



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: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (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

Inpatient Patient Service Revenue	\$562344440
Outpatient Patient Service Revenue	\$659177300
Total Gross Patient Service Revenue	\$1221521740

2. Deductions From Revenue

Contractual Allowance	\$847929910
Other Deductions	\$19153990
Total Deductions	\$867083900

3. Total Operating Revenue

Net Patient Service Revenue	\$354437840
Other Operating Revenue	\$11375820
Total Operating Revenue	\$365813660

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$69002390	9490
Medicaid	\$28571810	2834
Commercial Insurance	\$66657520	4194
Self-pay	\$5323580	89
Any Other Category of Payer	\$0	0
Total	\$169555300	16607

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$52351000	75422
Medicaid	\$22742890	26801
Commercial Insurance	\$104166530	54708
Self-pay	\$5622120	1774
Any Other Category of Payer	\$0	0
Total	\$184882540	158705

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	\$121353390	84912
Medicaid	\$51314700	29635
Commercial Insurance	\$170824050	58902
Self-pay	\$10945700	1863
Any Other Category of Payer	\$0	0
Total	\$354437840	175312

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	\$69002390	9490
Medicaid	\$28571810	2834
Commercial Insurance	\$66657520	4194
Self-pay	\$5323580	89
Any Other Category of Payer	\$0	0
Total	\$169555300	16607

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	\$52351000	75422
Medicaid	\$22742890	26801
Commercial Insurance	\$104166530	54708
Self-pay	\$5622120	1774
Any Other Category of Payer	\$0	0
Total	\$184882540	158705

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	\$121353390	84912
Medicaid	\$51314700	29635
Commercial Insurance	\$170824050	58902
Self-pay	\$10945700	1863
Any Other Category of Payer	\$0	0
Total	\$354437840	175312

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	\$101423290	Employee Benefits	\$24464190
Depreciation and Amortization	\$16118520	Interest Expense	\$1483050
Bad Debt	\$15466070	Other Expenses	\$162283570
Total Operating Expenses	\$321238690		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$44574970	Total Assets	\$274235000
Net Non-operating Gains over Loss	\$190830	Total Liabilities	\$79187000
Total Net Gains	\$44765800		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$661318630	\$541046310	\$120272320
Medicaid	\$176985010	\$125838770	\$51146240
Other Government	\$0	\$0	\$0
Other State	\$9903870	\$8511780	\$1392090
Other Payers	\$373314230	\$191687040	\$181627190
Total	\$1221521740	\$867083900	\$354437840

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$255350	\$-255350

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	\$1512457	\$-1512157
Hospital Patients	\$0	\$0	\$0
Community Education	\$62690	\$457462	\$-394772

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$3878
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$5295845
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1325659	
HCI Payments	\$0		
Subtotal	\$0	\$1325659	\$-1325659
Medicaid Shortfalls	\$55352980	\$46782119	
Subtotal	\$55352980	\$48107778	\$7245202
DSH Payments	\$0		
Subtotal	\$55352980	\$48107778	\$7245202
Medicare Shortfalls	\$125339753	\$165541612	
Other Government Programs	\$0	\$0	
Total	\$180692733	\$213649390	\$-32956657

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$47809	\$643435	\$-595626
Community Assessment	\$20000	\$346635	\$-326635
Provision of Taxes	\$0	\$101719	\$-101719
Other Allocations	\$0	\$0	\$0

Comments