



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 BLACKFORD HOSPITAL

City of Hospital: Hartford City

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: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7095784
Outpatient Patient Service Revenue	\$58446507
Total Gross Patient Service Revenue	\$65542291

2. Deductions From Revenue

Contractual Allowance	\$-39457705
Other Deductions	\$-1023491
Total Deductions	\$-40481196

3. Total Operating Revenue

Net Patient Service Revenue	\$23944851
Other Operating Revenue	\$581905
Total Operating Revenue	\$24526756

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3941553	\$299
Medicaid	\$463142	\$37
Commercial Insurance	\$460579	\$49
Self-pay	\$36349	\$2
Any Other Category of Payer	\$-35498	\$2
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9817396	\$16573
Medicaid	\$3363556	\$9642
Commercial Insurance	\$5662349	\$10657
Self-pay	\$172264	\$552
Any Other Category of Payer	\$63162	\$329
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	\$13758950	\$16872
Medicaid	\$3826698	\$9679
Commercial Insurance	\$6122928	\$10706
Self-pay	\$208612	\$554
Any Other Category of Payer	\$27663	\$331
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	\$3926874	\$233
Medicaid	\$462650	\$34
Commercial Insurance	\$457676	\$34
Self-pay	\$36349	\$2
Any Other Category of Payer	-\$35498	\$2
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	\$9791601	\$16466
Medicaid	\$3361214	\$9637
Commercial Insurance	\$5646525	\$10635
Self-pay	\$172264	\$551
Any Other Category of Payer	\$62598	\$329
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	\$13718475	\$16699
Medicaid	\$3823864	\$9671
Commercial Insurance	\$6104202	\$10669
Self-pay	\$208612	\$553
Any Other Category of Payer	\$27100	\$331
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	\$14680	\$66
Medicaid	\$492	\$3
Commercial Insurance	\$2903	\$15
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	\$25795	\$107
Medicaid	\$2342	\$5
Commercial Insurance	\$15823	\$22
Self-pay	\$0	\$1
Any Other Category of Payer	\$563	\$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	\$40475	\$173
Medicaid	\$2834	\$8
Commercial Insurance	\$18726	\$37
Self-pay	\$0	\$1
Any Other Category of Payer	\$563	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$9787194	Employee Benefits	\$2304025
Depreciation and Amortization	\$870857	Interest Expense	\$0
Bad Debt	\$1116243	Other Expenses	\$13676214
Total Operating Expenses	\$27754533		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3227776	Total Assets	\$12200047
Net Non-operating Gains over Loss	\$13639	Total Liabilities	\$12200047
Total Net Gains	\$-3214137		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32776004	\$19013767	\$13762237
Medicaid	\$15793103	\$11967356	\$3825747
Other Government	\$474411	\$358063	\$116348
Other State	\$0	\$0	\$0
Other Payers	\$16498772	\$10258253	\$6240519
Total	\$65542290	\$41597439	\$23944851

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2628	\$-2628

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	\$4346	\$-4346
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	337

Statement Six: Charity Statement

Hospital Charity Charges \$1023491

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$408168	
HCI Payments	\$0		
Subtotal	\$0	\$408168	\$-408168
Medicaid Shortfalls	\$3884805	\$7397272	
Subtotal	\$3884805	\$7805440	\$-3920635
DSH Payments	\$0		
Subtotal	\$3884805	\$7805440	\$-3920635
Medicare Shortfalls	\$8975406	\$8718463	
Other Government Programs	\$0	\$0	
Total	\$12860211	\$16523903	\$-3663692

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$371901	\$550667	\$-178766
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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