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 BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

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

Year End: 12/31/2022 (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	$844683021
Outpatient Patient Service Revenue	$1317561168
Total Gross Patient Service Revenue	$2162244189

2. Deductions From Revenue

Contractual Allowance	$-1609842571
Other Deductions	$-16773324
Total Deductions	$-1626615895

3. Total Operating Revenue

Net Patient Service Revenue	$525981447
Other Operating Revenue	$16135676
Total Operating Revenue	$542117123

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$75699814	$4344
Medicaid	$44613678	$2594
Commercial Insurance	$86157878	$2622
Self-pay	$1351491	$96
Any Other Category of Payer	$105064	$175
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	$73101380	$133484
Medicaid	$39364430	$66429
Commercial Insurance	$201596780	$129662
Self-pay	$2684346	$4913
Any Other Category of Payer	$1306585	$4659
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	$148801194	$137828
Medicaid	$83978109	$69023
Commercial Insurance	$287754658	$132284
Self-pay	$4035837	$5009
Any Other Category of Payer	$1411649	$4834
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	$75699732	$4342
Medicaid	$44612378	$2575
Commercial Insurance	$86157646	$2619
Self-pay	$1351491	$96
Any Other Category of Payer	$105064	$175
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	$73029972	$117175
Medicaid	$39268835	$57380
Commercial Insurance	$201458449	$109230
Self-pay	$2681021	$3575
Any Other Category of Payer	$1294302	$4201
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	$148729705	$121517
Medicaid	$83881213	$59955
Commercial Insurance	$287616096	$111849
Self-pay	$4032512	$3671
Any Other Category of Payer	$1399366	$4376
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	$82	$2
Medicaid	$1301	$19
Commercial Insurance	$231	$3
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	$71407	$16309
Medicaid	$95595	$9049
Commercial Insurance	$138330	$20432
Self-pay	$3326	$1338
Any Other Category of Payer	$12283	$458
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	$71490	$16311
Medicaid	$96896	$9068
Commercial Insurance	$138562	$20435
Self-pay	$3326	$1338
Any Other Category of Payer	$12283	$458
Total	$0	$0

13. Operating Expenses

Salaries and Wages	$180169488	Employee Benefits	$32983883
Depreciation and Amortization	$31143495	Interest Expense	$-451227
Bad Debt	$9646846	Other Expenses	$242890486
Total Operating Expenses	$496382971		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$45734152	Total Assets	$1025725343
Net Non-operating Gains over Loss	$-19275617	Total Liabilities	$1025725343
Total Net Gains	$26458535		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$1083135548	$932452400	$150683148
Medicaid	$383074782	$298263432	$84811350
Other Government	$18593804	$16258234	$2335570
Other State	$0	$0	$0
Other Payers	$677440055	$389288677	$288151378
Total	$2162244189	$1636262743	$525981446

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$1200494	$1204803	$-4309

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	$322833	$1036382	$-713549
Hospital Patients	$0	$0	$0
Community Education	$0	$0	$0

Number of Medical Professionals Trained	3
Number of Hospital Patients Educated	$0
Number of Citizens Exposed to Health Education Messages	10181

Statement Six: Charity Statement

Hospital Charity Charges	$20030616

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$6561554	
HCI Payments	$0		
Subtotal	$0	$6561554	$-6561554
Medicaid Shortfalls	$118623165	$150159618	
Subtotal	$118623165	$156721172	$-38098007
DSH Payments	$0		
Subtotal	$118623165	$156721172	$-38098007
Medicare Shortfalls	$90435274	$124564415	
Other Government Programs	$0	$0	
Total	$209058439	$281285587	$-72227148

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$86258820	$102032229	$-15773409
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$0	$0
Other Allocations	$0	$0	$0

Comments