



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 NORTH HOSPITAL

City of Hospital: Carmel

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: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$483940243
Outpatient Patient Service Revenue	\$922435989
Total Gross Patient Service Revenue	\$1406376232

2. Deductions From Revenue

Contractual Allowance	\$-974648664
Other Deductions	\$-9757999
Total Deductions	\$-984406663

3. Total Operating Revenue

Net Patient Service Revenue	\$413277446
Other Operating Revenue	\$4709851
Total Operating Revenue	\$417987297

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$34435187	\$2371
Medicaid	\$20399331	\$1459
Commercial Insurance	\$98341482	\$3817
Self-pay	\$1050337	\$73
Any Other Category of Payer	\$188579	\$109
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	\$46331528	\$43474
Medicaid	\$15781294	\$15182
Commercial Insurance	\$194694718	\$71263
Self-pay	\$1177719	\$1860
Any Other Category of Payer	\$877271	\$1484
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	\$80766715	\$45845
Medicaid	\$36180625	\$16641
Commercial Insurance	\$293036200	\$75080
Self-pay	\$2228056	\$1933
Any Other Category of Payer	\$1065850	\$1593
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	\$34432599	\$2343
Medicaid	\$20398755	\$1454
Commercial Insurance	\$98340012	\$3801
Self-pay	\$1050337	\$72
Any Other Category of Payer	\$188343	\$109
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	\$46043736	\$41333
Medicaid	\$15755008	\$14999
Commercial Insurance	\$194461728	\$69543
Self-pay	\$1176200	\$1841
Any Other Category of Payer	\$874154	\$1473
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	\$80476335	\$43676
Medicaid	\$36153763	\$16453
Commercial Insurance	\$292801740	\$73344
Self-pay	\$2226538	\$1913
Any Other Category of Payer	\$1062496	\$1582
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	\$2588	\$28
Medicaid	\$576	\$5
Commercial Insurance	\$1470	\$16
Self-pay	\$0	\$1
Any Other Category of Payer	\$236	\$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	\$287792	\$2141
Medicaid	\$26286	\$183
Commercial Insurance	\$232990	\$1720
Self-pay	\$1518	\$19
Any Other Category of Payer	\$3117	\$11
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	\$290380	\$2169
Medicaid	\$26862	\$188
Commercial Insurance	\$234460	\$1736
Self-pay	\$1518	\$20
Any Other Category of Payer	\$3353	\$11
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$107304622	Employee Benefits	\$18993113
Depreciation and Amortization	\$16372240	Interest Expense	\$0
Bad Debt	\$8692123	Other Expenses	\$161842415
Total Operating Expenses	\$313204513		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$104782785	Total Assets	\$742757891
Net Non-operating Gains over Loss	\$3858585	Total Liabilities	\$742757891
Total Net Gains	\$108641370		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$530146642	\$449406880	\$80739762
Medicaid	\$175991589	\$139799664	\$36191925
Other Government	\$8850394	\$7458489	\$1391905
Other State	\$0	\$0	\$0
Other Payers	\$691387606	\$396433753	\$294953853
Total	\$1406376231	\$993098786	\$413277445

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$70817	\$-70817

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	\$423820	\$-423820
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	5819

Statement Six: Charity Statement

Hospital Charity Charges \$9757999

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2061865	
HCI Payments	\$0		
Subtotal	\$0	\$2061865	\$-2061865
Medicaid Shortfalls	\$37463461	\$52338619	
Subtotal	\$37463461	\$54400484	\$-16937023
DSH Payments	\$0		
Subtotal	\$37463461	\$54400484	\$-16937023
Medicare Shortfalls	\$51022610	\$71536742	
Other Government Programs	\$0	\$0	
Total	\$88486071	\$125937226	\$-37451155

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

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