



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 JAY HOSPITAL

City of Hospital: Portland

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

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

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Medicare Provider Number: 15-1320

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|  |                    |
|--|--------------------|
| Inpatient Patient Service Revenue          | \$9543867          |
| Outpatient Patient Service Revenue         | \$101428542        |
| <b>Total Gross Patient Service Revenue</b> | <b>\$110972409</b> |

2. Deductions From Revenue

|                         |                   |
|-------------------------|-------------------|
| Contractual Allowance   | \$61174762        |
| Other Deductions        | \$5304419         |
| <b>Total Deductions</b> | <b>\$66479181</b> |

3. Total Operating Revenue

|                                |                   |
|--------------------------------|-------------------|
| Net Patient Service Revenue    | \$44475415        |
| Other Operating Revenue        | \$439234          |
| <b>Total Operating Revenue</b> | <b>\$44914649</b> |

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

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$5850013           | 341                         |
| Medicaid                    | \$344373            | 28                          |
| Commercial Insurance        | \$591915            | 39                          |
| Self-pay                    | \$-519              | 2                           |
| Any Other Category of Payer | \$3690              | 1                           |
| <b>Total</b>                | <b>\$6789472</b>    | <b>411</b>                  |

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

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

|                             |            |       |
|-----------------------------|------------|-------|
| Medicare                    | \$18547310 | 28077 |
| Medicaid                    | \$6577456  | 15281 |
| Commercial Insurance        | \$12010024 | 20173 |
| Self-pay                    | \$203059   | 3237  |
| Any Other Category of Payer | \$348095   | 489   |
| Total                       | \$37685944 | 67257 |

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                    | \$24397322                | 28418                       |
| Medicaid                    | \$6921829                 | 15309                       |
| Commercial Insurance        | \$12601939                | 20212                       |
| Self-pay                    | \$202540                  | 3239                        |
| Any Other Category of Payer | \$351785                  | 490                         |
| Total                       | \$44475415                | 67668                       |

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                    | \$5850013           | 341                         |
| Medicaid                    | \$344373            | 28                          |
| Commercial Insurance        | \$591915            | 39                          |
| Self-pay                    | -\$519              | 2                           |
| Any Other Category of Payer | \$3690              | 1                           |
| Total                       | \$6789472           | 411                         |

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                    | \$18532745          | 28069                       |
| Medicaid                    | \$6576662           | 15280                       |
| Commercial Insurance        | \$12001698          | 20163                       |
| Self-pay                    | \$203059            | 3237                        |
| Any Other Category of Payer | \$348095            | 489                         |
| Total                       | \$37662259          | 67238                       |

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                    | \$24382758                | 28410                       |
| Medicaid                    | \$6921035                 | 15308                       |
| Commercial Insurance        | \$12593613                | 20202                       |
| Self-pay                    | \$202540                  | 3239                        |
| Any Other Category of Payer | \$351785                  | 490                         |
| Total                       | \$44451731                | 67649                       |

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                    | \$15442             | 8                           |
| Medicaid                    | \$699               | 1                           |
| Commercial Insurance        | \$7543              | 10                          |
| Self-pay                    | \$0                 | 0                           |
| Any Other Category of Payer | \$0                 | 0                           |
| Total                       | \$23684             | 19                          |

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                    | \$15442             | 8                           |
| Medicaid                    | \$699               | 1                           |
| Commercial Insurance        | \$7543              | 10                          |
| Self-pay                    | \$0                 | 0                           |
| Any Other Category of Payer | \$0                 | 0                           |
| Total                       | \$23684             | 19                          |

13. Operating Expenses

|                               |            |                   |            |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages            | \$14227561 | Employee Benefits | \$4681437  |
| Depreciation and Amortization | \$2300192  | Interest Expense  | \$0        |
| Bad Debt                      | \$17813    | Other Expenses    | \$24745143 |
| Total Operating Expenses      | \$45972146 |                   |            |

14. Net Revenue and Expenses

|                                   |            |                   |           |
|-----------------------------------|------------|-------------------|-----------|
| Excess Revenue over Expenses      | \$-1057497 | Total Assets      | \$6597559 |
| Net Non-operating Gains over Loss | \$-649246  | Total Liabilities | \$5066954 |
| Total Net Gains                   | \$-1706743 |                   |           |

Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$50853654            | \$26461185            | \$24392469                    |
| Medicaid         | \$23214928            | \$16292745            | \$6922183                     |
| Other Government | \$640595              | \$572688              | \$67907                       |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$36263232            | \$23170376            | \$13092856                    |
| Total            | \$110972409           | \$66496994            | \$44475415                    |

Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$5161                      | \$-5161                 |

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                        | \$48324                     | \$-48324                |
| 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 | 3346 |

Statement Six: Charity Statement

Hospital Charity Charges \$5969472

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$628648               |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$628648               | \$-628648                      |
| Medicaid Shortfalls       | \$7646578             | \$10629290             |                                |
| Subtotal                  | \$7646578             | \$11257938             | \$-3611360                     |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$7646578             | \$11257938             | \$-3611360                     |
| Medicare Shortfalls       | \$8529822             | \$8540670              |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$16176400            | \$19798608             | \$-3622208                     |

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

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$846719                   | \$958414                    | \$-111695               |
| 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.