



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: WOODLAWN HOSPITAL

City of Hospital: Rochester

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

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Carrie Bowers

Email Address: cbowers@woodlawnhospital.com

Medicare Provider Number: 151313

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$17291998	Contractual Allowance	\$100466621
Outpatient Patient Service Revenue	\$146145254	Other Deductions	\$5202899
<b>Total Gross Patient Service Revenue</b>	<b>\$163437252</b>	<b>Total Deductions</b>	<b>\$105669520</b>

3. Total Operating Revenue	
Net Patient Service Revenue	\$57767732
Other Operating Revenue	\$3795661
<b>Total Operating Revenue</b>	<b>\$61563393</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2247311	397
Medicaid	\$769491	601
Commercial Insurance	\$4532606	675
Self-pay	\$3159	2
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$7552567</b>	<b>1675</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$25411417	13055
Medicaid	\$12563603	20030
Commercial Insurance	\$45129365	30306
Self-pay	\$224644	616
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$83329029</b>	<b>64007</b>

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	\$27658728	13452
Medicaid	\$13333094	20631

Commercial Insurance	\$49661971	30981
Self-pay	\$227803	618
Any Other Category of Payer	\$0	0
Total	\$90881596	65682

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	\$2242592	393
Medicaid	\$757753	601
Commercial Insurance	\$4498481	596
Self-pay	\$517	2
Any Other Category of Payer	\$0	0
Total	\$7499343	1592

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	\$24803747	12708
Medicaid	\$11802643	17311
Commercial Insurance	\$43112465	24934
Self-pay	\$71889	238
Any Other Category of Payer	\$0	0
Total	\$79790744	55191

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	\$27046339	13101
Medicaid	\$12560396	17912
Commercial Insurance	\$47610946	25530
Self-pay	\$72406	240
Any Other Category of Payer	\$0	0
Total	\$87290087	56783

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	\$4719	4
Medicaid	\$11738	0
Commercial Insurance	\$34125	79
Self-pay	\$2642	0
Any Other Category of Payer	\$0	0
Total	\$53224	83

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	\$607670	347
Medicaid	\$760960	2719
Commercial Insurance	\$2016900	5372
Self-pay	\$152755	378
Any Other Category of Payer	\$0	0
Total	\$3538285	8816

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	\$612389	351

Medicaid	\$772698	2719
Commercial Insurance	\$2051025	5451
Self-pay	\$155397	378
Any Other Category of Payer	\$0	0
Total	\$3591509	8899

## 13. Operating Expenses

Salaries and Wages	\$26827109	Employee Benefits	\$6981000
Depreciation and Amortization	\$1849173	Interest Expense	\$419744
Bad Debt	\$5856467	Other Expenses	\$25931976
Total Operating Expenses	\$67865469		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6302177	Total Assets	\$48867059
Net Non-operating Gains over Loss	\$5217565	Total Liabilities	\$48867059
Total Net Gains	\$-1084612		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40174758	\$43253147	\$-3078389
Medicaid	\$22423442	\$16857644	\$5565798
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$100839052	\$40355830	\$60483222
Total	\$163437252	\$100466621	\$62970631

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$75000	\$-75000

## 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	\$16648	\$34616	\$-17968
Community Education	\$1798	\$0	\$1798

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	146
Number of Citizens Exposed to Health Education Messages	2000

Statement Six: Charity Statement

Hospital Charity Charges	\$861361
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$861361	
HCI Payments	\$0		
Subtotal	\$0	\$861361	\$-861361
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$790,339		
Subtotal	\$790339	\$0	\$790339
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$4047055	\$0	
Total	\$4837394	\$0	\$4837394

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	\$5000	\$-5000
Provision of Taxes	\$0	\$67830	\$-67830
Other Allocations	\$0	\$0	\$0

Comments

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