297

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$67,958,698	$45,950,498	$22,008,200
Medicaid	$11,210,979	$8,511,401	$2,699,578
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$79,395,922	$28,205,003	$51,190,919

Total	$158,565,599	$82,666,902	$75,898,697

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$118,382	$96,696	$21,686
Educational	$1,127	$38,671	($25,666)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	907
Number of Citizens Exposed to Health Education Message	3,862

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Howard	**Community Served**	Residents of Kokomo, Howard and surrounding area

Hospital Mission Statement

"To make a positive difference in the lives and health of individuals and communities. Central to our mission is services to those persons who are poor. The health services we provide will be spiritual centered, accessible, and affordable. "

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	48,822	194,767	24,940
Charity Care Allocation	($3,849,921)	($2,984,316)	($3,485,249)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All programs	($65,485)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($10,807,003)
2. Community Health Education	($21,686)

3. Community Programs and Services	($345,304)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($11,173,993)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Audra Poe
Telephone Number: 317.338.7374
Web Address Information: www.stvincent.org/ourlocations/hospitals/stjoseph

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	637	663
2. % of Salary	Salary Expenses divided by Total Expenses	36.6%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	62.1	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	4.4

5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,057	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,652	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.2%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,541	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.9%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	8.2%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($776,985)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.1	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Marion General Hospital

Year: 2005 City: Marion Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$71,321,979
Outpatient Patient Service Revenue	$137,098,938
Total Gross Patient Service Revenue	$208,420,917
2. Deductions from Revenue	
Contractual Allowances	$96,152,393
Other Deductions	$5,850,102
Total Deductions	$102,002,495
3. Total Operating Revenue	
Net Patient Service Revenue	$106,418,421
Other Operating Revenue	$3,233,300
Total Operating Revenue	$109,651,721

4. Operating Expenses	
Salaries and Wages	$37,987,479
Employee Benefits and Taxes	$14,466,143
Depreciation and Amortization	$10,295,479
Interest Expenses	$2,742,395
Bad Debt	$7,910,916
Other Expenses	$37,927,348
Total Operating Expenses	$111,329,760
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($1,678,039)
Net Non-operating Gains over Losses	$5,885,853
Total Net Gain over Loss	$4,207,814
6. Assets and Liabilities	
Total Assets	$195,446,717
Total Liabilities	$70,480,161

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$85,171,967	$59,787,158	$25,384,809
Medicaid	$23,661,021	$19,368,032	$4,292,989
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$99,587,929	$16,997,203	$82,590,726
Total	$208,420,917	$96,152,393	$112,268,524

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$69,005	$49,358	$19,647
Educational	$17,225	$1,444,847	($1,427,622)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	1,294
Number of Hospital Patients Educated in This Hospital	900
Number of Citizens Exposed to Hospital's Health Education Messages	127,331

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$37,221,152	$56,700,317	($19,479,165)
Community Benefits	$0	$200,100	($200,100)

For further information on this report, please contact:

Hospital Representative Tony Roberts
Telephone Number 765.662.1441

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	918	663
2. % of Salary	Salary Expenses divided by Total Expenses	34.1%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	61.8	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$1,901	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,552	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.8%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,150	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.9%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.1%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,427,107)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.5	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Saint Joseph Regional Medical Center South Bend

Year: 2005 City: South Bend Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$265,096,531
Outpatient Patient Service Revenue	$132,540,643
Total Gross Patient Service Revenue	$397,637,174
2. Deductions from Revenue	
Contractual Allowances	$208,850,542
Other Deductions	$14,137,006
Total Deductions	$222,987,548
3. Total Operating Revenue	
Net Patient Service Revenue	$174,649,626
Other Operating Revenue	$6,253,347
Total Operating Revenue	$180,902,973

4. Operating Expenses	
Salaries and Wages	$55,215,455
Employee Benefits and Taxes	$16,237,590
Depreciation and Amortization	$7,661,385
Interest Expenses	$1,410,217
Bad Debt	$8,306,112
Other Expenses	$87,852,112
Total Operating Expenses	$176,683,736
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,219,236
Net Non-operating Gains over Losses	$3,244,045
Total Net Gain over Loss	$7,463,280
6. Assets and Liabilities	
Total Assets	$123,778,230
Total Liabilities	$51,725,265

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$188,469,340	$123,708,176	$64,761,164
Medicaid	$43,474,471	$31,593,336	$11,881,135
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$165,693,364	$67,686,036	$98,007,327

Total	$397,637,175	$222,987,546	$174,649,626

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$265,335	$708,862	($443,527)
Educational	$4,130,914	$5,356,253	($1,226,339)
Research	$0	$43,118	($43,118)
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	26
Number of Hospital Patients Educated in This Hospital	11,384
Number of Citizens Exposed to Health Education Message	110,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	St Joseph	**Community Served**	St Joseph County

Hospital Mission Statement

"We serve together in Trinity Health in the spirit of the Gospel to head, body, mind, and spirit to improve the health of our communities and to steward the resources entrusted to us."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	2,062	2,473	1,780
Charity Care Allocation	($2,648,689)	($3,118,711)	($4,414,338)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($1,493,008)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($26,525,769)
2. Community Health Education	($361,315)
3. Community Programs and Services	($1,493,008)

4. Other Unreimbursed Costs	($146,501)
5. Total Cost of Providing Community Benefits	($28,526,593)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Tracy Workman
Telephone Number: 547.247.8706
Web Address Information: www.sjmed.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,112	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	31.3%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	146.9	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,066	$3,731

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$23,287	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	33.3%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,594	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.4%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.7%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($4,181,035)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.3	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Sullivan County Community Hospital

Year: 2005 City: Sullivan Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$13,807,951
Outpatient Patient Service Revenue	$22,304,128
Total Gross Patient Service Revenue	$36,102,079
2. Deductions from Revenue	
Contractual Allowances	$17,090,386
Other Deductions	$39,678
Total Deductions	$17,130,064
3. Total Operating Revenue	
Net Patient Service Revenue	$19,032,015
Other Operating Revenue	$243,438
Total Operating Revenue	$19,275,453

4. Operating Expenses	
Salaries and Wages	$6,860,566
Employee Benefits and Taxes	$1,890,722
Depreciation and Amortization	$1,458,056
Interest Expenses	$346,826
Bad Debt	$2,241,802
Other Expenses	$5,822,951
Total Operating Expenses	$18,620,923
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$654,530
Net Non-operating Gains over Losses	$263,384
Total Net Gain over Loss	$917,914
6. Assets and Liabilities	
Total Assets	$27,891,875
Total Liabilities	$27,891,875

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$17,732,778	$10,024,247	$7,708,531
Medicaid	$3,250,925	$2,289,178	$961,807
Other State	$2,245,925	$1,767,767	$478,158
Local Government	$0	$0	$0
Commercial Insurance	$12,932,391	$3,048,872	$9,883,519
Total	$36,162,079	$17,130,064	$19,032,015

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$20,113	$50,687	($30,574)
Educational	$9,436	$65,788	($56,352)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	150
Number of Hospital Patients Educated in This Hospital	38
Number of Citizens Exposed to Hospital's Health Education Messages	3,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$9,149,496	$11,937,184	($2,788,638)
Community Benefits	$0	$12,645	($12,645)

For further information on this report, please contact:

Hospital Representative Alan Montella
Telephone Number 812.268.4311

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	287	257
2. % of Salary	Salary Expenses divided by Total Expenses	36.8%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	14.1	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,037	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$8,582	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.8%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,305	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.0%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	12.0%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($20,355)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.4	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Anthony Memorial Health Center

Year: 2005 City: Michigan City Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$106,638,539
Outpatient Patient Service Revenue	$93,206,309
Total Gross Patient Service Revenue	$199,844,848
2. Deductions from Revenue	
Contractual Allowances	$99,180,868
Other Deductions	$9,189,088
Total Deductions	$108,369,956
3. Total Operating Revenue	
Net Patient Service Revenue	$91,474,892
Other Operating Revenue	$7,734,152
Total Operating Revenue	$99,209,044

4. Operating Expenses	
Salaries and Wages	$36,205,703
Employee Benefits and Taxes	$10,609,527
Depreciation and Amortization	$6,419,802
Interest Expenses	$2,664,825
Bad Debt	$4,833,636
Other Expenses	$46,622,764
Total Operating Expenses	$107,356,257
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($8,147,213)
Net Non-operating Gains over Losses	$138,245
Total Net Gain over Loss	($8,008,968)
6. Assets and Liabilities	
Total Assets	$118,630,718
Total Liabilities	$118,630,718

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$87,132,353	$53,291,253	$33,841,100
Medicaid	$31,916,222	$22,307,773	$9,607,449
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$80,797,273	$23,581,842	$48,026,343

Total	$199,844,848	$99,180,868	$91,474,892

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$5,175	$399,894	($396,719)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	7,672
Number of Citizens Exposed to Health Education Message	11,800

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	LaPorte	**Community Served**	Laporte County

Hospital Mission Statement

"Continuing Christ's ministry in our Franciscan tradition."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	Yes	Annual Statement	No
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	822	NR	NR
Charity Care Allocation	($1,918,863)	($4,994,018)	($494,018)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
No program specified	$0

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($17,914,766)
2. Community Health Education	($161,531)
3. Community Programs and Services	$0
4. Other Unreimbursed Costs	$0

5. Total Cost of Providing Community Benefits	($17,914,766)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Robert Steininger
Telephone Number: 219.877.1770
Web Address Information: www.sahic.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	774	663
2. % of Salary	Salary Expenses divided by Total Expenses	33.7%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	95.5	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,094	$4,204

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,376	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	46.6%	41.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$369	$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.7%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.5%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($494,018)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-8.2	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Lutheran Hospital of Indiana

Year: 2005 City: Fort Wayne Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$562,760,320
Outpatient Patient Service Revenue	$241,717,085
Total Gross Patient Service Revenue	$804,477,405
2. Deductions from Revenue	
Contractual Allowances	$417,631,295
Other Deductions	$7,843,424
Total Deductions	$425,474,719
3. Total Operating Revenue	
Net Patient Service Revenue	$379,002,686
Other Operating Revenue	$8,174,722
Total Operating Revenue	$385,177,408

4. Operating Expenses	
Salaries and Wages	$91,595,734
Employee Benefits and Taxes	$22,558,277
Depreciation and Amortization	$9,261,060
Interest Expenses	$23,547,251
Bad Debt	$3,950,227
Other Expenses	$138,200,567
Total Operating Expenses	$287,113,116
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$98,064,292
Net Non-operating Gains over Losses	$311,679
Total Net Gain over Loss	$98,375,971
6. Assets and Liabilities	
Total Assets	$640,618,420
Total Liabilities	$640,618,420

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$356,115,540	$246,512,735	$109,602,805
Medicaid	$28,676,994	$21,582,622	$7,094,372
Other State	$4,982,095	$2,914,638	$2,067,457
Local Government	$4,655,805	$1,683,743	$2,972,062
Commercial Insurance	$410,046,971	$144,937,557	$265,109,414
Total	$804,477,405	$417,631,295	$386,846,110

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$14,572	$695,098	($680,526)
Educational	$2,186,935	$3,735,719	($1,548,784)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	13,991
Number of Hospital Patients Educated in This Hospital	266,616
Number of Citizens Exposed to Hospital's Health Education Messages	130,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$132,252,707	$153,116,151	($20,863,444)
Community Benefits	$0	$1,801,102	($1,801,102)

For further information on this report, please contact:

Hospital Representative Joe Abel

Telephone Number 280.435.7001

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	2,048	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	31.9%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	299.1	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.6	5.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,016	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$28,953	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	30.0%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$2,492	$1,384

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.3%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	1.4%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,945,343)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	25.5	5.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Elkhart General Hospital

Year: 2005 City: Elkhart Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$282,396,621
Outpatient Patient Service Revenue	$188,551,293
Total Gross Patient Service Revenue	$470,947,914
2. Deductions from Revenue	
Contractual Allowances	$217,556,261
Other Deductions	$6,540,287
Total Deductions	$224,096,548
3. Total Operating Revenue	
Net Patient Service Revenue	$246,851,366
Other Operating Revenue	$11,676,085
Total Operating Revenue	$258,527,451

4. Operating Expenses	
Salaries and Wages	$83,220,565
Employee Benefits and Taxes	$38,605,884
Depreciation and Amortization	$16,948,943
Interest Expenses	$3,637,395
Bad Debt	$13,728,406
Other Expenses	$96,882,473
Total Operating Expenses	$263,023,666
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$5,503,785
Net Non-operating Gains over Losses	$5,700,076
Total Net Gain over Loss	$11,203,861
6. Assets and Liabilities	
Total Assets	$367,667,780
Total Liabilities	$124,428,213

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$202,069,221	$134,167,985	$67,901,236
Medicaid	$39,353,889	$34,223,214	$5,130,675
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$229,524,804	$49,165,062	$180,359,742

Total	$470,947,914	$217,556,261	$253,391,653

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$138,716	($138,716)
Educational	$0	$998,985	($998,985)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	5
Number of Hospital Patients Educated in This Hospital	19,000
Number of Citizens Exposed to Health Education Message	400,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Elkhart	**Community Served**	Elkhart County and surrounding Michiana areas

Hospital Mission Statement

"To create a healthier community."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	No	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	1,245	1,255	1,851
Charity Care Allocation	($4,448,504)	($4,574,858)	($6,685,939)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Community Benefit Program	($586,632)
Non Billed Service	($1,175,739)
Low Margin	($462,839)
Subtotal	($2,227,210)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($50,810,255)

2. Community Health Education	($870,562)
3. Community Programs and Services	($1,089,515)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($52,770,332)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Renee Keck
Telephone Number: 574.523.3374
Web Address Information: www.egh.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,739	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	32.9%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	163.2	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.6	5.2

5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,841	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$21,968	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	40.0$	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,090	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.9%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.4%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,345,580)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.1	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Joseph Hospital Huntingburg

Year: 2005 City: Huntingburg Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$8,246,572
Outpatient Patient Service Revenue	$26,508,527
Total Gross Patient Service Revenue	$34,755,099
2. Deductions from Revenue	
Contractual Allowances	$16,188,468
Other Deductions	$221,584
Total Deductions	$16,410,052
3. Total Operating Revenue	
Net Patient Service Revenue	$18,345,047
Other Operating Revenue	$736,778
Total Operating Revenue	$19,081,825

4. Operating Expenses	
Salaries and Wages	$8,126,773
Employee Benefits and Taxes	$2,713,710
Depreciation and Amortization	$1,211,739
Interest Expenses	$677,487
Bad Debt	$1,365,590
Other Expenses	$5,878,323
Total Operating Expenses	$19,973,622
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($891,797
Net Non-operating Gains over Losses	$98,891
Total Net Gain over Loss	($792,907)
6. Assets and Liabilities	
Total Assets	$11,108,999
Total Liabilities	$11,442,488

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$15,617,060	$8,845,948	$6,771,112
Medicaid	$2,757,272	$2,328,892	$428,380
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$16,380,767	$5,013,628	$11,367,139

Total	$34,755,099	$16,188,468	$18,566,631

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$12,672	$0	$12,972
Educational	$13,505	$112,431	($98,926)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	287
Number of Hospital Patients Educated in This Hospital	941
Number of Citizens Exposed to Health Education Message	8,398

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Dubois	**Community Served**	Dubois County

Hospital Mission Statement

"Continue to provide to our patient's medical care in a responsible cost effective manner, provide positive safe environment, and provide leadership and continuity of operations for our community."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	No	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($17,000)	($9,230)	($95,879)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($7,470)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($95,879)
2. Community Health Education	($19,879)
3. Community Programs and Services	($7,470)

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($123,158)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Chrystal Bruner
Telephone Number: 812.683.2121
Web Address Information: www.stjh.info

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	197	663
2. % of Salary	Salary Expenses divided by Total Expenses	40.7%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	9.7	59.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,854	$4,204

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$7,202	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	76.3%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$802	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.9%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.8%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($95,879)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-4.7	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

SUMMARY OF 2005 HOSPITAL AUDITED FINANCIAL STATEMENT

Hospital: Gibson General Hospital

Year: 2005 City: Princeton

1. Total Operating Revenue	
Net Patient Service Revenue	$26,627,068
Other Operating Revenue	$334,725
Total Operating Revenue	$26,961,793
2. Operating Expenses	
Salaries and Benefits	$12,283,262
Benefits	$2,730,839
Depreciation and Amortization	$770,839
Interest Expenses	$171,360
Bad Debt	$2,200,342
Other Expenses	$8,568,949
Total Operating Expenses	$26,725,591
3. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$236,202
Net Non-operating Gains over Losses	($88,871)
Total Net Gains over Losses	$147,331
4. Assets and Liabilities	
Total Assets	$15,296,381
Total Liabilities	$15,296,381
Charity Allocation	($452,422)

Hospital Representative: Michael J. Budnick

Telephone number: 812.385.3401

Other information is not available.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview Hospital

Year: 2005 City: Fort Wayne Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$565,629,047
Outpatient Patient Service Revenue	$359,597,412
Total Gross Patient Service Revenue	$925,226,459
2. Deductions from Revenue	
Contractual Allowances	$424,294,741
Other Deductions	$24,053,687
Total Deductions	$448,348,428
3. Total Operating Revenue	
Net Patient Service Revenue	$476,878,031
Other Operating Revenue	$10,717,021
Total Operating Revenue	$487,595,052

4. Operating Expenses	
Salaries and Wages	$157,751,525
Employee Benefits and Taxes	$44,021,475
Depreciation and Amortization	$20,192,353
Interest Expenses	$187,954
Bad Debt	$30,129,065
Other Expenses	$172,198,437
Total Operating Expenses	$424,480,809
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$63,114,243
Net Non-operating Gains over Losses	$1,255,877
Total Net Gain over Loss	$64,370,120
6. Assets and Liabilities	
Total Assets	$561,421,103
Total Liabilities	$22,448,679

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$399,789,928	$257,407,606	$142,382,322
Medicaid	$108,938,184	$77,144,307	$31,793,877
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$416,498,347	$113,7986,515	$302,701,832

Total	$925,226,459	$448,348,428	$476,878,031

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$1,039,912	$4,546,347	($3,508,435)
Educational	$2,226,650	$8,449,800	($6,223,150)
Research	$773,085	$1,902,726	($1,129,641)
Bioterrorism Grant	$217,000	$217,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	2,083
Number of Hospital Patients Educated in This Hospital	3,748
Number of Citizens Exposed to Health Education Message	116,076

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Allen	**Community Served**	Allen, LaGrange, Noble, Huntington, and Whitley Counties

Hospital Mission Statement

"Parkview Health System will provide quality health services to all who entrust their care to us, and we will work to improve the health of our communities."

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	4,656	5,173	2,891
Charity Care Allocation	($2,356,792)	($4,264,550)	($7,445,078)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Support for university nursing programs	($1,113,500)
Uninsured clinics and medical assistance	($787,679)
Community Nursing Program	($758,973)
Pneumonia vaccine and colorectal initiatives	($179,906)
Trauma Education Programs	($153,449)
Subtotal	($2,993,507)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($38,840,616)
2. Community Health Education	($1,714,949)
3. Community Programs and Services	($1,637,100)
4. Other Unreimbursed Costs	($718,095)
5. Total Cost of Providing Community Benefits	($52,910,760)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Teresa Tracy
Telephone Number: 260.373.7973
Web Address Information: www.Parkview.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	3,224	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	37.2%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	359.3	242.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,213	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$22,608	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	38.9%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,736	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.2%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.1%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($7,445,078)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.9	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Clare Medical Center

Year: 2005 City: Crawfordsville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$38,799,450
Outpatient Patient Service Revenue	$40,931,849
Total Gross Patient Service Revenue	$79,731,299
2. Deductions from Revenue	
Contractual Allowances	$38,219,167
Other Deductions	$3,177,942
Total Deductions	$41,397,109
3. Total Operating Revenue	
Net Patient Service Revenue	$38,334,190
Other Operating Revenue	$788,561
Total Operating Revenue	$39,122,751

4. Operating Expenses	
Salaries and Wages	$14,035,034
Employee Benefits and Taxes	$3,661,925
Depreciation and Amortization	$4,162,065
Interest Expenses	$1,128,343
Bad Debt	$1,472,368
Other Expenses	$13,224,837
Total Operating Expenses	$37,704,572
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,418,179
Net Non-operating Gains over Losses	$78,705
Total Net Gain over Loss	$1,496,884
6. Assets and Liabilities	
Total Assets	$64,849,883
Total Liabilities	$5,229,765

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$42,248,221	$27,778,068	$14,470,153
Medicaid	$7,414,885	$5,474,586	$1,940,299
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$30,068,193	$3,547,841	$26,520,352

Total	$79,731,299	$36,800,495	$42,930,804

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$65,539	$17,439	$49,100
Educational	$0	$144,031	($144,031)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	32
Number of Hospital Patients Educated in This Hospital	22,760
Number of Citizens Exposed to Health Education Message	50,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Montgomery	**Community Served**	Montgomery county and residents of Fountain, Parke, and Boone Counties

Hospital Mission Statement

"Continuing Christ's Ministry in our Franciscan Traditon."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	1,066	1,089	771
Charity Care Allocation	($2,315,936)	($2,352,005)	($2,766,528)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Oncology Program	($2,313)
Neighborhood Clinic	($268,182)
Sports Medicine	($93,586)
Subtotal	($70,632)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($12,835,758)

2. Community Health Education	($3,335)
3. Community Programs and Services	$364,081)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($13,203,174)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Jeff She
Telephone Number: 765.364.3100
Web Address Information: www.stclaremedical.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	315	663
2. % of Salary	Salary Expenses divided by Total Expenses	37.2%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	43.1	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.3	4.4

5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,134	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,179	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	52.3%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$765	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	53.0%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	3.9%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,739,785)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.6	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital (Voluntary Submission)

Hospital: Union Hospital

Year: 2005 City: Terre Haute Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$263,373,902
Outpatient Patient Service Revenue	$213,899,141
Total Gross Patient Service Revenue	$477,273,043
2. Deductions from Revenue	
Contractual Allowances	$241,889,843
Other Deductions	$8,892,450
Total Deductions	$250,782,293
3. Total Operating Revenue	
Net Patient Service Revenue	$226,490,650
Other Operating Revenue	$7,559,728
Total Operating Revenue	$234,050,378

4. Operating Expenses	
Salaries and Wages	$80,362,633
Employee Benefits and Taxes	$20,798,371
Depreciation and Amortization	$8,337,734
Interest Expenses	$1,382,243
Bad Debt	$14,865,688
Other Expenses	$99,437,679
Total Operating Expenses	$225,184,348
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$7,617,793
Net Non-operating Gains over Losses	$1,248,237
Total Net Gain over Loss	$8,866,030
6. Assets and Liabilities	
Total Assets	$19,779,393
Total Liabilities	$85,007,119

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$221,516,869	$136,121,339	$85,395,530
Medicaid	$41,369,187	$31,605,705	$9,763,482
Other State	$9,817,047	$8,813,637	$1,000,410
Local Government	$0	$0	$0
Commercial Insurance	$204,572,940	$74,241,712	$130,331,228

