



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 WHITE MEMORIAL HOSPITAL

City of Hospital: Muncie

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

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

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15721197
Outpatient Patient Service Revenue	\$123272284
<b>Total Gross Patient Service Revenue</b>	<b>\$138993481</b>

2. Deductions From Revenue

Contractual Allowance	\$-90713965
Other Deductions	\$-2287155
<b>Total Deductions</b>	<b>\$-93001120</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$43862170
Other Operating Revenue	\$910353
<b>Total Operating Revenue</b>	<b>\$44772523</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6698545	\$423
Medicaid	\$652155	\$44
Commercial Insurance	\$915120	\$59
Self-pay	\$-4688	\$1
Any Other Category of Payer	\$-9611	\$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	\$17233271	\$17178
Medicaid	\$4471824	\$8257
Commercial Insurance	\$13300523	\$9966
Self-pay	\$435030	\$788
Any Other Category of Payer	\$170002	\$566
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	\$23931816	\$17601
Medicaid	\$5123978	\$8301
Commercial Insurance	\$14215643	\$10025
Self-pay	\$430342	\$789
Any Other Category of Payer	\$160391	\$576
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	\$6698545	\$423
Medicaid	\$652155	\$44
Commercial Insurance	\$915120	\$59
Self-pay	-\$4688	\$1
Any Other Category of Payer	-\$9611	\$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	\$17233271	\$17178
Medicaid	\$4471824	\$8257
Commercial Insurance	\$13300523	\$9966
Self-pay	\$435030	\$788
Any Other Category of Payer	\$170002	\$566
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	\$23931816	\$17601
Medicaid	\$5123978	\$8301
Commercial Insurance	\$14215643	\$10025
Self-pay	\$430342	\$789
Any Other Category of Payer	\$160391	\$576
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	\$11291010	Employee Benefits	\$2671803
Depreciation and Amortization	\$2086049	Interest Expense	\$928054
Bad Debt	\$2130190	Other Expenses	\$21225447
Total Operating Expenses	\$40332553		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4439970	Total Assets	\$74724842
Net Non-operating Gains over Loss	\$307256	Total Liabilities	\$74724842
Total Net Gains	\$4747226		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$77152614	\$53220755	\$23931859
Medicaid	\$22478483	\$17354687	\$5123796
Other Government	\$940832	\$715982	\$224850
Other State	\$0	\$0	\$0
Other Payers	\$38421552	\$23839887	\$14581665
Total	\$138993481	\$95131311	\$43862170

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$28806	\$-28806

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	\$5000	\$-5000
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	1341

Statement Six: Charity Statement

Hospital Charity Charges \$2287155

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$589400	
HCI Payments	\$0		
Subtotal	\$0	\$589400	\$-589400
Medicaid Shortfalls	\$5374836	\$8299500	
Subtotal	\$5374836	\$8888900	\$-3514064
DSH Payments	\$0		
Subtotal	\$5374836	\$8888900	\$-3514064
Medicare Shortfalls	\$14370800	\$13953016	
Other Government Programs	\$0	\$0	
Total	\$19745636	\$22841916	\$-3096280

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	\$1076843	\$1178291	\$-101448
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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