



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH STARKE HOSPITAL

City of Hospital: KNOX

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Steven Rudolph

Email Address: SRudolph@iuhealth.org

Medicare Provider Number: 150102

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12360089
Outpatient Patient Service Revenue	\$73196300
Total Gross Patient Service Revenue	\$85556389

2. Deductions From Revenue

Contractual Allowance	\$43433782
Other Deductions	\$13411784
Total Deductions	\$56845566

3. Total Operating Revenue

Net Patient Service Revenue	\$28710823
Other Operating Revenue	\$631872
Total Operating Revenue	\$29342695

4. Operating Expenses

Salaries and Wages	\$6728789	Employee Benefits	\$1591997
Depreciation and Amortization	\$1663524	Interest Expense	\$3625
Bad Debt	\$3470817	Other Expenses	\$9762777
Total Operating Expenses	\$23221529		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6121166	Total Assets	\$15840586
Net Non-operating Gains over Loss	\$-76595	Total Liabilities	\$1293105

Total Net Gains	\$6044571
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$36924967	\$29715738	\$7209229
Medicaid	\$20732967	\$13718044	\$7014923
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$27898455	\$13411784	\$14486671
Total	\$85556389	\$56845566	\$28710823

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$34044	\$-34044

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$145	\$-145

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$32199	\$-32199
Hospital Patients	\$0	\$0	\$0
Community Education	\$4215	\$276837	\$-272622

Number of Medical Professionals Trained	722
Number of Hospital Patients Educated	1843
Number of Citizens Exposed to Health Education Messages	21116

Statement Six: Charity Statement

Hospital Charity Charges	\$1925474
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$500446	
HCI Payments	\$0		
Subtotal	\$0	\$500446	\$-500446
Medicaid Shortfalls	\$10172493	\$4387682	
Subtotal	\$10172493	\$4888128	\$5284365
DSH Payments	\$3,157,569		
Subtotal	\$13330062	\$4888128	\$8441934
Medicare Shortfalls	\$5787441	\$7930473	
Other Government Programs	\$0	\$0	
Total	\$19117503	\$12818601	\$6298902

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	\$15577	\$-15577
Provision of Taxes	\$0	\$134053	\$-134053
Other Allocations	\$0	\$0	\$0

Comments

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