



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

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

Person Completing the Report: Lauren Wood

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	\$485433294
Outpatient Patient Service Revenue	\$1058183642
<b>Total Gross Patient Service Revenue</b>	<b>\$1543616936</b>

## 2. Deductions From Revenue

Contractual Allowance	\$1078885406
Other Deductions	\$12106230
<b>Total Deductions</b>	<b>\$1090991636</b>

## 3. Total Operating Revenue

Net Patient Service Revenue	\$436539976
Other Operating Revenue	\$4664558
<b>Total Operating Revenue</b>	<b>\$441204534</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$35987977	2594
Medicaid	\$20745785	1320
Commercial Insurance	\$98410026	3991
Self-pay	\$389528	67
Any Other Category of Payer	\$759392	121
<b>Total</b>	<b>\$156292708</b>	<b>8093</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$53269665	50657
Medicaid	\$20000349	19295
Commercial Insurance	\$203996901	80302
Self-pay	\$1509691	2858
Any Other Category of Payer	\$1470661	1680
Total	\$280247267	154792

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	\$89257642	53251
Medicaid	\$40746134	20615
Commercial Insurance	\$302406927	84293
Self-pay	\$1899220	2925
Any Other Category of Payer	\$2230053	1801
Total	\$436539976	162885

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	\$35984983	2564
Medicaid	\$20745785	1320
Commercial Insurance	\$98408097	3971
Self-pay	\$389528	67
Any Other Category of Payer	\$759304	120
Total	\$156287697	8042

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	\$52965373	48491
Medicaid	\$19983163	19174
Commercial Insurance	\$203780493	78752
Self-pay	\$1508963	2852
Any Other Category of Payer	\$1469608	1673
Total	\$279707600	150942

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	\$88950356	51055
Medicaid	\$40728948	20494
Commercial Insurance	\$302188590	82723
Self-pay	\$1898492	2919
Any Other Category of Payer	\$2228912	1793
Total	\$435995298	158984

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	\$2994	30
Medicaid	\$0	0
Commercial Insurance	\$1930	20
Self-pay	\$0	0
Any Other Category of Payer	\$88	1
<b>Total</b>	<b>\$5012</b>	<b>51</b>

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	\$304293	2166
Medicaid	\$17186	121
Commercial Insurance	\$216408	1550
Self-pay	\$728	6
Any Other Category of Payer	\$1053	7
<b>Total</b>	<b>\$539668</b>	<b>3850</b>

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	\$307286	2196
Medicaid	\$17186	121
Commercial Insurance	\$218338	1570
Self-pay	\$728	6
Any Other Category of Payer	\$1141	8
<b>Total</b>	<b>\$544679</b>	<b>3901</b>

## 13. Operating Expenses

Salaries and Wages	\$96990920	Employee Benefits	\$18370256
Depreciation and Amortization	\$15195132	Interest Expense	\$0
Bad Debt	\$16085324	Other Expenses	\$175809474
<b>Total Operating Expenses</b>	<b>\$322451106</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$118753428	Total Assets	\$894915514
Net Non-operating Gains over Loss	\$29898905	Total Liabilities	\$32431725
<b>Total Net Gains</b>	<b>\$148652333</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$593703489	\$504486302	\$89217187
Medicaid	\$203639056	\$162761671	\$40877385
Other Government	\$6689678	\$6017918	\$671760
Other State	\$0	\$0	\$0
Other Payers	\$739584714	\$433811069	\$305773645
Total	\$1543616937	\$1107076960	\$436539977

## 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	8
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	5819

## Statement Six: Charity Statement

Hospital Charity Charges	\$12106230
--------------------------	------------

	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