



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: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

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	\$1016432339
Outpatient Patient Service Revenue	\$1427904652
Total Gross Patient Service Revenue	\$2444336991

2. Deductions From Revenue

Contractual Allowance	\$1885093686
Other Deductions	\$17167784
Total Deductions	\$1902261470

3. Total Operating Revenue

Net Patient Service Revenue	\$517017030
Other Operating Revenue	\$19022677
Total Operating Revenue	\$536039707

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$117877961	6635
Medicaid	\$60697862	3465
Commercial Insurance	\$62678528	1942
Self-pay	\$464288	125
Any Other Category of Payer	\$2924079	295
Total	\$244642718	12462

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$101175045	80308
Medicaid	\$50083252	56575
Commercial Insurance	\$117347648	65117
Self-pay	\$809352	3919
Any Other Category of Payer	\$2959013	2620
Total	\$272374310	208539

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	\$219053007	86943
Medicaid	\$110781114	60040
Commercial Insurance	\$180026177	67059
Self-pay	\$1273641	4044
Any Other Category of Payer	\$5883092	2915
Total	\$517017031	221001

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	\$117877961	6635
Medicaid	\$60697862	3465
Commercial Insurance	\$62678528	1942
Self-pay	\$464288	125
Any Other Category of Payer	\$2924079	295
Total	\$244642718	12462

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	\$101175045	80308
Medicaid	\$49606096	49681
Commercial Insurance	\$117178391	62741
Self-pay	\$808227	3904
Any Other Category of Payer	\$2946391	2442
Total	\$271714150	199076

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	\$219053007	86943
Medicaid	\$110303958	53146
Commercial Insurance	\$179856919	64683
Self-pay	\$1272516	4029
Any Other Category of Payer	\$5870470	2737
Total	\$516356870	211538

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	\$477156	6894
Commercial Insurance	\$169257	2376
Self-pay	\$1125	15
Any Other Category of Payer	\$12622	178
Total	\$660160	9463

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	\$477156	6894
Commercial Insurance	\$169257	2376
Self-pay	\$1125	15
Any Other Category of Payer	\$12622	178
Total	\$660160	9463

13. Operating Expenses

Salaries and Wages	\$156669960	Employee Benefits	\$36452972
Depreciation and Amortization	\$23578144	Interest Expense	\$74
Bad Debt	\$25058491	Other Expenses	\$277166803
Total Operating Expenses	\$518926444		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$17113262	Total Assets	\$863960040
Net Non-operating Gains over Loss	\$20803234	Total Liabilities	\$56332185
Total Net Gains	\$37916496		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1358883966	\$1139709483	\$219174483
Medicaid	\$474205912	\$363541572	\$110664340
Other Government	\$14904385	\$12910704	\$1993681
Other State	\$0	\$0	\$0
Other Payers	\$596342728	\$411158203	\$185184525
Total	\$2444336991	\$1927319962	\$517017029

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	7
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	17830

Statement Six: Charity Statement

Hospital Charity Charges	\$25398348
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	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