



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: INDIANA UNIVERSITY HEALTH FRANKFORT HOSPITAL

City of Hospital: Frankfort

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

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

Person Completing the Report: Lauren Wood

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Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4988956
Outpatient Patient Service Revenue	\$70053167
Total Gross Patient Service Revenue	\$75042123

2. Deductions From Revenue

Contractual Allowance	\$45011581
Other Deductions	\$1805487
Total Deductions	\$46817068

3. Total Operating Revenue

Net Patient Service Revenue	\$25190246
Other Operating Revenue	\$5808
Total Operating Revenue	\$25196054

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2559221	174
Medicaid	\$509105	28
Commercial Insurance	\$288603	16
Self-pay	\$142	4
Any Other Category of Payer	\$-2839	9
Total	\$3354232	231

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9919348	7607
Medicaid	\$3717168	7217
Commercial Insurance	\$7809612	7088
Self-pay	\$95528	1345
Any Other Category of Payer	\$294358	260
Total	\$21836014	23517

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	\$12478569	7781
Medicaid	\$4226273	7245
Commercial Insurance	\$8098215	7104
Self-pay	\$95669	1349
Any Other Category of Payer	\$291520	269
Total	\$25190246	23748

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	\$2559221	174
Medicaid	\$509105	28
Commercial Insurance	\$288603	16
Self-pay	\$142	4
Any Other Category of Payer	-\$2839	9
Total	\$3354232	231

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	\$9919348	7607
Medicaid	\$3717168	7217
Commercial Insurance	\$7809612	7088
Self-pay	\$95528	1345
Any Other Category of Payer	\$296401	260
Total	\$21838057	23517

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	\$12478569	7781
Medicaid	\$4226273	7245
Commercial Insurance	\$8098215	7104
Self-pay	\$95669	1349
Any Other Category of Payer	\$293563	269
Total	\$25192289	23748

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	\$-2043	0
Total	\$-2043	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	\$-2043	0
Total	\$-2043	0

13. Operating Expenses

Salaries and Wages	\$7921220	Employee Benefits	\$1789172
Depreciation and Amortization	\$1659899	Interest Expense	\$818070
Bad Debt	\$3034809	Other Expenses	\$13362574
Total Operating Expenses	\$28585744		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3389692	Total Assets	\$18122586
Net Non-operating Gains over Loss	\$-743670	Total Liabilities	\$27582367
Total Net Gains	\$-4133362		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$31053994	\$18569224	\$12484770
Medicaid	\$18763048	\$14537471	\$4225577
Other Government	\$491788	\$375868	\$115920
Other State	\$0	\$0	\$0
Other Payers	\$24733293	\$16369315	\$8363978
Total	\$75042123	\$49851878	\$25190245

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1662	\$-1662

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	201

Statement Six: Charity Statement

Hospital Charity Charges	\$1805487
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$647203	
HCI Payments	\$0		
Subtotal	\$0	\$647203	\$-647203
Medicaid Shortfalls	\$5184298	\$7729338	
Subtotal	\$5184298	\$8376541	\$-3192243
DSH Payments	\$0		
Subtotal	\$5184298	\$8376541	\$-3192243
Medicare Shortfalls	\$6731610	\$6600936	
Other Government Programs	\$0	\$0	
Total	\$11915908	\$14977477	\$-3061569

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