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: 01/01/2023   (mm/dd/yyyy format)

Year End: 12/31/2023   (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

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Medicare Provider Number: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$50413942
Outpatient Patient Service Revenue	$312327292
Total Gross Patient Service Revenue	$362741234

2. Deductions From Revenue

Contractual Allowance	$252805095
Other Deductions	$4091187
Total Deductions	$256896282

3. Total Operating Revenue

Net Patient Service Revenue	$98714928
Other Operating Revenue	$1330834
Total Operating Revenue	$100045762

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$12351575	1208
Medicaid	$2956148	249
Commercial Insurance	$4571706	242
Self-pay	$4174	21
Any Other Category of Payer	$71045	44
Total	$19954648	1764

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	$32567748	44669
Medicaid	$10859475	19236
Commercial Insurance	$34054720	28746
Self-pay	$282170	1559
Any Other Category of Payer	$996167	1657
Total	$78760280	95867

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	$44919323	45877
Medicaid	$13815623	19485
Commercial Insurance	$38626426	28988
Self-pay	$286344	1580
Any Other Category of Payer	$1067212	1701
Total	$98714928	97631

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	$12309226	1009
Medicaid	$2936556	178
Commercial Insurance	$4546768	154
Self-pay	$3189	18
Any Other Category of Payer	$69888	40
Total	$19865627	1399

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	$32296405	42966
Medicaid	$10772473	18667
Commercial Insurance	$33868933	27367
Self-pay	$280023	1544
Any Other Category of Payer	$987231	1592
Total	$78205065	92136

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	$44605631	43975
Medicaid	$13709029	18845
Commercial Insurance	$38415701	27521
Self-pay	$283212	1562
Any Other Category of Payer	$1057119	1632
Total	$98070692	93535

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	$42349	199
Medicaid	$19592	71
Commercial Insurance	$24939	88
Self-pay	$985	3
Any Other Category of Payer	$1156	4
Total	$89021	365

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	$271343	1703
Medicaid	$87002	569
Commercial Insurance	$185787	1379
Self-pay	$2147	15
Any Other Category of Payer	$8936	65
Total	$555215	3731

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	$313692	1902
Medicaid	$106594	640
Commercial Insurance	$210725	1467
Self-pay	$3132	18
Any Other Category of Payer	$10092	69
Total	$644235	4096

13. Operating Expenses

Salaries and Wages	$25543733	Employee Benefits	$5447159
Depreciation and Amortization	$2147901	Interest Expense	$0
Bad Debt	$7130025	Other Expenses	$42941125
Total Operating Expenses	$83209943		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$16835818	Total Assets	$171900862
Net Non-operating Gains over Loss	$7208187	Total Liabilities	$14895252
Total Net Gains	$24044005		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$199134590	$154319985	$44814605
Medicaid	$61966452	$48199253	$13767199
Other Government	$3537587	$2889412	$648175
Other State	$0	$0	$0
Other Payers	$98102606	$58617657	$39484949
Total	$362741235	$264026307	$98714928

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	$296929	$-296929
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	700

Statement Six: Charity Statement

Hospital Charity Charges	$4091187

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$1103726	
HCI Payments	$0		
Subtotal	$0	$1103726	$-1103726
Medicaid Shortfalls	$12972254	$17528438	
Subtotal	$12972254	$18632164	$-5659910
DSH Payments	$0		
Subtotal	$12972254	$18632164	$-5659910
Medicare Shortfalls	$26022975	$25351982	
Other Government Programs	$0	$0	
Total	$38995229	$43984146	$-4988917

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