



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: 01/01/2024 (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: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11336037
Outpatient Patient Service Revenue	\$178606746
Total Gross Patient Service Revenue	\$189942783

2. Deductions From Revenue

Contractual Allowance	\$129698706
Other Deductions	\$7499230
Total Deductions	\$137197936

3. Total Operating Revenue

Net Patient Service Revenue	\$51337118
Other Operating Revenue	\$792129
Total Operating Revenue	\$52129247

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$5106229	416
Medicaid	\$315185	30
Commercial Insurance	\$605791	45
Self-pay	\$-31646	6
Any Other Category of Payer	\$-27750	16
Total	\$5967809	513

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$21755041	22468
Medicaid	\$4877016	8470
Commercial Insurance	\$18136370	15561
Self-pay	\$110599	1309
Any Other Category of Payer	\$490283	860
Total	\$45369309	48668

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	\$26861270	22884
Medicaid	\$5192201	8500
Commercial Insurance	\$18742161	15606
Self-pay	\$78953	1315
Any Other Category of Payer	\$462533	876
Total	\$51337118	49181

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	\$5106230	416
Medicaid	\$315185	30
Commercial Insurance	\$605791	45
Self-pay	\$-31646	6
Any Other Category of Payer	\$-27751	16
Total	\$5967809	513

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	\$21755041	22468
Medicaid	\$4877016	8470
Commercial Insurance	\$18136370	15561
Self-pay	\$110599	1309
Any Other Category of Payer	\$489899	860
Total	\$45368925	48668

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	\$26861271	22884
Medicaid	\$5192201	8500
Commercial Insurance	\$18742161	15606
Self-pay	\$78953	1315
Any Other Category of Payer	\$462148	876
Total	\$51336734	49181

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	\$2	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$2	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	\$168	0
Medicaid	\$33	0
Commercial Insurance	\$175	0
Self-pay	\$4	0
Any Other Category of Payer	\$1	0
Total	\$381	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	\$170	0
Medicaid	\$33	0
Commercial Insurance	\$175	0
Self-pay	\$4	0
Any Other Category of Payer	\$1	0
Total	\$383	0

13. Operating Expenses

Salaries and Wages	\$11554913	Employee Benefits	\$2854882
Depreciation and Amortization	\$2015405	Interest Expense	\$852406
Bad Debt	\$1407729	Other Expenses	\$29062916
Total Operating Expenses	\$47748251		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4380996	Total Assets	\$85170102
Net Non-operating Gains over Loss	\$2513334	Total Liabilities	\$21175643
Total Net Gains	\$6894330		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$102520871	\$75680003	\$26840868
Medicaid	\$24369229	\$19180328	\$5188901
Other Government	\$1008941	\$861241	\$147700
Other State	\$0	\$0	\$0
Other Payers	\$62043742	\$42884093	\$19159649
Total	\$189942783	\$138605665	\$51337118

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$15413	\$-15413

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	1533

Statement Six: Charity Statement

Hospital Charity Charges \$7499230

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$518921	
HCI Payments	\$0		
Subtotal	\$0	\$518921	\$-518921
Medicaid Shortfalls	\$5692690	\$8604084	
Subtotal	\$5692690	\$9123005	\$-3430315
DSH Payments	\$0		
Subtotal	\$5692690	\$9123005	\$-3430315
Medicare Shortfalls	\$15742609	\$15575514	
Other Government Programs	\$0	\$0	
Total	\$21435299	\$24698519	\$-3263220

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

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.