



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: INDIANA UNIVERSITY HEALTH FRANKFORT HOSPITAL

City of Hospital: Frankfort

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

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

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8122857
Outpatient Patient Service Revenue	\$65412435
<b>Total Gross Patient Service Revenue</b>	<b>\$73535292</b>

2. Deductions From Revenue

Contractual Allowance	\$-41921399
Other Deductions	\$-978601
<b>Total Deductions</b>	<b>\$-42900000</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$29285388
Other Operating Revenue	\$66742
<b>Total Operating Revenue</b>	<b>\$29352130</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4031915	\$274
Medicaid	\$594885	\$45
Commercial Insurance	\$462288	\$34
Self-pay	\$6759	\$4
Any Other Category of Payer	\$-7896	\$10
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$12100660	\$7134
Medicaid	\$4279656	\$6451
Commercial Insurance	\$7348472	\$6210
Self-pay	\$301910	\$1044
Any Other Category of Payer	\$166739	\$329
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	\$16132574	\$7408
Medicaid	\$4874541	\$6496
Commercial Insurance	\$7810760	\$6244
Self-pay	\$308669	\$1048
Any Other Category of Payer	\$158844	\$339
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	\$4031915	\$274
Medicaid	\$594885	\$45
Commercial Insurance	\$462288	\$34
Self-pay	\$6759	\$4
Any Other Category of Payer	-\$7896	\$10
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	\$12100660	\$7134
Medicaid	\$4279656	\$6451
Commercial Insurance	\$7348472	\$6210
Self-pay	\$301910	\$1044
Any Other Category of Payer	\$166739	\$329
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	\$16132574	\$7408
Medicaid	\$4874541	\$6496
Commercial Insurance	\$7810760	\$6244
Self-pay	\$308669	\$1048
Any Other Category of Payer	\$158844	\$339
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	\$9123947	Employee Benefits	\$1876343
Depreciation and Amortization	\$1937367	Interest Expense	\$1527527
Bad Debt	\$1349904	Other Expenses	\$12587309
Total Operating Expenses	\$28402397		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$949733	Total Assets	\$22884538
Net Non-operating Gains over Loss	\$-107909	Total Liabilities	\$22884538
Total Net Gains	\$841824		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32921638	\$16788896	\$16132742
Medicaid	\$17537283	\$12662653	\$4874630
Other Government	\$498285	\$355858	\$142427
Other State	\$0	\$0	\$0
Other Payers	\$22578086	\$14442498	\$8135588
Total	\$73535292	\$44249905	\$29285387

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1662	\$-1662

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	201

Statement Six: Charity Statement

Hospital Charity Charges \$1806316

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$647203	
HCI Payments	\$0		
Subtotal	\$0	\$647203	\$-647203
Medicaid Shortfalls	\$5184298	\$7729338	
Subtotal	\$5184298	\$8376541	\$-3192243
DSH Payments	\$0		
Subtotal	\$5184298	\$8376541	\$-3192243
Medicare Shortfalls	\$6731610	\$6600936	
Other Government Programs	\$0	\$0	
Total	\$11915908	\$14977477	\$-3061569

Statement Seven: Subsidized Health Services for the Community
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	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

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