



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

Year End: 12/31/2023 (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	\$42270926
Outpatient Patient Service Revenue	\$110640095
<b>Total Gross Patient Service Revenue</b>	<b>\$152911021</b>

2. Deductions From Revenue

Contractual Allowance	\$108526705
Other Deductions	\$14850607
<b>Total Deductions</b>	<b>\$123377312</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$29533709
Other Operating Revenue	\$123907
<b>Total Operating Revenue</b>	<b>\$29657616</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9762966	871
Medicaid	\$2526204	170
Commercial Insurance	\$3274575	204
Self-pay	\$28054	3
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$15591799</b>	<b>1248</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$4366563	11922
Medicaid	\$4250215	8638
Commercial Insurance	\$6618553	10713
Self-pay	\$573735	2192
Any Other Category of Payer	\$0	0
Total	\$15809066	33465

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	\$14159529	12793
Medicaid	\$6776419	8808
Commercial Insurance	\$7995972	10917
Self-pay	\$601789	2195
Any Other Category of Payer	\$0	0
Total	\$29533709	34713

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	\$14159529	12793
Medicaid	\$6776419	8808
Commercial Insurance	\$9893128	10917
Self-pay	\$601789	2195
Any Other Category of Payer	\$0	0
Total	\$31430865	34713

## 13. Operating Expenses

Salaries and Wages	\$15456482	Employee Benefits	\$3968327
Depreciation and Amortization	\$5900532	Interest Expense	\$7012
Bad Debt	\$1897155	Other Expenses	\$14942378
Total Operating Expenses	\$42171886		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-10617115	Total Assets	\$26299851
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$98707668
Total Net Gains	\$-10617115		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$69178948	\$55049419	\$14129529
Medicaid	\$37619202	\$30842783	\$6776419
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$46112871	\$37485110	\$8627761
Total	\$152911021	\$123377312	\$29533709

## 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	\$2144
--------------------------	--------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$450	
HCI Payments	\$0		
Subtotal	\$0	\$450	\$-450
Medicaid Shortfalls	\$6776419	\$9182848	
Subtotal	\$6776419	\$9183298	\$-2406879
DSH Payments	\$0		
Subtotal	\$6776419	\$9183298	\$-2406879
Medicare Shortfalls	\$14129529	\$16795569	
Other Government Programs	\$0	\$0	
Total	\$20905948	\$25978867	\$-5072919

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	\$2099633	\$-2099633
Other Allocations	\$0	\$0	\$0

Comments

//