Total	$477,273,043	$250,782,043	$226,490,650

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$37,745	($37,745)
Educational	$0	$8,015,387	($8,015,387)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	59,893
Number of Hospital Patients Educated in This Hospital	480,575
Number of Citizens Exposed to Health Education Message	2,936

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vigo	**Community Served**	Clay, Greene, Parke, Vermillion and Vigo counties in Indiana, and Clark and Edgar Counties in Illinois

Hospital Mission Statement

"Union Hospital is a nonprofit regional medical center whose primary mission is to be serve defined community needs through the provision of a comprehensive range of quality cost effective health services. "

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	No

Community Education	Yes	Clinic Support	Yes	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($3,258,474)	($3,796,367)	($3,758,216)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Education of Health Professionals	($1,725,330)
Community Health Education	($34,362)
Education of Patients	($6,255,695)
Subsidized Health Services for poor	($111,047)
Subsidized Health Services for the community	($2,348,524)
Subtotal	($10,444,958)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($78,369,604)
2. Community Health Education	($34,362)
3. Community Programs and Services	($2,429,571)
4. Other Unreimbursed Costs	($261,055)
5. Total Cost of Providing Community Benefits	($81,094,592)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Shantha Aaron
Telephone Number: 812.238.7000
Web Address Information: www.uhhg.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,663	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	35.7%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	172.7	242.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,333	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$19,659	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	44.8%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$2,059	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.4%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.6%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,758,216)	($6,360,979)
`	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.3	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

SUMMARY OF 2004 HOSPITAL AUDITED FINANCIAL STATEMENT

Hospital: Wishard Health Service

Year: 2004 City: Indianapolis

1. Total Operating Revenue	
Net Patient Service Revenue	$183,019,251
Other Operating Revenue	$16,845,744
Total Operating Revenue	$199,864,995
2. Operating Expenses	
Salaries and Benefits	$137,895,917
Benefits	$33,569,774
Depreciation and Amortization	$19,607,211
Interest Expenses	$1,220,966
Bad Debt	$36,940,242
Other Expenses	$138,978,740
Total Operating Expenses	$368,212,850
3. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($167,347,855)
Net Non-operating Gains over Losses	$10,038,960
Total Net Gains over Losses	($157,308,895)
4. Assets and Liabilities	
Total Assets	$311,888,471
Total Liabilities	$75,642,377
Charity Allocation	($145,839,571)

Hospital Representative: Daniel E. Sellers

Telephone number: 317.721.2000

Other information is not available.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Goshen General Hospital

Year: 2005 City: Goshen Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$96,974,008
Outpatient Patient Service Revenue	$127,660,504
Total Gross Patient Service Revenue	$224,634,512
2. Deductions from Revenue	
Contractual Allowances	$97,429,196
Other Deductions	$4,311,359
Total Deductions	$101,740,555
3. Total Operating Revenue	
Net Patient Service Revenue	$122,893,957
Other Operating Revenue	$1,717,785
Total Operating Revenue	$124,611,742

4. Operating Expenses	
Salaries and Wages	$42,656,766
Employee Benefits and Taxes	$13,231,561
Depreciation and Amortization	$6,536,166
Interest Expenses	$904,527
Bad Debt	$11,062,463
Other Expenses	$43,568,254
Total Operating Expenses	$117,959,737
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$6,652,005
Net Non-operating Gains over Losses	$2,194,421
Total Net Gain over Loss	$8,846,426
6. Assets and Liabilities	
Total Assets	$119,149,372
Total Liabilities	$36,867,416

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$93,588,250	$61,512,059	$32,076,191
Medicaid	$17,684,075	$14,679,340	$3,004,735
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$113,362,186	$21,237,797	$92,124,389

Total	$224,634,511	$97,429,196	$124,501,055

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$121,188	$298,594	($177,406)
Educational	$5,045	$160,648	($155,603)
Research	$13,282	$39,745	($26,463)
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	1,326
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	181,707

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Elkhart	**Community Served**	Elkhart, Kosciusko, Lagrange, Marshall, and Noble counties

Hospital Mission Statement

"To improve the health of our communities by providing innovative outstanding care and services, through exceptional people doing exceptional work."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes
Professional Education	No	Practitioner Education	Yes	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	291	223	306
Charity Care Allocation	($1,503,079)	($1,433,196)	($1,752,000)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Community Donations	($296,594)
Health Education	($89,278)
Program Services	($609,427)
College and Universities	($142,912)
All Other Initiatives	($231,753,177)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($17,047,488)
2. Community Health Education	($86,660)
3. Community Programs and Services	($609,437)
4. Other Unreimbursed Costs	($143,530)
5. Total Cost of Providing Community Benefits	($17,889,115)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Amy Floria
Telephone Number: 574.533.2141
Web Address Information: www.goshenhealth.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	863	663
2. % of Salary	Salary Expenses divided by Total Expenses	36.2%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	63.2	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,319	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$16,069	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.8%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$959	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.7%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.4%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,553,000)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.3	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Joseph Regional Medical Center Mishawaka

Year: 2005 City: Mishawaka Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$56,508,123
Outpatient Patient Service Revenue	$72,970,633
Total Gross Patient Service Revenue	$129,478,756
2. Deductions from Revenue	
Contractual Allowances	$67,122,232
Other Deductions	$7,663,008
Total Deductions	$72,785,240
3. Total Operating Revenue	
Net Patient Service Revenue	$56,693,516
Other Operating Revenue	$1,689,017
Total Operating Revenue	$58,382,533

4. Operating Expenses	
Salaries and Wages	$18,607,833
Employee Benefits and Taxes	$5,884,541
Depreciation and Amortization	$1,795,880
Interest Expenses	$1,349,999
Bad Debt	$4,270,747
Other Expenses	$28,655,278
Total Operating Expenses	$60,564,278
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($2,181,745)
Net Non-operating Gains over Losses	$261,880
Total Net Gain over Loss	($1,919,866)
6. Assets and Liabilities	
Total Assets	$36,043,840
Total Liabilities	$39,695,149

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$59,222,817	$38,444,232	$20,378,585
Medicaid	$12,486,253	$10,841,286	$1,644,967
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$57,769,686	$23,099,722	$34,669,694

Total	$129,478,756	$72,785,240	$56,693,516

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$93,472	$251,954	($158,482)
Educational	$290,992	$309,867	($18,875)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	3
Number of Hospital Patients Educated in This Hospital	3,060
Number of Citizens Exposed to Health Education Message	500

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	St Joseph	**Community Served**	Services to specific communities in Elkhart, Marshall, and St Joseph Counties in Indiana and Berrien and Cass County in Michigan

Hospital Mission Statement

"We serve together in Trinity Health in the spirit of the Gospel to head, body. Mind, and spirit to improve the health of our communities and to steward the resources entrusted to us."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	2004

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	1,458	1,387	1,219
Charity Care Allocation	($1,345,977)	($1,426,002)	($2,102,264)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($149,648)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($11,441,514)
2. Community Health Education	($621)

3. Community Programs and Services	($149,648)
4. Other Unreimbursed Costs	($64,790)
5. Total Cost of Providing Community Benefits	($11,357,277)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Tracy Workman
Telephone Number: 574.247.8708
Web Address Information: www.sjmed.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	410	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	30.7%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	50.8	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.5	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,184	$3,731

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$16,630	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.4%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$986	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.7%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.1%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,139,239)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.7	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Henry County Memorial Hospital

Year: 2005 City: New Castle Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$42,651,532
Outpatient Patient Service Revenue	$67,483,321
Total Gross Patient Service Revenue	$110,134,853
2. Deductions from Revenue	
Contractual Allowances	$50,898,141
Other Deductions	$3,144,508
Total Deductions	$54,042,649
3. Total Operating Revenue	
Net Patient Service Revenue	$56,092,204
Other Operating Revenue	$1,482,575
Total Operating Revenue	$57,574,779

4. Operating Expenses	
Salaries and Wages	$24,462,483
Employee Benefits and Taxes	$9,474,597
Depreciation and Amortization	$3,554,237
Interest Expenses	$475,243
Bad Debt	$2,436,216
Other Expenses	$16,158,995
Total Operating Expenses	$56,562,071
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,012,708
Net Non-operating Gains over Losses	$1,182,584
Total Net Gain over Loss	$2,195,292
6. Assets and Liabilities	
Total Assets	$69,814,962
Total Liabilities	$24,226,179

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$48,681,855	$23,887,932	$24,793,923
Medicaid	$12,532,165	$6,149,459	$6,382,706
Other State	$118,528	$52,475	$66,052
Local Government	$0	$0	$0
Commercial Insurance	$48,920,833	$24,005,258	$24,915,575
Total	$110,134,853	$54,042,649	$56,042,204

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$246,267	$246,267	$0
Educational	$1,965	$2,385,381	($2,383,706)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	562
Number of Hospital Patients Educated in This Hospital	48,000
Number of Citizens Exposed to Hospital's Health Education Messages	27,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$21,184,199	$41,653,381	($20,469,195)
Community Benefits	$0	$739,519	($739,519)

For further information on this report, please contact:

Hospital Representative Diana York

Telephone Number 765.521.1394

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	609	663
2. % of Salary	Salary Expenses divided by Total Expenses	43.2%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	39.1	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.1	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$13,502	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$12,162	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.3%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$883	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.2%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.3%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,415,029)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.8	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Jay County Hospital

Year: 2005 City: Portland Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$8,917,358
Outpatient Patient Service Revenue	$23,965,411
Total Gross Patient Service Revenue	$32.882.769
2. Deductions from Revenue	
Contractual Allowances	$11,228,760
Other Deductions	$305,947
Total Deductions	$11,534,707
3. Total Operating Revenue	
Net Patient Service Revenue	$21,348,082
Other Operating Revenue	$481.715
Total Operating Revenue	$21,829,777

4. Operating Expenses	
Salaries and Wages	$7,252,910
Employee Benefits and Taxes	$2,125,131
Depreciation and Amortization	$1,036,882
Interest Expenses	$0
Bad Debt	$1,862,769
Other Expenses	$7,166,137
Total Operating Expenses	$19,443,629
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,386,147
Net Non-operating Gains over Losses	$390,618
Total Net Gain over Loss	$2,776,765
6. Assets and Liabilities	
Total Assets	$27,001,835
Total Liabilities	$1,954,052

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$13,956,988	$5,223,421	$8,733,567
Medicaid	$3,384,188	$3,087,969	$296,219
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$15,541,593	$2,917,370	$12,624,223
Total	$32,882,769	$11,228,760	$21,654,009

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$305,947	($305,947)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Don Michael

Telephone Number 260.726.7131

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	193	663
2. % of Salary	Salary Expenses divided by Total Expenses	37.3%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	8.4	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$6,913	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$9,672	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	72.9%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,158	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.4%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.6%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($305,947)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.9	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Francis Hospital and Health Centers

Year: 2005 City: Beech Grove Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$410,766,967
Outpatient Patient Service Revenue	$425,033,859
Total Gross Patient Service Revenue	$835,800,826
2. Deductions from Revenue	
Contractual Allowances	$304,012,314
Other Deductions	$125,392,533
Total Deductions	$429,404,847
3. Total Operating Revenue	
Net Patient Service Revenue	$406,395,979
Other Operating Revenue	$20,424,718
Total Operating Revenue	$426,820,697

4. Operating Expenses	
Salaries and Wages	$151,976,973
Employee Benefits and Taxes	$45,064,008
Depreciation and Amortization	$20,597,523
Interest Expenses	$5,855,210
Bad Debt	$10,584,103
Other Expenses	$173,159,147
Total Operating Expenses	$407,237,264
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$19,583,433
Net Non-operating Gains over Losses	$555,000
Total Net Gain over Loss	$20,1387,433
6. Assets and Liabilities	
Total Assets	$330,886,000
Total Liabilities	$6,153,000

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$353,152,478	$229,464,271	$123,688,207
Medicaid	$72,153,797	$43,260,008	$28,893,789
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$410,494,551	$156,680,566	$253,813,983

Total	$835,800,826	$429,404,847	$406,395,979

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$370,678	$493,681	($123,003)
Educational	$3,176,579	$10,840,007	($7.663.428)
Research	$22,733	$254,962	$232,229)
Bioterrorism Grant	$169,000	$169,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	NR
Number of Hospital Patients Educated in This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	**Community Served**	Perry and Franklin townships in Marion County and White River, Clark, and Pleasant township in Johnson County

Hospital Mission Statement

"St Francis Hospital and Health Center exists to improve the health of our community in a trustworthy compassionate manner through a continuum of care with special emphasis on the needs of the poor and disenfranchised."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($8,697,924)	($7,619,937)	($10,283,170)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Diabetes Clinic	($793,259)
Women’s Center	($160,129)
Pediatric Clinic	($291,481)
Behavioral Health	($391,747)
All other initiatives	($4,522,317)
Subtotal	($6,158,933)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($61,767,309)
2. Community Health Education	($2,419,335)
3. Community Programs and Services	($627,435)
4. Other Unreimbursed Costs	($3,798,430)
5. Total Cost of Providing Community Benefits	($68,612,509)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:
Hospital Representative: James Ball
Telephone Number: 317.787.3311
Web Address Information: www.stfrancishospitals.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	3,188	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	37.6%	36.6%

3. Average Daily Census	Patient Days divided by Annual Days (365 days)	273.0	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.3	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,231	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$21,839	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	50.9%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,143	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.3%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.6%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($9,205,518)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.6	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Porter Memorial Hospital

Year: 2005 City: Valpararaso Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$221,345,605
Outpatient Patient Service Revenue	$229,898,237
Total Gross Patient Service Revenue	$451,243,842
2. Deductions from Revenue	
Contractual Allowances	$240,986,721
Other Deductions	$4,940,143
Total Deductions	$245,926,864
3. Total Operating Revenue	
Net Patient Service Revenue	$205,316,981
Other Operating Revenue	$4,742,692
Total Operating Revenue	$210,059,613

4. Operating Expenses	
Salaries and Wages	$73,369,362
Employee Benefits and Taxes	$23,009,643
Depreciation and Amortization	$14,237,395
Interest Expenses	$0
Bad Debt	$20,580,931
Other Expenses	$59,670,482
Total Operating Expenses	$190,867,813
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$19,191,800
Net Non-operating Gains over Losses	$36,295
Total Net Gain over Loss	$19,228,055
6. Assets and Liabilities	
Total Assets	$194,877,820
Total Liabilities	$61,091,436

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$192,604,610	$131,607,576	$66,997,034
Medicaid	$32,375,112	$29,200,231	$3,174,881
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$226,264,120	$80,178,914	$146,085,206
Total	$451,243,844	$240,986,721	$210,257,121

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$52,000	$238,725	($166,725)
Educational	$253,972	$910,918	($656,946)
Research	$0	$0	$0
Bioterrorism Grant	$170,000	$170,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	368
Number of Hospital Patients Educated in This Hospital	11,640
Number of Citizens Exposed to Hospital's Health Education Messages	120,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$73,210,000	$93,173,000	($19,963,000)
Community Benefits	$71,283	$306,391	($235,108)

For further information on this report, please contact:

Hospital Representative Adrienne S. Bryan
Telephone Number 219.263.7918

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	1,682	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	38.4%	36.0%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	140.6	242.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.4	5.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,215	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$19,016	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	50.9%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,007	$1,384

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.7%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	10.8%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($11,119,000)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.1	5.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: White Memorial County Hospital

Year: 2005 City: Monticello Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$8,612,941
Outpatient Patient Service Revenue	$24,591,795
Total Gross Patient Service Revenue	$33,204,735
2. Deductions from Revenue	
Contractual Allowances	$11,335,958
Other Deductions	$0
Total Deductions	$11,335,958
3. Total Operating Revenue	
Net Patient Service Revenue	$21,868,778
Other Operating Revenue	$467,478
Total Operating Revenue	$22,336,255

4. Operating Expenses	
Salaries and Wages	$7,287,459
Employee Benefits and Taxes	$3,307,367
Depreciation and Amortization	$654,722
Interest Expenses	$238,896
Bad Debt	$1,602,826
Other Expenses	$8,548,826
Total Operating Expenses	$21,639,598
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$696,658
Net Non-operating Gains over Losses	$307,122
Total Net Gain over Loss	$1,003,780
6. Assets and Liabilities	
Total Assets	$17,217,360
Total Liabilities	$5,633,375

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$17,154,611	$6,272,801	$10,881,810
Medicaid	$3,055,313	$2,586,507	$468,806
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$12,994,811	$2,476,649	$10,518,162
Total	$33,204,735	$11,335,957	$21,868,778

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$50,000	$0	$50,000
Educational	$0	$156,895	($158,895)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	1,338
Number of Citizens Exposed to Hospital's Health Education Messages	1,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$18,583,400	$20,691,907	($2,108,507)
Community Benefits	$415	$149,819	($145,694)

For further information on this report, please contact:

Hospital Representative Annette Eichholtz
Telephone Number 574.583.1719

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	194	257
2. % of Salary	Salary Expenses divided by Total Expenses	33.7%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	14.8	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$1,736	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$6,437	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	74.1%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$801	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.7%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.4%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($481.989)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.1	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Hancock Regional Hospital

Year: 2005 City: Greenfield Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$50,250,047
Outpatient Patient Service Revenue	$68,461,951
Total Gross Patient Service Revenue	$118,711,998
2. Deductions from Revenue	
Contractual Allowances	$47,323,776
Other Deductions	$0
Total Deductions	$47,323,776
3. Total Operating Revenue	
Net Patient Service Revenue	$71,388,222
Other Operating Revenue	$2,885,155
Total Operating Revenue	$74,273,377

4. Operating Expenses	
Salaries and Wages	$30,125,210
Employee Benefits and Taxes	$7,957,000
Depreciation and Amortization	$6,456,474
Interest Expenses	$1,307,604
Bad Debt	$4,439,111
Other Expenses	$23,709,949
Total Operating Expenses	$73,995,348
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$278,029
Net Non-operating Gains over Losses	$1,638,309
Total Net Gain over Loss	$1,916,338
6. Assets and Liabilities	
Total Assets	$117,833,085
Total Liabilities	$117,883,085

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$56,847,572	$31,450,142	$25,397,430
Medicaid	$7,840,291	$5,728,489	$2,111,802
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$54,024,135	$10,145,145	$43,878,990
Total	$118,711,998	$47,323,776	$71,388,222

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$80,495	$0	$80,495
Educational	$148,260	$703,271	($555,011(
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	30
Number of Hospital Patients Educated in This Hospital	885
Number of Citizens Exposed to Hospital's Health Education Messages	59,402

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$19,028,316	$33,683,373	($14,655,057)
Community Benefits	$57,249	$78,392	($21,143)

For further information on this report, please contact:

Hospital Representative Eric Rush

Telephone Number 317.468.4412

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	691	663
2. % of Salary	Salary Expenses divided by Total Expenses	40.7%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	46.3	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,777	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,425	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.7%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$969	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.9%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.0%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,166,111)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.4	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Morgan Hospital and Medical Center

Year: 2005 City: Martinsville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$36,702,367
Outpatient Patient Service Revenue	$59,925,513
Total Gross Patient Service Revenue	$96,627,880
2. Deductions from Revenue	
Contractual Allowances	$47,332,532
Other Deductions	$0
Total Deductions	$47,332,532
3. Total Operating Revenue	
Net Patient Service Revenue	$49,295,348
Other Operating Revenue	$1,195,432
Total Operating Revenue	$50,491,780

4. Operating Expenses	
Salaries and Wages	$16,279,475
Employee Benefits and Taxes	$4,646,465
Depreciation and Amortization	$2,494,792
Interest Expenses	$657,586
Bad Debt	$7,088,322
Other Expenses	$16,453,731
Total Operating Expenses	$47,620,371
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,871,409
Net Non-operating Gains over Losses	$493,334
Total Net Gain over Loss	$3,364,743
6. Assets and Liabilities	
Total Assets	$49,697,121
Total Liabilities	$49,697,121

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$40,560,013	$28,589,398	$11,970,615
Medicaid	$12,657,582	$10,576,812	$2,080,770
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$43,410,285	$8,166,322	$35,243,963
Total	$96,627,880	$47,332,532	$49,295,348

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$2,389	$73,737	($71,348)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	600
Number of Hospital Patients Educated in This Hospital	4,000
Number of Citizens Exposed to Hospital's Health Education Messages	70,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$1,094,798	($1,094,798)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Stacy Oelke

Telephone Number 765.342.8441

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	327	257
2. % of Salary	Salary Expenses divided by Total Expenses	34.2%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	33.4	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.4	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$11,908	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,141	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.0%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$951	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.0%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	14.9%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,094,798)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.7	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Cameron Memorial Community Hospital

Year: 2005 City: Angola Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$10,388,478
Outpatient Patient Service Revenue	$40,834,458
Total Gross Patient Service Revenue	$51,222,936
2. Deductions from Revenue	
Contractual Allowances	$16,934,645
Other Deductions	$655,044
Total Deductions	$17,289,690
3. Total Operating Revenue	
Net Patient Service Revenue	$33,633,246
Other Operating Revenue	$2,411,776
Total Operating Revenue	$36,045,022

4. Operating Expenses	
Salaries and Wages	$11,507,366
Employee Benefits and Taxes	$4,013,282
Depreciation and Amortization	$1,589,652
Interest Expenses	$542,152
Bad Debt	$2,810,212
Other Expenses	$10,906,797
Total Operating Expenses	$31,369,461
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,675,561
Net Non-operating Gains over Losses	$42,900
Total Net Gain over Loss	$4,718,461
6. Assets and Liabilities	
Total Assets	$35,116,010
Total Liabilities	$35,116,010

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$17,415,798	$8,316,289	$9,099,509
Medicaid	$4,610,064	$3,532,862	$1,077,202
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$29,197,074	$5,740,539	$23,456,535

Total	$51,222,936	$17,589,690	$33,633,246

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$42,900	$0	$42,900
Educational	$29,705	$262,240	($232,535)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	306
Number of Citizens Exposed to Health Education Message	4,612

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Steuben	**Community Served**	Steuben County

Hospital Mission Statement

"To be a major provider of a wide range of health services to the people of Steuben County and the surrounding areas. These services are to be provided in the spirit of charity, concern, and excellance."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	No	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	488	628	844
Charity Care Allocation	($306,350)	($390,598)	($655,044)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Charity Care	($275,116)
Community Health	($230,777)
Medicaid Shortfalls	($900,484)
Subtotal	($1,406,379)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($900,484)
2. Community Health Education	($230,777)
3. Community Programs and Services	($230,777)
4. Other Unreimbursed Costs	($149,424)
5. Total Cost of Providing Community Benefits	($1,511,462)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Carolyn Burison
Telephone Number: 260.665.2141
Web Address Information: www.cameronmch.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	296	257
2. % of Salary	Salary Expenses divided by Total Expenses	36.7%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	10.6	18.4

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,813	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$8,405	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	79.7%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$2,639	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	34.0%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.0%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($275,118)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	13.0	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Good Samaritan Hospital

Year: 2005 City: Vincennes Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$101,368,362
Outpatient Patient Service Revenue	$126,010,004
Total Gross Patient Service Revenue	$227,378,366
2. Deductions from Revenue	
Contractual Allowances	$96,759,788
Other Deductions	$3,905,055
Total Deductions	$100,664,843
3. Total Operating Revenue	
Net Patient Service Revenue	$126,713,523
Other Operating Revenue	$18,554,844
Total Operating Revenue	$145,268,367

