



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: INDIANA UNIVERSITY HEALTH FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5794408
Outpatient Patient Service Revenue	\$90482915
Total Gross Patient Service Revenue	\$96277323

2. Deductions From Revenue

Contractual Allowance	\$58343595
Other Deductions	\$6038492
Total Deductions	\$64382087

3. Total Operating Revenue

Net Patient Service Revenue	\$31616445
Other Operating Revenue	\$1899
Total Operating Revenue	\$31618344

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3615534	210
Medicaid	\$340169	28
Commercial Insurance	\$314263	23
Self-pay	\$1300	8
Any Other Category of Payer	\$7778	9
Total	\$4279044	278

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$11409692	10281
Medicaid	\$4203565	7660
Commercial Insurance	\$11302770	10254
Self-pay	\$164974	2031
Any Other Category of Payer	\$256401	307
Total	\$27337402	30533

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	\$15025226	10491
Medicaid	\$4543734	7688
Commercial Insurance	\$11617033	10277
Self-pay	\$166274	2039
Any Other Category of Payer	\$264179	316
Total	\$31616446	30811

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	\$3615534	210
Medicaid	\$340169	28
Commercial Insurance	\$314263	23
Self-pay	\$1300	8
Any Other Category of Payer	\$7778	9
Total	\$4279044	278

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	\$11409692	10281
Medicaid	\$4203565	7660
Commercial Insurance	\$11302770	10254
Self-pay	\$164974	2031
Any Other Category of Payer	\$256401	307
Total	\$27337402	30533

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	\$15025226	10491
Medicaid	\$4543734	7688
Commercial Insurance	\$11617033	10277
Self-pay	\$166274	2039
Any Other Category of Payer	\$264179	316
Total	\$31616446	30811

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

13. Operating Expenses

Salaries and Wages	\$9272340	Employee Benefits	\$2075981
Depreciation and Amortization	\$1442076	Interest Expense	\$818070
Bad Debt	\$278791	Other Expenses	\$17758925
Total Operating Expenses	\$31646183		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-27839	Total Assets	\$15832005
Net Non-operating Gains over Loss	\$-877228	Total Liabilities	\$26196853
Total Net Gains	\$-905067		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40991195	\$25965808	\$15025387
Medicaid	\$20405588	\$15861904	\$4543684
Other Government	\$419269	\$384487	\$34782
Other State	\$0	\$0	\$0
Other Payers	\$34461271	\$22448679	\$12012592
Total	\$96277323	\$64660878	\$31616445

Statement Three: Donations Statement

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

Statement Four: Research Statement

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

Statement Five: Education Statement

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

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	121

Statement Six: Charity Statement

Hospital Charity Charges	\$6038491
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$628851	
HCI Payments	\$0		
Subtotal	\$0	\$628851	\$-628851
Medicaid Shortfalls	\$4689037	\$8570686	
Subtotal	\$4689037	\$9199537	\$-4510500
DSH Payments	\$0		
Subtotal	\$4689037	\$9199537	\$-4510500
Medicare Shortfalls	\$6076421	\$6039619	
Other Government Programs	\$0	\$0	
Total	\$10765458	\$15239156	\$-4473698

Statement Seven: Subsidized Health Services for the Community

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

Comments

2023 numbers were used for statements 3 - 7 with the exception of hospital charity charges. These numbers will be updated as soon as the information is available.

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