



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 PAOLI HOSPITAL

City of Hospital: Paoli

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: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10680615
Outpatient Patient Service Revenue	\$97286431
Total Gross Patient Service Revenue	\$107967046

2. Deductions From Revenue

Contractual Allowance	\$67668950
Other Deductions	\$3738759
Total Deductions	\$71407709

3. Total Operating Revenue

Net Patient Service Revenue	\$37030187
Other Operating Revenue	\$124828
Total Operating Revenue	\$37155015

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3204083	306
Medicaid	\$763022	214
Commercial Insurance	\$803275	78
Self-pay	\$10081	8
Any Other Category of Payer	\$557812	8
Total	\$5338273	614

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$13080177	18658
Medicaid	\$7867456	13653
Commercial Insurance	\$10264009	15569
Self-pay	\$110536	1463
Any Other Category of Payer	\$369737	692
Total	\$31691915	50035

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	\$16284260	18964
Medicaid	\$8630478	13867
Commercial Insurance	\$11067284	15647
Self-pay	\$120617	1471
Any Other Category of Payer	\$927549	700
Total	\$37030188	50649

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	\$3203945	286
Medicaid	\$737380	149
Commercial Insurance	\$797189	59
Self-pay	\$9412	6
Any Other Category of Payer	\$557811	8
Total	\$5305737	508

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	\$13080040	18658
Medicaid	\$7846724	13616
Commercial Insurance	\$10218798	15470
Self-pay	\$108788	1463
Any Other Category of Payer	\$368752	689
Total	\$31623102	49896

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	\$16283985	18944
Medicaid	\$8584104	13765
Commercial Insurance	\$11015987	15529
Self-pay	\$118200	1469
Any Other Category of Payer	\$926563	697
Total	\$36928839	50404

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	\$8273	20
Medicaid	\$26888	65
Commercial Insurance	\$7860	19
Self-pay	\$0	0
Any Other Category of Payer	\$827	2
Total	\$43848	106

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	\$15306	37
Commercial Insurance	\$40953	99
Self-pay	\$1241	3
Any Other Category of Payer	\$0	0
Total	\$57500	139

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	\$8273	20
Medicaid	\$42194	102
Commercial Insurance	\$48813	118
Self-pay	\$1241	3
Any Other Category of Payer	\$827	2
Total	\$101348	245

13. Operating Expenses

Salaries and Wages	\$12599798	Employee Benefits	\$2981969
Depreciation and Amortization	\$1107025	Interest Expense	\$0
Bad Debt	\$-470850	Other Expenses	\$19549878
Total Operating Expenses	\$35767820		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1387195	Total Assets	\$50237030
Net Non-operating Gains over Loss	\$2493856	Total Liabilities	\$4441303
Total Net Gains	\$3881051		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52219215	\$35683939	\$16535276
Medicaid	\$25019203	\$16303562	\$8715641
Other Government	\$864621	\$689925	\$174696
Other State	\$0	\$0	\$0
Other Payers	\$29864007	\$18259433	\$11604574
Total	\$107967046	\$70936859	\$37030187

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$148	\$-148

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	\$15994	\$-15994
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	131

Statement Six: Charity Statement

Hospital Charity Charges	\$5681056
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$329567	
HCI Payments	\$0		
Subtotal	\$0	\$329567	\$-329567
Medicaid Shortfalls	\$9220029	\$10476805	
Subtotal	\$9220029	\$10806372	\$-1586343
DSH Payments	\$0		
Subtotal	\$9220029	\$10806372	\$-1586343
Medicare Shortfalls	\$7613001	\$7744337	
Other Government Programs	\$0	\$0	
Total	\$16833030	\$18550709	\$-1717679

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2730306	\$3079455	\$-349149
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.

//