



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: **BAPTIST HEALTH FLOYD**

City of Hospital: New Albany

Year Begin: 09/12/2302 (mm/dd/yyyy format)

Year End: 08/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Lauren Yoder

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Medicare Provider Number: 12-0044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1104667817
Outpatient Patient Service Revenue	\$1655947633
Total Gross Patient Service Revenue	\$2760615450

2. Deductions From Revenue

Contractual Allowance	\$2315743241
Other Deductions	\$625706766
Total Deductions	\$2941450007

3. Total Operating Revenue

Net Patient Service Revenue	\$393423055
Other Operating Revenue	\$3844859
Total Operating Revenue	\$397267914

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$106340378	8606
Medicaid	\$20877976	2112
Commercial Insurance	\$4668073	2466
Self-pay	\$213402	199
Any Other Category of Payer	\$11158467	843
Total	\$143258296	14226

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$67652433	98951
Medicaid	\$22228339	39502
Commercial Insurance	\$96145712	79072
Self-pay	\$1236433	9129
Any Other Category of Payer	\$20701842	18179
Total	\$207964759	244833

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	\$173992812	107557
Medicaid	\$43106316	41614
Commercial Insurance	\$143013785	81538
Self-pay	\$1449835	9328
Any Other Category of Payer	\$31860308	19022
Total	\$393423056	259059

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	\$106340378	8606
Medicaid	\$20877976	2112
Commercial Insurance	\$46868073	2466
Self-pay	\$213402	199
Any Other Category of Payer	\$11158467	843
Total	\$185458296	14226

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	\$67652433	98951
Medicaid	\$22228339	39502
Commercial Insurance	\$96145712	79072
Self-pay	\$1236433	9129
Any Other Category of Payer	\$20701842	18179
Total	\$207964759	244833

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	\$173992812	107557
Medicaid	\$43106316	41614
Commercial Insurance	\$143013785	81538
Self-pay	\$1449835	9328
Any Other Category of Payer	\$31860308	19022
Total	\$393423056	259059

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	\$128281148	Employee Benefits	\$32556787
Depreciation and Amortization	\$18923623	Interest Expense	\$262397
Bad Debt	\$1131983	Other Expenses	\$236440995
Total Operating Expenses	\$417596933		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-20329019	Total Assets	\$275879271
Net Non-operating Gains over Loss	\$-222278	Total Liabilities	\$12893323
Total Net Gains	\$-20551297		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1573505479	\$1399512667	\$173992812
Medicaid	\$333970762	\$290864446	\$43106316
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$853139210	\$676815283	\$176323927
Total	\$2760615451	\$2367192396	\$393423055

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$5000	\$287381	\$-282381

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$119328	\$0	\$119328

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$79972	\$-79972
Hospital Patients	\$1467	\$8958	\$-7491
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	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$1654236

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$343832	
HCI Payments	\$0		
Subtotal	\$0	\$343832	\$-343832
Medicaid Shortfalls	\$43106316	\$52061634	
Subtotal	\$43106316	\$52061634	\$-8955318
DSH Payments	\$0		
Subtotal	\$43106316	\$52061634	\$-8955318
Medicare Shortfalls	\$173992812	\$211254542	
Other Government Programs	\$0	\$0	
Total	\$217099128	\$263316176	\$-46217048

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

Submitting for FY2024.

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