



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: BAPTIST HEALTH FLOYD

City of Hospital: New Albany

Year Begin: 09/01/2022 (mm/dd/yyyy format)

Year End: 08/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Lauren Yoder

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Medicare Provider Number: 15-0044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$949729614
Outpatient Patient Service Revenue	\$1562174800
Total Gross Patient Service Revenue	\$2511904414

2. Deductions From Revenue

Contractual Allowance	\$2154770450
Other Deductions	\$40981754
Total Deductions	\$2195752204

3. Total Operating Revenue

Net Patient Service Revenue	\$356152210
Other Operating Revenue	\$15159656
Total Operating Revenue	\$371311866

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$94205049	7183
Medicaid	\$19596019	2028
Commercial Insurance	\$37503761	1704
Self-pay	\$134973	40
Any Other Category of Payer	\$7680826	561
Total	\$159120628	11516

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$58353886	105622
Medicaid	\$20991149	50082
Commercial Insurance	\$77047296	68142
Self-pay	\$839188	3090
Any Other Category of Payer	\$39800063	16168
Total	\$197031582	243104

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	\$152558935	112805
Medicaid	\$40587168	52110
Commercial Insurance	\$114551057	69846
Self-pay	\$974161	3130
Any Other Category of Payer	\$47480889	16729
Total	\$356152210	254620

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	\$94175283	6984
Medicaid	\$19591131	1982
Commercial Insurance	\$37490858	1645
Self-pay	\$134973	40
Any Other Category of Payer	\$7677507	549
Total	\$159069752	11200

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	\$58002772	101477
Medicaid	\$20531991	41928
Commercial Insurance	\$74984533	58333
Self-pay	\$808217	2860
Any Other Category of Payer	\$39228845	14269
Total	\$193556358	218867

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	\$152178055	108461
Medicaid	\$40123122	43910
Commercial Insurance	\$112475391	59978
Self-pay	\$943190	2900
Any Other Category of Payer	\$46906352	14818
Total	\$352626110	230067

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	\$29766	199
Medicaid	\$4888	46
Commercial Insurance	\$12903	59
Self-pay	\$0	0
Any Other Category of Payer	\$3319	12
Total	\$50876	316

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	\$351114	4145
Medicaid	\$459158	8154
Commercial Insurance	\$2062763	9809
Self-pay	\$30971	230
Any Other Category of Payer	\$571218	1899
Total	\$3475224	24237

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	\$380880	4344
Medicaid	\$464046	8200
Commercial Insurance	\$2075666	9868
Self-pay	\$30971	230
Any Other Category of Payer	\$574537	1911
Total	\$3526100	24553

13. Operating Expenses

Salaries and Wages	\$125901151	Employee Benefits	\$26778299
Depreciation and Amortization	\$18649024	Interest Expense	\$227331
Bad Debt	\$424491	Other Expenses	\$212905373
Total Operating Expenses	\$384885669		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-13573803	Total Assets	\$236192262
Net Non-operating Gains over Loss	\$-349567	Total Liabilities	\$5791545
Total Net Gains	\$-13923370		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1463981517	\$1306521255	\$157460262
Medicaid	\$358704027	\$295480136	\$63223891
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$729218869	\$552769059	\$176449810
Total	\$2551904413	\$2154770450	\$397133963

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$180849	\$135007	\$45842

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$37453	\$0	\$37453

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	\$5773	\$-5773
Community Education	\$0	\$53488	\$-53488

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	\$1108818
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$126053	
HCI Payments	\$0		
Subtotal	\$0	\$126053	\$-126053
Medicaid Shortfalls	\$63223891	\$79228468	
Subtotal	\$63223891	\$80337286	\$-17113395
DSH Payments	\$0		
Subtotal	\$63223891	\$80337286	\$-17113395
Medicare Shortfalls	\$157460262	\$184990414	
Other Government Programs	\$0	\$0	
Total	\$220684153	\$265327700	\$-44643547

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

Fiscal Year 2023 submission