



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 BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$878848167
Outpatient Patient Service Revenue	\$1620567393
Total Gross Patient Service Revenue	\$2499415560

2. Deductions From Revenue

Contractual Allowance	\$1891495515
Other Deductions	\$32096698
Total Deductions	\$1923592213

3. Total Operating Revenue

Net Patient Service Revenue	\$569639596
Other Operating Revenue	\$15458433
Total Operating Revenue	\$585098029

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$79087501	5369
Medicaid	\$50143980	2820
Commercial Insurance	\$86382814	3292
Self-pay	\$99838	216
Any Other Category of Payer	\$8951378	153
Total	\$224665511	11850

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$91358505	153133
Medicaid	\$46796137	67017
Commercial Insurance	\$202558535	147578
Self-pay	\$840411	6488
Any Other Category of Payer	\$3420497	5566
Total	\$344974085	379782

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	\$170446006	158502
Medicaid	\$96940117	69837
Commercial Insurance	\$288941349	150870
Self-pay	\$940249	6704
Any Other Category of Payer	\$12371875	5719
Total	\$569639596	391632

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	\$79087501	5369
Medicaid	\$50143980	2820
Commercial Insurance	\$86382814	3292
Self-pay	\$99838	216
Any Other Category of Payer	\$8951378	153
Total	\$224665511	11850

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	\$91179168	150130
Medicaid	\$46102659	62691
Commercial Insurance	\$201439877	140710
Self-pay	\$795656	6240
Any Other Category of Payer	\$3389752	5395
Total	\$342907112	365166

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	\$170266669	155499
Medicaid	\$96246639	65511
Commercial Insurance	\$287822691	144002
Self-pay	\$895494	6456
Any Other Category of Payer	\$12341130	5548
Total	\$567572623	377016

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	\$131432	0
Medicaid	\$215650	0
Commercial Insurance	\$95736	0
Self-pay	\$31223	0
Any Other Category of Payer	\$5734	0
Total	\$479775	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	\$459680	3003
Medicaid	\$329965	4326
Commercial Insurance	\$711490	6868
Self-pay	\$62680	248
Any Other Category of Payer	\$23383	171
Total	\$1587198	14616

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	\$591112	3003
Medicaid	\$545615	4326
Commercial Insurance	\$807226	6868
Self-pay	\$93903	248
Any Other Category of Payer	\$29117	171
Total	\$2066973	14616

13. Operating Expenses

Salaries and Wages	\$167338237	Employee Benefits	\$32671569
Depreciation and Amortization	\$29106907	Interest Expense	\$230
Bad Debt	\$6183751	Other Expenses	\$275337191
Total Operating Expenses	\$510637885		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$74460145	Total Assets	\$1211732239
Net Non-operating Gains over Loss	\$47051143	Total Liabilities	\$31756275
Total Net Gains	\$121511288		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1295544638	\$1122469367	\$173075271
Medicaid	\$383336666	\$285571005	\$97765661
Other Government	\$20183795	\$18159941	\$2023854
Other State	\$0	\$0	\$0
Other Payers	\$800350461	\$503575651	\$296774810
Total	\$2499415560	\$1929775964	\$569639596

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1143850	\$1143850	\$0

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	\$316036	\$1146567	\$-830531
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	5
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	7970

Statement Six: Charity Statement

Hospital Charity Charges	\$46297981
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8451758	
HCI Payments	\$0		
Subtotal	\$0	\$8451758	\$-8451758
Medicaid Shortfalls	\$122905002	\$160391233	
Subtotal	\$122905002	\$168842991	\$-45937989
DSH Payments	\$0		
Subtotal	\$122905002	\$168842991	\$-45937989
Medicare Shortfalls	\$89984853	\$117994014	
Other Government Programs	\$0	\$0	
Total	\$212889855	\$286837005	\$-73947150

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$92152538	\$102845271	\$-10692733
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

2023 numbers were used for statements 3 - 7 with the exception of hospital charity charges. These numbers will be updated as soon as the information is available.

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