



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: WOMENS HOSPITAL, THE (DEACONESS)

City of Hospital: Newburgh

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

Year End: 09/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Christina Cady

Email Address: christina.cady@deaconess.com

Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$87181761	Contractual Allowance	\$93994494
Outpatient Patient Service Revenue	\$119216613	Other Deductions	\$3401998
Total Gross Patient Service Revenue	\$206398374	Total Deductions	\$97396492

3. Total Operating Revenue	
Net Patient Service Revenue	\$109001882
Other Operating Revenue	\$1339428
Total Operating Revenue	\$110341310

4. Net Patient Revenue and Total Number of Paid Claims for Inpatient Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$795987	112
Medicaid	\$26230008	7462
Commercial Insurance	\$37213742	8871
Self-pay	\$468454	449
Any Other Category of Payer	\$420196	103
Total	\$65128387	16997

5. Net Patient Revenue and Total Number of Paid Claims for Outpatient Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3571556	10684
Medicaid	\$6723434	15443
Commercial Insurance	\$32867828	37503
Self-pay	\$427963	894
Any Other Category of Payer	\$282714	608
Total	\$43873495	65132

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	\$4367543	10796
Medicaid	\$32953442	22905

Commercial Insurance	\$70081570	46374
Self-pay	\$896417	1343
Any Other Category of Payer	\$702910	711
Total	\$109001882	82129

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	\$754330	42
Medicaid	\$25267906	1546
Commercial Insurance	\$35737741	3050
Self-pay	\$449534	81
Any Other Category of Payer	\$416110	49
Total	\$62625621	4768

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	\$3094922	7924
Medicaid	\$5932246	6650
Commercial Insurance	\$30772741	22701
Self-pay	\$398945	480
Any Other Category of Payer	\$256069	371
Total	\$40454923	38126

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	\$3849252	7966
Medicaid	\$31200152	8196
Commercial Insurance	\$66510482	25751
Self-pay	\$848479	561
Any Other Category of Payer	\$672179	420
Total	\$103080544	42894

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	\$41657	70
Medicaid	\$962102	5916
Commercial Insurance	\$1476001	5821
Self-pay	\$18921	368
Any Other Category of Payer	\$4087	54
Total	\$2502768	12229

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	\$476634	2760
Medicaid	\$791188	8793
Commercial Insurance	\$2095087	14802
Self-pay	\$29019	414
Any Other Category of Payer	\$26645	237
Total	\$3418573	27006

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	\$518291	2830

Medicaid	\$1753290	14709
Commercial Insurance	\$3571088	20623
Self-pay	\$47940	782
Any Other Category of Payer	\$30732	291
Total	\$5921341	39235

13. Operating Expenses

Salaries and Wages	\$40357093	Employee Benefits	\$10554361
Depreciation and Amortization	\$1912908	Interest Expense	\$221559
Bad Debt	\$1886256	Other Expenses	\$38013038
Total Operating Expenses	\$92945215		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$15509839	Total Assets	\$272011598
Net Non-operating Gains over Loss	\$41000	Total Liabilities	\$272011598
Total Net Gains	\$15550839		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18595921	\$14228378	\$4367543
Medicaid	\$67650766	\$42460402	\$25190364
Other Government	\$1625596	\$922686	\$702910
Other State	\$0	\$0	\$0
Other Payers	\$118526091	\$47548104	\$70977987
Total	\$206398374	\$105159570	\$101238804

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	\$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	\$3401998
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3401998	
HCI Payments	\$0		
Subtotal	\$0	\$3401998	\$-3401998
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$5,767,927		
Subtotal	\$5767927	\$0	\$5767927
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$5767927	\$0	\$5767927

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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