



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: ENCOMPASS HEALTH DEACONESS

City of Hospital: Newburgh

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

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

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Medicare Provider Number: 153025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |            |
|-------------------------------------|------------|
| Inpatient Patient Service Revenue   | \$79052515 |
| Outpatient Patient Service Revenue  | \$0        |
| Total Gross Patient Service Revenue | \$79052515 |

2. Deductions From Revenue

|                       |            |
|-----------------------|------------|
| Contractual Allowance | \$21350653 |
| Other Deductions      | \$0        |
| Total Deductions      | \$21350653 |

3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$57701862 |
| Other Operating Revenue     | \$90038    |
| Total Operating Revenue     | \$57791900 |

4. Net Patient Revenue and Total Number of Paid Claims 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                           |

5. Net Patient Revenue and Total Number of Paid Claims 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 |

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

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

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

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              | \$16518071        | Employee Benefits | \$9316499 |
| Depreciation and Amortization   | \$1878301         | Interest Expense  | \$-328566 |
| Bad Debt                        | \$1299756         | Other Expenses    | \$7983255 |
| <b>Total Operating Expenses</b> | <b>\$36667316</b> |                   |           |

14. Net Revenue and Expenses

|                                   |                   |                   |            |
|-----------------------------------|-------------------|-------------------|------------|
| Excess Revenue over Expenses      | \$21124583        | Total Assets      | \$49721415 |
| Net Non-operating Gains over Loss | \$0               | Total Liabilities | \$11736094 |
| <b>Total Net Gains</b>            | <b>\$21124583</b> |                   |            |

## Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$39754183            | \$8996435             | \$30757748                    |
| Medicaid         | \$7257228             | \$3146852             | \$4110376                     |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$32041104            | \$9207366             | \$22833738                    |
| Total            | \$79052515            | \$21350653            | \$57701862                    |

## 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 | \$0 |

## Statement Six: Charity Statement

Hospital Charity Charges \$0

|                           | Payments from<br>Clients | Less Costs to<br>Hospital | Unreimbursed<br>Costs to Hospital |
|---------------------------|--------------------------|---------------------------|-----------------------------------|
| Charity Care              | \$0                      | \$294398                  |                                   |
| HCI Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$0                      | \$294398                  | \$-294398                         |
| Medicaid Shortfalls       | \$0                      | \$0                       |                                   |
| Subtotal                  | \$0                      | \$0                       | \$0                               |
| DSH Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$0                      | \$0                       | \$0                               |
| Medicare Shortfalls       | \$0                      | \$0                       |                                   |
| Other Government Programs | \$0                      | \$0                       |                                   |
| Total                     | \$0                      | \$0                       | \$0                               |

#### Statement Seven: Subsidized Health Services for the Community

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

#### Comments