4. Operating Expenses	
Salaries and Wages	$50,805,068
Employee Benefits and Taxes	$14,326,560
Depreciation and Amortization	$7,979,243
Interest Expenses	$1,713,234
Bad Debt	$5,706,610
Other Expenses	$46,833,885
Total Operating Expenses	$127,364,601
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$17,903,865
Net Non-operating Gains over Losses	$2,639,483
Total Net Gain over Loss	$20,543,248
6. Assets and Liabilities	
Total Assets	$174,345,750
Total Liabilities	$57,736,409

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$125,679,628	$55,640,826	$70,038,802
Medicaid	$20,704,573	$9,166,319	$11,538,254
Other State	$118,528	$52,475	$66,052
Local Government	$0	$0	$0
Commercial Insurance	$80,875,637	$35,805,224	$45,070,413
Total	$227,378,366	$100,664,843	$126,713,523

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$616,710	$205,938	$410,773
Educational	$63,538	$896,373	($832,835)
Research	$1,995	$925	$1,070
Bioterrorism Grant	$100,000	$100,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	26
Number of Hospital Patients Educated in This Hospital	242,285
Number of Citizens Exposed to Hospital's Health Education Messages	359,149

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$47,359,500	$71,511,073	($24,151,573)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Shannon Mason
Telephone Number 8412.882.5220

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	1,350	663
2. % of Salary	Salary Expenses divided by Total Expenses	39.9%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	97.9	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$12,637	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,253	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.4%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$789	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	55.3%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.5%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,784,772)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.3	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Frankfort Hospital

Year: 2006 City: Frankfort Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$10,257,152
Outpatient Patient Service Revenue	$38,645,066
Total Gross Patient Service Revenue	$48,902,218
2. Deductions from Revenue	
Contractual Allowances	$2,675,571
Other Deductions	$20,069,717
Total Deductions	$22,745,288
3. Total Operating Revenue	
Net Patient Service Revenue	$26,169,930
Other Operating Revenue	$291,085
Total Operating Revenue	$26,448,015

4. Operating Expenses	
Salaries and Wages	$10,220,144
Employee Benefits and Taxes	$2,958,076
Depreciation and Amortization	$607,266
Interest Expenses	$22,415
Bad Debt	$2,732,026
Other Expenses	$9,118,900
Total Operating Expenses	$25,658,628
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$769,187
Net Non-operating Gains over Losses	$122,587
Total Net Gain over Loss	$911,774
6. Assets and Liabilities	
Total Assets	$11,049,409
Total Liabilities	$3,909,573

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$17,696,638	$10,787,033	$6,909,605
Medicaid	$5,794,150	$4,592,491	$1,201,659
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$25,411,430	$7,365,764	$18,045,666

Total	$48,902,218	$22,745,288	$26,156,930

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$6,061	$64,359	($58,298)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	120
Number of Citizens Exposed to Health Education Message	34,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Clinton	**Community Served**	Clinton County

Hospital Mission Statement

"To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	3,067	367,255	146,364
Charity Care Allocation	($1,499,881)	($1,445,517)	($1,388,631)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All programs	($16,387)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($1,848,389)
2. Community Health Education	($30,558)
3. Community Programs and Services	($63,602)

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($1,942,549)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Peisker
Telephone Number: 317.338.7371
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	202	257
2. % of Salary	Salary Expenses divided by Total Expenses	39.8%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	10.7	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$552	$3,672

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$9,308	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	79.0%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,087	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.2%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	10.6%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($433,716)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.0	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Floyd Memorial Hospital and Health Service

Year: 2005 City: New Albany Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$156,040,000
Outpatient Patient Service Revenue	$178,315,000
Total Gross Patient Service Revenue	$334,355,000
2. Deductions from Revenue	
Contractual Allowances	$184,631,000
Other Deductions	$3,314,000
Total Deductions	$187,945,000
3. Total Operating Revenue	
Net Patient Service Revenue	$146,410,000
Other Operating Revenue	$2,934,000
Total Operating Revenue	$149,344,000

4. Operating Expenses	
Salaries and Wages	$54,826,000
Employee Benefits and Taxes	$11,995,000
Depreciation and Amortization	$10,967,000
Interest Expenses	$1,146000
Bad Debt	$14,384,000
Other Expenses	$50,988,000
Total Operating Expenses	$144,306,000
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$5,038,000
Net Non-operating Gains over Losses	$2,253,000
Total Net Gain over Loss	$7,291,000
6. Assets and Liabilities	
Total Assets	$231,374,000
Total Liabilities	$105,692,000

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$141,581,000	$85,327,000	$56,254,000
Medicaid	$28,387,000	$22,702,000	$5,685,000
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$164,387,000	$76,602,000	$87,785,000
Total	$334,355,000	$184,631,000	$149,724,000

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$74,975	($74,975)
Educational	$156,810	$732,277	($575,467)
Research	$99,485	$223,779	($124,294)
Bioterrorism Grant	$100,000	$100,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	699
Number of Hospital Patients Educated in This Hospital	34,180
Number of Citizens Exposed to Hospital's Health Education Messages	16,066

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$52,160,647	$64,290,343	($12,129,696)
Community Benefits	$26,483	$103,791	($77,308)

For further information on this report, please contact:

Hospital Representative Angela Keith
Telephone Number 812.949.5500

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	1,276	663
2. % of Salary	Salary Expenses divided by Total Expenses	38.0%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	111.4	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,326	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,472	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.3%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,683	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.3%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	10.0%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,401,320)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.4	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: DeKalb Memorial Hospital

Year: 2005 City: Auborn Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$16,664,248
Outpatient Patient Service Revenue	$42,904,117
Total Gross Patient Service Revenue	$59,568,365
2. Deductions from Revenue	
Contractual Allowances	$21,588,214
Other Deductions	$455,212
Total Deductions	$22,043,426
3. Total Operating Revenue	
Net Patient Service Revenue	$37,524,939
Other Operating Revenue	$2,831,644
Total Operating Revenue	$40,356,583

4. Operating Expenses	
Salaries and Wages	$14,992,430
Employee Benefits and Taxes	$5,263,788
Depreciation and Amortization	$2,292,493
Interest Expenses	$262,986
Bad Debt	$3,075,658
Other Expenses	$11,373,003
Total Operating Expenses	$37,260,358
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$3,096,225
Net Non-operating Gains over Losses	$554,276
Total Net Gain over Loss	$3,650,501
6. Assets and Liabilities	
Total Assets	$49,900,011
Total Liabilities	$7,597,637

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$22,973,604	$12,697,823	$10,275,781
Medicaid	$5,437,570	$3,572,922	$1,864,648
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$31,157,191	$5,772,681	$25,284,510
Total	$59,568,365	$22,043,426	$37,524,939

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$270,006	$36,637	$233,369
Educational	$71,625	$134,905	($63,280)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	1,691
Number of Hospital Patients Educated in This Hospital	161
Number of Citizens Exposed to Hospital's Health Education Messages	40,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$12,140,429	$15,796,158	($3,655,729)
Community Benefits	$11,385	$63,425	($65,034)

For further information on this report, please contact:

Hospital Representative Amanda Haynes
Telephone Number 260.925.4600

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	354	257
2. % of Salary	Salary Expenses divided by Total Expenses	40.2%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	16.8	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.7	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,126	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$7,390	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	72.0%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$673	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.6%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	8.3%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($231,618)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.7	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Terre Haute Regional Hospital

Year: 2005 City: Terre Haute Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$181,696,562
Outpatient Patient Service Revenue	$103,585,363
Total Gross Patient Service Revenue	$285,281,925
2. Deductions from Revenue	
Contractual Allowances	$172,742,364
Other Deductions	$6,235,746
Total Deductions	$178,978,110
3. Total Operating Revenue	
Net Patient Service Revenue	$106,303,815
Other Operating Revenue	$683,516
Total Operating Revenue	$106,987,331

4. Operating Expenses	
Salaries and Wages	$31,685,518
Employee Benefits and Taxes	$7,771,877
Depreciation and Amortization	$0
Interest Expenses	$0
Bad Debt	$5,693,607
Other Expenses	$33,407,890
Total Operating Expenses	$78,558,982
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$28,428,439
Net Non-operating Gains over Losses	($10,010,958)
Total Net Gain over Loss	$18,417,481
6. Assets and Liabilities	
Total Assets	$81,648,953
Total Liabilities	$67,712,160

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$136,408,303	$103,292,303	$33,115,995
Medicaid	$35,836,466	$27,942,407	$7,894,059
Other State	$4,055,702	$2,326,303	$1,729,399
Local Government	$1,176,399	$0	$1,176,399
Commercial Insurance	$107,805,055	$45,417,092	$62,387,963
Total	$285,281,925	$178,978,110	$106,303,815

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$136,677	($136,677)
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$42,866,656	$48,458,376	($5,591,720)
Community Benefits	$0	$1,118,055	($1,118,055)

For further information on this report, please contact:

Hospital Representative Westley Mauer
Telephone Number 812.232.9514

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	639	663
2. % of Salary	Salary Expenses divided by Total Expenses	40.3%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	101.1	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$30,336	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$23,402	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	36.3%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,544	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.8%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.2%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($591,862)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	26.6	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: St Joseph Hospital – Fort Wayne

Year: 2005 City: Fort Wayne Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$137,397,864
Outpatient Patient Service Revenue	$72,919,626
Total Gross Patient Service Revenue	$212,317,490
2. Deductions from Revenue	
Contractual Allowances	$111,009,069
Other Deductions	$6,150,234
Total Deductions	$117,159,303
3. Total Operating Revenue	
Net Patient Service Revenue	$95,158,187
Other Operating Revenue	$1,303,614
Total Operating Revenue	$96,461,801

4. Operating Expenses	
Salaries and Wages	$33,118,408
Employee Benefits and Taxes	$7,034,194
Depreciation and Amortization	$3,751,453
Interest Expenses	$3,048,709
Bad Debt	$7,320,758
Other Expenses	$37,921,540
Total Operating Expenses	$92,195,062
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,266,739
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$4,266,739
6. Assets and Liabilities	
Total Assets	$122,925,696
Total Liabilities	$122,925,696

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$95,700,693	$63,801,064	$31,899,629
Medicaid	$12,718,821	$8,476,587	$4,242,234
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$103,897,976	$38,731,418	$65,166,558
Total	$212,317,490	$111,009,069	$101,308,421

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$4,030	$115,201	($111,171)
Educational	$121,485	$1,972,767	($1,860,282)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	5,000
Number of Hospital Patients Educated in This Hospital	5,000
Number of Citizens Exposed to Hospital's Health Education Messages	15,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$38,600,122	$53,292,708	($14,692,586)
Community Benefits	$56,519	$2,141,568	($2,085,049)

For further information on this report, please contact:

Hospital Representative Mike Rutkowski
Telephone Number 260.425.3000

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	725	663
2. % of Salary	Salary Expenses divided by Total Expenses	35.9%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	83.7	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.7	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,918	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$26,070	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	34.3%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$934	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.1%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.9%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,719,107)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.4	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Reid Hospital and Health Care Services

Year: 2005 City: Richmond Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$169,334,927
Outpatient Patient Service Revenue	$150,730,666
Total Gross Patient Service Revenue	$320,065,595
2. Deductions from Revenue	
Contractual Allowances	$125,309,114
Other Deductions	$4,254,891
Total Deductions	$129,564,004
3. Total Operating Revenue	
Net Patient Service Revenue	$190,501,591
Other Operating Revenue	$5,370,381
Total Operating Revenue	$195,871,972

4. Operating Expenses	
Salaries and Wages	$61,971,442
Employee Benefits and Taxes	$18,322,701
Depreciation and Amortization	$9,349,061
Interest Expenses	$603,589
Bad Debt	$14,540,592
Other Expenses	$67,963,930
Total Operating Expenses	$172,741,415
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$23,130,557
Net Non-operating Gains over Losses	$17,905,115
Total Net Gain over Loss	$41,035,673
6. Assets and Liabilities	
Total Assets	$608,358,108
Total Liabilities	$203,065,125

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$166,627,225	$100,632,109	$65,995,116
Medicaid	$29,695,917	$22,154,926	$7,560,991
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$123,742,453	$6,796,969	$116,945,484

Total	$320,065,595	$129,564,004	$190,501,591

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$332,338	$332,338	$0
Educational	$198,455	$1,044,266	($846,811)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	16
Number of Hospital Patients Educated in This Hospital	16,787
Number of Citizens Exposed to Health Education Message	8,079

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Wayne	**Community Served**	Fayette, Henry, Randolph, Wayne, and Union Counties

Hospital Mission Statement

"In body, mind, spirit, hospital and its people work with others to enhance wholeness for all those we serve."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2002

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	3,370	2,359	2,820
Charity Care Allocation	($2,148,192)	($1,246,648)	($2,030,790)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Health Ministries	($73,196)
Community Education	($83,384)
Social Responsibility Mammogram	($17,661)
Donated Linen	($3,583)
Stop Program (Childhood Obesity)	($15,835)
Subtotal	($193,659)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($13,665,251)
2. Community Health Education	($114,825)
3. Community Programs and Services	($210,664)
4. Other Unreimbursed Costs	($57,439)
5. Total Cost of Providing Community Benefits	($14,048,179)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Marvin Esham
Telephone Number: 765.983.3377
Web Address Information: www.reidhosp.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,346	663
2. % of Salary	Salary Expenses divided by Total Expenses	35.9%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	155.2	59.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,046	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,403	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	47.1%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,249	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	52.1%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	8.4%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,028,477)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.8	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Clay Hospital

Year: 2005 City: Brazil Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$7,540,396
Outpatient Patient Service Revenue	$24,622,506
Total Gross Patient Service Revenue	$32,162,902
2. Deductions from Revenue	
Contractual Allowances	$13,506,588
Other Deductions	$515,717
Total Deductions	$14,022,305
3. Total Operating Revenue	
Net Patient Service Revenue	$18,140,597
Other Operating Revenue	$162,442
Total Operating Revenue	$18,303,039

4. Operating Expenses	
Salaries and Wages	$5,217,435
Employee Benefits and Taxes	$1,556,997
Depreciation and Amortization	$959,282
Interest Expenses	$337,373
Bad Debt	$2,435,106
Other Expenses	$6,608,940
Total Operating Expenses	$17,115,133
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,187,906
Net Non-operating Gains over Losses	$59,002
Total Net Gain over Loss	$1,246,908
6. Assets and Liabilities	
Total Assets	$17,951,514
Total Liabilities	$10,992,937

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$14,639,788	$7,045,594	$7,594,194
Medicaid	$3,292,830	$3,016,638	$276,192
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$14,230,254	$3,535,504	$10,694,750

Total	$32,162,902	$14,022,305	$14,140,597

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$50,000	$47,000	$3,000
Educational	$0	$15,000	($15,000)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	476
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Clay	**Community Served**	Clay County

Hospital Mission Statement

"To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	No	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	20,731	54,955	160,692
Charity Care Allocation	($222,692)	($1,015,345)	($1,529,819)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All programs	($51,964)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($515,717)
2. Community Health Education	($15,000)
3. Community Programs and Services	($51,964)

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($582,411)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Peisker
Telephone Number: 317.338.7371
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	155	257
2. % of Salary	Salary Expenses divided by Total Expenses	30.5%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	13.2	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,585	$3,672

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$6,347	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	76.6%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$865	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.5%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	14.2%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($515,717)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.5	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Bloomington Hospital

Year: 2005 City: Bloomington Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$225,533,485
Outpatient Patient Service Revenue	$188,800,779
Total Gross Patient Service Revenue	$414,334,264
2. Deductions from Revenue	
Contractual Allowances	$170,005,446
Other Deductions	$6,0444,733
Total Deductions	$176,050,179
3. Total Operating Revenue	
Net Patient Service Revenue	$238,284,085
Other Operating Revenue	$7,761,401
Total Operating Revenue	$246,015,486

4. Operating Expenses	
Salaries and Wages	$100,425,608
Employee Benefits and Taxes	$27,569,633
Depreciation and Amortization	$13,608,539
Interest Expenses	$4,249,857
Bad Debt	$13,711,074
Other Expenses	$81,891,831
Total Operating Expenses	$241,456,542
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,558,944
Net Non-operating Gains over Losses	$5,267,415
Total Net Gain over Loss	$9,826,359
6. Assets and Liabilities	
Total Assets	$284,678,904
Total Liabilities	$108,886,745

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$173,841,482	$103,654,943	$70,186,539
Medicaid	$41,994,572	$32,010,846	$9,983,726
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$198,498,210	$40,384,390	$158,113,820

Total	$414,334,264	$176,050,179	$238,284,085

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$706,654	$3,000	$703,654
Educational	$391,809	$7,570,006	($6,941,960)
Research	$0	$0	$0
Bioterrorism Grant	$148,000	$148,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	10,151
Number of Hospital Patients Educated in This Hospital	75,060
Number of Citizens Exposed to Health Education Message	936,794

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Monroe	**Community Served**	Brown, Clay, Daviess, Greene, Lawrence, Martin, Monroe, and Owen Counties

Hospital Mission Statement

"Bloomington Hospital and Health System exists to provide comprehensive, high quality, cost-effective and caring services to the people of South Central Indiana."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($2,758,637)	($2,638,110)	($3,322,584)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Counseling and Support Groups	($12,391)
Community Health Education	($707,869)
Cash and in-kind Contributions	($216,107)
Health Professional Educ /Clinical Education	($5,194,135)
Subtotal	($6,130,502)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($32,596,367)
2. Community Health Education	($87,884)
3. Community Programs and Services	($4,425,648)
4. Other Unreimbursed Costs	($421,899)
5. Total Cost of Providing Community Benefits	($37,531,798)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Michael L. Craig
Telephone Number: 812.353.5819
Web Address Information:www.bloomingtonhospital.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	2,179	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	41.6%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	182.7	242.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,013	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$15,168	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	45.6%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,574	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.0%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.7%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,322,584)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.9	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Tipton County Memorial Hospital

Year: 2005 City: Tipton Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$18,984,529
Outpatient Patient Service Revenue	$34,661,724
Total Gross Patient Service Revenue	$53,646,253
2. Deductions from Revenue	
Contractual Allowances	$21,618,977
Other Deductions	$0
Total Deductions	$21,618,977
3. Total Operating Revenue	
Net Patient Service Revenue	$19,032,015
Other Operating Revenue	$3,309,172
Total Operating Revenue	$35,336,448

4. Operating Expenses	
Salaries and Wages	$13,229,276
Employee Benefits and Taxes	$916,785
Depreciation and Amortization	$1,766,097
Interest Expenses	$376,442
Bad Debt	$2,072,321
Other Expenses	$16,537,965
Total Operating Expenses	$34,898,886
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$437,562
Net Non-operating Gains over Losses	$582,576
Total Net Gain over Loss	$1,020,138
6. Assets and Liabilities	
Total Assets	$32,055,569
Total Liabilities	$9,941,860

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$24,281,190	$13,160,309	$11,120,881
Medicaid	$4,883,230	$2,365,312	$2,517,918
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$24,481,833	$6,093,356	$18,388,477
Total	$53,646,253	$21,618,977	$32,027,276

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$24,329	$24,329	$0
Educational	$9,436	$575,652	($575,652)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	500
Number of Hospital Patients Educated in This Hospital	46,677
Number of Citizens Exposed to Hospital's Health Education Messages	88,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$8,782,074	$9,550,051	($767,977)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Mary Stafford
Telephone Number 765.675.8500

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	359	257
2. % of Salary	Salary Expenses divided by Total Expenses	37.9%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	18.4	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.4	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$9,228	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$12,498	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.6%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$701	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.3%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.9%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($682,991)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.2	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Randolph Hospital

Year: 2005 City: Winchester Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$9,034,232
Outpatient Patient Service Revenue	$37,515,255
Total Gross Patient Service Revenue	$46,549,487
2. Deductions from Revenue	
Contractual Allowances	$17,372,695
Other Deductions	$2,315,938
Total Deductions	$19,688,634
3. Total Operating Revenue	
Net Patient Service Revenue	$26,860,853
Other Operating Revenue	$732,980
Total Operating Revenue	$27,593,833

4. Operating Expenses	
Salaries and Wages	$11,659,267
Employee Benefits and Taxes	$3,632,865
Depreciation and Amortization	$1,078,892
Interest Expenses	$628,920
Bad Debt	$2,972,089
Other Expenses	$8,005,277
Total Operating Expenses	$27,977,310
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($363,477)
Net Non-operating Gains over Losses	$146,889
Total Net Gain over Loss	($236,588)
6. Assets and Liabilities	
Total Assets	$30,388,000
Total Liabilities	$21,356,000

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$18,671,223	$7,468,492	$11,202,731
Medicaid	$6,704,657	$5,266,728	$1,437,929
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$21,173,607	$6,953,414	$14,220,193

Total	$46,549,487	$19,688,634	$26,860,853

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Randolph	**Community Served**	Randolph County

Hospital Mission Statement

"To improve the health status of the individuals and the communities we serve with a special concern for the sick and poor."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	No	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	27,585	18,999	72,328
Charity Care Allocation	($854,142)	($2,606,849)	($3,501,432)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($18,095)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($2,315,938)
2. Community Health Education	$0
3. Community Programs and Services	($18,095)

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($2,334,033)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Audra Poe
Telephone Number: 317.338.7374
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	254	257
2. % of Salary	Salary Expenses divided by Total Expenses	41.7%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	11.0	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.6	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,722	$3,672

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$5,754	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	80.6%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$710	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.1%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	10.6%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,315,938)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.4	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Clarian Health Partners

Year: 2005 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$1,658,375,000
Outpatient Patient Service Revenue	$959,279,000
Total Gross Patient Service Revenue	$2,617,654,000
2. Deductions from Revenue	
Contractual Allowances	$1,077,369,000
Other Deductions	$58,219,000
Total Deductions	$1,135,588,000
3. Total Operating Revenue	
Net Patient Service Revenue	$1,482,066,000
Other Operating Revenue	$96,100,000
Total Operating Revenue	$1,578,166,000

4. Operating Expenses	
Salaries and Wages	$537,913,000
Employee Benefits and Taxes	$123,113,000
Depreciation and Amortization	$114,333,000
Interest Expenses	$26,447,000
Bad Debt	$62,023,000
Other Expenses	$618,072,000
Total Operating Expenses	$1,481,901,000
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$96,265,000
Net Non-operating Gains over Losses	$16,256,000
Total Net Gain over Loss	$112,520,000
6. Assets and Liabilities	
Total Assets	$2,974,458,000
Total Liabilities	$1,519,021,000

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$797,391,000	$475,475,000	$321,916,000
Medicaid	$518,955,000	$240,007,000	$278,948,000
Other State	$0	$0	$0
Local Government	$31,333,000	$19,843,000	$11,490,000
Commercial Insurance	$1,269,975,000	$400,263,000	$869,712,000
Total	$2,617,654,000	$1,135,588,000	$1,482,066,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$252,876	$0	$252,876
Educational	$5,858,088	$66,381,810	($60,523,722)
Research	$196,262	$4,437,861	($4,241,599)
Bioterrorism Grant	$254,000	$254,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	3,500
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	1,700,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	`	**Community Served**	State of Indiana

Hospital Mission Statement

"To improve the health of our patients and community through innovation and excellence in care, education, research, and service."

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	1,551,261	1,634,000	1,700,000
Charity Care Allocation	($18,255,107)	($36,503,575)	($33,975,844)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Charity Care Policy	($209,811,010)
Health Professional Education	($55,399,506)
Tobacco Prevention	($155,109)
Fitness and Nutrition	($100,194)
Violence and Prevention	($143,984)
Subtotal	($265,569,803)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($209,811,052)
2. Community Health Education	($8,254,240)
3. Community Programs and Services	($2,590,640)
4. Other Unreimbursed Costs	($1,016,118)
5. Total Cost of Providing Community Benefits	($221,672,050)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Don Deutsch
Telephone Number: 317.962.6110
Web Address Information: www.Clarian.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	10,101	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	36.3%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	908.1	242.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.4	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,702	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$31,927	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	36.6%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,042	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	30.5%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.2%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($33,975,844)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.1	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Francis Hospital and Health Center Mooresville

Year: 2005 City: Mooresville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$49,171,785
Outpatient Patient Service Revenue	$41,543,318
Total Gross Patient Service Revenue	$90,715,103
2. Deductions from Revenue	
Contractual Allowances	$25,176,727
Other Deductions	$18,129,782
Total Deductions	$43,306,509
3. Total Operating Revenue	
Net Patient Service Revenue	$47,408,594
Other Operating Revenue	$2,557,282
Total Operating Revenue	$49,965,875

4. Operating Expenses	
Salaries and Wages	$12,093,604
Employee Benefits and Taxes	$3,476,261
Depreciation and Amortization	$2,612,962
Interest Expenses	$1,297,954
Bad Debt	$1,090,206
Other Expenses	$23,760,661
Total Operating Expenses	$44.321.648
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$5,644,226
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$5,644,228
6. Assets and Liabilities	
Total Assets	NR
Total Liabilities	NR

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$36,775,522	$20,837,484	$15,938,038
Medicaid	$4,010,203	$3,398,653	$611,550
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$49,929,378	$19,070,372	$30,859,006

Total	$90,715,103	$43,306,509	$47,408,594

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$0	$118,453	($118,453)
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Morgan	**Community Served**	Morgan County

Hospital Mission Statement

"St Francis Hospital and Health Centers exists to improve the health of our community in a trustworthy compassionate manner through a continuum of care with special emphasis on the needs of the poor and disenfranchised."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	No

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($808,004)	($626,760)	($1,077,652)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Diabetes Clinic	($793,259)
Women’s Center	($160,129)
Pediatric Clinic	($291,481)
Behavioral Health	($391,747)
Subtotal	($1,636,616)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	$7.230.946)
2. Community Health Education	$0
3. Community Programs and Services	$0
4. Other Unreimbursed Costs	($647,902)
5. Total Cost of Providing Community Benefits	($7,878,848)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:
Hospital Representative: James Ball
Telephone Number: 317.931.1160
Web Address Information: www.stfrancishospitals.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	255	663
2. % of Salary	Salary Expenses divided by Total Expenses	27.3%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	20.0	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,086	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$21,296	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	45.8%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$672	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.5%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.5%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,077,652)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.3	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Memorial Hospital of South Bend

Year: 2005 City: South Bend Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$424,.377,412
Outpatient Patient Service Revenue	$200,241,357
Total Gross Patient Service Revenue	$624,618,769
2. Deductions from Revenue	
Contractual Allowances	$306,670,168
Other Deductions	$5,831,113
Total Deductions	$312,501,281
3. Total Operating Revenue	
Net Patient Service Revenue	$312,117,488
Other Operating Revenue	$10,399,185
Total Operating Revenue	$322,516,673

4. Operating Expenses	
Salaries and Wages	$104,226,052
Employee Benefits and Taxes	$28,604,716
Depreciation and Amortization	$17,175,810
Interest Expenses	$6,188,369
Bad Debt	$22,004,926
Other Expenses	$121,354,439
Total Operating Expenses	$299,554,312
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$22,962,361
Net Non-operating Gains over Losses	$16,657,425
Total Net Gain over Loss	$39,619,786
6. Assets and Liabilities	
Total Assets	$500,014,086
Total Liabilities	$500,014,086

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$244,817,155	$161,944,985	$82,872,170
Medicaid	$80,454,020	$54,070,996	$26,3873,024
Other State	$6,134,307	$4,133,487	$2,000,820
Local Government	$6,274,239	$5,416,539	$857,700
Commercial Insurance	$286,939,048	$78,921,454	$208,017,594

Total	$624,618,769	$304,487,461	$320,131,308

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$281,394	($281,394)
Educational	$425,302	$5,292,322	($4,867,020)
Research	$1,398,755	$1,490,116	($91,361)
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	98
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	St Joseph	**Community Served**	St Joseph County

Hospital Mission Statement

"Memorial Hospital is committed to improving the quality of life for the people of our community."

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2005

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	2,799	2,611	3,304
Charity Care Allocation	($1,939,266)	($1,679,917)	($2,200,681)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
African American Women in Touch Breast Care	($213,916)
Congregational Nurses Health Education/Counseling`	($249,534)
School Health Clinic Abstinence Counseling	($378,309)
Hispanic Initiatives and Outreach	($566,319)
Other Community Based Partnerships	($2,462,551)
Subtotal	($3,860,628)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($33,264,574)
2. Community Health Education	$0
3. Community Programs and Services	($1,581,317)
4. Other Unreimbursed Costs	($1,089,425)
5. Total Cost of Providing Community Benefits	($35,935,316)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
Memorial E Blair Warner Family Practice	($59,594)

For further information on these initiatives, contact:

Hospital Representative: Margo DeMont
Telephone Number: 574.647.1356
Web Address Information: www.qualityoflife.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	2,094	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	34.8%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	235.5	242.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,539	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$23,449	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	32.1%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,301	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.2%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.3%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,200,681)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.1	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Riverview Hospital

Year: 2005 City: Noblesville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$101,550,017
Outpatient Patient Service Revenue	$133,593,930
Total Gross Patient Service Revenue	$235,143,947
2. Deductions from Revenue	
Contractual Allowances	$108,959,843
Other Deductions	$2,777,368
Total Deductions	$111,737,211
3. Total Operating Revenue	
Net Patient Service Revenue	$123,406,736
Other Operating Revenue	$3,384,634
Total Operating Revenue	$126,791,370

4. Operating Expenses	
Salaries and Wages	$47,508,323
Employee Benefits and Taxes	$10,764,038
Depreciation and Amortization	$8,095,336
Interest Expenses	$2,642,547
Bad Debt	$8,829,309
Other Expenses	$47,733,173
Total Operating Expenses	$125,572,726
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,218,644
Net Non-operating Gains over Losses	$2,272,521
Total Net Gain over Loss	$3,491,165
6. Assets and Liabilities	
Total Assets	$158,800,582
Total Liabilities	$59,848,717

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$86,723,079	$60,356,863	$26,366,216
Medicaid	$12,101,521	$10,802,737	$1,298,784
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$136,319,347	$37,800,243	$98,519,104
Total	$235,143,947	$108,959,843	$126,184,104

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$37,613	$37,613	$0
Educational	$0	$1,500,000	($1,500,000)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	200
Number of Hospital Patients Educated in This Hospital	105,000
Number of Citizens Exposed to Hospital's Health Education Messages	215,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$2,777,368	($2,777,368)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Tracy Nagel
Telephone Number 317.776.7105

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	863	663
2. % of Salary	Salary Expenses divided by Total Expenses	37.8%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	70.2	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.9	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$4,652	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$19,585	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.8%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,818	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.9%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.0%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,777,368)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.0	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Rehabilitation Hospital of Indiana

Year: 2005 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$45,096,556
Outpatient Patient Service Revenue	$8,055,563
Total Gross Patient Service Revenue	$53,152,119
2. Deductions from Revenue	
Contractual Allowances	$18,246,853
Other Deductions	$1,034,465
Total Deductions	$19,281,318
3. Total Operating Revenue	
Net Patient Service Revenue	$33,870,800
Other Operating Revenue	$470,394
Total Operating Revenue	$34,341,194

4. Operating Expenses	
Salaries and Wages	$14,573,650
Employee Benefits and Taxes	$4,270,029
Depreciation and Amortization	$904,931
Interest Expenses	$573,952
Bad Debt	$688,579
Other Expenses	$11,044,752
Total Operating Expenses	$32,055,893
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,285,301
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$2,285,301
6. Assets and Liabilities	
Total Assets	$21,474,743
Total Liabilities	$21,474,743

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$28,544,799	$10,246,670	$18,298,129
Medicaid	$4,774,863	$2,508,549	$2,266,314
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$19,832,457	$6,526,099	$13,306,358

Total	$53,152,118	$19,281,318	$33,870,800

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$28,412	$15,441	$12,971
Educational	$38,299	$288,472	($250,173)
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	8
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	154

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	**Community Served**	Serving Marion county and contiguous counties of Boone, Hamilton, Hancock, Hendricks, Johnson Morgan and Shelby

Hospital Mission Statement

"Dedicated to assisting individuals in achieving their highest potential. Involved in community education, and prevention programs, support advocacy organizations, committed to charity care, and encourage participation in professional organization."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	37	27
Charity Care Allocation	($24,555)	($457,834)	($249,416)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Stroke Survivor Plus	($780)
Stroke Caregiver Support Group	($780)
Brain Injury Support Group	($544)
Subtotal	($2,104)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($898,639)
2. Community Health Education	($200)
3. Community Programs and Services	($342,850)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($1,241,689)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Dennis Gish
Telephone Number: 317.329.2106
Web Address Information: www.rhin.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	288	145
2. % of Salary	Salary Expenses divided by Total Expenses	45.5%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	65.9	40.7

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	13.6	12.7
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	NR	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$25,464	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	15.2%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NR	$1,408
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	53.7%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.1%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($149,650)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.7	9.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital (Voluntary Submission)

Hospital: West Central Community Hospital

Year: 2005 City: Clinton Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$12,492,885
Outpatient Patient Service Revenue	$26,645,852
Total Gross Patient Service Revenue	$39,138,737
2. Deductions from Revenue	
Contractual Allowances	$18,771,008
Other Deductions	$1,044,083
Total Deductions	$19,815,091
3. Total Operating Revenue	
Net Patient Service Revenue	$19,323,646
Other Operating Revenue	$416,942
Total Operating Revenue	$19,740,588

4. Operating Expenses	
Salaries and Wages	$7,497,586
Employee Benefits and Taxes	$1,794,515
Depreciation and Amortization	$353,816
Interest Expenses	$0
Bad Debt	$1,824,224
Other Expenses	$7,598,484
Total Operating Expenses	$9,068,625
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$652,977
Net Non-operating Gains over Losses	$18,986
Total Net Gain over Loss	$671,963
6. Assets and Liabilities	
Total Assets	NR
Total Liabilities	NR

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$16,322,864	$9,391,647	$6,931,217
Medicaid	$5,652,077	$4,675,817	$976,260
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$17,163,796	$5,747,627	$11,416,169

Total	$39,138,737	$19,815,091	$19,323,646

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$1,542	($1,542)
Educational	$0	$310,779	($310,779)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	20,049
Number of Hospital Patients Educated in This Hospital	55,078
Number of Citizens Exposed to Health Education Message	190

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vermillion	**Community Served**	Parke and Vermillion Counties

Hospital Mission Statement

"Union Hospitalils a nonprofit regional medical center whose primary mission is to be serve defined community needs through the provision of a comprehensive range of quality cost effective health services. "

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	No

Community Education	Yes	Clinic Support	No	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($288,406)	($405,246)	($483,755)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Community Education	($501)
Education of Patients	($179,756)
Subtotal	($180,257)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($6,827,850)
2. Community Health Education	($501)
3. Community Programs and Services	$0
4. Other Unreimbursed Costs	($9,283)
5. Total Cost of Providing Community Benefits	($6,837,634)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Jane Crane
Telephone Number: 812.238.7000
Web Address Information: www.uhhg.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	166	257
2. % of Salary	Salary Expenses divided by Total Expenses	39.3%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	9.1	18.4

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.5	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,822	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$9,566	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.1%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,139	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.7%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.6%	42.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($471,748)	($561,5780
`	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.3	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Daviess Community Hospital

Year: 2005 City: Washington Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$27,814,337
Outpatient Patient Service Revenue	$45,147,413
Total Gross Patient Service Revenue	$73,961,750
2. Deductions from Revenue	
Contractual Allowances	$24,595,188
Other Deductions	$56,964,301
Total Deductions	$30,559,489
3. Total Operating Revenue	
Net Patient Service Revenue	$42,402,260
Other Operating Revenue	$994,114
Total Operating Revenue	$43,396,374

4. Operating Expenses	
Salaries and Wages	$17,458,830
Employee Benefits and Taxes	$3,701,695
Depreciation and Amortization	$2,705,484
Interest Expenses	$1,185,757
Bad Debt	$2,546,290
Other Expenses	$15,244,463
Total Operating Expenses	$42,844,519
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$551,855
Net Non-operating Gains over Losses	$972,026
Total Net Gain over Loss	$1,523,881
6. Assets and Liabilities	
Total Assets	$58,210,105
Total Liabilities	$24,924,680

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$35,484,749	$18,053,796	$17,430,953
Medicaid	$9,852,088	$6,017,782	$3,834,306
Other State	$0	$0	$0
Local Government	$444,608	$111,152	$333,456
Commercial Insurance	$27,180,305	$6,376,759	$20,803,546
Total	$72,961,750	$30,559,489	$42,402,261

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$2,539,865	$4,039,876	($1,500,011)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Chad Higgins
Telephone Number 812.254.2760

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	423	663
2. % of Salary	Salary Expenses divided by Total Expenses	40.7%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	31.9	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$10,068	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$8,884	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.9%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$553	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.6%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.9%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($349,710)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.3	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Fayette Memorial Hospital Association

Year: 2005 City: Connersville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$30,917,402
Outpatient Patient Service Revenue	$62,304,669
Total Gross Patient Service Revenue	$93,222,071
2. Deductions from Revenue	
Contractual Allowances	$40,728,369
Other Deductions	$0
Total Deductions	$40,728,369
3. Total Operating Revenue	
Net Patient Service Revenue	$52,492,702
Other Operating Revenue	$1,623,967
Total Operating Revenue	$54,116,669

4. Operating Expenses	
Salaries and Wages	$24,182,163
Employee Benefits and Taxes	$6,146,059
Depreciation and Amortization	$3,674,160
Interest Expenses	$1,412,254
Bad Debt	$3,611,543
Other Expenses	$14,606,298
Total Operating Expenses	$53,63.2,477
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$484,193
Net Non-operating Gains over Losses	$2,177,719
Total Net Gain over Loss	$2,661,912
6. Assets and Liabilities	
Total Assets	$61,814,110
Total Liabilities	$28,571,503

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$38,474,288	$27,479,532	$10,994,004
Medicaid	$13,190,085	$11,664,081	$1,546,004
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$31,748,490	$1,645,339	$30,103,151

Total	$83,412,863	$40,768,952	$42,643,911

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$3,646	$0	$3,646
Educational	$147,046	$234,970	($111,028)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Fayette	**Community Served**	Fayette County

Hospital Mission Statement

"Fayette Memorial Hospital is a community directed nonprofit organization committed to provide primary access to a continuum of quality cost effective health care services offered by the hospital physicians and other health care providers."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	No

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	91	91	NR
Charity Care Allocation	($333,734)	($594,836)	($192,510)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
No programs specified	$0

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($18,402,968)
2. Community Health Education	($111,552)

3. Community Programs and Services	$0
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($18,414,520)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:
Hospital Representative: Patsy Moore
Telephone Number: 765.827.7952
Web Address Information: www.fayettememorial.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	539	663
2. % of Salary	Salary Expenses divided by Total Expenses	45.1%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	43.8	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.9	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,080	$4,204

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,258	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	66.8%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,061	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.3%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.7%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($192,510)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.9	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Schneck Medical Center

Year: 2005 City: Seymour Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$41,445,651
Outpatient Patient Service Revenue	$93,827,143
Total Gross Patient Service Revenue	$135,272,794
2. Deductions from Revenue	
Contractual Allowances	$60,710,931
Other Deductions	$1,498,129
Total Deductions	$62,209,060
3. Total Operating Revenue	
Net Patient Service Revenue	$73,063,734
Other Operating Revenue	$963,967
Total Operating Revenue	$74,027,701

4. Operating Expenses	
Salaries and Wages	$26,953,037
Employee Benefits and Taxes	$8,160,666
Depreciation and Amortization	$3,709,981
Interest Expenses	$1,302,573
Bad Debt	$7,401,120
Other Expenses	$20,149,962
Total Operating Expenses	$67,677,339
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$6,350,362
Net Non-operating Gains over Losses	$3,735,498
Total Net Gain over Loss	$10,085,860
6. Assets and Liabilities	
Total Assets	$132,105,980
Total Liabilities	$31,327,839

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$50,921,083	$33,371,022	$17,550,041
Medicaid	$12,991,065	$9,661,397	$3,329,668
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$71,360,666	$19,176,641	$52,184,025
Total	$135,272,794	$62,209,060	$73,063,734

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$165,744	$29,720	$136,024
Educational	$85,608	$87,281	($1,673)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	4,212
Number of Citizens Exposed to Hospital's Health Education Messages	288,529

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$18,589,677	$20,544,781	($1,955,104)
Community Benefits	$7,573,492	$9,007,829	($1,434,337)

For further information on this report, please contact:

Hospital Representative Shawna Shinkle
Telephone Number 812.522.2349

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	585	663
2. % of Salary	Salary Expenses divided by Total Expenses	39.8%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	41.6	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$13,767	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,259	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.4%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$831	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.6%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	10.9%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($590,113)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.6	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Greene County General Hospital

Year: 2005 City: Linton Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$9,749,463
Outpatient Patient Service Revenue	$22,348,339
Total Gross Patient Service Revenue	$32,097,802
2. Deductions from Revenue	
Contractual Allowances	$10,442,976
Other Deductions	$0
Total Deductions	$10,442,976
3. Total Operating Revenue	
Net Patient Service Revenue	$21,654,826
Other Operating Revenue	$250,978
Total Operating Revenue	$21,905,804

4. Operating Expenses	
Salaries and Wages	$8,263,931
Employee Benefits and Taxes	$2,484,412
Depreciation and Amortization	$565,598
Interest Expenses	$0
Bad Debt	$2,632,297
Other Expenses	$7,553,252
Total Operating Expenses	$21,449,490
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$404,314
Net Non-operating Gains over Losses	$34,529
Total Net Gain over Loss	$443,843
6. Assets and Liabilities	
Total Assets	$15,648,382
Total Liabilities	$934,187

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$16,610,991	$4,279,576	$12,331,415
Medicaid	$3,851,736	$3,719,209	$132,527
Other State	$0	$0	$0
Local Government	$802,445	$18,158	$784,287
Commercial Insurance	$10,832,630	$2,426,033	$8,406,597
Total	$32,097,802	$10,442,976	$21,654,826

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$19,120	($19,120)
Research	$0	$11,051	($11,051)
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	45
Number of Hospital Patients Educated in This Hospital	136
Number of Citizens Exposed to Hospital's Health Education Messages	2,815

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$8,409,011	($8,409,011)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Tim Norris

Telephone Number 812.847.2281

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	210	257
2. % of Salary	Salary Expenses divided by Total Expenses	38.5%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	15.3	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.3	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$1,150	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$4,098	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.6%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$612	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.8%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	12.3%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($392,068)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.9	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Dukes Memorial Hospital

Year: 2005 City: Peru Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$16,322,574
Outpatient Patient Service Revenue	$43,389,221
Total Gross Patient Service Revenue	$59,721,795
2. Deductions from Revenue	
Contractual Allowances	$26,946,011
Other Deductions	$991,000
Total Deductions	$27,937,011
3. Total Operating Revenue	
Net Patient Service Revenue	$31,774,784
Other Operating Revenue	$499,496
Total Operating Revenue	$32,274,280

4. Operating Expenses	
Salaries and Wages	$16,587,094
Employee Benefits and Taxes	$3,266,712
Depreciation and Amortization	$1,887,723
Interest Expenses	$951,158
Bad Debt	$980,797
Other Expenses	$10,926,777
Total Operating Expenses	$34,600,261
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($2,325,981)
Net Non-operating Gains over Losses	($1,010,361)
Total Net Gain over Loss	($3,336,342)
6. Assets and Liabilities	
Total Assets	$25,892,451
Total Liabilities	$25,892,451

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$21,068,838	$10,870,741	$10,198,097
Medicaid	$2,285,442	$2,205,489	$79,953
Other State	$0	$0	$0
Local Government	$1,376,041	$437,367	$938,674
Commercial Insurance	$34,981,474	$14,423,414	$20,558,060
Total	$59,711,795	$27,937,011	$31,774,784

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$11,117,186	$12,564,641	($1,447,455)
Community Benefits	$0	$307,967	($307,967)

For further information on this report, please contact:

Hospital Representative Norma Poor
Telephone Number 765.472.8000

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	349	257
2. % of Salary	Salary Expenses divided by Total Expenses	47.9%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	13.8	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$1,599	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,364	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	72.7%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,006	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	35.3%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.8%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($991,000)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-7.2	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: King's Daughters' Hospital and Health Service

Year: 2005 City: Madison Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$54,229,219
Outpatient Patient Service Revenue	$89,178,065
Total Gross Patient Service Revenue	$143,407,284
2. Deductions from Revenue	
Contractual Allowances	$64,085,704
Other Deductions	$2,088,168
Total Deductions	$66,173,872
3. Total Operating Revenue	
Net Patient Service Revenue	$77,233,412
Other Operating Revenue	$576,221
Total Operating Revenue	$77,809,633

4. Operating Expenses	
Salaries and Wages	$25,546,904
Employee Benefits and Taxes	$6,715,799
Depreciation and Amortization	$3,208,845
Interest Expenses	$469,288
Bad Debt	$5,498,243
Other Expenses	$18,633,852
Total Operating Expenses	$60,072,932
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$17,736,701
Net Non-operating Gains over Losses	$1,559,326
Total Net Gain over Loss	$19,296,027
6. Assets and Liabilities	
Total Assets	$104,013,400
Total Liabilities	$104,013,400

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$56,982,698	$42,622,609	$24,360,089
Medicaid	$14,888,184	$14,081,914	$806,270
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$61,536,402	$7,381,181	$54,155,221

Total	$143,407,284	$64,085,704	$79,321,580

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$322,593	($322,593)
Educational	$60,223	$374,875	($314,652)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	10
Number of Hospital Patients Educated in This Hospital	752
Number of Citizens Exposed to Health Education Message	3,125

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Jefferson	**Community Served**	Jefferson County

