



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: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: Linton

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

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

Person Completing the Report: Amy Goodman

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Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$18210553.50
Outpatient Patient Service Revenue	\$160844899.98
Total Gross Patient Service Revenue	\$179055453.48

2. Deductions From Revenue

Contractual Allowance	\$115276339.15
Other Deductions	\$0
Total Deductions	\$115276339.15

3. Total Operating Revenue

Net Patient Service Revenue	\$63779114.33
Other Operating Revenue	\$3584852.79
Total Operating Revenue	\$67363967.12

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1923134	15816
Medicaid	\$1715564	14106
Commercial Insurance	\$2762624	22762
Self-pay	\$57211	480
Any Other Category of Payer	\$28022	269
Total	\$6486555	53433

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$16986098	29982
Medicaid	\$15152736	26740
Commercial Insurance	\$24400901	43149
Self-pay	\$505320	911
Any Other Category of Payer	\$247504	507
Total	\$57292559	101289

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	\$18909232	45798
Medicaid	\$16868300	40846
Commercial Insurance	\$27163525	65911
Self-pay	\$562532	1391
Any Other Category of Payer	\$275526	776
Total	\$63779115	154722

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	\$1861529	15356
Medicaid	\$769324	13696
Commercial Insurance	\$2682178	22100
Self-pay	\$55545	466
Any Other Category of Payer	\$929095	259
Total	\$6297671	51877

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	\$15047277	26806
Medicaid	\$6898180	23907
Commercial Insurance	\$21334354	38578
Self-pay	\$694158	815
Any Other Category of Payer	\$7249692	454
Total	\$51223661	90560

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	\$16908805	42162
Medicaid	\$7667503	37603
Commercial Insurance	\$24016532	60678
Self-pay	\$749703	1281
Any Other Category of Payer	\$8178788	713
Total	\$57521331	142437

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	\$55832	460
Medicaid	\$23074	410
Commercial Insurance	\$80445	662
Self-pay	\$1666	14
Any Other Category of Payer	\$27866	10
Total	\$188883	1556

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	\$1791948	3176
Medicaid	\$785652	2833
Commercial Insurance	\$2546313	4571
Self-pay	\$86038	96
Any Other Category of Payer	\$859049	53
Total	\$6069000	10729

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	\$1847780	3636
Medicaid	\$808726	3243
Commercial Insurance	\$2626758	5233
Self-pay	\$87704	110
Any Other Category of Payer	\$886814	63
Total	\$6257782	12285

13. Operating Expenses

Salaries and Wages	\$27541848.84	Employee Benefits	\$6145631.70
Depreciation and Amortization	\$3174966.84	Interest Expense	\$592380.20
Bad Debt	\$6088375.94	Other Expenses	\$18716689.43
Total Operating Expenses	\$62259892.95		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1712977	Total Assets	\$40180280.46
Net Non-operating Gains over Loss	\$46088	Total Liabilities	\$27879284.05
Total Net Gains	\$-1666889		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$53086360.84	\$34176184.44	\$18910176.4
Medicaid	\$47356586.34	\$30487668.18	\$16868918.16
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$78612506.30	\$50612486.53	\$28000019.77
Total	\$179055453.48	\$115276339.15	\$63779114.33

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	11069
Number of Citizens Exposed to Health Education Messages	36144

Statement Six: Charity Statement

Hospital Charity Charges	\$319846.58
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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	\$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 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

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