



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$815841667
Outpatient Patient Service Revenue	\$1169968042
Total Gross Patient Service Revenue	\$1985809709

2. Deductions From Revenue

Contractual Allowance	\$-1432171464
Other Deductions	\$-29497196
Total Deductions	\$-1461668660

3. Total Operating Revenue

Net Patient Service Revenue	\$515649773
Other Operating Revenue	\$25450237
Total Operating Revenue	\$541100010

4. Operating Expenses

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Salaries and Wages	\$145174160	Employee Benefits	\$31813648
Depreciation and Amortization	\$12968571	Interest Expense	\$595
Bad Debt	\$8491277	Other Expenses	\$223265709
Total Operating Expenses	\$421713960		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$119386051	Total Assets	\$1041704281
Net Non-operating Gains over Loss	\$25952645	Total Liabilities	\$1041704281
Total Net Gains	\$145338696		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$965417031	\$821761284	\$143655747
Medicaid	\$367145234	\$286385280	\$80759954
Other Government	\$26312121	\$22161596	\$4150525
Other State	\$0	\$0	\$0
Other Payers	\$626935323	\$339851776	\$287083547
Total	\$1985809709	\$1470159936	\$515649773

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$972811	\$1077481	\$-104670

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	\$276607	\$805982	\$-529375
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	4732

Statement Six: Charity Statement

Hospital Charity Charges	\$32154861
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10382078	
HCI Payments	\$0		
Subtotal	\$0	\$10382078	\$-10382078
Medicaid Shortfalls	\$105811472	\$141412265	
Subtotal	\$105811472	\$151794343	\$-45982871
DSH Payments	\$0		

	Subtotal	\$105811472	\$151794343	\$-45982871
Medicare Shortfalls		\$93069626	\$107841406	
Other Government Programs		\$0	\$0	
	Total	\$198881098	\$259635749	\$-60754651

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$37914312	\$52814476	\$-14900164
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments