



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: LUTHERAN HOSPITAL

City of Hospital: FORT WAYNE

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

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

Person Completing the Report: Stacey Thomas

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Medicare Provider Number: 15-0017

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$2215736073	Contractual Allowance	\$3038821621
Outpatient Patient Service Revenue	\$1421929927	Other Deductions	\$2926680
<b>Total Gross Patient Service Revenue</b>	<b>\$3637666000</b>	<b>Total Deductions</b>	<b>\$3041748301</b>

3. Total Operating Revenue	
Net Patient Service Revenue	\$595917699
Other Operating Revenue	\$1580015
<b>Total Operating Revenue</b>	<b>\$597497714</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$136094565	1539
Medicaid	\$65620885	1660
Commercial Insurance	\$150676291	892
Self-pay	\$4068641	1
Any Other Category of Payer	\$80142322	127
<b>Total</b>	<b>\$436602704</b>	<b>4219</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$48335703	15390
Medicaid	\$27630383	13118
Commercial Insurance	\$140107615	19717
Self-pay	\$5171004	11
Any Other Category of Payer	\$3620830	1742
<b>Total</b>	<b>\$224865535</b>	<b>49978</b>

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	\$184430268	16929
Medicaid	\$93251268	14778

Commercial Insurance	\$287885693	20609
Self-pay	\$9257645	12
Any Other Category of Payer	\$114291748	1869
<b>Total</b>	<b>\$689116622</b>	<b>54197</b>

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	\$136094565	1539
Medicaid	\$65620885	1660
Commercial Insurance	\$150676291	892
Self-pay	\$4068641	1
Any Other Category of Payer	\$80142322	127
<b>Total</b>	<b>\$436602704</b>	<b>4219</b>

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	\$48335703	15390
Medicaid	\$27630383	13118
Commercial Insurance	\$140107615	19717
Self-pay	\$5171004	11
Any Other Category of Payer	\$3620830	1742
<b>Total</b>	<b>\$224865535</b>	<b>49978</b>

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	\$1783339181	16929
Medicaid	\$676283247	14778
Commercial Insurance	\$1010721172	20609
Self-pay	\$48432217	12
Any Other Category of Payer	\$795173430	1869
<b>Total</b>	<b>\$4313949247</b>	<b>54197</b>

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
<b>Total</b>	<b>\$0</b>	<b>0</b>

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
<b>Total</b>	<b>\$0</b>	<b>0</b>

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	\$154752091	Employee Benefits	\$38941180
Depreciation and Amortization	\$29873717	Interest Expense	\$1184491
Bad Debt	\$0	Other Expenses	\$334248110
Total Operating Expenses	\$558999589		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$424843242
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$424843242
Total Net Gains	\$0		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1783339181	\$1598908916	\$184430265
Medicaid	\$676283247	\$583031986	\$93251261
Other Government	\$118890183	\$104511375	\$14378808
Other State	\$0	\$0	\$0
Other Payers	\$1059153389	\$755348382	\$303805007
Total	\$3637666000	\$3041800659	\$595865341

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$440	\$0	\$440

## 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	\$2000	\$0	\$2000
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	\$1975412
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$304652	
HCI Payments	\$0		
Subtotal	\$0	\$304652	\$-304652
Medicaid Shortfalls	\$93251268	\$104298249	
Subtotal	\$93251268	\$104602901	\$-11351633
DSH Payments	\$0		
Subtotal	\$93251268	\$104602901	\$-11351633
Medicare Shortfalls	\$184430268	\$275031437	
Other Government Programs	\$14378809	\$18335569	
Total	\$292060345	\$397969907	\$-105909562

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

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