



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: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--|---------------------|
| Inpatient Patient Service Revenue | \$1072402535 |
| Outpatient Patient Service Revenue | \$1332694680 |
| Total Gross Patient Service Revenue | \$2405097215 |

2. Deductions From Revenue

| | |
|-------------------------|----------------------|
| Contractual Allowance | \$-1863371194 |
| Other Deductions | \$-24337410 |
| Total Deductions | \$-1887708604 |

3. Total Operating Revenue

| | |
|--------------------------------|--------------------|
| Net Patient Service Revenue | \$507859982 |
| Other Operating Revenue | \$17765754 |
| Total Operating Revenue | \$525625736 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare | \$121301491 | \$7013 |
| Medicaid | \$58948163 | \$3705 |
| Commercial Insurance | \$71220459 | \$2105 |
| Self-pay | \$1735201 | \$112 |
| Any Other Category of Payer | \$-244906 | \$267 |
| Total | \$0 | \$0 |

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

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

| | | |
|-----------------------------|-------------|---------|
| Medicare | \$79918336 | \$78146 |
| Medicaid | \$51184966 | \$59107 |
| Commercial Insurance | \$120343178 | \$64313 |
| Self-pay | \$2636585 | \$3502 |
| Any Other Category of Payer | \$816509 | \$2866 |
| Total | \$0 | \$0 |

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 | \$201219826 | \$85159 |
| Medicaid | \$110133129 | \$62812 |
| Commercial Insurance | \$191563637 | \$66418 |
| Self-pay | \$4371787 | \$3614 |
| Any Other Category of Payer | \$571603 | \$3133 |
| Total | \$0 | \$0 |

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 | \$121301491 | \$7013 |
| Medicaid | \$58948163 | \$3705 |
| Commercial Insurance | \$71220459 | \$2105 |
| Self-pay | \$1735201 | \$112 |
| Any Other Category of Payer | \$-244906 | \$267 |
| 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 | \$79918336 | \$78146 |
| Medicaid | \$50578119 | \$50000 |
| Commercial Insurance | \$120156616 | \$61576 |
| Self-pay | \$2616324 | \$3476 |
| Any Other Category of Payer | \$814724 | \$2573 |
| 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 | \$201219826 | \$85159 |
| Medicaid | \$109526283 | \$53705 |
| Commercial Insurance | \$191377076 | \$63681 |
| Self-pay | \$4351526 | \$3588 |
| Any Other Category of Payer | \$569818 | \$2840 |
| 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 | \$606847 | \$9107 |
| Commercial Insurance | \$186561 | \$2737 |
| Self-pay | \$20261 | \$26 |
| Any Other Category of Payer | \$1785 | \$293 |
| 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 | \$0 | \$0 |
| Medicaid | \$606847 | \$9107 |
| Commercial Insurance | \$186561 | \$2737 |
| Self-pay | \$20261 | \$26 |
| Any Other Category of Payer | \$1785 | \$293 |
| Total | \$0 | \$0 |

13. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$187592713 | Employee Benefits | \$38896450 |
| Depreciation and Amortization | \$21735159 | Interest Expense | \$103 |
| Bad Debt | \$9528630 | Other Expenses | \$262652135 |
| Total Operating Expenses | \$520405190 | | |

14. Net Revenue and Expenses

| | | | |
|-----------------------------------|-----------|-------------------|-------------|
| Excess Revenue over Expenses | \$5220546 | Total Assets | \$811871925 |
| Net Non-operating Gains over Loss | \$51968 | Total Liabilities | \$811871925 |
| Total Net Gains | \$5272514 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$1333464181 | \$1122876241 | \$210587940 |
| Medicaid | \$492562263 | \$379039723 | \$113522540 |
| Other Government | \$16738044 | \$14556528 | \$2181516 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$562332727 | \$380764742 | \$181567985 |
| Total | \$2405097215 | \$1897237234 | \$507859981 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$622910 | \$1142338 | \$-519428 |

Statement Four: Research Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$449693 | \$1610070 | \$-1160377 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$4448197 | \$15276868 | \$-10828671 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

| | |
|---|-------|
| Number of Medical Professionals Trained | 71 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | 17830 |

Statement Six: Charity Statement

| | |
|--------------------------|------------|
| Hospital Charity Charges | \$31122862 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$5784744 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$5784744 | \$-5784744 |
| Medicaid Shortfalls | \$116943127 | \$117897386 | |
| Subtotal | \$116943127 | \$123682130 | \$-6739003 |
| DSH Payments | \$0 | | |
| Subtotal | \$116943127 | \$123682130 | \$-6739003 |
| Medicare Shortfalls | \$111843764 | \$121693604 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$228786891 | \$245375734 | \$-16588843 |

| |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$20388256 | \$22840191 | \$-2451935 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

//