



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: ENCOMPASS HEALTH DEACONESS

City of Hospital: Newburgh

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

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

Person Completing the Report: Rhonda Ramsey

Email Address: rhonda.ramsey@encompasshealth.com

Medicare Provider Number: 153025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$71620570
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$71620570

2. Deductions From Revenue

Contractual Allowance	\$20085820
Other Deductions	\$0
Total Deductions	\$20085820

3. Total Operating Revenue

Net Patient Service Revenue	\$51534750
Other Operating Revenue	\$88452
Total Operating Revenue	\$51623202

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$42185202	\$1836
Medicaid	\$3232998	\$230
Commercial Insurance	\$5892135	\$286
Self-pay	\$0	\$0
Any Other Category of Payer	\$224415	\$36
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims 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

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	\$42185202	\$1836
Medicaid	\$3232998	\$230
Commercial Insurance	\$5892135	\$286
Self-pay	\$0	\$0
Any Other Category of Payer	\$224415	\$36
Total	\$0	\$0

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

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

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

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	\$17155220	Employee Benefits	\$4859822
Depreciation and Amortization	\$2138001	Interest Expense	\$-85187
Bad Debt	\$1306502	Other Expenses	\$7932751
Total Operating Expenses	\$33307109		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$18316093	Total Assets	\$51092940
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$18309935
Total Net Gains	\$18316093		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$54069532	\$11884330	\$42185202
Medicaid	\$7243906	\$4010908	\$3232998
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$10307132	\$4190582	\$6116550
Total	\$71620570	\$20085820	\$51534750

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	\$225430
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$109098	
HCI Payments	\$0		
Subtotal	\$0	\$109098	\$-109098
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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

//