



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 BEDFORD HOSPITAL

City of Hospital: Bedford

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: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$48767575
Outpatient Patient Service Revenue	\$361899672
Total Gross Patient Service Revenue	\$410667247

2. Deductions From Revenue

Contractual Allowance	\$294418173
Other Deductions	\$13013723
Total Deductions	\$307431896

3. Total Operating Revenue

Net Patient Service Revenue	\$102043619
Other Operating Revenue	\$1289097
Total Operating Revenue	\$103332716

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11988423	1316
Medicaid	\$2865265	224
Commercial Insurance	\$3788155	289
Self-pay	\$16297	33
Any Other Category of Payer	\$126484	30
Total	\$18784624	1892

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$35147049	52539
Medicaid	\$10039672	18085
Commercial Insurance	\$37018465	35386
Self-pay	\$143666	2453
Any Other Category of Payer	\$910143	1841
Total	\$83258995	110304

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	\$47135473	53855
Medicaid	\$12904938	18309
Commercial Insurance	\$40806620	35675
Self-pay	\$159962	2486
Any Other Category of Payer	\$1036627	1871
Total	\$102043620	112196

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	\$11952729	1138
Medicaid	\$2853504	179
Commercial Insurance	\$3769208	194
Self-pay	\$14400	24
Any Other Category of Payer	\$126484	30
Total	\$18716325	1565

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	\$34838211	51266
Medicaid	\$9951571	17633
Commercial Insurance	\$36765230	34166
Self-pay	\$138314	2429
Any Other Category of Payer	\$899777	1788
Total	\$82593103	107282

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	\$46790940	52404
Medicaid	\$12805075	17812
Commercial Insurance	\$40534438	34360
Self-pay	\$152713	2453
Any Other Category of Payer	\$1026261	1818
Total	\$101309427	108847

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	\$39022	178
Medicaid	\$9865	45
Commercial Insurance	\$20827	95
Self-pay	\$0	9
Any Other Category of Payer	\$1973	0
Total	\$71687	327

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	\$279076	1273
Medicaid	\$99091	452
Commercial Insurance	\$267457	1220
Self-pay	\$11619	24
Any Other Category of Payer	\$5261	53
Total	\$662504	3022

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	\$318099	1451
Medicaid	\$108956	497
Commercial Insurance	\$288284	1315
Self-pay	\$11619	33
Any Other Category of Payer	\$7234	53
Total	\$734192	3349

13. Operating Expenses

Salaries and Wages	\$25803245	Employee Benefits	\$6025771
Depreciation and Amortization	\$2090616	Interest Expense	\$0
Bad Debt	\$1191732	Other Expenses	\$53878327
Total Operating Expenses	\$88989691		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$14343025	Total Assets	\$187004618
Net Non-operating Gains over Loss	\$7846063	Total Liabilities	\$7446317
Total Net Gains	\$22189088		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$230700445	\$183664315	\$47036130
Medicaid	\$59461121	\$46581274	\$12879847
Other Government	\$3557086	\$3025036	\$532050
Other State	\$0	\$0	\$0
Other Payers	\$116948595	\$75353003	\$41595592
Total	\$410667247	\$308623628	\$102043619

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4255	\$-4255

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	\$252337	\$-252337
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	338

Statement Six: Charity Statement

Hospital Charity Charges	\$13013723
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$873059	
HCI Payments	\$0		
Subtotal	\$0	\$873059	\$-873059
Medicaid Shortfalls	\$14096850	\$19065061	
Subtotal	\$14096850	\$19938120	\$-5841270
DSH Payments	\$0		
Subtotal	\$14096850	\$19938120	\$-5841270
Medicare Shortfalls	\$24293327	\$24446787	
Other Government Programs	\$0	\$0	
Total	\$38390177	\$44384907	\$-5994730

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

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.