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: **ESKENAZI HOSPITAL**

City of Hospital: Indianap[olis

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

Year End: 12/31/2023          (mm/dd/yyyy format)

Person Completing the Report: Josh Conley

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Medicare Provider Number: 150024

## Statement One: Summary of Revenue and Expenses

### 1. Gross Patient Service Revenue

| | |
|---|---|
| Inpatient Patient Service Revenue | $1177658804 |
| Outpatient Patient Service Revenue | $1816210797 |
| Total Gross Patient Service Revenue | $2993869601 |

### 2. Deductions From Revenue

| | |
|---|---|
| Contractual Allowance | $1841312361 |
| Other Deductions | $411778539 |
| Total Deductions | $2253090900 |

### 3. Total Operating Revenue

| | |
|---|---|
| Net Patient Service Revenue | $740778701 |
| Other Operating Revenue | $94083110 |
| Total Operating Revenue | $834861811 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|---|---|---|
| Medicare | $75188868 | 3964 |
| Medicaid | $182603527 | 12050 |
| Commercial Insurance | $46758098 | 1632 |
| Self-pay | $319275 | 834 |
| Any Other Category of Payer | $11907935 | 296 |
| Total | $316777703 | 18776 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|---|---|---|

| | | |
|---|---|---|
| Medicare | $86697215 | 175543 |
| Medicaid | $173480114 | 584760 |
| Commercial Insurance | $95746810 | 164539 |
| Self-pay | $7433732 | 202977 |
| Any Other Category of Payer | $6914725 | 11591 |
| Total | $370272596 | 1139410 |

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 | $161886082 | 179507 |
| Medicaid | $356083642 | 596810 |
| Commercial Insurance | $142504908 | 166171 |
| Self-pay | $7753007 | 203811 |
| Any Other Category of Payer | $18822659 | 11887 |
| Total | $687050298 | 1158186 |

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 | $75188868 | 3964 |
| Medicaid | $182603527 | 12050 |
| Commercial Insurance | $46758098 | 1632 |
| Self-pay | $319275 | 834 |
| Any Other Category of Payer | $11907935 | 296 |
| Total | $316777703 | 18776 |

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 | $38188931 | 97430 |
| Medicaid | $94634804 | 221866 |
| Commercial Insurance | $55528594 | 89402 |
| Self-pay | $3432188 | 106583 |
| Any Other Category of Payer | $6479641 | 8779 |
| Total | $198264158 | 524060 |

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 | $113377799 | 101394 |
| Medicaid | $277238332 | 233916 |
| Commercial Insurance | $102286692 | 91034 |
| Self-pay | $3751462 | 107417 |
| Any Other Category of Payer | $18387575 | 9075 |
| Total | $515041860 | 542836 |

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 | $48508284 | 78113 |
| Medicaid | $78845310 | 362894 |
| Commercial Insurance | $40218216 | 75137 |
| Self-pay | $4001544 | 96394 |
| Any Other Category of Payer | $435084 | 2812 |
| Total | $172008438 | 615350 |

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 | $48508284 | 78113 |
| Medicaid | $78845310 | 362894 |
| Commercial Insurance | $40218216 | 75137 |
| Self-pay | $4001544 | 96394 |
| Any Other Category of Payer | $435084 | 2812 |
| Total | $172008438 | 615350 |

13. Operating Expenses

| | | | |
|---|---|---|---|
| Salaries and Wages | $366812320 | Employee Benefits | $98595347 |
| Depreciation and Amortization | $69162304 | Interest Expense | $934674 |
| Bad Debt | $0 | Other Expenses | $418049358 |
| Total Operating Expenses | $953554003 | | |

14. Net Revenue and Expenses

| | | | |
|---|---|---|---|
| Excess Revenue over Expenses | $-118692192 | Total Assets | $1050700000 |
| Net Non-operating Gains over Loss | $0 | Total Liabilities | $1050700000 |
| Total Net Gains | $-118692192 | | |

## Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|---|---|---|---|
| Medicare | $762827586 | $560204098 | $202623488 |
| Medicaid | $1362991040 | $981117805 | $381873235 |
| Other Government | $155341421 | $258659548 | $-103318127 |
| Other State | $0 | $0 | $0 |
| Other Payers | $712709555 | $453109450 | $259600105 |
| Total | $2993869602 | $2253090901 | $740778701 |

## 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 | $86861 | $346021 | $-259160 |

## Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|---|---|---|---|
| Medical Professionals | $14324854 | $26408655 | $-12083801 |
| Hospital Patients | $0 | $0 | $0 |
| Community Education | $0 | $0 | $0 |

| | |
|---|---|
| Number of Medical Professionals Trained | $1134 |
| Number of Hospital Patients Educated | $0 |
| Number of Citizens Exposed to Health Education Messages | $0 |

## Statement Six: Charity Statement

| | |
|---|---|
| Hospital Charity Charges | $0 |

|  | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---|---|---|---|
| Charity Care | $3163 | $46538095 | |
| HCI Payments | $0 | | |
| Subtotal | $3163 | $46538095 | $-46534932 |
| Medicaid Shortfalls | $369781566 | $455945045 | |
| Subtotal | $369784729 | $502483140 | $-132698411 |
| DSH Payments | $120,525,844 | | |
| Subtotal | $490310573 | $502483140 | $-12172567 |
| Medicare Shortfalls | $0 | $0 | |
| Other Government Programs | $0 | $0 | |
| Total | $490310573 | $502483140 | $-12172567 |

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| 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

Section 2 all bad debts are reported with charity care under other govt as we do not break out our bad debts by payer. Numbers 4-11: Used total unique accounts/encounters instead of claims as its not easily tracked to go with revenue. For NPR we used cash as we do not have an AR model at the patient account level. Lastly for PB we put all payments under outpatient as most of the data would be outpatient and our system does