



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: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

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

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Andrew Pyle

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Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$277258843
Outpatient Patient Service Revenue	\$1044144501
Total Gross Patient Service Revenue	\$1321403344

2. Deductions From Revenue

Contractual Allowance	\$821830219
Other Deductions	\$52691624
Total Deductions	\$874521843

3. Total Operating Revenue

Net Patient Service Revenue	\$446881501
Other Operating Revenue	\$14847584
Total Operating Revenue	\$461729085

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$29908015	33296
Medicaid	\$11412084	13598
Commercial Insurance	\$41298946	26226
Self-pay	\$227678	11102
Any Other Category of Payer	\$302401	40
Total	\$83149124	84262

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$90895737	303895
Medicaid	\$38314345	116314
Commercial Insurance	\$22994247	500744
Self-pay	\$2988649	250916
Any Other Category of Payer	\$1545701	2374
Total	\$156738679	1174243

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	\$120803752	337191
Medicaid	\$49726429	179912
Commercial Insurance	\$271293193	526970
Self-pay	\$3216327	262018
Any Other Category of Payer	\$1848102	2414
Total	\$446887803	1308505

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	\$26221171	2941
Medicaid	\$9839518	1197
Commercial Insurance	\$36382497	2361
Self-pay	\$118040	41
Any Other Category of Payer	\$295501	5
Total	\$72856727	6545

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	\$71921802	109928
Medicaid	\$31313042	35165
Commercial Insurance	\$195883304	135152
Self-pay	\$1805931	3874
Any Other Category of Payer	\$1369470	976
Total	\$302293549	285095

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	\$98142973	112869
Medicaid	\$41152560	36362
Commercial Insurance	\$232265802	137513
Self-pay	\$1923971	3915
Any Other Category of Payer	\$1664971	981
Total	\$375150277	291640

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	\$3686844	30355
Medicaid	\$1572565	12401
Commercial Insurance	\$4916449	23865
Self-pay	\$109638	11061
Any Other Category of Payer	\$6900	35
Total	\$10292396	77717

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	\$18973935	193967
Medicaid	\$7001303	131149
Commercial Insurance	\$34110943	365592
Self-pay	\$1182718	247042
Any Other Category of Payer	\$176232	1398
Total	\$61445131	939148

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	\$22660779	224322
Medicaid	\$8573868	143550
Commercial Insurance	\$39027391	389457
Self-pay	\$1292356	258103
Any Other Category of Payer	\$183131	1433
Total	\$71737525	1016865

13. Operating Expenses

Salaries and Wages	\$205218830	Employee Benefits	\$50349520
Depreciation and Amortization	\$24322540	Interest Expense	\$3323339
Bad Debt	\$0	Other Expenses	\$185602684
Total Operating Expenses	\$468816913		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7087828	Total Assets	\$731543895
Net Non-operating Gains over Loss	\$32958348	Total Liabilities	\$212226885
Total Net Gains	\$25870520		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$592580534	\$471776782	\$120803752
Medicaid	\$163595557	\$113869128	\$49726429
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$565227254	\$288869632	\$276357622
Total	\$1321403345	\$874515542	\$446887803

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	\$11361142
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4015423	
HCI Payments	\$0		
Subtotal	\$0	\$4015423	\$-4015423
Medicaid Shortfalls	\$0	\$14393266	
Subtotal	\$0	\$18408689	\$-18408689
DSH Payments	\$3,755,582		
Subtotal	\$3755582	\$18408689	\$-14653107
Medicare Shortfalls	\$0	\$96421475	
Other Government Programs	\$0	\$0	
Total	\$3755582	\$114830164	\$-111074582

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$499871	\$-499871
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$16514921	\$-16514921
Other Allocations	\$0	\$0	\$0

Comments

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