Hospital Mission Statement

"Provide excellence in healthcare through the identification and continuous improvement of services that meets needs and expectations of our patients, physicians, payers, employees, and the communities we serve."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	180	397	703
Charity Care Allocation	($928,165)	($1,694,753)	($2,088,168)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Community Education and Outreach	($179,446)
Community Health Screening	($21,499)
Donations of Time and Money	($322,593)
Patient Education	($23,417)
Subtotal	($548,955)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($14,174,500)
2. Community Health Education	($179,446)
3. Community Programs and Services	($21,499)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($14,375,445)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Najda Boone
Telephone Number: 812.265.0126
Web Address Information:www.kingsdaughterhospital.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	883	663
2. % of Salary	Salary Expenses divided by Total Expenses	42.5%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	45.5%	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,044	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$12,808	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.2%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$732	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.7%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.2%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($978,457)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	22.8	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Perry County Memorial Hospital

Year: 2005 City: Tell City Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$14,576,969
Outpatient Patient Service Revenue	$28,411,670
Total Gross Patient Service Revenue	$42,988,639
2. Deductions from Revenue	
Contractual Allowances	$18,792,046
Other Deductions	$454,823
Total Deductions	$19,246,869
3. Total Operating Revenue	
Net Patient Service Revenue	$23,741,770
Other Operating Revenue	$341,868
Total Operating Revenue	$24,083,638

4. Operating Expenses	
Salaries and Wages	$7,337,243
Employee Benefits and Taxes	$2,689,538
Depreciation and Amortization	$1,048,241
Interest Expenses	$130,366
Bad Debt	$1,878,390
Other Expenses	$8,946,421
Total Operating Expenses	$22,030,199
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,053,439
Net Non-operating Gains over Losses	($203,413)
Total Net Gain over Loss	$1,850,025
6. Assets and Liabilities	
Total Assets	$28,420,569
Total Liabilities	$6,425,261

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$20,824,516	$11,043,672	$9,780,844
Medicaid	$5,137,633	$4,333,346	$804,287
Other State	$740,370	$509,292	$231,078
Local Government	$385,666	$252,904	$132,762
Commercial Insurance	$15,900,454	$3,107,655	$12,792,799
Total	$42,988,639	$19,246,869	$23,741,770

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$17,500	$0	$17,500
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	41,205
Number of Citizens Exposed to Hospital's Health Education Messages	6,225

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$223,815	($223,815)
Community Benefits	$0	$34,779	($34,779)

For further information on this report, please contact:

Hospital Representative Kathy Clayton
Telephone Number 812.547.7011

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	230	257
2. % of Salary	Salary Expenses divided by Total Expenses	33.3%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	14.3	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$1,644	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,346	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	66.1%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,382	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.4%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	8.5%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($180,673)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.5	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Bloomington Hospital of Orange County

Year: 2005 City: Paoli Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$4,904,451
Outpatient Patient Service Revenue	$28,028,950
Total Gross Patient Service Revenue	$32,933,401
2. Deductions from Revenue	
Contractual Allowances	$14,073,303
Other Deductions	$327,655
Total Deductions	$14,400,958
3. Total Operating Revenue	
Net Patient Service Revenue	$18,532,443
Other Operating Revenue	$801,273
Total Operating Revenue	$19,333,716

4. Operating Expenses	
Salaries and Wages	$7,958,413
Employee Benefits and Taxes	$1,730,652
Depreciation and Amortization	$550,669
Interest Expenses	$61,258
Bad Debt	$2,649,952
Other Expenses	$5,011,733
Total Operating Expenses	$17,962,677
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,370,039
Net Non-operating Gains over Losses	($3,132)
Total Net Gain over Loss	$1,367,907
6. Assets and Liabilities	
Total Assets	$9,985,673
Total Liabilities	$4,000,578

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$13,448,944	$6,586,031	$6,862,913
Medicaid	$6,172,318	$5,388,621	$783,697
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$13,312,139	$2,426,306	$10,855,833

Total	$32,933,401	$14,400,958	$18,532,443

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$21,958	$29,596	($7,638)
Educational	$13,883	$213,200	($199,317)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	338
Number of Hospital Patients Educated in This Hospital	701
Number of Citizens Exposed to Health Education Message	12,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Orange	**Community Served**	Orange and Owen Counties

Hospital Mission Statement

"Will take a leadership role in developing and providing appropriate high quality accessible cost effective4 focused health services to improve the health status of those we serve and become a provider of choice of Orange County."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	No	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($212,980)	($180,577)	($327,655)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Community Programs	($36,975)
Worksite Programs	($7,795)
School Programs	($359,888)
Subtotal	($406,658)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($1,544,953)
2. Community Health Education	($53,365)
3. Community Programs and Services	($453,428)
4. Other Unreimbursed Costs	($6,975)
5. Total Cost of Providing Community Benefits	($2,058,721)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Judy Detweiler
Telephone Number: 812.723.7445
Web Address Information:www.bloomingtonhospital.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	176	257
2. % of Salary	Salary Expenses divided by Total Expenses	44.3%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	60.4	18.4

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	31.7	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,666	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$7,047	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	85.1%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,021	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.8%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	14.8%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($203,957)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.1	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Memorial Hospital of Logansport

Year: 2005 City: Logansport Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$32,453,995
Outpatient Patient Service Revenue	$60,474,238
Total Gross Patient Service Revenue	$92,928,233
2. Deductions from Revenue	
Contractual Allowances	$47,770,510
Other Deductions	$517,189
Total Deductions	$49,287,699
3. Total Operating Revenue	
Net Patient Service Revenue	$43,640,534
Other Operating Revenue	$1,638,171
Total Operating Revenue	$45,278,705

4. Operating Expenses	
Salaries and Wages	$17,845,375
Employee Benefits and Taxes	$5,362,876
Depreciation and Amortization	$3,053,521
Interest Expenses	$260,913
Bad Debt	$3,156,685
Other Expenses	$14,967,363
Total Operating Expenses	$44,646,733
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$631,972
Net Non-operating Gains over Losses	$332,760
Total Net Gain over Loss	$964,732
6. Assets and Liabilities	
Total Assets	$68,998,037
Total Liabilities	$68,998,037

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$38,091,383	$26,322,035	$11,769,348
Medicaid	$11,116,463	$9,697,079	$1,419,384
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$43,720,387	$12,751,396	$30,968,991
Total	$92,926,233	$48,770,510	$44,157,723

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$94,632	($94,632)
Educational	$0	$207,357	($207,357)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	98
Number of Hospital Patients Educated in This Hospital	76,637
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits			
Category	**Estimated Incoming Revenue**	**Estimated Outgoing Expenses**	**Unreimbursed Costs by Hospital**
Charity	$11,986,538	$19,174,857	($7,188,319)
Community Benefits	$12,564	$61,127	($48,563)

For further information on this report, please contact:

Hospital Representative Sherri Gehlhausen
Telephone Number 574.763.7541

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	483	663
2. % of Salary	Salary Expenses divided by Total Expenses	40.0%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	21.0	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,454	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,247	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.1%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,219	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.0%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.1%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($617,260)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.4	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital Indiana East

Year: 2005 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$209,024,285
Outpatient Patient Service Revenue	$268,803,709
Total Gross Patient Service Revenue	$477,827,994
2. Deductions from Revenue	
Contractual Allowances	$149,638,712
Other Deductions	$93,628,926
Total Deductions	$243,267,638
3. Total Operating Revenue	
Net Patient Service Revenue	$234,560,356
Other Operating Revenue	$43,966,944
Total Operating Revenue	$278,527,300

4. Operating Expenses	
Salaries and Wages	$92,211,287
Employee Benefits and Taxes	$13,929,992
Depreciation and Amortization	$14,161,117
Interest Expenses	$4,312,370
Bad Debt	$18,179,114
Other Expenses	$132,806,172
Total Operating Expenses	$275,600,052
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,927,248
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$2,927,248
6. Assets and Liabilities	
Total Assets	$519,892,460
Total Liabilities	$317,624,670

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$216,464,347	$143,451,960	$73,012,388
Medicaid	$48,196,175	$39,069,117	$9,127,057
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$213,167,472	$65,839,372	$147,328,100

Total	$477,827,994	$248,360,449	$229,467,545

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$44,625	$0	$44,625
Educational	$4,746,506	$8,384,417	($3,637,911)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	395
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	**Community Served**	Marion, Hamilton, Hancock, Johnson, Shelby and Morgan Counties

Hospital Mission Statement

"With caring and compassion, we continually strive to improve the health, and well being of those individuals in central Indiana who entrust their care to us. "

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	No
Community Education	No	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	12,717	NR	NR
Charity Care Allocation	($1,980,151)	($1,377,694)	($2,762,233)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All programs	($59,441,297)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($55,848,010)
2. Community Health Education	$0
3. Community Programs and Services	($59,441,297)

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($115,289,307)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Daniel Hodgkins
Telephone Number: 317.621.7636
Web Address Information: www.ecommunity.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,317	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	33.5%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	142.0	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,408	$3,731

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$20,188	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.3%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$2,454	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.3%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.6%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,762,233)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.1	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Bluffton Regional Medical Center

Year: 2005 City: Blutton Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$41,205,117
Outpatient Patient Service Revenue	$52,848,599
Total Gross Patient Service Revenue	$94,053,716
2. Deductions from Revenue	
Contractual Allowances	$50,933,749
Other Deductions	$655,046
Total Deductions	$51,588,795
3. Total Operating Revenue	
Net Patient Service Revenue	$42,464,921
Other Operating Revenue	$1,607,998
Total Operating Revenue	$44,072,919

4. Operating Expenses	
Salaries and Wages	$14.362.570
Employee Benefits and Taxes	$3,265,344
Depreciation and Amortization	$2,356,745
Interest Expenses	$1,192,656
Bad Debt	$2,691,827
Other Expenses	$19,381,285
Total Operating Expenses	$43,250,427
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$822,492
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$822,492
6. Assets and Liabilities	
Total Assets	$37,412,104
Total Liabilities	$41,126,467

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$45,420,677	$31,714,276	$13,706,401
Medicaid	$8,546,952	$7,460,773	$1,086,179
Other State	$0	$0	$0
Local Government	$760,824	$487,033	$273,791
Commercial Insurance	$39,325,263	$11,271,667	$28,353,596
Total	$94,053,716	$50,933,749	$43,119,967

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$86,051	($86,051)
Educational	$78,407	$579,216	($446,809)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	145
Number of Hospital Patients Educated in This Hospital	3,052
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$15,091,211	$24,671,400	($9,580,189)
Community Benefits	$0	$396,799	($396,799)

For further information on this report, please contact:

Hospital Representative Carol Chappell
Telephone Number 260.824.3210

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	348	663
2. % of Salary	Salary Expenses divided by Total Expenses	33.2%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	37.8	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.6	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,096	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,809	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.2%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$3,212	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.3%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.2%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($43,596)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.9	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Joseph Regional Medical Center Plymouth

Year: 2005 City: Plymouth Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$37,756,660
Outpatient Patient Service Revenue	$47,968,065
Total Gross Patient Service Revenue	$85,724,725
2. Deductions from Revenue	
Contractual Allowances	$41,990,995
Other Deductions	$2,805,572
Total Deductions	$44,796,567
3. Total Operating Revenue	
Net Patient Service Revenue	$40,928,158
Other Operating Revenue	$407,807
Total Operating Revenue	$41,325,965

4. Operating Expenses	
Salaries and Wages	$13,550,229
Employee Benefits and Taxes	$3,510,993
Depreciation and Amortization	$2,542,763
Interest Expenses	$279,741
Bad Debt	$2,617,186
Other Expenses	$16,306,314
Total Operating Expenses	$38,807,226
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,528,738
Net Non-operating Gains over Losses	$920,674
Total Net Gain over Loss	$3,449,413
6. Assets and Liabilities	
Total Assets	$40,465,536
Total Liabilities	$11,595,956

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$36,424,269	$24,380,639	$12,043,630
Medicaid	$8,230,875	$6,430,415	$1,800,460
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$41,069,584	$13,985,513	$27,084,068

Total	$85,724,725	$44,796,567	$40,928,158

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$6,152	$163,934	($157,779)
Educational	$36,528	$200,387	($163,859)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	30
Number of Hospital Patients Educated in This Hospital	2,480
Number of Citizens Exposed to Health Education Message	25,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marshall	**Community Served**	Marshall County

Hospital Mission Statement

"We serve together in Trinity Health in the spirit of the Gospel to head, body. Mind, and spirit to improve the health of our communities and to steward the resources entrusted to us."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2004

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	947	948	870
Charity Care Allocation	($888,803)	($957,456)	($1,131,233)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($281,262)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($5,153,696)
2. Community Health Education	($160,409)
3. Community Programs and Services	($281,262)

4. Other Unreimbursed Costs	($17,347)
5. Total Cost of Providing Community Benefits	($5,612,714)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Tracy Workman
Telephone Number: 574.247.8706
Web Address Information: www.sjmed.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	255	663
2. % of Salary	Salary Expenses divided by Total Expenses	34.9%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	23.7	59.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,924	$4,204

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$15,224	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.0%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$667	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.5%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.7%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,102,945)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.1	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Jasper County Hospital

Year: 2005 City: Rensselar Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$13,513,953
Outpatient Patient Service Revenue	$33,935,344
Total Gross Patient Service Revenue	$47,449,297
2. Deductions from Revenue	
Contractual Allowances	$21,141,317
Other Deductions	$0
Total Deductions	$21,141,317
3. Total Operating Revenue	
Net Patient Service Revenue	$26,307,980
Other Operating Revenue	$1,946,062
Total Operating Revenue	$28,254,042

4. Operating Expenses	
Salaries and Wages	$12,871,920
Employee Benefits and Taxes	$3,029,580
Depreciation and Amortization	$601,585
Interest Expenses	$50,306
Bad Debt	$2,068,204
Other Expenses	$9,235,844
Total Operating Expenses	$27,857,439
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$396,603
Net Non-operating Gains over Losses	$97,926
Total Net Gain over Loss	$494,529
6. Assets and Liabilities	
Total Assets	$15,141,212
Total Liabilities	$3,044,008

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$22,079,531	$10,288,776	$11,790,755
Medicaid	$5,271,162	$4,213,098	$1,058,064
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$20,098,604	$6,639,443	$13,459,161
Total	$47,449,297	$21,141,317	$26,307,980

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$15,000	$99,486	($84,486)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	436
Number of Hospital Patients Educated in This Hospital	1,429
Number of Citizens Exposed to Hospital's Health Education Messages	105

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$12,467,649	$12,671,043	($203,394)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Jeff Webb

Telephone Number 219..866.5141

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	452	257
2. % of Salary	Salary Expenses divided by Total Expenses	46.2%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	35.9	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,614	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$5,119	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	71.5%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$836	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.5%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.4%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($89,724)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.4	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Deaconess Hospital

Year: 2005 City: Evansville Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$407,595,254
Outpatient Patient Service Revenue	$311,986,546
Total Gross Patient Service Revenue	$719,581,800
2. Deductions from Revenue	
Contractual Allowances	$375,597,324
Other Deductions	$15,924,410
Total Deductions	$391,521,734
3. Total Operating Revenue	
Net Patient Service Revenue	$328,060,064
Other Operating Revenue	$15,265,898
Total Operating Revenue	$343,325,962

4. Operating Expenses	
Salaries and Wages	$122,594,322
Employee Benefits and Taxes	$35,020,350
Depreciation and Amortization	$18,397,926
Interest Expenses	$3,476,539
Bad Debt	$26,357,539
Other Expenses	$116,362,921
Total Operating Expenses	$321,209,229
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$22,116,733
Net Non-operating Gains over Losses	$7,017,653
Total Net Gain over Loss	$29,134,386
6. Assets and Liabilities	
Total Assets	$498,658,345
Total Liabilities	$211,978,257

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$350,704,714	$238,233,862	$112,480,852
Medicaid	$56,955,427	$44,120,130	$12,835,297
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$311,921,659	$109,177,742	$202,177,742

Total	$719,581,800	$391,060,066	$328,060,066

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$1,086,587	($1,086,587)
Educational	$18,540	$1,370,164	($1,351,624)
Research	$0	$0	$0
Bioterrorism Grant	$148,000	$148,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	1,022
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	34,933

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vanderburgh	**Community Served**	Residents of southwest Indiana, southeaster Illinois, and western Kentucky

Hospital Mission Statement

"Continue to provide to our patients medical care in a responsible cost effective manner. Provide a positive safe environment for our employees. Provide an environment conductive to the practice of medicine for our medical staff. "

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	3,719	6,337	9,571
Charity Care Allocation	($2,044,179)	($4,297,009)	($6,482,141)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Various Clinics	($534,036)
Physician Coverage Rural Areas	($344,510)
Family Practice	($837,111)
Resource Center	($269,909)
Other Programs	($373,105)
Subtotal	($2,358,671)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($53,840,844)
2. Community Health Education	($312,655)
3. Community Programs and Services	($2,354,671)
4. Other Unreimbursed Costs	($94,959)
5. Total Cost of Providing Community Benefits	($56,603,129)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Sam Rogers
Telephone Number: 812.450.3606
Web Address Information: www.deaconess.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	2,666	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	38.2%	36.6%

3. Average Daily Census	Patient Days divided by Annual Days (365 days)	236.2	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.9	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,274	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$23,294	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	43.4%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,139	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.7%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	8.2	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($6,989,371)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.4	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Hospital and Health Care

Year: 2005 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$760,554,779
Outpatient Patient Service Revenue	$438,137,068
Total Gross Patient Service Revenue	$1,198,691,847
2. Deductions from Revenue	
Contractual Allowances	$533,318,175
Other Deductions	$16,757,538
Total Deductions	$550,075,713
3. Total Operating Revenue	
Net Patient Service Revenue	$648,616,134
Other Operating Revenue	$21,337,667
Total Operating Revenue	$669,953,601

4. Operating Expenses	
Salaries and Wages	$236,763,458
Employee Benefits and Taxes	$66,850,622
Depreciation and Amortization	$24,855,846
Interest Expenses	$6,097,148
Bad Debt	$27,339,373
Other Expenses	$247,913,708
Total Operating Expenses	$609,820,155
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$60,133,646
Net Non-operating Gains over Losses	$19,177,547
Total Net Gain over Loss	$79,311,193
6. Assets and Liabilities	
Total Assets	$869,543,621
Total Liabilities	$278,809,092

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$427,113,000	$252,555,742	$174,557,258
Medicaid	$113,842,000	$104,981,504	$8,860,496
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$657,736,847	$192,538,467	$465,198,380
Total	$1,198,691,847	$550,075,713	$648,616,134

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$1,143,200	($1,143,200)
Educational	$3,107,970	$16,585,646	($13,477,676)
Research	$323,816	($78,392)	($402,208)
Bioterrorism Grant	$148,000	$148,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	111
Number of Hospital Patients Educated in This Hospital	574,365
Number of Citizens Exposed to Health Education Message	2,000,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	**Community Served**	Marion, Hamilton, and surrounding counties

Hospital Mission Statement

"To improve the health status of the individuals and the communities we serve with a special concern for the sick and poor."

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	439,665	2,893,982	236,250
Charity Care Allocation	($51,772,944)	($52,783,955)	($58,288,533)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($14,598,486)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($71,157,780)
2. Community Health Education	($350,000)
3. Community Programs and Services	($1,069,102)
4. Other Unreimbursed Costs	($2,917,632)
5. Total Cost of Providing Community Benefits	($75,494,514)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Marty Rugh
Telephone Number: 317.338.7370
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	4,418	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	38.8%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	419.9	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.5	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,459	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$27,415	$21,526

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	36.6%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,923	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	35.6%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.5%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($8,131,256)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.0	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of an Acute Care Hospital

(Voluntary submission in this format)

Hospital: Dearborn County Hospital (Voluntary)

Year: 2005 City: Lawrenceburg Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$48,411,798
Outpatient Patient Service Revenue	$67,122,980
Total Gross Patient Service Revenue	$115,534,778
2. Deductions from Revenue	
Contractual Allowances	$49,657,542
Other Deductions	$2,322,834
Total Deductions	$51,980,376
3. Total Operating Revenue	
Net Patient Service Revenue	$63,554,402
Other Operating Revenue	$1,583,044
Total Operating Revenue	$65,137,446

4. Operating Expenses	
Salaries and Wages	$25,707,753
Employee Benefits and Taxes	$7,845,643
Depreciation and Amortization	$3,499,129
Interest Expenses	$0
Bad Debt	$4,792,674
Other Expenses	$21,175,926
Total Operating Expenses	$63,021,125
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,116,321
Net Non-operating Gains over Losses	$1,207,388
Total Net Gain over Loss	$3,323,709
6. Assets and Liabilities	
Total Assets	$71,846,214
Total Liabilities	$5,149,261

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$50,998,264	$21,915,000	$21,082,686
Medicaid	$10,390,741	$7,444,985	$2,945,756
Other State	$2,232,600	$604,636	$1,627,964

Local Government	$0	$0	$0
Commercial Insurance	$51,913,174	$13,707,606	$38,205,568
Total	$115,534,778	$51,672,805	$63,861,974

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$103,130	$119,902	($16,772)
Educational	$8,310	$152,772	($144,492)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	59
Number of Hospital Patients Educated in This Hospital	42,272
Number of Citizens Exposed to Health Education Message	86,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Dearborn	**Community Served**	Southeast Indiana

Hospital Mission Statement

"To provide quality health care services and associated services to residents of southeastern Indiana and to adjacent counties in northern Kentucky and Southeastern Ohio."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	NR

Professional Education	Yes	Practitioner Education	No	Annual Statement	NR
Community Education	Yes	Clinic Support	No	Needs Assessment	NR

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	144	212	323
Charity Care Allocation	($79,944)	($128,454)	($139,637)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Hospital Health A Fair	($15,370)
Diabetes Classes	($44,879)
EMS Education	($10,123)
Outpatient Diet Instruction	($16,200
Subtotal	($86,572)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($6,384,798)
2. Community Health Education	($83,181)
3. Community Programs and Services	($17,282)
4. Other Unreimbursed Costs	($23,945)
5. Total Cost of Providing Community Benefits	($6,509,206)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Stephan Craig, RN
Telephone Number: 800.676.5572
Web Address Information: www.dch.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	610	663
2. % of Salary	Salary Expenses divided by Total Expenses	40.8%	37.1%

3. Average Daily Census	Patient Days divided by Annual Days (365 days)	47.6	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$10,802	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,434	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	58.1%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$489	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.1%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.6%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($139,637)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.2	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Saint John's Health System

Year: 2005 City: Anderson Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$110,703,321
Outpatient Patient Service Revenue	$171,227,487
Total Gross Patient Service Revenue	$281,930,808
2. Deductions from Revenue	
Contractual Allowances	$130,370,154
Other Deductions	$7,243,789
Total Deductions	$137,613,943
3. Total Operating Revenue	
Net Patient Service Revenue	$144,316,865
Other Operating Revenue	$6,356,598
Total Operating Revenue	$150,673,463

4. Operating Expenses	
Salaries and Wages	$63,695,322
Employee Benefits and Taxes	$14,580,200
Depreciation and Amortization	$6,680,472
Interest Expenses	$650,982
Bad Debt	$9,909,288
Other Expenses	$50,428,509
Total Operating Expenses	$145,944,773
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,728,690
Net Non-operating Gains over Losses	$161,438
Total Net Gain over Loss	$4,890,128
6. Assets and Liabilities	
Total Assets	$104,126,411
Total Liabilities	$30,749,905

