



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 BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

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: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$790115792
Outpatient Patient Service Revenue	\$1480106041
Total Gross Patient Service Revenue	\$2270221833

2. Deductions From Revenue

Contractual Allowance	\$1670941957
Other Deductions	\$20207314
Total Deductions	\$1691149271

3. Total Operating Revenue

Net Patient Service Revenue	\$557933568
Other Operating Revenue	\$16574447
Total Operating Revenue	\$574508015

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$72518509	4246
Medicaid	\$45762345	2663
Commercial Insurance	\$81210087	2660
Self-pay	\$534309	96
Any Other Category of Payer	\$1659056	158
Total	\$201684306	9823

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$94212767	137502
Medicaid	\$42384710	70760
Commercial Insurance	\$215361739	133086
Self-pay	\$1231002	5379
Any Other Category of Payer	\$3059043	4875
Total	\$356249261	351602

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	\$166731276	141748
Medicaid	\$88147055	73423
Commercial Insurance	\$296571826	135746
Self-pay	\$1765311	5475
Any Other Category of Payer	\$4718099	5033
Total	\$557933567	361425

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	\$72518509	4246
Medicaid	\$45762345	2663
Commercial Insurance	\$81210087	2660
Self-pay	\$534309	96
Any Other Category of Payer	\$1659056	158
Total	\$201684306	9823

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	\$93490800	126886
Medicaid	\$40954141	62192
Commercial Insurance	\$213239253	116468
Self-pay	\$1169648	4801
Any Other Category of Payer	\$3015355	4473
Total	\$351869197	314820

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	\$166009309	131132
Medicaid	\$86716486	64855
Commercial Insurance	\$294449340	119128
Self-pay	\$1703957	4897
Any Other Category of Payer	\$4674411	4631
Total	\$553553503	324643

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	\$721967	10616
Medicaid	\$1430569	8568
Commercial Insurance	\$2122487	16618
Self-pay	\$61354	578
Any Other Category of Payer	\$43689	402
Total	\$4380066	36782

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	\$721967	10616
Medicaid	\$1430569	8568
Commercial Insurance	\$2122487	16618
Self-pay	\$61354	578
Any Other Category of Payer	\$43689	402
Total	\$4380066	36782

13. Operating Expenses

Salaries and Wages	\$162610942	Employee Benefits	\$31546985
Depreciation and Amortization	\$30849638	Interest Expense	\$74
Bad Debt	\$21138994	Other Expenses	\$245656889
Total Operating Expenses	\$491803522		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$82704492	Total Assets	\$1112051655
Net Non-operating Gains over Loss	\$42770436	Total Liabilities	\$53628819
Total Net Gains	\$125474928		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1152475962	\$986102566	\$166373396
Medicaid	\$377470119	\$290613858	\$86856261
Other Government	\$20313875	\$17980026	\$2333849
Other State	\$0	\$0	\$0
Other Payers	\$719961876	\$417591815	\$302370061
Total	\$2270221832	\$1712288265	\$557933567

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1200494	\$1204803	\$-4309

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	\$322833	\$1036382	\$-713549
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	5
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	10181

Statement Six: Charity Statement

Hospital Charity Charges	\$24300091
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6561554	
HCI Payments	\$0		
Subtotal	\$0	\$6561554	\$-6561554
Medicaid Shortfalls	\$118623165	\$150159618	
Subtotal	\$118623165	\$156721172	\$-38098007
DSH Payments	\$0		
Subtotal	\$118623165	\$156721172	\$-38098007
Medicare Shortfalls	\$90435274	\$124564415	
Other Government Programs	\$0	\$0	
Total	\$209058439	\$281285587	\$-72227148

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$86258820	\$102032229	\$-15773409
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments