



Hospital Fiscal Report
State Form 49520 (R3/7-23)
Indiana Department of Health
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEACONESS MIDTOWN HOSPITAL

City of Hospital: Evansville

Year Begin: 10/01/2023 (mm/dd/yyyy format)

Year End: 09/30/2024 (mm/dd/yyyy format)

Person Completing the Report: Danielle Metzger-Cundiff

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Medicare Provider Number: 150082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1842911490
Outpatient Patient Service Revenue	\$2316894106
Total Gross Patient Service Revenue	\$4159805596

2. Deductions From Revenue

Contractual Allowance	\$2828380048
Other Deductions	\$56427635
Total Deductions	\$2884807683

3. Total Operating Revenue

Net Patient Service Revenue	\$1274962621
Other Operating Revenue	\$149016379
Total Operating Revenue	\$1423979000

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$252602362	187454
Medicaid	\$71245862	51676
Commercial Insurance	\$185172587	65234
Self-pay	\$30606194	6691
Any Other Category of Payer	\$0	0
Total	\$539627005	311055

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$234328724	252670
Medicaid	\$84017348	119779
Commercial Insurance	\$377389680	286898
Self-pay	\$39599865	13492
Any Other Category of Payer	\$0	0
Total	\$735335617	672839

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$486931086	440124
Medicaid	\$155263210	171455
Commercial Insurance	\$562562266	352132
Self-pay	\$70206059	20183
Any Other Category of Payer	\$0	0
Total	\$1274962621	983894

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$241062984	14645
Medicaid	\$67014087	4268
Commercial Insurance	\$173755821	5512
Self-pay	\$28887341	228
Any Other Category of Payer	\$0	0
Total	\$510720233	24653

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$211742926	120579
Medicaid	\$75201104	52842
Commercial Insurance	\$370697437	173637
Self-pay	\$32771882	6028
Any Other Category of Payer	\$0	0
Total	\$690413349	353086

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$452805910	135224
Medicaid	\$142215191	57110
Commercial Insurance	\$544453258	179149
Self-pay	\$61659223	6256
Any Other Category of Payer	\$0	0
Total	\$1201133582	377739

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11539378	172809
Medicaid	\$4231776	47408
Commercial Insurance	\$11416766	59722
Self-pay	\$1718853	6463
Any Other Category of Payer	\$0	0
Total	\$28906773	286402

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$22585798	132091
Medicaid	\$8816244	66937
Commercial Insurance	\$6692242	113261
Self-pay	\$6827983	7464
Any Other Category of Payer	\$0	0
Total	\$44922267	319753

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$34125176	304900
Medicaid	\$13048019	114345
Commercial Insurance	\$18109008	172983
Self-pay	\$8546836	13927
Any Other Category of Payer	\$0	0
Total	\$73829039	606155

13. Operating Expenses

Salaries and Wages	\$352674298	Employee Benefits	\$86594762
Depreciation and Amortization	\$55611829	Interest Expense	\$24608765
Bad Debt	\$334	Other Expenses	\$748289059
Total Operating Expenses	\$1267779047		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$15619995	Total Assets	\$2856905680
Net Non-operating Gains over Loss	\$223348944	Total Liabilities	\$2856905680
Total Net Gains	\$238968939		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2163236430	\$1652928956	\$510307474
Medicaid	\$576418136	\$404011472	\$172406664
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1420151031	\$766051460	\$654099571
Total	\$4159805597	\$2822991888	\$1336813709

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$51932	\$2040559	\$-1988627

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3894218	\$11658821	\$-7764603
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$124172	\$-124172

Number of Medical Professionals Trained	24360
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	7194

Statement Six: Charity Statement

Hospital Charity Charges	\$66483816
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16591755	
HCI Payments	\$0		
Subtotal	\$0	\$16591755	\$-16591755
Medicaid Shortfalls	\$122497855	\$199219957	
Subtotal	\$122497855	\$215811712	\$-93313857
DSH Payments	\$0		
Subtotal	\$122497855	\$215811712	\$-93313857
Medicare Shortfalls	\$501687472	\$643776962	
Other Government Programs	\$0	\$0	
Total	\$624185327	\$859588674	\$-235403347

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1298997	\$-1298997
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-6985	\$305491	\$-312476

Comments