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$130,619,394	$73,392,947	$57,226,447
Medicaid	$36,758,494	$26,300,570	$10,457,924
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$114,552,920	$37,920,425	$76,632,495

Total	$28,193,080	$137,613,943	$144,316,865

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$348,776	$507,339	($158,563)
Educational	$0	$150,933	($150,933)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	407
Number of Hospital Patients Educated in This Hospital	1,013
Number of Citizens Exposed to Health Education Message	4,665

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Madison	**Community Served**	Madison County

Hospital Mission Statement

"Saint John's Health System commits ourselves to serving all persons with special attention to those who are poor and vulnerable, and is dedicated to spiritual centered, holistic care."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	7,072	8,464	11,366
Charity Care Allocation	($8,411,771)	($10,330,909)	($13,546,332)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Donations to General Community	($124,299)
Children Clinic	($92,429)
Tumor Registry	($62,700)
Prescriptions for Indigent	($110,626)
Other Unreimbursed Costs	($248,837)
Subtotal	($638,891)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($26,994,026)
2. Community Health Education	($101,868)
3. Community Programs and Services	($425,258)
4. Other Unreimbursed Costs	($570,468)
5. Total Cost of Providing Community Benefits	($28,091,620)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Nick Theohares
Telephone Number: 317.388.7374
Web Address Information:www.stjohnshealthsystem.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,410	663
2. % of Salary	Salary Expenses divided by Total Expenses	436.6%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	113.5	59.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.3	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,921	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,260	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	60.7%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,260	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.3%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.8%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,495,228)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.1	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Ball Memorial Hospital

Year: 2005 City: Muncie Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$299,424,309
Outpatient Patient Service Revenue	$285,503,225
Total Gross Patient Service Revenue	$577,927,534
2. Deductions from Revenue	
Contractual Allowances	$311,119,449
Other Deductions	$12,518,316
Total Deductions	$323,637,765
3. Total Operating Revenue	
Net Patient Service Revenue	$254,289,769
Other Operating Revenue	$7,456,563
Total Operating Revenue	$261,746,332

4. Operating Expenses	
Salaries and Wages	$87,985,501
Employee Benefits and Taxes	$27,284,987
Depreciation and Amortization	$17,760,833
Interest Expenses	$1,360,222
Bad Debt	$17,892,090
Other Expenses	$106,486,147
Total Operating Expenses	$258,769,780
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$2,976,552
Net Non-operating Gains over Losses	$5,349,920
Total Net Gain over Loss	$8,326,472
6. Assets and Liabilities	
Total Assets	$290,031,889
Total Liabilities	$290,031,889

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$287,237,194	$105,638,068	$100,999,088
Medicaid	$70,309,565	$54,257,453	$16,052,112
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$220,380,775	$163,742,244	$137,238,569

Total	$577,927,534	$323,637,765	$254,289,769

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$24,895	($24,895)
Educational	$67,859	$4,294,746	($4,236,857)
Research	$45,093	$200,126	($155,033)
Bioterrorism Grant	$148,000	$148,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	2,597
Number of Hospital Patients Educated in This Hospital	6,685
Number of Citizens Exposed to Health Education Message	33,797

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Delaware	**Community Served**	Delaware County

Hospital Mission Statement

Cardinal Health System will promote wellness and improve the health status of the people of East Central Indiana and surrounding areas through patient care, health education and medical research."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1999

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	6,984	6,685	NR
Charity Care Allocation	($7,236,912)	($7,795,363)	($4,764,221)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($403,965)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($26,773,566)
2. Community Health Education	($480,870)

3. Community Programs and Services	($403,965)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($27,658,401)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Matt Cox
Telephone Number: 765.747.3058
Web Address Information: www.accesschs/org/ball_memorial_hospital

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,999	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	34.0%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	235.3	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.3	5.2

5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$4,045	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$18,154	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	49.4%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,695	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.7%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.9%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($4,764,221)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.1	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Margaret Mercy Healthcare South Campus

Year: 2005 City: Dyer Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$124,867,136
Outpatient Patient Service Revenue	$92,435,669
Total Gross Patient Service Revenue	$217,302,805
2. Deductions from Revenue	
Contractual Allowances	$115,357,223
Other Deductions	$5,010,063
Total Deductions	$120,367,286
3. Total Operating Revenue	
Net Patient Service Revenue	$96,935,519
Other Operating Revenue	$2,788,722
Total Operating Revenue	$99,724,241

4. Operating Expenses	
Salaries and Wages	$43,373,287
Employee Benefits and Taxes	$10,921,859
Depreciation and Amortization	$7,024,770
Interest Expenses	$1,671,308
Bad Debt	$2,697,726
Other Expenses	$34,550,899
Total Operating Expenses	$99,239,849
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$484,392
Net Non-operating Gains over Losses	$8,340
Total Net Gain over Loss	$492,732
6. Assets and Liabilities	
Total Assets	$58,519,372
Total Liabilities	$20,819,188

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$90,467,206	$54,280,324	$36,186,882
Medicaid	$30,955,236	$23,216,427	$7,738,809
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$95,880,363	$39,310,948	$56,569,415

Total	$217,302,805	$116,807,699	$100,945,106

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$129,063	$22,654	$106,409
Educational	$16,031	$776,935	($740,904)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	800
Number of Hospital Patients Educated in This Hospital	203,702
Number of Citizens Exposed to Health Education Message	490,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	**Community Served**	Lake County

Hospital Mission Statement

"Continuing Christ's Ministry in our Franciscan Tradition."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	No	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	No	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($4,241,032)	($6,697,684)	($5,010,063)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Community Education	($900,858)
Community Programs and Services	($361,910)
Subtotal	($1,262,768)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($13,819,817)
2. Community Health Education	($533,953)

3. Community Programs and Services	($681,431)
4. Other Unreimbursed Costs	($448,697)
5. Total Cost of Providing Community Benefits	($15,483,898)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Nancy Monak
Telephone Number: 219.932.2300
Web Address Information: www.smmhc.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	857	663
2. % of Salary	Salary Expenses divided by Total Expenses	43.7%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	102.9	59.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	7.3	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,959	$4,204

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$24,124	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	42.5%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,492	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.6%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.7%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,833,348)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.5	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview Huntington Hospital

Year: 2005 City: Huntington Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$20,438,737
Outpatient Patient Service Revenue	$45,456,240
Total Gross Patient Service Revenue	$65,894,977
2. Deductions from Revenue	
Contractual Allowances	$25,936,961
Other Deductions	$1,555,882
Total Deductions	$27,492,843
3. Total Operating Revenue	
Net Patient Service Revenue	$38,402,135
Other Operating Revenue	$1,298,054
Total Operating Revenue	$39,700,189

4. Operating Expenses	
Salaries and Wages	$12,197,091
Employee Benefits and Taxes	$3,413,383
Depreciation and Amortization	$863,567
Interest Expenses	$10,019
Bad Debt	$3,878,197
Other Expenses	$12,839,999
Total Operating Expenses	$33,202,256
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$6,497,933
Net Non-operating Gains over Losses	$534,373
Total Net Gain over Loss	$7,032,306
6. Assets and Liabilities	
Total Assets	$25,686,705
Total Liabilities	$25,686,705

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$23,924,484	$15,672,428	$8,252,056
Medicaid	$9,846,101	$6,626,823	$3,219,278
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$32,124,392	$3,637,710	$28,486,682

Total	$65,894,977	$25,926,961	$39,958,016

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$207,885	($207,885)
Educational	$35,111	$373,356	($338,245)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	45,052
Number of Citizens Exposed to Health Education Message	106,404

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Huntington	**Community Served**	Huntington County

Hospital Mission Statement

"Parkview Health System will provide quality health services to all who entrust their care to use and wewill work ti improve the health of our communities."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	No	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	708	814	701
Charity Care Allocation	($274,804)	($421,343)	($508,980)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Kids for Kampus Nurse	($54,120)
Huntington University Nursing Program	($100,000)
Athletic Training	($43,422)
Automated External Defib	($314,088)
Subtotal	($546,130)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($3,403,652)
2. Community Health Education	($338,245)
3. Community Programs and Services	$0
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($3,741,897)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Greg Schneph
Telephone Number: 260.355.3303
Web Address Information: www.Parkview.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	267	663
2. % of Salary	Salary Expenses divided by Total Expenses	36.7%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	16.0	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,649	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,618	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.0%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$975	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.3%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	11.7%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($508,980)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	16.4	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Rush Memorial Hospital

Year: 2005 City: Rushville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$5,479,563
Outpatient Patient Service Revenue	$24,335,162
Total Gross Patient Service Revenue	$29,814,725
2. Deductions from Revenue	
Contractual Allowances	$12,233,041
Other Deductions	$224,255
Total Deductions	$12,457,296
3. Total Operating Revenue	
Net Patient Service Revenue	$17,357,429
Other Operating Revenue	$372,562
Total Operating Revenue	$17,729,991

4. Operating Expenses	
Salaries and Wages	$7,370,377
Employee Benefits and Taxes	$1,930,280
Depreciation and Amortization	$911,177
Interest Expenses	$79,848
Bad Debt	$2,044,277
Other Expenses	$5,537,251
Total Operating Expenses	$17,873,210
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($143,220)
Net Non-operating Gains over Losses	$304,558
Total Net Gain over Loss	$161,338
6. Assets and Liabilities	
Total Assets	$12,468,036
Total Liabilities	$4,436,806

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$12,861,170	$5,197,144	$6,664,026
Medicaid	$3,150,145	$3,026,910	$123,235
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$13,803,410	$3,008,986	$10,794,424
Total	$29,814,725	$12,233,040	$17,581,685

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$194,410	($194,410)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Stephanie Amos
Telephone Number 765.932.4111

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	183	257
2. % of Salary	Salary Expenses divided by Total Expenses	41.2%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	10.8	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$1,807	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$4,566	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	81.6%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$804	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.1%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	11.4%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($194,410)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.8	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Mercy Hospital

Year: 2005 City: Elwood Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$8,485,780
Outpatient Patient Service Revenue	$35,069,883
Total Gross Patient Service Revenue	$43,585,663
2. Deductions from Revenue	
Contractual Allowances	$15,896,423
Other Deductions	$1,325,125
Total Deductions	$17,221,545
3. Total Operating Revenue	
Net Patient Service Revenue	$26,334,115
Other Operating Revenue	$476,117
Total Operating Revenue	$26,810,232

4. Operating Expenses	
Salaries and Wages	$10,891,183
Employee Benefits and Taxes	$2,731,641
Depreciation and Amortization	$947,783
Interest Expenses	$569,492
Bad Debt	$2,118,801
Other Expenses	$8,174,359
Total Operating Expenses	$25,433,259
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,376,973
Net Non-operating Gains over Losses	$17,129
Total Net Gain over Loss	$1,934,102
6. Assets and Liabilities	
Total Assets	$23,473,442
Total Liabilities	$18,281,702

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$18,204,882	$7,780,272	$10,424,610
Medicaid	$4,112,943	$3,400,021	$712,922
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$21,237,838	$6,041,255	$15,196,583

Total	$43,555,663	$17,221,548	$26,334,115

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$101,486	$32,983	$68,503
Educational	$0	$81,878	($81,878)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	49,238
Number of Citizens Exposed to Health Education Message	50,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Madison	**Community Served**	Madison County

Hospital Mission Statement

"To improve the health status of the individuals and the communities we serve with a special concern for the sick and poor."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	No	Clinic Support	Yes	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	49,000	50,000	50,000
Charity Care Allocation	($1,961,645)	($812,326)	($891,237)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Community Toy Drive	($1,734)
Medication Assistance Program	($30,085)
Community Access Program	($32,951)
Transportation Program	($5,862)
Subtotal	($70,632)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($2,157,933)
2. Community Health Education	($81,878)
3. Community Programs and Services	($183,737)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($2,423,548)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Ryan Long
Telephone Number: 765.552.4600
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	214	663
2. % of Salary	Salary Expenses divided by Total Expenses	42.8%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	15.2	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.3	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,561	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$8,128	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	80.5%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$966	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.8%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	8.3%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($691,237)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.1	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Pulaski Memorial Hospital

Year: 2005 City: Winamac Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$8,550,391
Outpatient Patient Service Revenue	$19,927,453
Total Gross Patient Service Revenue	$28,477,844
2. Deductions from Revenue	
Contractual Allowances	$10,767,982
Other Deductions	$69,472
Total Deductions	$10,837,454
3. Total Operating Revenue	
Net Patient Service Revenue	$17,640,390
Other Operating Revenue	$900,970
Total Operating Revenue	$18,541,360

4. Operating Expenses	
Salaries and Wages	$8,241,090
Employee Benefits and Taxes	$4,208,951
Depreciation and Amortization	$1,002,037
Interest Expenses	$63,814
Bad Debt	$792,594
Other Expenses	$5,288,743
Total Operating Expenses	$19,597,229
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($1,055,869)
Net Non-operating Gains over Losses	$223,554
Total Net Gain over Loss	($832,315)
6. Assets and Liabilities	
Total Assets	$12,601,937
Total Liabilities	$3,608,518

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$13,478,877	$6,146,040	$7,332,837
Medicaid	$2,598,096	$2,171,495	$426,601
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$12,400,871	$2,519,919	$9,880,952
Total	$28,477,844	$10,837,454	$17,640,390

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$2,807	$0	$2,807
Educational	$0	$125,604	($125,604)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$7,618,727	$11,111,290	($3,492,563)
Community Benefits	$7,763	$15,851	($8,088)

For further information on this report, please contact:

Hospital Representative Rana Berkshire
Telephone Number 574.946.2160

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	206	257
2. % of Salary	Salary Expenses divided by Total Expenses	42.1%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	9.2	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,197	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$7,634	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	70.0%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,037	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.3%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.0%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($47,808)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-5.7	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview LaGrange Hospital

Year: 2005 City: LaGrange Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$6,392,772
Outpatient Patient Service Revenue	$13,611,594
Total Gross Patient Service Revenue	$20,004,366
2. Deductions from Revenue	
Contractual Allowances	$6,764,022
Other Deductions	$1,044,216
Total Deductions	$7,808,238
3. Total Operating Revenue	
Net Patient Service Revenue	$12,196,128
Other Operating Revenue	$225,769
Total Operating Revenue	$12,421,897

4. Operating Expenses	
Salaries and Wages	$4,626,835
Employee Benefits and Taxes	$1,281,365
Depreciation and Amortization	$452,576
Interest Expenses	$99,229
Bad Debt	$1,024,464
Other Expenses	$3,838,936
Total Operating Expenses	$11,323,405
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,098,492
Net Non-operating Gains over Losses	($198,460)
Total Net Gain over Loss	$900,032
6. Assets and Liabilities	
Total Assets	$12,238,193
Total Liabilities	$12,238,193

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$7,272,316	$3,428,043	$3,844,273
Medicaid	$1,686,026	$1,412,997	$273,029
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$11,046,024	$1,922,982	$9,123,042

Total	$20,004,366	$6,764,022	$13,240,344

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$7,936	($7,936)
Educational	$0	$3,393	($3,393)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	14,193
Number of Citizens Exposed to Health Education Message	1,245

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	LaGrange	**Community Served**	LaGrange county and communities in nearby Elkhart, Noble, Steuben, and Cass St Joseph and Branch counties in Michigan

Hospital Mission Statement

"Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	2003

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	0	0	63
Charity Care Allocation	$0	$0	($228,458)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Shipshewana Breast Cancer Program	($1,162)
LaGrange Co Senior Health Fair	($1,000)
Donation to Council on Aging	($5,000)
Topeka Child Safety Initiative	($1,367)
All Other Initiatives	($6,484)
Subtotal	($15,013)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($842,852)
2. Community Health Education	($33,963)
3. Community Programs and Services	($3,082)
4. Other Unreimbursed Costs	($602)
5. Total Cost of Providing Community Benefits	($849,929)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Ann Kadosj
Telephone Number: 260.463.2143
Web Address Information: www.Parkview.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	164	257
2. % of Salary	Salary Expenses divided by Total Expenses	40.9%	39.8%

3. Average Daily Census	Patient Days divided by Annual Days (365 days)	9.4	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,457	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$7,892	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.0%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,004	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.4%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.0%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($228,458)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.8	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Major Hospital

Year: 2005 City: Shelbyville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$33,655,670
Outpatient Patient Service Revenue	$62,320,536
Total Gross Patient Service Revenue	$95,976,206
2. Deductions from Revenue	
Contractual Allowances	$39,801,233
Other Deductions	$2,057,716
Total Deductions	$41,858,949
3. Total Operating Revenue	
Net Patient Service Revenue	$54,117,257
Other Operating Revenue	$1,283,484
Total Operating Revenue	$55,400,741

4. Operating Expenses	
Salaries and Wages	$21,445,314
Employee Benefits and Taxes	$4,786,987
Depreciation and Amortization	$4,359,554
Interest Expenses	$1,115,390
Bad Debt	$4,286,860
Other Expenses	$19,803,661
Total Operating Expenses	$55,797,766
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($397,025)
Net Non-operating Gains over Losses	$817,077
Total Net Gain over Loss	$420,052
6. Assets and Liabilities	
Total Assets	$90,458,465
Total Liabilities	$90,458,465

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$40,652,481	$23,887,208	$645,397
Medicaid	$12,754,002	$10,097,542	$228,515
Other State	$852,745	$321,352	$531,393
Local Government	$0	$0	$0
Commercial Insurance	$41,716,978	$5,495,131	$54,769,668
Total	$95,976,206	$39,801,233	$56,174,973

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$244,828	$212,119	$32,709
Educational	$32,107	$322,759	($290,652)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	3,600
Number of Citizens Exposed to Hospital's Health Education Messages	15,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$19,332,274	$32,566,708	($13,234,434)
Community Benefits	$0	$455,282	($455,282)

For further information on this report, please contact:

Hospital Representative Jack McCauley
Telephone Number 317.392.3211

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	448	663
2. % of Salary	Salary Expenses divided by Total Expenses	38.4%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	31.3	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,406	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,892	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.9%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,419	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.4%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.7%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($609,554)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.7	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Washington County Memorial Hospital

Year: 2005 City: Salem Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$6,146,000
Outpatient Patient Service Revenue	$27,284,000
Total Gross Patient Service Revenue	$33,430,000
2. Deductions from Revenue	
Contractual Allowances	$15,187,126
Other Deductions	$111,874
Total Deductions	$15,299,000
3. Total Operating Revenue	
Net Patient Service Revenue	$18,131,000
Other Operating Revenue	$0
Total Operating Revenue	$18,131,000

4. Operating Expenses	
Salaries and Wages	$7,601,518
Employee Benefits and Taxes	$1,289,193
Depreciation and Amortization	$725,082
Interest Expenses	$110,886
Bad Debt	$1,480,000
Other Expenses	$7,584,030
Total Operating Expenses	$18,790,709
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($659,709)
Net Non-operating Gains over Losses	$2,090,000
Total Net Gain over Loss	$1,430,291
6. Assets and Liabilities	
Total Assets	$21,450,000
Total Liabilities	$21,450,000

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$11,067,010	$6,402,335	$4,664,675
Medicaid	$5,264,525	$4,387,104	$877,421
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$17,098,465	$4,509,561	$12,588,904
Total	$33,430,000	$15,299,000	$18,131,000

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$270,000	$0	$270,000
Educational	$5,175	$399,894	($396,719)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	3,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$5,613,424	$23,366,659	($17,753,235)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Lisa D. Pickerill
Telephone Number 812.883.5881

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	172	257
2. % of Salary	Salary Expenses divided by Total Expenses	40.5%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	1300	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$711	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$4,688	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	81.6%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$843	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	33.1%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.9%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($4,994,018)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.6	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Mary's Medical Center

Year: 2005 City: Evansville Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$312,509,266
Outpatient Patient Service Revenue	$212,248,278
Total Gross Patient Service Revenue	$524,757,544
2. Deductions from Revenue	
Contractual Allowances	$233,252,434
Other Deductions	$14,220,832
Total Deductions	$247,473,266
3. Total Operating Revenue	
Net Patient Service Revenue	$277,284,278
Other Operating Revenue	$8,493,571
Total Operating Revenue	$285,777,849

4. Operating Expenses	
Salaries and Wages	$104,619,187
Employee Benefits and Taxes	$32,054,643
Depreciation and Amortization	$15,271,412
Interest Expenses	$5,375,415
Bad Debt	$15,782,663
Other Expenses	$100,726,135
Total Operating Expenses	$273,829,455
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$11,948,394
Net Non-operating Gains over Losses	$11,281,782
Total Net Gain over Loss	$23,229,782
6. Assets and Liabilities	
Total Assets	$421,106,878
Total Liabilities	$196,572,402

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$219,213,228	$139,417,269	$79,795,959
Medicaid	$33,542,075	$30,211,229	$3,330,846
Other State	$10,681,462	$9,629,762	$1,061,700
Local Government	$0	$0	$0
Commercial Insurance	$261,310,775	$51,630,200	$209,680,575

Total	$524,757,540	$230,888,460	$293,869,080

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$803,909	$0	$803,909
Educational	$2,021,737	$2,184,656	($162,919)
Research	$0	$0	$0
Bioterrorism Grant	$148,000	$148,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	17
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vanderburgh	**Community Served**	Vanderburgh and surrounding counties

Hospital Mission Statement

"Respect, quality services, simplicity. Advocacy for the poor and inventiveness to infinity."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	No	Clinic Support	No	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	9,423	11,954	14,647
Charity Care Allocation	($5,032,115)	($6,037,912)	($6,715,192)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Mobile Outreach Clinic	($117,249)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($9,668,268
2. Community Health Education	$0
3. Community Programs and Services	($2,436,247)
4. Other Unreimbursed Costs	$0

5. Total Cost of Providing Community Benefits	($12,104,615)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
Seton	($632,727)

For further information on these initiatives, contact:

Hospital Representative: Carol Meese
Telephone Number: 812.485.8592
Web Address Information: www.stmarys.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	2,081	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	38.2%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	233.3	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,093	$3,731

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,505	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	40.4%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,220	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.8%	38.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.8%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($6,715,192)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.2	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview Whitley Hospital

Year: 2005 City: Columbia City Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$18,771,371
Outpatient Patient Service Revenue	$36,074,613
Total Gross Patient Service Revenue	$54,845,984
2. Deductions from Revenue	
Contractual Allowances	$22,461,508
Other Deductions	$1,258,741
Total Deductions	$23,720,249
3. Total Operating Revenue	
Net Patient Service Revenue	$31,125,735
Other Operating Revenue	$1,432,426
Total Operating Revenue	$32,558,161

4. Operating Expenses	
Salaries and Wages	$11,613,003
Employee Benefits and Taxes	$3,251,837
Depreciation and Amortization	$1,361,584
Interest Expenses	$9,947
Bad Debt	$2,485,848
Other Expenses	$8,242,680
Total Operating Expenses	$26,984,899
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$5,573,261
Net Non-operating Gains over Losses	$960,384
Total Net Gain over Loss	$6,533,645
6. Assets and Liabilities	
Total Assets	$40,714,331
Total Liabilities	$1,125,446

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$23,560,845	$14,536,723	$9,024,122
Medicaid	$5,424,692	$4,331,023	$1,093,669
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$25,860,447	$3,593,762	$22,266,685

Total	$54,845,984	$22,461,508	$32,384,476

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$284,995	($284,995)
Educational	$840	$25,108	($24,266)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	123
Number of Hospital Patients Educated in This Hospital	49,772
Number of Citizens Exposed to Health Education Message	27,915

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Whitley	**Community Served**	Whitley County

Hospital Mission Statement

"Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	No	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	535	651	351
Charity Care Allocation	($199,360)	($276,373)	($424,865)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
YMCA Linvill Fitness Center	($171,788)
Medication Assistance	($28,911)
Health Ministries Outreach Program	($20,430)
Bed and Britches	($15,000)
All Other Initiatives	($517,850)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($3,875,134)
2. Community Health Education	($7,868)
3. Community Programs and Services	($46,008)
4. Other Unreimbursed Costs	($162,581)
5. Total Cost of Providing Community Benefits	($4,091,591)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Jim McAllister
Telephone Number: 260.248.9000
Web Address Information: www.Parkview.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	250	663
2. % of Salary	Salary Expenses divided by Total Expenses	43.0%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	16.3	59.3

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,940	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,429	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.8%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$703	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.0%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.2%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($424,865)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	17.1	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Starke Memorial Hospital

Year: 2004 City: Knox Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$20,840,382
Outpatient Patient Service Revenue	$30,152,455
Total Gross Patient Service Revenue	$50,992,837
2. Deductions from Revenue	
Contractual Allowances	$26,485,098
Other Deductions	$1,051,169
Total Deductions	$27,536,834
3. Total Operating Revenue	
Net Patient Service Revenue	$23,456,570
Other Operating Revenue	$158,264
Total Operating Revenue	$23,614,834

4. Operating Expenses	
Salaries and Wages	$7,721,757
Employee Benefits and Taxes	$1,387,384
Depreciation and Amortization	$861,918
Interest Expenses	$48,995
Bad Debt	$1,433,097
Other Expenses	$7,572,629
Total Operating Expenses	$19,025,780
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,589,054
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$4,589,054
6. Assets and Liabilities	
Total Assets	$12,593,470
Total Liabilities	$12,593,470

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$23,055,997	$15,445,899	$7,610,098
Medicaid	$8,415,352	$5,972,825	$2,442,532
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$19,521,488	$5,066,374	$13,403,942
Total	$50,992,837	$26,845,096	$23,456,572

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$30,999	($30,999)
Educational	$0	$95,818	($95,818)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	4,500
Number of Citizens Exposed to Hospital's Health Education Messages	35,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$10,324,416	$12,660,162	($2,335,746)
Community Benefits	$0	$100,442	($100,442)

For further information on this report, please contact:

Hospital Representative Becky Dearforff
Telephone Number 574.772.1101

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	181	257
2. % of Salary	Salary Expenses divided by Total Expenses	40.6%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	16.1	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,331	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,291	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.1%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,100	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.2%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.5%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($852,610)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	19.4	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Williamsport Hospital

Year: 2005 City: Williamsport Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$5,795,151
Outpatient Patient Service Revenue	$20,985,281
Total Gross Patient Service Revenue	$26,780,432
2. Deductions from Revenue	
Contractual Allowances	$11,054,681
Other Deductions	$468,000
Total Deductions	$11,523,481
3. Total Operating Revenue	
Net Patient Service Revenue	$15,256,951
Other Operating Revenue	$343,442
Total Operating Revenue	$15,600,393

4. Operating Expenses	
Salaries and Wages	$6,825,083
Employee Benefits and Taxes	$1,788,982
Depreciation and Amortization	$401,903
Interest Expenses	$167,484
Bad Debt	$2,244,515
Other Expenses	$3,693,820
Total Operating Expenses	$15,121,787
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$478,606
Net Non-operating Gains over Losses	$52,568
Total Net Gain over Loss	$531,174
6. Assets and Liabilities	
Total Assets	$11,623,731
Total Liabilities	$11,623,731

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$11,797,189	$6,685,552	$5,131,637
Medicaid	$2,627,479	$2,197,860	$429,619
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$12,355,764	$2,660,068	$9,695,696

Total	$26,780,432	$11,523,480	$15,256,952

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Warren	**Community Served**	Benton, Fountain and Warren Counties

Hospital Mission Statement

"To improve the health status of the individuals and the communities we serve with a special concern for the sick and poor."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	68,691	157,005	159,258
Charity Care Allocation	($714,585)	($1,023,976)	($1,061,918)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($96,705)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($1,061,918)
2. Community Health Education	$0
3. Community Programs and Services	($96,705)

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($1,158,623)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Peisker
Telephone Number: 317.338.7371
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	144	257
2. % of Salary	Salary Expenses divided by Total Expenses	45.1%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	9.1	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	NR	$3,672

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$7,128	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	78.4%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$438	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.1%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	14.8%	42.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,061,918)	($561,5780
`	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.1	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital (Voluntary Submission)

Hospital: Witham Health Service

Year: 2005 City: Lebanon Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$22,631,760
Outpatient Patient Service Revenue	$66,995,389
Total Gross Patient Service Revenue	$89,627,149
2. Deductions from Revenue	
Contractual Allowances	$40,775,259
Other Deductions	$1,563,338
Total Deductions	$42,338,597
3. Total Operating Revenue	
Net Patient Service Revenue	$47,288,552
Other Operating Revenue	$2,845,169
Total Operating Revenue	$50,133,721

4. Operating Expenses	
Salaries and Wages	$18,387,705
Employee Benefits and Taxes	$5,212,795
Depreciation and Amortization	$2,540,968
Interest Expenses	$2,170,150
Bad Debt	$4,904,150
Other Expenses	$15,636,761
Total Operating Expenses	$48,863,020
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,280,701
Net Non-operating Gains over Losses	$619,181
Total Net Gain over Loss	$1,899,882
6. Assets and Liabilities	
Total Assets	$73,637,934
Total Liabilities	$73,637,934

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$36,382,669	$22,993,075	$13,389,594
Medicaid	$9,050,794	$7,421,336	$1,629,456
Other State	$0	$0	$0
Local Government	$2,245,772	$655,836	$1,589,934
Commercial Insurance	$41,947,914	$9,705,010	$32,242,904

Total	$89,627,149	$40,775,259	$48,851,890

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$33,443	$125,097	($91,654)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	90
Number of Hospital Patients Educated in This Hospital	291
Number of Citizens Exposed to Health Education Message	6,284

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Boone	**Community Served**	Boone County

Hospital Mission Statement

"Delivering care, saving lives, and healing."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	No
Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	No	Clinic Support	Yes	Needs Assessment	NR

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	572	615	841
Charity Care Allocation	($489,685)	($555,645)	($688,724)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Senior Wellness Day	($2,361)
Annual Cholesterol Blood Screening	($1,534)
Relay for Life	($1,073)
Kid Fest (Vision and Hearing Children Screening)	($4,037)
All Other Programs	($950)
Subtotal	($9,955)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($28,887,991)
2. Community Health Education	($3,111)
3. Community Programs and Services	($9,955)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($28,901,056)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
Boone County Community Building	($18,671)

For further information on these initiatives, contact:

Hospital Representative: Darla Thompson
Telephone Number: 765.485.8045
Web Address Information: www.witham.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	366	257
2. % of Salary	Salary Expenses divided by Total Expenses	37.6%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	22.8	18.4

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,341	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$10,415	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	74.7%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,348	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.6%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	10.0%	42.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($691,332)	($561,5780
`	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.6	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Wabash County Hospital

Year: 2005 City: Wabash Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$13,394,354
Outpatient Patient Service Revenue	$43,264,695
Total Gross Patient Service Revenue	$56,659,049
2. Deductions from Revenue	
Contractual Allowances	$23,575,284
Other Deductions	$312,491
Total Deductions	$23,887,775
3. Total Operating Revenue	
Net Patient Service Revenue	$32,771,274
Other Operating Revenue	$846,028
Total Operating Revenue	$33,617,302

4. Operating Expenses	
Salaries and Wages	$11,238,870
Employee Benefits and Taxes	$4,050,386
Depreciation and Amortization	$1,026,658
Interest Expenses	$11,048
Bad Debt	$2,030,505
Other Expenses	$11,597,289
Total Operating Expenses	$29,954,756
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$3,662,546
Net Non-operating Gains over Losses	$340,803
Total Net Gain over Loss	$4,003,349
6. Assets and Liabilities	
Total Assets	$26,441,519
Total Liabilities	$2,319,598

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$29,199,319	$15,522,551	$13,676,768
Medicaid	$3,994,168	$3,297,093	$697,075
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$23,465,562	$4,884,690	$18,580,873
Total	$56,659,049	$23,704,334	$32,954,716

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$162,858	$162,858	$0
Educational	$0	$175,000	($175,000)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	3,000
Number of Citizens Exposed to Hospital's Health Education Messages	25,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$14,389,793	$16,626,477	($2,236,684)
Community Benefits	$0	$276,597	($278,597)

For further information on this report, please contact:

Hospital Representative Kent H. Giles
Telephone Number 260.563.3131

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	266	663
2. % of Salary	Salary Expenses divided by Total Expenses	37.5%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	6.9	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,848	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$16,680	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	76.4%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$957	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.5%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.8%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($149,231)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.9	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Lafayette Home Hospital

Year: 2005 City: Lafayette Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$158,507,973
Outpatient Patient Service Revenue	$133,215,574
Total Gross Patient Service Revenue	$291,723,547
2. Deductions from Revenue	
Contractual Allowances	$148,311,779
Other Deductions	$8,122,353
Total Deductions	$156,434,132
3. Total Operating Revenue	
Net Patient Service Revenue	$135,289,415
Other Operating Revenue	$3,629,738
Total Operating Revenue	$138,919,153

4. Operating Expenses	
Salaries and Wages	$51,200,787
Employee Benefits and Taxes	$1,040,513
Depreciation and Amortization	$7,665,562
Interest Expenses	$4,178,296
Bad Debt	$4,312,229
Other Expenses	$65,072,036
Total Operating Expenses	$133,469,422
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$5,449,731
Net Non-operating Gains over Losses	($9,738,295)
Total Net Gain over Loss	($4,288,564)
6. Assets and Liabilities	
Total Assets	$102,814,949
Total Liabilities	$15,169,698

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$93,324,527	$56,810,245	$36,514,282
Medicaid	$34,397,914	$25,394,683	$9,003,231
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$164,001,106	$74,229,204	$89,771,902

Total	$291,723,547	$156,434,132	$135,289,415

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$39,115	($39,115)
Educational	$57,431	$1,567,045	($1,509,614)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	14,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Tippecanoe	**Community Served**	Tippecanoe County

Hospital Mission Statement

"Continuing Christ's Ministry in Our Franciscan Tradition."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	2,171	2,550	3,030
Charity Care Allocation	($2,628,941)	($3,150,672)	($3,668,773)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Community Education	($1,509,614)
Donations	($39,115)
Unreimbursed costs under government programs	($12,786,453)
Other Community Services	($65,000)
Subtotal	($14,400,682)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($16,455,226)
2. Community Health Education	($1,509,614)
3. Community Programs and Services	($62,500)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($18,027,340)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Theresa Janssen
Telephone Number: 765.449.5129
Web Address Information: www.glhsi.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,067	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	38.4%	36.6%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	122.2	242.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,983	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,276	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	45.7%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,105	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	32.0%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	3.2%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,668,773)	($6,360,979
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.9	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Bremen

Year: 2005 City: Bremen Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$2,956,931
Outpatient Patient Service Revenue	$10,322,453
Total Gross Patient Service Revenue	$13,279,384
2. Deductions from Revenue	
Contractual Allowances	$4,922,053
Other Deductions	$120,539
Total Deductions	$5,042,593
3. Total Operating Revenue	
Net Patient Service Revenue	$8,236,791
Other Operating Revenue	$284,319
Total Operating Revenue	$8,521,110

4. Operating Expenses	
Salaries and Wages	$4,672,570
Employee Benefits and Taxes	$813,953
Depreciation and Amortization	$303,116
Interest Expenses	$20,177
Bad Debt	$340,401
Other Expenses	$2,746,663
Total Operating Expenses	$8,896,880
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($375,771)
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	($375,771)
6. Assets and Liabilities	
Total Assets	($5,492,492)
Total Liabilities	($5,492,492)

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$5,667,800	$2,800,088	$2,867,712
Medicaid	$710,794	$647,317	$63,477
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$6,900,790	$1,595,188	$5,305,602

Total	$13,279,384	$5,042,593	$8,236,791

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$23,421	$444,719	($421,298)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	108
Number of Hospital Patients Educated in This Hospital	36,456
Number of Citizens Exposed to Health Education Message	20.000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marshall	**Community Served**	Rural populations of Marshall County and southwest Elkhart County

Hospital Mission Statement

"To provide progressive family oriented health care in an atmosphere of Christian love and concern to all regardless of age, sex, race, religion, or financial status."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	208	41	36
Charity Care Allocation	($87,746)	($98,467)	($120,539)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Free Clinic Program	($37,450)
Primary care Physician Support	($20,700)
Supervision Medical Direction EMS Township	($7,500)
Free Prenatal and Childbirth Classes	($4,500)
All Other Programs	($117,825)
Subtotal	($187,975)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($511,772)
2. Community Health Education	($7,330)
3. Community Programs and Services	($34,901)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($554,003)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Scott Graybill
Telephone Number: 574.546.2211
Web Address Information: www.bremenhospital.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	84	257
2. % of Salary	Salary Expenses divided by Total Expenses	52.5%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	3.9	18.4

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,757	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$6,513	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	77.7%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$253	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.7%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	3.8%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($75,539)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-4.4	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Woodlawn Hospital

Year: 2005 City: Rochester Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$10,970,399
Outpatient Patient Service Revenue	$31,738,383
Total Gross Patient Service Revenue	$42,708,782
2. Deductions from Revenue	
Contractual Allowances	$15,223,742
Other Deductions	$269,413
Total Deductions	$15,493,155
3. Total Operating Revenue	
Net Patient Service Revenue	$27,215,627
Other Operating Revenue	$1,278,747
Total Operating Revenue	$28,494,374

4. Operating Expenses	
Salaries and Wages	$12,816,016
Employee Benefits and Taxes	$2,504,678
Depreciation and Amortization	$1,394,822
Interest Expenses	$159,962
Bad Debt	$2,184,625
Other Expenses	$9,877,625
Total Operating Expenses	$28,937,760
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($443,385)
Net Non-operating Gains over Losses	($271,191)
Total Net Gain over Loss	($714,576)
6. Assets and Liabilities	
Total Assets	$16,354,614
Total Liabilities	$16,354,514

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$13,996,119	$7,851,152	$6,144,967
Medicaid	$4,497,417	$4,154,420	$342,997
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$24,215,246	$3,487,583	$20,727,663
Total	$42,708,782	$15,493,155	$27,514,628

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$54,013	$0	$54,013
Educational	$480	$5,338	($4,858)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	1
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	48

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$7,319,341	$9,069,980	($1,750,639)
Community Benefits	$0	$63,779	($63,779)

For further information on this report, please contact:

Hospital Representative Laurie Baldwin
Telephone Number 574.223.3141

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	235	257
2. % of Salary	Salary Expenses divided by Total Expenses	44.3%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	10.8	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.2
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$2,507	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$9,000	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	74.3$	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,286	$947

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	32.8%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	7.5%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($128,508)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.6	3.3

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Columbus Regional Hospital

Year: 2005 City: Columbus Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$151,409,775
Outpatient Patient Service Revenue	$150,687,180
Total Gross Patient Service Revenue	$302,096,955
2. Deductions from Revenue	
Contractual Allowances	$119,705,229
Other Deductions	$5,665,601
Total Deductions	$125,370,830
3. Total Operating Revenue	
Net Patient Service Revenue	$176,726,125
Other Operating Revenue	$3,745,441
Total Operating Revenue	$180,471,566

4. Operating Expenses	
Salaries and Wages	$64,250,934
Employee Benefits and Taxes	$20,295,500
Depreciation and Amortization	$16,340,776
Interest Expenses	$3,273,993
Bad Debt	$7,177,634
Other Expenses	$58,347,787
Total Operating Expenses	$169,686,624
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$10,784,942
Net Non-operating Gains over Losses	$1,734,206
Total Net Gain over Loss	$12,519,150
6. Assets and Liabilities	
Total Assets	$234,889,660
Total Liabilities	$99,682,410

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$134,748,133	$77,523,133	$57,224,737
Medicaid	$29,253,679	$21,593,102	$7,660,577
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$138,095,143	$26,254,332	$111,840,811
Total	$302,096,955	$125,670,830	$176,726,125

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$146,532	$435,523	($288,991)
Educational	$186,746	$892,025	($705,279)
Research	$0	$2,500	($2,500)
Bioterrorism Grant	$100,000	$100,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	2,018
Number of Hospital Patients Educated in This Hospital	2,373
Number of Citizens Exposed to Hospital's Health Education Messages	100,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$66,431,654	$92,586,712	($26,155,058)
Community Benefits	$0	$1,036,827	($1,036,827)

For further information on this report, please contact:

Hospital Representative Lisa Kemp
Telephone Number 812.379.4441

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	1,407	663
2. % of Salary	Salary Expenses divided by Total Expenses	37.9%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	119.4	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$3,290	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$15,001	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	49.9%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,018	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.6%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.2%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,435,327)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.0	8.2

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Anderson & Madison County

Year: 2005 City: Anderson Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$76,335,803
Outpatient Patient Service Revenue	$129,196,223
Total Gross Patient Service Revenue	$205,532,026
2. Deductions from Revenue	
Contractual Allowances	$73,381,576
Other Deductions	$35,193,997
Total Deductions	$108,575,573
3. Total Operating Revenue	
Net Patient Service Revenue	$96,956,453
Other Operating Revenue	$4,599,646
Total Operating Revenue	$101,556,099

4. Operating Expenses	
Salaries and Wages	$44,079,898
Employee Benefits and Taxes	$7,481,443
Depreciation and Amortization	$6,216,464
Interest Expenses	$1,790,924
Bad Debt	$5,332,924
Other Expenses	$36,714,898
Total Operating Expenses	$101,616,142
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($60,043)
Net Non-operating Gains over Losses	$2,060,043
Total Net Gain over Loss	$2,000,000
6. Assets and Liabilities	
Total Assets	$93,608,000
Total Liabilities	$37,879,695

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$84,056,832	$53,946,310	$30,110,513
Medicaid	$23,257,685	$19,435,257	$3,822,428
Other State	$0	$0	$0

Local Government	$0	$0	$0
Commercial Insurance	$93,442,072	$37,193,997	$56,248,075
Total	$200,756,589	$110,575,573	$90,181,016

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$346,585	$169,994	$176,591
Educational	$14,826	$55,196	($40,370)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	NR
Number of Hospital Patients Educated in This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Madison	**Community Served**	Madison County

Hospital Mission Statement

"Community Hospital is dedicated to serve the medical, health, and human service needs of the people of Anderson, Madison County with compassion, dignity, and excellence service. "

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes

Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	1,206	1,212	1,539
Charity Care Allocation	($1,470,061)	($1,297,947)	($1,867,212)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Uninsured Underinsured Allowance	($1,529,114)
Pregnancy Plus	($335,629)
Kid’s Plus Clinic	($64,830)
Med Express	($72,498)
Madison County Community Health Center	($199,510)
Subtotal	($2,201,581)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($10,547,974)
2. Community Health Education	($401,370)
3. Community Programs and Services	$0
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($10,588,344)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Karen Dykes
Telephone Number: 765.298.2225
Web Address Information: www.communityanderson.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	932	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	43.4%	36.6%

3. Average Daily Census	Patient Days divided by Annual Days (365 days)	56.6	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,768	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$12,693	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.9%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$864	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	10.9%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	5.2%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,319,734)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.1	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

SUMMARY OF 2005 HOSPITAL AUDITED FINANCIAL STATEMENT

Hospital: Blackford Community Hospital

Year: 2005 City: Hartford City

1. Total Operating Revenue	
Net Patient Service Revenue	$14,620,588
Other Operating Revenue	$93,496
Total Operating Revenue	$14,714,084
2. Operating Expenses	
Salaries and Benefits	$4,600,423
Benefits	$125,189
Depreciation and Amortization	$763,884
Interest Expenses	$237,863
Bad Debt	$1,414,647
Other Expenses	$5,951,337
Total Operating Expenses	$13,093,343
3. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$1,619,741
Net Non-operating Gains over Losses	($105,317)
Total Net Gains over Losses	$1,514,472
4. Assets and Liabilities	
Total Assets	$24,297,583
Total Liabilities	$24,297,583
Charity Allocation	($185,689)

Hospital Representative: Steven J. West

Telephone number: 765.348.0300

Other information is not available.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Memorial Hospital and Health Care

Year: 2005 City: Jasper Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$62,953,927
Outpatient Patient Service Revenue	$78,427,955
Total Gross Patient Service Revenue	$141,381,882
2. Deductions from Revenue	
Contractual Allowances	$51,051,731
Other Deductions	$1,658,955
Total Deductions	$52,710,686
3. Total Operating Revenue	
Net Patient Service Revenue	$88,671,196
Other Operating Revenue	$705,759
Total Operating Revenue	$89,376,955

4. Operating Expenses	
Salaries and Wages	$37,725,194
Employee Benefits and Taxes	$7,924,303
Depreciation and Amortization	$5,377,716
Interest Expenses	$1,709,610
Bad Debt	$2,814,036
Other Expenses	$29,491,307
Total Operating Expenses	$85,042,165
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$4,334,789
Net Non-operating Gains over Losses	$2,541,121
Total Net Gain over Loss	$6,875,910
6. Assets and Liabilities	
Total Assets	$145,077,117
Total Liabilities	$145,077,117

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$60,638,470	$34,356,923	$26,281,547
Medicaid	$9,958,902	$5,548,197	$4,410,705
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$70,784,510	$11,146,611	$59,637,899

Total	$141,381,882	$51,051,731	$90,330,151

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$202,330	$316,440	($114,110)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	137,504
Number of Citizens Exposed to Health Education Message	150,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Dubois	**Community Served**	Dubois County

Hospital Mission Statement

"We will be for others. We will pledge outselves to care for each individuals in a manner that reflects the physical, psychological and spiritual healing minority of Jesus Christ. We will work together to create an atmosphere of muutal respect."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	500	701	740
Charity Care Allocation	($654,258)	($1,086,548)	($718,677)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Family Palliative Care	($86,174)
Community Education	($112,682)
Physician Recruitment	($106,632)
Parish Nursing And Health Ministry	($34,452)
Other Community Benefit Expenses	($441,007)
Subtotal	($780,947)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($12,097,386)
2. Community Health Education	($112,672)
3. Community Programs and Services	($780,947)
4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($12,991,005)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: E. Kyle Bennett
Telephone Number: 812.482.0507
Web Address Information: www,mhhcc.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	785	663
2. % of Salary	Salary Expenses divided by Total Expenses	44.4%	37.1%

3. Average Daily Census	Patient Days divided by Annual Days (365 days)	23.5	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,224	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$11,083	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.5%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$367	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.9%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	3.3%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($990,921)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.9	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Munster

Year: 2005 City: Munster Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$316,713,339
Outpatient Patient Service Revenue	$209,683,557
Total Gross Patient Service Revenue	$526,396,896
2. Deductions from Revenue	
Contractual Allowances	$264,184,228
Other Deductions	$4,046,870
Total Deductions	$258,231,098
3. Total Operating Revenue	
Net Patient Service Revenue	$268,165,798
Other Operating Revenue	$8,444,025
Total Operating Revenue	$276,609,823

4. Operating Expenses	
Salaries and Wages	$109,952,225
Employee Benefits and Taxes	$30,313,596
Depreciation and Amortization	$16,540,788
Interest Expenses	$874,864
Bad Debt	$9,264,064
Other Expenses	$98,074,268
Total Operating Expenses	$265,039,805
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$11,570,018
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$11,570,018
6. Assets and Liabilities	
Total Assets	$189,803,347
Total Liabilities	$57,424,083

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$265,000,866	$156,747	$106,515,119
Medicaid	$33,940,418	$26,266,676	$7,673,742
Other State	$3,035,945	$2,865,312	$170,333
Local Government	$0	$0	$0
Commercial Insurance	$224,419,669	$68,566,193	$156,042,415

Total	$526,396,898	$254,184,228	$272,401,609

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$13,500	$117,329	($103,829)
Educational	$20,194	$984,308	($964,114)
Research	$0	$0	$0
Bioterrorism Grant	$100,000	$100,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	1,349
Number of Hospital Patients Educated in This Hospital	4,640
Number of Citizens Exposed to Health Education Message	169,876

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	**Community Served**	Lake County

Hospital Mission Statement

"The Community Healthcare System is committed to providing the highest quality care in the most cost efficient manner, respecting the dignity of the individual, providing for the well being of the community and serving the needs of all people."

