



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: SCHNECK MEDICAL CENTER

City of Hospital: SEYMOUR

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

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

Person Completing the Report: Jonathan Hauersperger

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Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$81368816
Outpatient Patient Service Revenue	\$448856416
Total Gross Patient Service Revenue	\$530225232

2. Deductions From Revenue

Contractual Allowance	\$315400254
Other Deductions	\$1097701
Total Deductions	\$316497955

3. Total Operating Revenue

Net Patient Service Revenue	\$213727277
Other Operating Revenue	\$3421605
Total Operating Revenue	\$217148882

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10298569	6317
Medicaid	\$9962383	6826
Commercial Insurance	\$14001348	5657
Self-pay	\$1226340	92
Any Other Category of Payer	\$0	0
Total	\$35488640	18892

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$47322593	153462
Medicaid	\$22010249	101568
Commercial Insurance	\$91095347	204087
Self-pay	\$4456274	6608
Any Other Category of Payer	\$2915887	79
Total	\$167800350	465804

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	\$57621162	159779
Medicaid	\$31972632	108394
Commercial Insurance	\$105096695	209744
Self-pay	\$5682614	6700
Any Other Category of Payer	\$2915887	79
Total	\$203288990	484696

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	-\$786464	1280
Medicaid	\$12093127	1514
Commercial Insurance	\$12122557	1296
Self-pay	-\$2376864	10
Any Other Category of Payer	\$0	0
Total	\$21052356	4100

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	\$49492213	75648
Medicaid	\$16255326	45448
Commercial Insurance	\$91881296	81417
Self-pay	-\$10821111	1908
Any Other Category of Payer	\$1326370	66
Total	\$148134094	204487

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	\$48705749	76928
Medicaid	\$28348453	46962
Commercial Insurance	\$104003853	82713
Self-pay	-\$13197975	1918
Any Other Category of Payer	\$1326370	66
Total	\$169186450	208587

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	\$721380	5037
Medicaid	\$552162	5312
Commercial Insurance	\$1095495	4361
Self-pay	\$110973	82
Any Other Category of Payer	\$0	0
Total	\$2480010	14792

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	\$7774935	77814
Medicaid	\$3117021	56120
Commercial Insurance	\$11356785	122670
Self-pay	\$473820	4700
Any Other Category of Payer	\$0	0
Total	\$22722561	261304

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	\$8496316	82851
Medicaid	\$3669184	61432
Commercial Insurance	\$12452279	127031
Self-pay	\$584793	4782
Any Other Category of Payer	\$0	0
Total	\$25202572	276096

13. Operating Expenses

Salaries and Wages	\$92696906	Employee Benefits	\$24611653
Depreciation and Amortization	\$11786038	Interest Expense	\$440947
Bad Debt	\$10438287	Other Expenses	\$67754661
Total Operating Expenses	\$207728492		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$9420390	Total Assets	\$523894026
Net Non-operating Gains over Loss	\$16629233	Total Liabilities	\$69765957
Total Net Gains	\$26049623		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$216050832	\$136016512	\$80034320
Medicaid	\$106052721	\$70685640	\$35367081
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$208121679	\$110893504	\$97228175
Total	\$530225232	\$317595656	\$212629576

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$828524	\$250328	\$578196

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	\$12861	\$-12861
Community Education	\$59921	\$10573	\$49348

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	\$1097701
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$340854	
HCI Payments	\$0		
Subtotal	\$0	\$340854	\$-340854
Medicaid Shortfalls	\$5112848	\$8352386	
Subtotal	\$5112848	\$8693240	\$-3580392
DSH Payments	\$0		
Subtotal	\$5112848	\$8693240	\$-3580392
Medicare Shortfalls	\$16290181	\$24439922	
Other Government Programs	\$0	\$0	
Total	\$21403029	\$33133162	\$-11730133

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$14861905	\$22383670	\$-7521765
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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