



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: MAJOR HOSPITAL
 City of Hospital: Shelbyville
 Year Begin: 01/01/2023 (mm/dd/yyyy format)
 Year End: 12/31/2023 (mm/dd/yyyy format)
 Person Completing the Report: Rob Kinder
 Email Address: rkinder@majorhospital.org

Medicare Provider Number: 150097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$94756525
Outpatient Patient Service Revenue	\$484434986
Total Gross Patient Service Revenue	\$579191511

2. Deductions From Revenue

Contractual Allowance	\$395195078
Other Deductions	\$1098873
Total Deductions	\$396293951

3. Total Operating Revenue

Net Patient Service Revenue	\$182897561
Other Operating Revenue	\$30176136
Total Operating Revenue	\$213073697

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$16418759	1392
Medicaid	\$9669454	833
Commercial Insurance	\$9115414	572
Self-pay	\$379666	38
Any Other Category of Payer	\$882138	59
Total	\$36465431	2894

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$40058729	62414
Medicaid	\$24231551	29029
Commercial Insurance	\$74091118	43764
Self-pay	\$2668994	9681
Any Other Category of Payer	\$5381739	3418
Total	\$146432131	148306

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	\$56477488	63806
Medicaid	\$33901005	29862
Commercial Insurance	\$83206532	44336
Self-pay	\$3048659	9719
Any Other Category of Payer	\$6263877	3477
Total	\$182897561	151200

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	\$16418759	1392
Medicaid	\$9669454	833
Commercial Insurance	\$9115414	572
Self-pay	\$379666	38
Any Other Category of Payer	\$882138	59
Total	\$36465431	2894

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	\$40058729	62414
Medicaid	\$24231551	29029
Commercial Insurance	\$74091118	43764
Self-pay	\$2668994	9681
Any Other Category of Payer	\$5381739	3418
Total	\$146432131	148306

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	\$56477488	63806
Medicaid	\$33901005	29862
Commercial Insurance	\$83206532	44336
Self-pay	\$3048659	9719
Any Other Category of Payer	\$6263877	3477
Total	\$182897561	151200

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	\$72566980	Employee Benefits	\$18439196
Depreciation and Amortization	\$11873025	Interest Expense	\$5603544
Bad Debt	\$7694119	Other Expenses	\$78306810
Total Operating Expenses	\$194483674		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$18590023	Total Assets	\$588946708
Net Non-operating Gains over Loss	\$31526322	Total Liabilities	\$193770245
Total Net Gains	\$50116345		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$276276331	\$219798843	\$56477488
Medicaid	\$122017385	\$88116380	\$33901005
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$180897795	\$88378727	\$92519068
Total	\$579191511	\$396293950	\$182897561

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$100000	\$100000	\$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	\$172402	\$354617	\$-182215

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$5000
Number of Citizens Exposed to Health Education Messages	\$50000

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,541,578		
Subtotal	\$2541578	\$0	\$2541578
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2541578	\$0	\$2541578

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	\$273958	\$-273958

Comments

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