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	Yes

Community Education	Yes	Clinic Support	Yes	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	663	695	848
Charity Care Allocation	($1,073,919)	($1,300,610)	($2,158,637)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Cancer	($6,831)
Heart Disease	($30,365)
Health and Wellness	($263,797)
Maternal and Child	($34,806)
Other Programs	($743,881)
Subtotal	($1,081,680)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($12,552,398)
2. Community Health Education	($282,589)
3. Community Programs and Services	($108,632)
4. Other Unreimbursed Costs	($365,865)
5. Total Cost of Providing Community Benefits	($13,309,484)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:
Hospital Representative: Kathleen Edwards
Telephone Number: 219.836.1600
Web Address Information: www.comhs.org/community

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	2,283	2,326
2. % of Salary	Salary Expenses divided by Total Expenses	41.5%	36.6%

3. Average Daily Census	Patient Days divided by Annual Days (365 days)	364.2	242.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.4	5.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,638	$3,731
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$15,331	$21,526
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	39.8%	42.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,458	$1,384
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	50.3%	38.1%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	3.5%	5.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,158,627)	($6,360,979)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.2	5.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Anthony Medical Center of Crown Point

Year: 2005 City: Crown Point Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$148,010,194
Outpatient Patient Service Revenue	$148,519,113
Total Gross Patient Service Revenue	$296,529,307
2. Deductions from Revenue	
Contractual Allowances	$147,231,264
Other Deductions	$8,352,173
Total Deductions	$155,583,437
3. Total Operating Revenue	
Net Patient Service Revenue	$140,945,870
Other Operating Revenue	$4,137,948
Total Operating Revenue	$145,083,818

4. Operating Expenses	
Salaries and Wages	$51,496,098
Employee Benefits and Taxes	$15,326,030
Depreciation and Amortization	$10,497,390
Interest Expenses	$2,857,640
Bad Debt	$3,603,663
Other Expenses	$51,581,047
Total Operating Expenses	$135,361,868
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$9,721,950
Net Non-operating Gains over Losses	($449,213)
Total Net Gain over Loss	$9,272,737
6. Assets and Liabilities	
Total Assets	$164,415,057
Total Liabilities	$21,899,043

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$129,093,358	$79,686,508	$49,406,850
Medicaid	$15,583,801	$11,259,085	$4,327,716
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$115,849,148	$64,637,844	$87,211,304

Total	$296,529,307	$155,583,437	$140,945,870

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$466,400	$43,500	$424,900
Educational	$94,200	$217,000	($122,800)
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	5,600
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	13,000

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	**Community Served**	Northwest Indiana

Hospital Mission Statement

"Continuing Christ's ministry in our Franciscan tradition."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	Yes	Practitioner Education	No	Annual Statement	No
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($4,442,096)	($4,763,487)	($3,055,049)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($271,946)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($20,539,957)
2. Community Health Education	($52,000)
3. Community Programs and Services	($271,564)
4. Other Unreimbursed Costs	($386,564)

5. Total Cost of Providing Community Benefits	($21,250,467)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Seth Warren
Telephone Number: 219.757.1757
Web Address Information:www.anthonymedicalcenter.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	1,079	663
2. % of Salary	Salary Expenses divided by Total Expenses	38.0%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	115.0	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.6	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,735	$4,204

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$16,389	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	50.1%	41.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$831	$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.5%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.7%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($3,055,049)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.7	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Jennings Hospital

Year: 2005 City: North Vernon Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$4,216,335
Outpatient Patient Service Revenue	$40,047,880
Total Gross Patient Service Revenue	$44,264,235
2. Deductions from Revenue	
Contractual Allowances	$18,806,493
Other Deductions	$0
Total Deductions	$18,806,493
3. Total Operating Revenue	
Net Patient Service Revenue	$25,457,742
Other Operating Revenue	$120,778
Total Operating Revenue	$25,578,520

4. Operating Expenses	
Salaries and Wages	$9,620,871
Employee Benefits and Taxes	$3,042,635
Depreciation and Amortization	$789,995
Interest Expenses	$661,459
Bad Debt	$3,448,159
Other Expenses	$7,137,127
Total Operating Expenses	$24,700,247
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$878,273
Net Non-operating Gains over Losses	$22,903
Total Net Gain over Loss	$901,176
6. Assets and Liabilities	
Total Assets	$16,624,177
Total Liabilities	$16,387,798

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$14,477,966	$7,741,127	$6,736,839
Medicaid	$5,617,016	$4,904,429	$712,587
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$24,169,252	$6,160,937	$18,008,316

Total	$44,264,235	$18,806,493	$25,457,742

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Jennings	**Community Served**	Jennings County

Hospital Mission Statement

"To improve the health status of the individuals and the communities we serve with a special concern for the sick and poor."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	Yes
Community Education	No	Clinic Support	Yes	Needs Assessment	1999

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	38,903	18,887	169,599
Charity Care Allocation	($1,488,148)	($2,525,597)	($2,859,206)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($64,865)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($4,261,637)
2. Community Health Education	$0
3. Community Programs and Services	$0

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($4,261,637)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Peisker
Telephone Number: 317.338.7371
Web Address Information: www.stvincent.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	209	257
2. % of Salary	Salary Expenses divided by Total Expenses	39.0%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	7.3	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,637	$3,672

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$6,714	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	90.5%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,694	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	32.7%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	14.0%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($2,277,389)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.4	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital Indiana South

Year: 2005 City: Indianapolis Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$101,817,799
Outpatient Patient Service Revenue	$131,979,611
Total Gross Patient Service Revenue	$233,797,410
2. Deductions from Revenue	
Contractual Allowances	$70,876,199
Other Deductions	$45,281,959
Total Deductions	$116,158,158
3. Total Operating Revenue	
Net Patient Service Revenue	$117,639,252
Other Operating Revenue	$2,444,423
Total Operating Revenue	$120,083,675

4. Operating Expenses	
Salaries and Wages	$25,657,171
Employee Benefits and Taxes	$4,574,060
Depreciation and Amortization	$4,169,848
Interest Expenses	$952,718
Bad Debt	$6,439,237
Other Expenses	$62,827,319
Total Operating Expenses	$104,620,353
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$15,463,322
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$15,463,322
6. Assets and Liabilities	
Total Assets	$108,218,957
Total Liabilities	($1,149,757)

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$94,733,356	$64,159,824	$30,573,531
Medicaid	$13,277,280	$10,601,616	$2,675,664
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$125,786,774	$44,473,285	$81,313,489

Total	$233,797,410	$119,234,725	$114,462,385

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$18,425	$0	$18,425
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	NR
Number of Hospital Patients Educated in This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	**Community Served**	Marion. Hamilton, Hancock, Johnson, Shelby and Morgan Counties

Hospital Mission Statement

"With caring and compassion, we continually strive to improve the health and well being of those individuals in central Indiana who entrust their care to us. "

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	No
Community Education	No	Clinic Support	Yes	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	12,717	NR	NR
Charity Care Allocation	($821,125)	($671,412)	($1,251,492)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
All Programs	($11,500,493)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($11,500,493)
2. Community Health Education	$0
3. Community Programs and Services	($11,482,069)

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($22,982,562)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Daniel Hodgkins
Telephone Number: 317.621.7636
Web Address Information: www.ecommunity.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	452	663
2. % of Salary	Salary Expenses divided by Total Expenses	24.5%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	65.0	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,302	$4,204

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$15,859	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.5%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$2,107	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.5%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	6.2%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,251,492)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.9	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital (Voluntary Submission)

Hospital: Westview Hospital

Year: 2005 City: Indianapolis Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$29,486,382
Outpatient Patient Service Revenue	$43,514,919
Total Gross Patient Service Revenue	$73,001,301
2. Deductions from Revenue	
Contractual Allowances	$34,946,809
Other Deductions	$871,727
Total Deductions	$35,818,536
3. Total Operating Revenue	
Net Patient Service Revenue	$37,182,765
Other Operating Revenue	$6,093,898
Total Operating Revenue	$43,276,563

4. Operating Expenses	
Salaries and Wages	$19,425,168
Employee Benefits and Taxes	$4,138,959
Depreciation and Amortization	$2,401,216
Interest Expenses	$484,496
Bad Debt	$1,815,644
Other Expenses	$14,522,307
Total Operating Expenses	$42,787,790
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$488,873
Net Non-operating Gains over Losses	$189,321
Total Net Gain over Loss	$678,194
6. Assets and Liabilities	
Total Assets	$44,600,166
Total Liabilities	$18,514,848

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$35,767,558	$24,255,063	$11,512,495
Medicaid	$3,414,060	$2,888,716	$525,342
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$33,819,683	$7,803,028	$26,016,655

Total	$73,001,301	$34,946,89	$38,054,492

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$26,997	$10,000	$16,997
Educational	$269,985	$516,669	($248,685)
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	13
Number of Hospital Patients Educated in This Hospital	292
Number of Citizens Exposed to Health Education Message	287

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	**Community Served**	Marion County

Hospital Mission Statement

"Provide quality healthcare to the central Indiana community with facilities and support for osteopathic

physicians "

Unique Services		Type of Initiatives		Document Available	
Medical Research	Yes	Disease Detection	No	Community Plan	Yes

Professional Education	Yes	Practitioner Education	No	Annual Statement	Yes
Community Education	Yes	Clinic Support	Yes	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	781	977	1,283
Charity Care Allocation	($356,738)	($446,296)	($465,756)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Clinic Operations	($481,671)
Emergency Operations	($532,865)
Subtotal	($1,374,536)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs

1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($9,362,314)
2. Community Health Education	($25,221)
3. Community Programs and Services	($1,374,536)
4. Other Unreimbursed Costs	($1,137,008)
5. Total Cost of Providing Community Benefits	($11,899,079)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:
Hospital Representative: Amy Small
Telephone Number: 317.920.7288
Web Address Information: www.westviewhospital.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	327	257
2. % of Salary	Salary Expenses divided by Total Expenses	45.4%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	33.7	18.4

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.4	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$3,027	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$15,446	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.6%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,236	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.0%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.2%	42.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($465,756)	($561,5780
`	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.1	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Mary's Warrick Hospital

Year: 2005 City: Booneville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$7,438,473
Outpatient Patient Service Revenue	$13,700,943
Total Gross Patient Service Revenue	$21,139,416
2. Deductions from Revenue	
Contractual Allowances	$7,016,435
Other Deductions	$441,394
Total Deductions	$7,457,829
3. Total Operating Revenue	
Net Patient Service Revenue	$13,681,587
Other Operating Revenue	$367,365
Total Operating Revenue	$14,038,952

4. Operating Expenses	
Salaries and Wages	$6,548,618
Employee Benefits and Taxes	$1,969,681
Depreciation and Amortization	$998,835
Interest Expenses	$189,171
Bad Debt	$1,511,480
Other Expenses	$4,550,588
Total Operating Expenses	$15,768,373
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($1,729,421)
Net Non-operating Gains over Losses	$53,302
Total Net Gain over Loss	($1,676,119)
6. Assets and Liabilities	
Total Assets	$13,382,948
Total Liabilities	$9,842,481

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$11,841,724	$4,872,659	$6,969,065
Medicaid	$1,526,486	$1,367,745	$158,741
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$7,771,206	$1,217,425	$6,553,781

Total	$21,139,416	$7,457,829	$13,681,587

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$1,667	$1,667	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$37,000	$37,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Warrick	**Community Served**	Pike, Spencer, and Warrick Counties

Hospital Mission Statement

"We commit ourselves to serving all persons with special attention to those who are poor and vulnerable, and is dedicated to spiritually centered holistic care."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes

Professional Education	No	Practitioner Education	Yes	Annual Statement	Yes
Community Education	No	Clinic Support	Yes	Needs Assessment	2002

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	299	332	321
Charity Care Allocation	($149,824)	($87,794)	($77,004)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
Women, Infants, and Children (WIC) Program	($8,473)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($2,617,078)

2. Community Health Education	$0
3. Community Programs and Services	($8,473)
4. Other Unreimbursed Costs	($20,257)
5. Total Cost of Providing Community Benefits	($2,645,808)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: Stephen Cassidy
Telephone Number: 812.897.7134
Web Address Information: www.Stmary's.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	168	257
2. % of Salary	Salary Expenses divided by Total Expenses	41.5%	39.8%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	14.4	18.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.3	4.2

5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$2,078	$3,672
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$7,567	$9,141
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.8%	70.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$447	$947
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	56.0%	42.5%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	9.6%	9.6%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($77,004)	($561,578)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-12.3	3.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Kosciusko Community Hospital

Year: 2005 City: Kosciusko Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$47,943,821
Outpatient Patient Service Revenue	$93,853,209
Total Gross Patient Service Revenue	$141,797,030
2. Deductions from Revenue	
Contractual Allowances	$59,987,279
Other Deductions	$2,563,708
Total Deductions	$62,550,986
3. Total Operating Revenue	
Net Patient Service Revenue	$79,246,043
Other Operating Revenue	$737,746
Total Operating Revenue	$79,983,789

4. Operating Expenses	
Salaries and Wages	$18,954,469
Employee Benefits and Taxes	$4,125,996
Depreciation and Amortization	$2,611,720
Interest Expenses	$3,149,692
Bad Debt	$4,723,590
Other Expenses	$27,768,167
Total Operating Expenses	$56,610,046
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$23,373,743
Net Non-operating Gains over Losses	$0
Total Net Gain over Loss	$23,373,743
6. Assets and Liabilities	
Total Assets	$88,621,509
Total Liabilities	$88,621,509

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$52,668,571	$37,211,250	$15,457,321
Medicaid	$8,319,281	$7,471,227	$848,054
Other State	$0	$0	$0
Local Government	$388,493	$234,822	$153,671
Commercial Insurance	$80,420,685	$17,633,688	$62,786,997
Total	$141,797,029	$62,550,986	$79,246,043

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$42,117	($42,117)
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$17,725,956	$27,026,785	($9,600,829)
Community Benefits	$0	$403,906	($430,906)

For further information on this report, please contact:

Hospital Representative Matthew Tague
Telephone Number 574.372.7611

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	640	663
2. % of Salary	Salary Expenses divided by Total Expenses	33.5%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	30.3	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.4
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	$0	$4,204
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$13,601	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	66.2%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$1,712	$1,028

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.1%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	8.3%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($123,187)	($5,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	29.2	8.0

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2005 Report and Statistical Comparison

Hospital: Healthsouth Deaconess Rehabilitation Hospital

Year: 2005 City: Evansville Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$24,351,913
Outpatient Patient Service Revenue	$2,132,946
Total Gross Patient Service Revenue	$26,484,859
2. Deductions from Revenue	
Contractual Allowances	$12,102,317
Other Deductions	$0
Total Deductions	$12,102,317
3. Total Operating Revenue	
Net Patient Service Revenue	$14,382,542
Other Operating Revenue	$167,319
Total Operating Revenue	$14,549,861

4. Operating Expenses	
Salaries and Wages	$5,800,827
Employee Benefits and Taxes	$1,154,059
Depreciation and Amortization	$208,769
Interest Expenses	$0
Bad Debt	$216,450
Other Expenses	$3,367,477
Total Operating Expenses	$10,747,679
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$3,082,182
Net Non-operating Gains over Losses	($1,469,098)
Total Net Gain over Loss	$1,613,084
6. Assets and Liabilities	
Total Assets	$22,716,589
Total Liabilities	$2,283,410

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$19,520,676	$8,769,714	$10,750,962
Medicaid	$1,024,658	$812,233	$212,425
Other State	$0	$0	$0
Local Government	$0	$0	$0
Commercial Insurance	$5,939,525	$2,520,370	$3,419,155
Total	$26,484,859	$12,102,317	$14,382,542

Statement Three: Unique Specialized Hospital Funds

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	$0	$0	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$8,000	$8,000	$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	$0	$622,440	($622,440)
Community Benefits	$0	$0	$0

For further information on this report, please contact:

Hospital Representative Diane Riley

Telephone Number 812.476.9983

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full-time Equivalents	139	145
2. % of Salary	Salary Expenses divided by Total Expenses	54.0%	32.9%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	45.0	40.7
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	15.3	12.7
5. Price for Medical/ Surgical per stay	Total Medical/Surgical Charges divided by Medical/Surgical Discharges	NP	$39,284
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$22,759	$34,107
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	8.1%	15.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$288	$1,408

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	73.7%	61.4%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	2.0%	2.4%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($622,440)	($275,725)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	21.2	9.1

Note:

1. NP = No medical-surgical patients or outpatient visits.

2. See Statewide Results for definition of terms.

SUMMARY OF 2006 HOSPITAL AUDITED FINANCIAL STATEMENT

Hospital: St Vincent Pediatric Rehabilitation

Year: 2006 City: Indianapolis

1. Total Operating Revenue	
Net Patient Service Revenue	$6,057,000
Other Operating Revenue	$16,000
Total Operating Revenue	$6,073,000
2. Operating Expenses	
Salaries and Benefits	$3,680,000
Benefits	$1,054,000
Depreciation and Amortization	$396,000
Interest Expenses	$6,000
Bad Debt	($24,000)
Other Expenses	$1,104,000
Total Operating Expenses	$6,216,000
3. Net Revenue and Expenses	
Net Operating Revenue over Expenses	($143,000)
Net Non-operating Gains over Losses	$8,000
Total Net Gains over Losses	($135,000)
4. Assets and Liabilities	
Total Assets	$10,840,000
Total Liabilities	$10,840,000
Charity Allocation	($1,311,147)

Hospital Representative: Jeff Poltawsky

Telephone number: 317.415.5500

Other information is not available.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Mary Medical Center Hobart

Year: 2005 City: Hobart Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue	
Inpatient Patient Service Revenue	$129,211,111
Outpatient Patient Service Revenue	`$87,845,808
Total Gross Patient Service Revenue	$217,056,919
2. Deductions from Revenue	
Contractual Allowances	$97,263,546
Other Deductions	$1,370,346
Total Deductions	$98,633,892
3. Total Operating Revenue	
Net Patient Service Revenue	$118,423,027
Other Operating Revenue	$1,520,268
Total Operating Revenue	$119,943,295

4. Operating Expenses	
Salaries and Wages	$41,165,069
Employee Benefits and Taxes	$9,670,160
Depreciation and Amortization	$6,002,646
Interest Expenses	$5,011,782
Bad Debt	$5,543,590
Other Expenses	$51,694,854
Total Operating Expenses	$119,088,101
5. Net Revenue and Expenses	
Net Operating Revenue over Expenses	$855,195
Net Non-operating Gains over Losses	$372,662
Total Net Gain over Loss	$1,227,857
6. Assets and Liabilities	
Total Assets	$120,647,706
Total Liabilities	$120,647,706

Statement Two: Contractual Allowances

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	$111,920,664	$56,876,433	$55,044,231
Medicaid	$15,718,376	$10,761,861	$4,956,515
Other State	$3,358,044	$402,384	$2,955,660
Local Government	$0	$0	$0
Commercial Insurance	$86,059,835	$29,222,868	$56,836,968

Total	$217,056,920	$97,263,546	$119,793,374

Statement Three: Unique Specialized Hospital Funds			
Fund Category	**Estimated Incoming Revenue from Others**	**Estimated Outgoing Expenses to Others**	**Net Dollar Gain or Loss after Adjustment**
Donations	$72,000	$72,000	$0
Educational	$0	$0	$0
Research	$0	$0	$0
Bioterrorism Grant	$69,000	$69,000	$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained in This Hospital	0
Number of Hospital Patients Educated in This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	**Community Served**	Hobart, Portage, and Lake Station

Hospital Mission Statement

"Medical Center is dedicated to provide quality health services.. Will minister to our neighbors within the community, providing compassionate care of body and spirit."

Unique Services		Type of Initiatives		Document Available	
Medical Research	No	Disease Detection	Yes	Community Plan	Yes
Professional Education	No	Practitioner Education	No	Annual Statement	No
Community Education	Yes	Clinic Support	No	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2003	2004	2005
Persons served in last 12 months	NR	NR	NR
Charity Care Allocation	($3,433,841)	($4,488,985)	($1,370,346)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Cost of Programs
No program specified	$0

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third-party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education training.	($15,312,110)
2. Community Health Education	$0
3. Community Programs and Services	$0

4. Other Unreimbursed Costs	$0
5. Total Cost of Providing Community Benefits	($15,132,110)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license that are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Cost of Care
None	$0

For further information on these initiatives, contact:

Hospital Representative: David Shebish
Telephone Number: 219.942.0551
Web Address Information: www.comhs.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP			
PERFORMANCE INDICATOR	**METHODOLOGY**	**THIS HOSPITAL'S RESULTS**	**PEER GROUP AVERAGE**
1. # of FTE's	Number of Full-time Equivalents	893	663
2. % of Salary	Salary Expenses divided by Total Expenses	34.6%	37.1%
3. Average Daily Census	Patient Days divided by Annual Days (365 days)	131.6	59.3
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.3	4.4
5. Price for Medical/Surgical per stay	Total Medical/Surgical Charges divided by Medical/ Surgical Discharges	$1,791	$4,204

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	$14,334	$15,739
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	40.5%	50.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	$972	$1,028
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.6%	41.3%
10. % of Bad Debt	Bad Debt Expenses divided by the Gross Operating Expenses	4.7%	5.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	($1,370,346)	($2,502,745)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.7	8.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.