



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 WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

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

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

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Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |             |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue   | \$13067471  |
| Outpatient Patient Service Revenue  | \$155752163 |
| Total Gross Patient Service Revenue | \$168819634 |

2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$114553510 |
| Other Deductions      | \$2215716   |
| Total Deductions      | \$116769226 |

3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$48452688 |
| Other Operating Revenue     | \$855719   |
| Total Operating Revenue     | \$49308407 |

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

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$5003466           | 356                         |
| Medicaid                    | \$513104            | 32                          |
| Commercial Insurance        | \$898910            | 48                          |
| Self-pay                    | \$53668             | 4                           |
| Any Other Category of Payer | \$166363            | 20                          |
| Total                       | \$6635511           | 460                         |

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

|  | Net Patient Revenue | Total Number of Paid Claims |
|--|---------------------|-----------------------------|
|  |                     |                             |

|                             |            |       |
|-----------------------------|------------|-------|
| Medicare                    | \$20479084 | 18243 |
| Medicaid                    | \$5002830  | 8113  |
| Commercial Insurance        | \$15835803 | 10894 |
| Self-pay                    | \$101968   | 738   |
| Any Other Category of Payer | \$397492   | 610   |
| Total                       | \$41817177 | 38598 |

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                    | \$25482550                | 18599                       |
| Medicaid                    | \$5515934                 | 8145                        |
| Commercial Insurance        | \$16734713                | 10942                       |
| Self-pay                    | \$155636                  | 742                         |
| Any Other Category of Payer | \$563855                  | 630                         |
| Total                       | \$48452688                | 39058                       |

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                    | \$5003466           | 356                         |
| Medicaid                    | \$513104            | 32                          |
| Commercial Insurance        | \$898910            | 48                          |
| Self-pay                    | \$53668             | 4                           |
| Any Other Category of Payer | \$166363            | 20                          |
| Total                       | \$6635511           | 460                         |

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                    | \$20479084          | 18243                       |
| Medicaid                    | \$5002830           | 8113                        |
| Commercial Insurance        | \$15835803          | 10894                       |
| Self-pay                    | \$101968            | 738                         |
| Any Other Category of Payer | \$400490            | 610                         |
| Total                       | \$41820175          | 38598                       |

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                    | \$25482550                | 18599                       |
| Medicaid                    | \$5515934                 | 8145                        |
| Commercial Insurance        | \$16734713                | 10942                       |
| Self-pay                    | \$155636                  | 742                         |
| Any Other Category of Payer | \$566852                  | 630                         |
| Total                       | \$48455685                | 39058                       |

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 | -\$2997             | 0                           |
| Total                       | -\$2997             | 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 | -\$2997             | 0                           |
| Total                       | -\$2997             | 0                           |

## 13. Operating Expenses

|                               |            |                   |            |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages            | \$10375929 | Employee Benefits | \$2606963  |
| Depreciation and Amortization | \$2101276  | Interest Expense  | \$892146   |
| Bad Debt                      | \$3597721  | Other Expenses    | \$23751760 |
| Total Operating Expenses      | \$43325795 |                   |            |

## 14. Net Revenue and Expenses

|                                   |           |                   |            |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses      | \$5982611 | Total Assets      | \$82115511 |
| Net Non-operating Gains over Loss | \$2303837 | Total Liabilities | \$25035167 |
| Total Net Gains                   | \$8286448 |                   |            |

## Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$95005217            | \$69518533            | \$25486684                    |
| Medicaid         | \$24222164            | \$18708871            | \$5513293                     |
| Other Government | \$897964              | \$736472              | \$161492                      |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$48694289            | \$31403071            | \$17291218                    |
| Total            | \$168819634           | \$120366947           | \$48452687                    |

## Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$28806                     | \$-28806                |

## 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                        | \$5000                      | \$-5000                 |
| 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 | 1341 |

## Statement Six: Charity Statement

|                          |           |
|--------------------------|-----------|
| Hospital Charity Charges | \$2215716 |
|--------------------------|-----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$589400               |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$589400               | \$-589400                      |
| Medicaid Shortfalls       | \$5374836             | \$8299500              |                                |
| Subtotal                  | \$5374836             | \$8888900              | \$-3514064                     |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$5374836             | \$8888900              | \$-3514064                     |
| Medicare Shortfalls       | \$14370800            | \$13953016             |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$19745636            | \$22841916             | \$-3096280                     |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$1076843                  | \$1178291                   | \$-101448               |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments