



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: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

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

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

Person Completing the Report: Kylie Bowles

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Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6142918
Outpatient Patient Service Revenue	\$139265009
Total Gross Patient Service Revenue	\$145407927

2. Deductions From Revenue

Contractual Allowance	\$90163432
Other Deductions	\$845379
Total Deductions	\$91008811

3. Total Operating Revenue

Net Patient Service Revenue	\$54399116
Other Operating Revenue	\$988397
Total Operating Revenue	\$55387513

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1670314	67374
Medicaid	\$290477	19468
Commercial Insurance	\$295049	12722
Self-pay	\$37457	1089
Any Other Category of Payer	\$4855	139
Total	\$2298152	100792

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$20698976	257028
Medicaid	\$8474632	171318
Commercial Insurance	\$21095725	161212
Self-pay	\$495755	12556
Any Other Category of Payer	\$1335876	605539
Total	\$52100964	1207653

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	\$22369290	324402
Medicaid	\$8765109	190786
Commercial Insurance	\$21390774	173934
Self-pay	\$533212	13645
Any Other Category of Payer	\$1340731	3564
Total	\$54399116	706331

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	\$1554451	63518
Medicaid	\$277370	18689
Commercial Insurance	\$287513	12040
Self-pay	\$34781	1036
Any Other Category of Payer	\$4585	125
Total	\$2158700	95408

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	\$17968297	194504
Medicaid	\$7719482	121949
Commercial Insurance	\$17150593	104838
Self-pay	\$464421	9216
Any Other Category of Payer	\$1245731	1137
Total	\$44548524	431644

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	\$19522748	258022
Medicaid	\$7996852	140638
Commercial Insurance	\$17438105	116878
Self-pay	\$499202	10252
Any Other Category of Payer	\$1250316	1262
Total	\$46707223	527052

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	\$115862	3856
Medicaid	\$13107	779
Commercial Insurance	\$7536	682
Self-pay	\$2677	53
Any Other Category of Payer	\$270	14
Total	\$139452	5384

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	\$2730679	62524
Medicaid	\$755151	49369
Commercial Insurance	\$3945133	56374
Self-pay	\$31333	3340
Any Other Category of Payer	\$90146	2288
Total	\$7552442	173895

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	\$2846541	66380
Medicaid	\$768257	50148
Commercial Insurance	\$3952669	57056
Self-pay	\$34010	3393
Any Other Category of Payer	\$90416	2302
Total	\$7691893	179279

13. Operating Expenses

Salaries and Wages	\$22274509	Employee Benefits	\$5747100
Depreciation and Amortization	\$2141437	Interest Expense	\$103964
Bad Debt	\$3429434	Other Expenses	\$24346674
Total Operating Expenses	\$58043118		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2655605	Total Assets	\$48395571
Net Non-operating Gains over Loss	\$413011	Total Liabilities	\$21950725
Total Net Gains	\$-2242594		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$70177734	\$49933090	\$20244644
Medicaid	\$30827404	\$22813070	\$8014334
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$44402789	\$18262651	\$26140138
Total	\$145407927	\$91008811	\$54399116

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	\$21208	\$-21208
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
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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	\$656,622		
Subtotal	\$656622	\$0	\$656622
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$656622	\$0	\$656622

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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