



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: LUTHERAN HOSPITAL

City of Hospital: Fort Wayne

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

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

Person Completing the Report: Stacey Thomas

Email Address: sthomas@lutheran-hosp.com

Medicare Provider Number: 15-0017

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2181243098
Outpatient Patient Service Revenue	\$1343586945
Total Gross Patient Service Revenue	\$3524830043

2. Deductions From Revenue

Contractual Allowance	\$2956345939
Other Deductions	\$-7
Total Deductions	\$2956345932

3. Total Operating Revenue

Net Patient Service Revenue	\$568484111
Other Operating Revenue	\$2773092
Total Operating Revenue	\$571257203

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$137187165	7598
Medicaid	\$61816765	2968
Commercial Insurance	\$129714775	2838
Self-pay	\$4571850	2
Any Other Category of Payer	\$13880231	667
Total	\$347170786	14073

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$48482463	47026
Medicaid	\$25770739	22014
Commercial Insurance	\$138733270	39648
Self-pay	\$4295746	19
Any Other Category of Payer	\$4031100	3565
Total	\$221313318	112272

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	\$185669628	54624
Medicaid	\$87587504	24982
Commercial Insurance	\$268448052	42486
Self-pay	\$8867589	21
Any Other Category of Payer	\$17911331	4232
Total	\$568484104	126345

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	\$137187165	7598
Medicaid	\$61816765	2968
Commercial Insurance	\$129714775	2838
Self-pay	\$4571850	2
Any Other Category of Payer	\$13880231	667
Total	\$347170786	14073

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	\$48482463	47026
Medicaid	\$25770739	22014
Commercial Insurance	\$138733270	39648
Self-pay	\$4295746	19
Any Other Category of Payer	\$4031100	3565
Total	\$221313318	112272

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	\$137187165	54624
Medicaid	\$61816765	24982
Commercial Insurance	\$129714775	42486
Self-pay	\$4571850	21
Any Other Category of Payer	\$13880231	4232
Total	\$347170786	126345

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	\$143748556	Employee Benefits	\$38788780
Depreciation and Amortization	\$29171343	Interest Expense	\$115590
Bad Debt	\$0	Other Expenses	\$314264406
Total Operating Expenses	\$526088675		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$45168536	Total Assets	\$428769615
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$389816837
Total Net Gains	\$45168536		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1822976975	\$1637307347	\$185669628
Medicaid	\$571543633	\$483956129	\$87587504
Other Government	\$151928604	\$143061015	\$8867589
Other State	\$0	\$0	\$0
Other Payers	\$978380831	\$709932779	\$268448052
Total	\$3524830043	\$2974257270	\$550572773

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	\$8816687
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1344863	
HCI Payments	\$0		
Subtotal	\$0	\$1344863	\$-1344863
Medicaid Shortfalls	\$87587504	\$87181027	
Subtotal	\$87587504	\$88525890	\$-938386
DSH Payments	\$0		
Subtotal	\$87587504	\$88525890	\$-938386
Medicare Shortfalls	\$185669628	\$278069766	
Other Government Programs	\$0	\$0	
Total	\$273257132	\$366595656	\$-93338524

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	\$94458343	\$-94458343
Other Allocations	\$0	\$0	\$0

Comments

//