



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 METHODIST HOSPITAL

City of Hospital: Indianapolis

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

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

Person Completing the Report: Lauren Wood

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Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7236282438
Outpatient Patient Service Revenue	\$6881357336
Total Gross Patient Service Revenue	\$14117639774

2. Deductions From Revenue

Contractual Allowance	\$9655941289
Other Deductions	\$210322695
Total Deductions	\$9866263984

3. Total Operating Revenue

Net Patient Service Revenue	\$4249619154
Other Operating Revenue	\$6124355
Total Operating Revenue	\$4255743509

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$459521914	38650
Medicaid	\$434990125	23638
Commercial Insurance	\$817476962	21259
Self-pay	\$2115208	1385
Any Other Category of Payer	\$721486661	2788
Total	\$2435590870	87720

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$366142561	472759
Medicaid	\$462500487	333218
Commercial Insurance	\$924122566	560860
Self-pay	\$3469643	28982
Any Other Category of Payer	\$57793026	29923
Total	\$1814028283	1425742

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	\$825664475	511409
Medicaid	\$897490612	356856
Commercial Insurance	\$1741599528	582119
Self-pay	\$5584851	30367
Any Other Category of Payer	\$779279687	32711
Total	\$4249619153	1513462

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	\$458221178	19708
Medicaid	\$434575292	17666
Commercial Insurance	\$816942798	13102
Self-pay	\$2066902	743
Any Other Category of Payer	\$721436986	2510
Total	\$2433243156	53729

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	\$301837567	387769
Medicaid	\$357806240	294799
Commercial Insurance	\$815219668	504319
Self-pay	\$1817249	24240
Any Other Category of Payer	\$57935640	28268
Total	\$1534616364	1239395

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	\$760058745	407477
Medicaid	\$792381532	312465
Commercial Insurance	\$1632162466	517421
Self-pay	\$3884151	24983
Any Other Category of Payer	\$779372626	30778
Total	\$3967859520	1293124

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	\$3073067	18942
Medicaid	\$942188	5912
Commercial Insurance	\$1284438	8049
Self-pay	\$44684	642
Any Other Category of Payer	\$102231	278
Total	\$5446608	33823

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	\$66631322	84990
Medicaid	\$106169843	38419
Commercial Insurance	\$101789414	56541
Self-pay	\$1649930	4742
Any Other Category of Payer	\$72516	1655
Total	\$276313025	186347

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	\$69704389	103932
Medicaid	\$107112031	44331
Commercial Insurance	\$103073852	64590
Self-pay	\$1694614	5384
Any Other Category of Payer	\$174747	1933
Total	\$281759633	220170

13. Operating Expenses

Salaries and Wages	\$1575302289	Employee Benefits	\$344579387
Depreciation and Amortization	\$162816861	Interest Expense	\$41546582
Bad Debt	\$1756636	Other Expenses	\$3553735834
Total Operating Expenses	\$5679737589		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1423994080	Total Assets	\$12532080500
Net Non-operating Gains over Loss	\$666044269	Total Liabilities	\$4733581303
Total Net Gains	\$-757949811		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$4926785879	\$3988232277	\$938553602
Medicaid	\$3866620004	\$2884686803	\$981933201
Other Government	\$125378955	\$108155733	\$17223222
Other State	\$0	\$0	\$0
Other Payers	\$5198854936	\$2886945807	\$2311909129
Total	\$14117639774	\$9868020620	\$4249619154

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1553166	\$7552952	\$-5999786

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	\$20910771	\$81741463	\$-60830692
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	816
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	2262

Statement Six: Charity Statement

Hospital Charity Charges	\$307908380
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$60694901	
HCI Payments	\$0		
Subtotal	\$0	\$60694901	\$-60694901
Medicaid Shortfalls	\$957261035	\$1451604690	
Subtotal	\$957261035	\$1512299591	\$-555038556
DSH Payments	\$0		
Subtotal	\$957261035	\$1512299591	\$-555038556
Medicare Shortfalls	\$344777845	\$423392186	
Other Government Programs	\$0	\$0	
Total	\$1302038880	\$1935691777	\$-633652897

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$18903743	\$28460836	\$-9557093
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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