



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES

City of Hospital: New Albany

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

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Medicare Provider Number: 150044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |              |
|-------------------------------------|--------------|
| Inpatient Patient Service Revenue   | \$428000000  |
| Outpatient Patient Service Revenue  | \$593000000  |
| Total Gross Patient Service Revenue | \$1021000000 |

2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$669000000 |
| Other Deductions      | \$3000000   |
| Total Deductions      | \$672000000 |

3. Total Operating Revenue

|                             |             |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$349000000 |
| Other Operating Revenue     | \$4000000   |
| Total Operating Revenue     | \$353000000 |

4. Operating Expenses

|                               |             |                   |             |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages            | \$137000000 | Employee Benefits | \$29000000  |
| Depreciation and Amortization | \$14000000  | Interest Expense  | \$5000000   |
| Bad Debt                      | \$2600000   | Other Expenses    | \$140000000 |
| Total Operating Expenses      | \$327600000 |                   |             |

5. Net Revenue and Expenses

|                                   |           |                   |             |
|-----------------------------------|-----------|-------------------|-------------|
| Excess Revenue over Expenses      | \$1800000 | Total Assets      | \$297000000 |
| Net Non-operating Gains over Loss | \$2000000 | Total Liabilities | \$163000000 |
| Total Net Gains                   | \$3800000 |                   |             |

Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$527620000           | \$356377000           | \$171243000                   |
| Medicaid         | \$60425000            | \$46685000            | \$13740000                    |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$433372000           | \$266516000           | \$166856000                   |
| Total            | \$1021417000          | \$669578000           | \$351839000                   |

Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$312000                   | \$194000                    | \$118000                |

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     | \$51000                    | \$220000                    | \$-169000               |
| Community Education   | \$4000                     | \$175000                    | \$-171000               |

|   |       |
|---|-------|
| Number of Medical Professionals Trained                 | 0     |
| Number of Hospital Patients Educated                    | 2906  |
| Number of Citizens Exposed to Health Education Messages | 16582 |

|                                  |
|----------------------------------|
| Statement Six: Charity Statement |
|----------------------------------|

|                          |           |
|--------------------------|-----------|
| Hospital Charity Charges | \$2900000 |
|--------------------------|-----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$665000               |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$665000               | \$-665000                      |
| Medicaid Shortfalls       | \$6737000             | \$13298000             |                                |
| Subtotal                  | \$6737000             | \$13963000             | \$-7226000                     |
| DSH Payments              | \$2,156,000           |                        |                                |
| Subtotal                  | \$8893000             | \$13963000             | \$-5070000                     |
| Medicare Shortfalls       | \$109694000           | \$113977000            |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$118587000           | \$127940000            | \$-9353000                     |

|   |
|---|
| 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