



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 STATE DEPARTMENT OF HEALTH

City of Hospital: Bloomington

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Gerard Breen

Email Address: gbreen@primehealthcare.com

Medicare Provider Number: 15-0183

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$37352385
Outpatient Patient Service Revenue	\$105529918
Total Gross Patient Service Revenue	\$142882303

2. Deductions From Revenue

Contractual Allowance	\$97513681
Other Deductions	\$11826846
Total Deductions	\$109340527

3. Total Operating Revenue

Net Patient Service Revenue	\$33541776
Other Operating Revenue	\$139017
Total Operating Revenue	\$33680793

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$7758069	651
Medicaid	\$2461578	157
Commercial Insurance	\$2414405	176
Self-pay	\$10761	1
Any Other Category of Payer	\$0	0
Total	\$12644813	985

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$4516166	12257
Medicaid	\$5003476	8306
Commercial Insurance	\$8180553	11552
Self-pay	\$449941	2058
Any Other Category of Payer	\$0	0
Total	\$18150136	34173

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	\$12274235	12908
Medicaid	\$7465054	8463
Commercial Insurance	\$10594958	11728
Self-pay	\$460702	2059
Any Other Category of Payer	\$0	0
Total	\$30794949	35158

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

13. Operating Expenses

Salaries and Wages	\$17762454	Employee Benefits	\$3436325
Depreciation and Amortization	\$13157913	Interest Expense	\$254401
Bad Debt	\$2746826	Other Expenses	\$17626989
Total Operating Expenses	\$54984908		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-21302676	Total Assets	\$30725711
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$92516412
Total Net Gains	\$-21302676		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$65592851	\$51318616	\$14274235
Medicaid	\$33047979	\$25582925	\$7465054
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$44241473	\$32438986	\$11802487
Total	\$142882303	\$109340527	\$33541776

Statement Three: Donations Statement

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

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	\$0	\$0
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	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$6564
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1602	
HCI Payments	\$0		
Subtotal	\$0	\$1602	\$-1602
Medicaid Shortfalls	\$7465054	\$8067012	
Subtotal	\$7465054	\$8068614	\$-603560
DSH Payments	\$0		
Subtotal	\$7465054	\$8068614	\$-603560
Medicare Shortfalls	\$14274235	\$16011215	
Other Government Programs	\$0	\$0	
Total	\$21739289	\$24079829	\$-2340540

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	\$2906655	\$-2906655
Other Allocations	\$0	\$0	\$0

Comments

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