



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: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: Indianapolis

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

Year End: 12/31/2023 (mm/dd/yyyy format)

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Medicare Provider Number: 15-3028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$102265849
Outpatient Patient Service Revenue	\$21600448
Total Gross Patient Service Revenue	\$123866297

2. Deductions From Revenue

Contractual Allowance	\$78285511
Other Deductions	\$948129
Total Deductions	\$79233640

3. Total Operating Revenue

Net Patient Service Revenue	\$44632658
Other Operating Revenue	\$2275905
Total Operating Revenue	\$46908563

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$17740907	1061
Medicaid	\$5119745	372
Commercial Insurance	\$13925044	270
Self-pay	\$656785	21
Any Other Category of Payer	\$2245336	42
Total	\$39687817	1766

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$1709762	1603
Medicaid	\$106027	1123
Commercial Insurance	\$3485533	1424
Self-pay	\$99876	29
Any Other Category of Payer	\$126337	5
Total	\$5527535	4184

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	\$19450669	2664
Medicaid	\$5225772	1495
Commercial Insurance	\$17410577	1694
Self-pay	\$756661	50
Any Other Category of Payer	\$2371673	47
Total	\$45215352	5950

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$285775	855
Medicaid	\$144435	615
Commercial Insurance	\$177098	386
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$607308	1856

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	\$285775	855
Medicaid	\$144435	615
Commercial Insurance	\$177098	386
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$607308	1856

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	\$31255	332
Medicaid	\$15946	170
Commercial Insurance	\$15308	163
Self-pay	\$638	7
Any Other Category of Payer	\$638	7
Total	\$63785	679

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	\$118655	303
Medicaid	\$60538	155
Commercial Insurance	\$58117	148
Self-pay	\$2422	6
Any Other Category of Payer	\$2422	6
Total	\$242154	618

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	\$149910	635
Medicaid	\$76484	325
Commercial Insurance	\$73425	311
Self-pay	\$3060	13
Any Other Category of Payer	\$3060	13
Total	\$305939	1297

13. Operating Expenses

Salaries and Wages	\$24251842	Employee Benefits	\$7653836
Depreciation and Amortization	\$1881744	Interest Expense	\$156481
Bad Debt	\$119248	Other Expenses	\$11585006
Total Operating Expenses	\$45648157		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1260406	Total Assets	\$32823797
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$14860547
Total Net Gains	\$1260406		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$61070504	\$41766975	\$19303529
Medicaid	\$24549557	\$19470924	\$5078633
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$38246236	\$17995740	\$20250496
Total	\$123866297	\$79233639	\$44632658

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	\$243374	\$-243374
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$13
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$400119
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$138247	
HCI Payments	\$0		
Subtotal	\$0	\$138247	\$-138247
Medicaid Shortfalls	\$4998861	\$8403849	
Subtotal	\$4998861	\$8542096	\$-3543235
DSH Payments	\$0		
Subtotal	\$4998861	\$8542096	\$-3543235
Medicare Shortfalls	\$19303530	\$21100800	
Other Government Programs	\$0	\$0	
Total	\$24302391	\$29642896	\$-5340505

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$18779	\$-18779
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments