



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: METHODIST HOSPITAL NORTHLAKE CAMPUS

City of Hospital: Gary

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

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

Person Completing the Report: Shayna Scott

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Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$686395782
Outpatient Patient Service Revenue	\$862486336
<b>Total Gross Patient Service Revenue</b>	<b>\$1548882118</b>

2. Deductions From Revenue

Contractual Allowance	\$1200431350
Other Deductions	\$36439399
<b>Total Deductions</b>	<b>\$1236870749</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$391797258
Other Operating Revenue	\$13611307
<b>Total Operating Revenue</b>	<b>\$405408565</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$82392927	\$12864
Medicaid	\$52405552	\$7008
Commercial Insurance	\$10719362	\$1966
Self-pay	\$18652	\$2299
Any Other Category of Payer	\$22843247	\$1417
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$70236917	\$727554
Medicaid	\$59138901	\$633152
Commercial Insurance	\$29269137	\$234220
Self-pay	\$1228524	\$239344
Any Other Category of Payer	\$51771184	\$245037
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	\$152629844	\$740418
Medicaid	\$111544453	\$640160
Commercial Insurance	\$39988499	\$236186
Self-pay	\$1247176	\$241643
Any Other Category of Payer	\$74614431	\$246454
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	\$82392927	\$12864
Medicaid	\$52405552	\$7008
Commercial Insurance	\$10719362	\$1966
Self-pay	\$18652	\$2299
Any Other Category of Payer	\$22843247	\$1417
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	\$54821414	\$94106
Medicaid	\$48074641	\$170776
Commercial Insurance	\$25208039	\$48670
Self-pay	\$511988	\$38276
Any Other Category of Payer	\$46351497	\$37190
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	\$137214342	\$106970
Medicaid	\$100480193	\$177784
Commercial Insurance	\$35927402	\$50636
Self-pay	\$530640	\$40575
Any Other Category of Payer	\$69194744	\$38607
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	\$15415503	\$633448
Medicaid	\$11064261	\$462376
Commercial Insurance	\$4061097	\$185550
Self-pay	\$716536	\$201068
Any Other Category of Payer	\$5419687	\$207887
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	\$15415503	\$633448
Medicaid	\$11064261	\$462376
Commercial Insurance	\$4061097	\$185550
Self-pay	\$716536	\$201068
Any Other Category of Payer	\$5419687	\$207887
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$150072655	Employee Benefits	\$37868142
Depreciation and Amortization	\$17788900	Interest Expense	\$2404614
Bad Debt	\$18757941	Other Expenses	\$1152913
Total Operating Expenses	\$228045165		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-16502358	Total Assets	\$388892579
Net Non-operating Gains over Loss	\$-11738250	Total Liabilities	\$0
Total Net Gains	\$-28240608		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$822772812	\$0	\$822772812
Medicaid	\$426082784	\$0	\$426082784
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$300026522	\$0	\$300026522
Total	\$1548882118	\$0	\$1548882118

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	\$0	\$0
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	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$12210858
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3027102	
HCI Payments	\$0		
Subtotal	\$0	\$3027102	\$-3027102
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$38,157,397		
Subtotal	\$38157397	\$0	\$38157397
Medicare Shortfalls	\$0	\$111070222	
Other Government Programs	\$0	\$0	
Total	\$38157397	\$111070222	\$-72912825

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$442521	\$-442521
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments