



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Draft

I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

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

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

Person Completing the Report: Kylie Bowles

Email Address: kylie.bowles@rushmemorial.com

Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8406993
Outpatient Patient Service Revenue	\$115707530
Total Gross Patient Service Revenue	\$124114523

2. Deductions From Revenue

Contractual Allowance	\$73628688
Other Deductions	\$518434
Total Deductions	\$74147122

3. Total Operating Revenue

Net Patient Service Revenue	\$49967401
Other Operating Revenue	\$2226019
Total Operating Revenue	\$52193420

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3054644	\$90743
Medicaid	-\$290224	\$19700
Commercial Insurance	\$511490	\$21062
Self-pay	-\$8724	\$1064
Any Other Category of Payer	\$117393	\$206
Total	\$3384579	\$132775

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$17588884	\$210445
Medicaid	\$7220415	\$150988
Commercial Insurance	\$20086194	\$157242
Self-pay	\$535967	\$12168
Any Other Category of Payer	\$1151361	\$5983
Total	\$46582821	\$536826

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	\$20643528	\$301188
Medicaid	\$6930192	\$170688
Commercial Insurance	\$20597684	\$178304
Self-pay	\$527243	\$13232
Any Other Category of Payer	\$1268754	\$6189
Total	\$49967401	\$669601

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	\$2876965	\$86494
Medicaid	-\$278067	\$19116
Commercial Insurance	\$502916	\$20269
Self-pay	-\$7495	\$1022
Any Other Category of Payer	\$96395	\$196
Total	\$3190714	\$127097

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	\$15410475	\$162099
Medicaid	\$5668842	\$111405
Commercial Insurance	\$16512121	\$106993
Self-pay	\$509526	\$8874
Any Other Category of Payer	\$1384882	\$2224
Total	\$39485846	\$391595

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	\$18287440	\$248593
Medicaid	\$5390774	\$130521

Commercial Insurance	\$17015037	\$127262
Self-pay	\$502032	\$9896
Any Other Category of Payer	\$1481277	\$2420
Total	\$42676560	\$518692

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	\$177678	\$4249
Medicaid	\$-12156	\$584
Commercial Insurance	\$28895	\$793
Self-pay	\$-1229	\$42
Any Other Category of Payer	\$677	\$10
Total	\$193865	\$5678

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	\$2376837	\$48346
Medicaid	\$861568	\$39583
Commercial Insurance	\$3550963	\$50249
Self-pay	\$132929	\$3294
Any Other Category of Payer	\$174678	\$3759
Total	\$7096975	\$145231

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	\$2554515	\$52595
Medicaid	\$849412	\$40167
Commercial Insurance	\$3579857	\$51042
Self-pay	\$131700	\$3336
Any Other Category of Payer	\$175356	\$3769
Total	\$7290840	\$150909

13. Operating Expenses

Salaries and Wages	\$20681749	Employee Benefits	\$5872931
Depreciation and Amortization	\$2043105	Interest Expense	\$95046
Bad Debt	\$2784299	Other Expenses	\$20400762
Total Operating Expenses	\$51877892		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$315527	Total Assets	\$48497025
Net Non-operating Gains over Loss	\$1141483	Total Liabilities	\$23745027
Total Net Gains	\$1457010		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$60567398	\$39923870	\$20643528
Medicaid	\$26008387	\$19078195	\$6930192
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$37538737	\$15145056	\$22393681
Total	\$124114522	\$74147121	\$49967401

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	\$46366	\$-46366
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 \$107985

	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	\$1138	\$-1138
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

Update Final

Update Draft

