



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: LOGANSPORT MEMORIAL HOSPITAL

City of Hospital: Logansport

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

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

Person Completing the Report: Heather Wheeler

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Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$40351971
Outpatient Patient Service Revenue	\$281260541
Total Gross Patient Service Revenue	\$321612512

2. Deductions From Revenue

Contractual Allowance	\$206634370
Other Deductions	\$1955497
Total Deductions	\$208589867

3. Total Operating Revenue

Net Patient Service Revenue	\$113022645
Other Operating Revenue	\$3499719
Total Operating Revenue	\$116522364

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9885542	3799
Medicaid	\$3718929	4320
Commercial Insurance	\$5420515	6071
Self-pay	\$770197	1813
Any Other Category of Payer	\$0	0
Total	\$19795183	16003

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$38778563	224127
Medicaid	\$23094650	191845
Commercial Insurance	\$26786675	233745
Self-pay	\$4567574	72251
Any Other Category of Payer	\$0	0
Total	\$93227462	721968

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	\$48664105	227926
Medicaid	\$26813579	196165
Commercial Insurance	\$32207190	239816
Self-pay	\$5337771	74064
Any Other Category of Payer	\$0	0
Total	\$113022645	737971

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	\$6657245	1154
Medicaid	\$5594416	1314
Commercial Insurance	\$6016478	3602
Self-pay	\$399349	1748
Any Other Category of Payer	\$0	0
Total	\$18667488	7818

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	\$18053797	159102
Medicaid	\$13621903	128665
Commercial Insurance	\$43231986	122142
Self-pay	\$4328876	71275
Any Other Category of Payer	\$0	0
Total	\$79236562	481184

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	\$24711042	160256
Medicaid	\$19216319	129979
Commercial Insurance	\$49248464	125744
Self-pay	\$4728225	73023
Any Other Category of Payer	\$0	0
Total	\$97904050	489002

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	\$257540	2645
Medicaid	\$384414	3006
Commercial Insurance	\$466286	2469
Self-pay	\$19455	65
Any Other Category of Payer	\$0	0
Total	\$1127695	8185

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	\$4510089	65025
Medicaid	\$3724209	63180
Commercial Insurance	\$5691646	111603
Self-pay	\$64956	976
Any Other Category of Payer	\$0	0
Total	\$13990900	240784

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	\$4767629	67670
Medicaid	\$4108623	66186
Commercial Insurance	\$6157932	114072
Self-pay	\$84411	1041
Any Other Category of Payer	\$0	0
Total	\$15118595	248969

13. Operating Expenses

Salaries and Wages	\$45129881	Employee Benefits	\$13209584
Depreciation and Amortization	\$5974110	Interest Expense	\$1344407
Bad Debt	\$7743289	Other Expenses	\$54639163
Total Operating Expenses	\$128040434		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-11518070	Total Assets	\$80848987
Net Non-operating Gains over Loss	\$662769	Total Liabilities	\$38175806
Total Net Gains	\$-10855301		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$144708402	\$101871787	\$42836615
Medicaid	\$67751131	\$40937552	\$26813579
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$109152979	\$63825031	\$45327948
Total	\$321612512	\$206634370	\$114978142

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$769074	\$-769074

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	\$60726	\$-60726
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$30314	\$-30314

Number of Medical Professionals Trained	200
Number of Hospital Patients Educated	120217
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1955497
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$731441	
HCI Payments	\$0		
Subtotal	\$0	\$731441	\$-731441
Medicaid Shortfalls	\$21617435	\$25341886	
Subtotal	\$21617435	\$26073327	\$-4455892
DSH Payments	\$1,612,935		
Subtotal	\$23230370	\$26073327	\$-2842957
Medicare Shortfalls	\$30856254	\$54127271	
Other Government Programs	\$0	\$0	
Total	\$54086624	\$80200598	\$-26113974

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$520826	\$-520826
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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