



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 BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

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Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1069971593
Outpatient Patient Service Revenue	\$1560349634
Total Gross Patient Service Revenue	\$2630321227

2. Deductions From Revenue

Contractual Allowance	\$2046987844
Other Deductions	\$48211554
Total Deductions	\$2095199398

3. Total Operating Revenue

Net Patient Service Revenue	\$538795323
Other Operating Revenue	\$17747311
Total Operating Revenue	\$556542634

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$115499395	7165
Medicaid	\$62084334	3680
Commercial Insurance	\$65915548	2378
Self-pay	\$-84667	163
Any Other Category of Payer	\$26195905	339
Total	\$269610515	13725

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$94579221	114507
Medicaid	\$53031388	56823
Commercial Insurance	\$118804332	92225
Self-pay	\$440226	5769
Any Other Category of Payer	\$2329641	2658
<b>Total</b>	<b>\$269184808</b>	<b>271982</b>

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	\$210078616	121672
Medicaid	\$115115722	60503
Commercial Insurance	\$184719880	94603
Self-pay	\$355559	5932
Any Other Category of Payer	\$28525546	2997
<b>Total</b>	<b>\$538795323</b>	<b>285707</b>

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	\$115497806	7165
Medicaid	\$62082778	3680
Commercial Insurance	\$65914235	2378
Self-pay	\$-84794	163
Any Other Category of Payer	\$26195715	339
<b>Total</b>	<b>\$269605740</b>	<b>13725</b>

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	\$94575091	114507
Medicaid	\$53028751	56823
Commercial Insurance	\$118799054	92225
Self-pay	\$439978	5769
Any Other Category of Payer	\$2329342	2658
<b>Total</b>	<b>\$269172216</b>	<b>271982</b>

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	\$210072897	121672
Medicaid	\$115111529	60503
Commercial Insurance	\$184713289	94603
Self-pay	\$355184	5932
Any Other Category of Payer	\$28525057	2997
<b>Total</b>	<b>\$538777956</b>	<b>285707</b>

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	\$11949	0
Commercial Insurance	\$4935	0
Self-pay	\$41	0
Any Other Category of Payer	\$442	0
Total	\$17367	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	\$11949	0
Commercial Insurance	\$4935	0
Self-pay	\$41	0
Any Other Category of Payer	\$442	0
Total	\$17367	0

13. Operating Expenses

Salaries and Wages	\$162097482	Employee Benefits	\$38312896
Depreciation and Amortization	\$23711049	Interest Expense	\$46
Bad Debt	\$-3673495	Other Expenses	\$334398411
Total Operating Expenses	\$554846389		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1696245	Total Assets	\$870772949
Net Non-operating Gains over Loss	\$23494820	Total Liabilities	\$37954027
Total Net Gains	\$25191065		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1443923670	\$1223517449	\$220406221
Medicaid	\$499580291	\$379415532	\$120164759
Other Government	\$11504492	\$10642581	\$861911
Other State	\$0	\$0	\$0
Other Payers	\$675312774	\$477950341	\$197362433
Total	\$2630321227	\$2091525903	\$538795324

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1387970	\$1822706	\$-434736

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$615239	\$1636656	\$-1021417

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$4633629	\$14866918	\$-10233289
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	7
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	19004

## Statement Six: Charity Statement

Hospital Charity Charges \$60437790

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4680767	
HCI Payments	\$0		
Subtotal	\$0	\$4680767	\$-4680767
Medicaid Shortfalls	\$117102414	\$118248734	
Subtotal	\$117102414	\$122929501	\$-5827087
DSH Payments	\$0		
Subtotal	\$117102414	\$122929501	\$-5827087
Medicare Shortfalls	\$106835217	\$109226250	
Other Government Programs	\$0	\$0	
Total	\$223937631	\$232155751	\$-8218120

#### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10480799	\$11609641	\$-1128842
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

#### Comments

2023 numbers were used for statements 3 - 7 with the exception of hospital charity charges. These numbers will be updated as soon as the information is available.