



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 BEDFORD HOSPITAL

City of Hospital: Bedford

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: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60192678
Outpatient Patient Service Revenue	\$281856880
Total Gross Patient Service Revenue	\$342049558

2. Deductions From Revenue

Contractual Allowance	\$-241258644
Other Deductions	\$-5005562
Total Deductions	\$-246264206

3. Total Operating Revenue

Net Patient Service Revenue	\$93374535
Other Operating Revenue	\$1360020
Total Operating Revenue	\$94734555

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$13737366	\$1172
Medicaid	\$3244252	\$253
Commercial Insurance	\$4556067	\$201
Self-pay	\$42309	\$15
Any Other Category of Payer	\$164370	\$36
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	\$28484714	\$40063
Medicaid	\$9428363	\$17717
Commercial Insurance	\$32691384	\$27749
Self-pay	\$763703	\$1443
Any Other Category of Payer	\$262007	\$1607
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	\$42222080	\$41235
Medicaid	\$12672615	\$17970
Commercial Insurance	\$37247451	\$27950
Self-pay	\$806012	\$1458
Any Other Category of Payer	\$426376	\$1643
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	\$13690048	\$980
Medicaid	\$3226975	\$195
Commercial Insurance	\$4540988	\$149
Self-pay	\$41898	\$9
Any Other Category of Payer	\$163455	\$34
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	\$28337884	\$39086
Medicaid	\$9353581	\$17213
Commercial Insurance	\$32577351	\$26822
Self-pay	\$758384	\$1425
Any Other Category of Payer	\$260666	\$1569
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	\$42027932	\$40066
Medicaid	\$12580556	\$17408
Commercial Insurance	\$37118338	\$26971
Self-pay	\$800282	\$1434
Any Other Category of Payer	\$424122	\$1603
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	\$47318	\$192
Medicaid	\$17277	\$58
Commercial Insurance	\$15079	\$52
Self-pay	\$411	\$6
Any Other Category of Payer	\$915	\$2
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	\$146829	\$977
Medicaid	\$74782	\$504
Commercial Insurance	\$114033	\$927
Self-pay	\$5320	\$18
Any Other Category of Payer	\$1340	\$38
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	\$194148	\$1169
Medicaid	\$92059	\$562
Commercial Insurance	\$129113	\$979
Self-pay	\$5730	\$24
Any Other Category of Payer	\$2255	\$40
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$26704868	Employee Benefits	\$5509694
Depreciation and Amortization	\$2014872	Interest Expense	\$0
Bad Debt	\$2410817	Other Expenses	\$43515355
Total Operating Expenses	\$80155606		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$14578949	Total Assets	\$148764306
Net Non-operating Gains over Loss	\$355950	Total Liabilities	\$148764306
Total Net Gains	\$14934899		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$185280381	\$143121475	\$42158906
Medicaid	\$58399863	\$45760226	\$12639637
Other Government	\$3005494	\$2486411	\$519083
Other State	\$0	\$0	\$0
Other Payers	\$95363820	\$57306911	\$38056909
Total	\$342049558	\$248675023	\$93374535

Statement Three: Donations Statement

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

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	\$296929	\$-296929
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	700

Statement Six: Charity Statement

Hospital Charity Charges \$5005562

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1103726	
HCI Payments	\$0		
Subtotal	\$0	\$1103726	\$-1103726
Medicaid Shortfalls	\$12972254	\$17528438	
Subtotal	\$12972254	\$18632164	\$-5659910
DSH Payments	\$0		
Subtotal	\$12972254	\$18632164	\$-5659910
Medicare Shortfalls	\$26022975	\$25351982	
Other Government Programs	\$0	\$0	
Total	\$38995229	\$43984146	\$-4988917

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

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