



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: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

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

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$568530000	Contractual Allowance	\$770472000
Outpatient Patient Service Revenue	\$559686000	Other Deductions	\$15983000
Total Gross Patient Service Revenue	\$1128216000	Total Deductions	\$786455000

3. Total Operating Revenue	
Net Patient Service Revenue	\$341761000
Other Operating Revenue	\$17936000
Total Operating Revenue	\$359697000

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$70040940	5297
Medicaid	\$30692225	3124
Commercial Insurance	\$68366015	2967
Self-pay	\$3480692	262
Any Other Category of Payer	\$0	0
Total	\$172579872	11650

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$45572631	45522
Medicaid	\$21169850	28975
Commercial Insurance	\$97471588	44357
Self-pay	\$4966433	4132
Any Other Category of Payer	\$0	0
Total	\$169180502	122986

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	\$115613572	50819
Medicaid	\$51862076	32099

Commercial Insurance	\$165837603	47324
Self-pay	\$8447125	4394
Any Other Category of Payer	\$0	0
Total	\$341760376	134636

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	\$70040940	5297
Medicaid	\$30692225	3124
Commercial Insurance	\$68366015	2967
Self-pay	\$3480692	262
Any Other Category of Payer	\$0	0
Total	\$172579872	11650

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	\$45572631	45522
Medicaid	\$21169850	28975
Commercial Insurance	\$97471588	44357
Self-pay	\$4966433	4132
Any Other Category of Payer	\$0	0
Total	\$169180502	122986

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	\$115613572	50819
Medicaid	\$51862076	32099
Commercial Insurance	\$165837603	47324
Self-pay	\$8447125	4394
Any Other Category of Payer	\$0	0
Total	\$341760376	134636

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$0	0

Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

13. Operating Expenses

Salaries and Wages	\$122600000	Employee Benefits	\$22552000
Depreciation and Amortization	\$16208000	Interest Expense	\$1174000
Bad Debt	\$18753000	Other Expenses	\$163577000
Total Operating Expenses	\$344864000		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$14833000	Total Assets	\$270769000
Net Non-operating Gains over Loss	\$15000	Total Liabilities	\$88564000
Total Net Gains	\$14848000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$601082000	\$484932980	\$116149020
Medicaid	\$185243000	\$133268355	\$51974645
Other Government	\$0	\$0	\$0
Other State	\$7402000	\$6393740	\$1008260
Other Payers	\$334489000	\$161859925	\$172629075
Total	\$1128216000	\$786455000	\$341761000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$326450	\$-326450

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	\$300	\$1512157	\$-1511857
Hospital Patients	\$0	\$0	\$0
Community Education	\$62690	\$457462	\$-394772

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$10364
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4415000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1276000	
HCI Payments	\$0		
Subtotal	\$0	\$1276000	\$-1276000
Medicaid Shortfalls	\$54986000	\$55684000	
Subtotal	\$54986000	\$56960000	\$-1974000
DSH Payments	\$0		
Subtotal	\$54986000	\$56960000	\$-1974000
Medicare Shortfalls	\$119407000	\$173743000	
Other Government Programs	\$0	\$0	
Total	\$174393000	\$230703000	\$-56310000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$44373	\$557265	\$-512892
Community Assessment	\$37004	\$329025	\$-292021
Provision of Taxes	\$0	\$93735	\$-93735
Other Allocations	\$0	\$0	\$0

Comments

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