



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 METHODIST HOSPITAL

City of Hospital: Indianapolis

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

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

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6095692689
Outpatient Patient Service Revenue	\$6215633087
Total Gross Patient Service Revenue	\$12311325776

2. Deductions From Revenue

Contractual Allowance	\$8640526895
Other Deductions	\$122313477
Total Deductions	\$8762840372

3. Total Operating Revenue

Net Patient Service Revenue	\$3444067718
Other Operating Revenue	\$5335961
Total Operating Revenue	\$3449403679

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$389979707	31807
Medicaid	\$484800391	21623
Commercial Insurance	\$794344451	15593
Self-pay	\$6294454	1037
Any Other Category of Payer	\$164620798	2328
Total	\$1840039801	72388

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$361716130	402880
Medicaid	\$329518521	380403
Commercial Insurance	\$846698507	531943
Self-pay	\$7668752	22567
Any Other Category of Payer	\$58426007	26228
Total	\$1604027917	1364021

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	\$751695837	434687
Medicaid	\$814318912	402026
Commercial Insurance	\$1641042958	547536
Self-pay	\$13963206	23604
Any Other Category of Payer	\$223046805	28556
Total	\$3444067718	1436409

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	\$388997743	13725
Medicaid	\$484431847	14728
Commercial Insurance	\$793985295	9001
Self-pay	\$6260122	382
Any Other Category of Payer	\$164587822	1535
Total	\$1838262829	39371

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	\$311861433	303498
Medicaid	\$241317620	267625
Commercial Insurance	\$759290303	401033
Self-pay	\$6739323	16817
Any Other Category of Payer	\$58932893	23953
Total	\$1378141572	1012926

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	\$700859176	317223
Medicaid	\$725749467	282353
Commercial Insurance	\$1553275598	410034
Self-pay	\$12999445	17199
Any Other Category of Payer	\$223520715	25488
Total	\$3216404401	1052297

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	\$981964	18082
Medicaid	\$368544	6895
Commercial Insurance	\$359156	6592
Self-pay	\$34332	655
Any Other Category of Payer	\$32975	793
Total	\$1776971	33017

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	\$49854697	99382
Medicaid	\$88200901	112778
Commercial Insurance	\$87408204	130910
Self-pay	\$929429	5750
Any Other Category of Payer	\$-506886	2275
Total	\$225886345	351095

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	\$50836661	117464
Medicaid	\$88569446	119673
Commercial Insurance	\$87767360	137502
Self-pay	\$963761	6405
Any Other Category of Payer	\$-473910	3068
Total	\$227663318	384112

13. Operating Expenses

Salaries and Wages	\$1506669489	Employee Benefits	\$320683457
Depreciation and Amortization	\$180538385	Interest Expense	\$55048668
Bad Debt	\$104417686	Other Expenses	\$3073666625
Total Operating Expenses	\$5241024310		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1791620631	Total Assets	\$12350197035
Net Non-operating Gains over Loss	\$781620751	Total Liabilities	\$5199117913
Total Net Gains	\$-1009999880		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$4245172710	\$3500572003	\$744600707
Medicaid	\$3542916551	\$2759040179	\$783876372
Other Government	\$126046773	\$108428018	\$17618755
Other State	\$0	\$0	\$0
Other Payers	\$4397189742	\$2499217858	\$1897971884
Total	\$12311325776	\$8867258058	\$3444067718

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$983915	\$5853255	\$-4869340

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$83110	\$-83110

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$20690048	\$80553366	\$-59863318
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	661
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	4575

Statement Six: Charity Statement

Hospital Charity Charges	\$165111266
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$53452612	
HCI Payments	\$0		
Subtotal	\$0	\$53452612	\$-53452612
Medicaid Shortfalls	\$843687760	\$1418497178	
Subtotal	\$843687760	\$1471949790	\$-628262030
DSH Payments	\$0		
Subtotal	\$843687760	\$1471949790	\$-628262030
Medicare Shortfalls	\$336851194	\$446420469	
Other Government Programs	\$0	\$0	
Total	\$1180538954	\$1918370259	\$-737831305

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$27263351	\$38764691	\$-11501340
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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