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: MEMORIAL HOSPITAL AND HEALTH CARE CENTER

City of Hospital: JASPER

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

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Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$130157717
Outpatient Patient Service Revenue	$690914526
Total Gross Patient Service Revenue	$821072243

2. Deductions From Revenue

Contractual Allowance	$534757431
Other Deductions	$16525208
Total Deductions	$551282639

3. Total Operating Revenue

Net Patient Service Revenue	$269789604
Other Operating Revenue	$10963745
Total Operating Revenue	$280753349

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$26271210	$6446
Medicaid	$7227635	$2002
Commercial Insurance	$17635991	$4353
Self-pay	$237756	$350
Any Other Category of Payer	$234949	$93
Total	$0	$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	$63009629	$287515
Medicaid	$20290272	$92797
Commercial Insurance	$113789036	$286794
Self-pay	$259584	$42673
Any Other Category of Payer	$3609919	$10918
Total	$0	$0

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	$89280839	$293961
Medicaid	$27517907	$94799
Commercial Insurance	$131425027	$291147
Self-pay	$497340	$43023
Any Other Category of Payer	$3844868	$11011
Total	$0	$0

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	$24703875	$2516
Medicaid	$6880137	$841
Commercial Insurance	$16441185	$1792
Self-pay	$184264	$91
Any Other Category of Payer	$217137	$39
Total	$0	$0

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	$48158534	$104349
Medicaid	$15475459	$30998
Commercial Insurance	$94427062	$97320
Self-pay	$-744511	$11428
Any Other Category of Payer	$2850220	$3685
Total	$0	$0

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	$72862409	$106865
Medicaid	$22355596	$31839
Commercial Insurance	$110868247	$99112
Self-pay	$-560247	$11519
Any Other Category of Payer	$3067357	$3724
Total	$0	$0

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	$1567335	$3930
Medicaid	$347498	$1161
Commercial Insurance	$1194807	$2561
Self-pay	$53492	$259
Any Other Category of Payer	$17811	$54
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	$14851095	$183166
Medicaid	$4814814	$61799
Commercial Insurance	$19361974	$189474
Self-pay	$1004095	$31245
Any Other Category of Payer	$759698	$7233
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	$16418430	$187096
Medicaid	$5162312	$62960
Commercial Insurance	$20556781	$192035
Self-pay	$1057587	$31504
Any Other Category of Payer	$777509	$7287
Total	$0	$0

13. Operating Expenses

Salaries and Wages	$125515429	Employee Benefits	$25361574
Depreciation and Amortization	$16699675	Interest Expense	$2144364
Bad Debt	$9898258	Other Expenses	$100648413
Total Operating Expenses	$280267713		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$485636	Total Assets	$324019058
Net Non-operating Gains over Loss	$8088973	Total Liabilities	$100463629
Total Net Gains	$8574609		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$409785357	$310731607	$99053750
Medicaid	$99972960	$67346478	$32626482
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$311313926	$183102811	$128211115
Total	$821072243	$561180896	$259891347

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$721693	$0	$721693

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	$0

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$0	
HCI Payments	$0		
Subtotal	$0	$0	$0
Medicaid Shortfalls	$99972960	$67346478	
Subtotal	$99972960	$67346478	$32626482
DSH Payments	$0		
Subtotal	$99972960	$67346478	$32626482
Medicare Shortfalls	$409785357	$310731607	
Other Government Programs	$0	$0	
Total	$509758317	$378078085	$131680232

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$8889028	$3083375	$5805653
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$0	$0
Other Allocations	$0	$0	$0

Comments