



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: DEACONESS MIDTOWN HOSPITAL
 City of Hospital: Evansville
 Year Begin: 10/01/2022 (mm/dd/yyyy format)
 Year End: 09/30/2023 (mm/dd/yyyy format)
 Person Completing the Report: Danielle Metzger-Cundiff
 Email Address: danielle.metzger-cundiff@deaconess.com
 Medicare Provider Number: 150082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$1634604172	Contractual Allowance	\$2570198804
Outpatient Patient Service Revenue	\$2169854256	Other Deductions	\$60407406
Total Gross Patient Service Revenue	\$3804458428	Total Deductions	\$2630606210

3. Total Operating Revenue	
Net Patient Service Revenue	\$1174058366
Other Operating Revenue	\$126750805
Total Operating Revenue	\$1300809171

4. Net Patient Revenue and Total Number of Paid Claims for Inpatient Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$221932531	160263
Medicaid	\$69157109	49278
Commercial Insurance	\$169858953	56157
Self-pay	\$19819524	4616
Any Other Category of Payer	\$0	0
Total	\$480768117	270314

5. Net Patient Revenue and Total Number of Paid Claims for Outpatient Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$217443599	473612
Medicaid	\$87627115	190860
Commercial Insurance	\$358319371	420078
Self-pay	\$29900164	13139
Any Other Category of Payer	\$0	0
Total	\$693290249	1097689

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	\$439376130	633875
Medicaid	\$156784224	240138

Commercial Insurance	\$528178324	476235
Self-pay	\$49719688	17755
Any Other Category of Payer	\$0	0
Total	\$1174058366	1368003

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	\$211459712	17955
Medicaid	\$64968487	5341
Commercial Insurance	\$159257575	5930
Self-pay	\$18437397	145
Any Other Category of Payer	\$0	0
Total	\$454123171	29371

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	\$196005303	342146
Medicaid	\$78412938	114796
Commercial Insurance	\$352060636	307819
Self-pay	\$24194994	6789
Any Other Category of Payer	\$0	0
Total	\$650673871	771550

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	\$407465015	360101
Medicaid	\$143381426	120137
Commercial Insurance	\$511318211	313749
Self-pay	\$42632390	6934
Any Other Category of Payer	\$0	0
Total	\$1104797042	800921

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	\$14506106	142308
Medicaid	\$3844928	43937
Commercial Insurance	\$8017172	50227
Self-pay	\$419416	4471
Any Other Category of Payer	\$0	0
Total	\$26787622	240943

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	\$13737456	131466
Medicaid	\$6430532	76064
Commercial Insurance	\$16876007	112259
Self-pay	\$635114	6350
Any Other Category of Payer	\$0	0
Total	\$37679109	326139

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	\$28243562	273774

Medicaid	\$10275461	120001
Commercial Insurance	\$24893178	162486
Self-pay	\$1054530	10821
Any Other Category of Payer	\$0	0
Total	\$64466731	567082

13. Operating Expenses

Salaries and Wages	\$391948965	Employee Benefits	\$103532297
Depreciation and Amortization	\$62543768	Interest Expense	\$14724084
Bad Debt	\$0	Other Expenses	\$596809197
Total Operating Expenses	\$1169558311		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$131250860	Total Assets	\$2366476655
Net Non-operating Gains over Loss	\$185245285	Total Liabilities	\$2366476655
Total Net Gains	\$316496145		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1928409265	\$1466426262	\$461983003
Medicaid	\$596754963	\$431903845	\$164851118
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1279502550	\$671870408	\$607632142
Total	\$3804666778	\$2570200515	\$1234466263

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$49274	\$1936102	\$-1886828

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	\$3694873	\$11062003	\$-7367130
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$117816	\$-117816

Number of Medical Professionals Trained	23113
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	6826

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12705364	
HCI Payments	\$0		
Subtotal	\$0	\$12705364	\$-12705364
Medicaid Shortfalls	\$162542046	\$210967207	
Subtotal	\$162542046	\$223672571	\$-61130525
DSH Payments	\$5,195,707		
Subtotal	\$167737753	\$223672571	\$-55934818
Medicare Shortfalls	\$438704510	\$583757300	
Other Government Programs	\$0	\$0	
Total	\$606442263	\$807429871	\$-200987608

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1232501	\$-1232501
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-6627	\$289853	\$-296480

Comments

//