



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BAPTIST HEALTH

City of Hospital: New Albany

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 09/30/2016 (mm/dd/yyyy format)

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Medicare Provider Number: 150044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$345531000
Outpatient Patient Service Revenue	\$520904000
Total Gross Patient Service Revenue	\$866435000

2. Deductions From Revenue

Contractual Allowance	\$18061500
Other Deductions	\$686000
Total Deductions	\$18747500

3. Total Operating Revenue

Net Patient Service Revenue	\$280190000
Other Operating Revenue	\$1058000
Total Operating Revenue	\$281248000

4. Operating Expenses

Salaries and Wages	\$113297000	Employee Benefits	\$37215000
Depreciation and Amortization	\$9990000	Interest Expense	\$3631000
Bad Debt	\$18615000	Other Expenses	\$125029000
Total Operating Expenses	\$307777000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-22880000	Total Assets	\$231834000
Net Non-operating Gains over Loss	\$3027000	Total Liabilities	\$118348000

Total Net Gains	\$-19853000
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$289526	\$193930	\$95596

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

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	\$16228	\$216478	
HCI Payments	\$0		
Subtotal	\$16228	\$216478	\$-200250
Medicaid Shortfalls	\$14577789	\$21053617	
Subtotal	\$14594017	\$21270095	\$-6676078
DSH Payments	\$3,233,767		
Subtotal	\$17827784	\$21270095	\$-3442311
Medicare Shortfalls	\$72225696	\$71324036	
Other Government Programs	\$0	\$64281	
Total	\$90053480	\$92658412	\$-2604932

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$19665	\$2228714	\$-2209049
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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