



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

Year End: 12/31/2023 (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	\$746317017
Outpatient Patient Service Revenue	\$1008439854
Total Gross Patient Service Revenue	\$1754756871

2. Deductions From Revenue

Contractual Allowance	\$1369488689
Other Deductions	\$39451020
Total Deductions	\$1408939709

3. Total Operating Revenue

Net Patient Service Revenue	\$406275640
Other Operating Revenue	\$15887861
Total Operating Revenue	\$422163501

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$48870603510	13505
Medicaid	\$30136269385	7246
Commercial Insurance	\$5790436212	2317
Self-pay	\$1982184	1586
Any Other Category of Payer	\$11907064906	1674
Total	\$96706356197	26328

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$3296929335	733960
Medicaid	\$2483959402	693642
Commercial Insurance	\$1179641547	260800
Self-pay	\$139624448	235446
Any Other Category of Payer	\$2006691895	249360
Total	\$9106846627	2173208

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	\$52150865509	747465
Medicaid	\$32607749691	700888
Commercial Insurance	\$6965866000	263117
Self-pay	\$140872802	237032
Any Other Category of Payer	\$13907906400	251034
Total	\$10577326040	2199536

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	\$48870603510	13505
Medicaid	\$30136269385	7246
Commercial Insurance	\$5790436212	2317
Self-pay	\$1982184	1586
Any Other Category of Payer	\$11907064906	1674
Total	\$96706356197	26328

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	\$3280261999	91924
Medicaid	\$2471480305	218123
Commercial Insurance	\$1175429789	77666
Self-pay	\$138890619	35686
Any Other Category of Payer	\$2000841494	36292
Total	\$9066904206	459691

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	\$52150865509	105429
Medicaid	\$32607749690	225369
Commercial Insurance	\$696586601	79983
Self-pay	\$140872803	37272
Any Other Category of Payer	\$13907906400	37966
Total	\$99503981003	486019

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	\$16667336	642036
Medicaid	\$12479097	475519
Commercial Insurance	\$4211758	183134
Self-pay	\$733829	199760
Any Other Category of Payer	\$5850402	213068
Total	\$39942422	1713517

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	\$16667336	642036
Medicaid	\$12479097	475519
Commercial Insurance	\$4211758	183134
Self-pay	\$733829	199760
Any Other Category of Payer	\$5850402	213068
Total	\$39942422	1713517

13. Operating Expenses

Salaries and Wages	\$164055824	Employee Benefits	\$38363449
Depreciation and Amortization	\$16994558	Interest Expense	\$3482115
Bad Debt	\$23225018	Other Expenses	\$96340
Total Operating Expenses	\$246217304		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-20485804	Total Assets	\$375173822
Net Non-operating Gains over Loss	\$10209468	Total Liabilities	\$375173822
Total Net Gains	\$-10276336		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$915613252	\$0	\$915613252
Medicaid	\$493301017	\$0	\$493301017
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$345842602	\$0	\$345842602
Total	\$1754756871	\$0	\$1754756871

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	\$22340001
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4482162	
HCI Payments	\$0		
Subtotal	\$0	\$4482162	\$-4482162
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$37,488,285		
Subtotal	\$37488285	\$0	\$37488285
Medicare Shortfalls	\$0	\$114873471	
Other Government Programs	\$0	\$0	
Total	\$37488285	\$114873471	\$-77385186

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$397279	\$-397279
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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