



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

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

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6001749618
Outpatient Patient Service Revenue	\$5734571337
<b>Total Gross Patient Service Revenue</b>	<b>\$11736320955</b>

2. Deductions From Revenue

Contractual Allowance	\$-8367066597
Other Deductions	\$-147311883
<b>Total Deductions</b>	<b>\$-8514378480</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$3180561825
Other Operating Revenue	\$1693536535
<b>Total Operating Revenue</b>	<b>\$4874098360</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$405695914	\$36288
Medicaid	\$446026276	\$25094
Commercial Insurance	\$894990223	\$17441
Self-pay	\$15527105	\$1031
Any Other Category of Payer	\$2599992	\$2549
<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	\$275238617	\$406586
Medicaid	\$273062333	\$379051
Commercial Insurance	\$841252670	\$551296
Self-pay	\$18707746	\$22551
Any Other Category of Payer	\$4961361	\$26933
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	\$680934531	\$442874
Medicaid	\$719088609	\$404145
Commercial Insurance	\$1736242893	\$568737
Self-pay	\$34234851	\$23582
Any Other Category of Payer	\$7561352	\$29482
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	\$404663790	\$17097
Medicaid	\$445580024	\$17196
Commercial Insurance	\$894580109	\$10218
Self-pay	\$15492618	\$371
Any Other Category of Payer	\$2563385	\$1759
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	\$232442169	\$307078
Medicaid	\$204490338	\$268664
Commercial Insurance	\$762635346	\$421090
Self-pay	\$18420936	\$16102
Any Other Category of Payer	\$4236972	\$24750
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	\$637105959	\$324175
Medicaid	\$650070362	\$285860
Commercial Insurance	\$1657215455	\$431308
Self-pay	\$33913554	\$16473
Any Other Category of Payer	\$6800357	\$26509
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	\$1032124	\$19191
Medicaid	\$446252	\$7898
Commercial Insurance	\$410114	\$7223
Self-pay	\$34488	\$660
Any Other Category of Payer	\$36606	\$790
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	\$42796448	\$99508
Medicaid	\$68571995	\$110387
Commercial Insurance	\$78617324	\$130206
Self-pay	\$286809	\$6449
Any Other Category of Payer	\$724388	\$2183
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	\$43828572	\$118699
Medicaid	\$69018247	\$118285
Commercial Insurance	\$81526750	\$137429
Self-pay	\$321297	\$7109
Any Other Category of Payer	\$760995	\$2973
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$1543564731	Employee Benefits	\$323801952
Depreciation and Amortization	\$170494312	Interest Expense	\$48996097
Bad Debt	\$41380650	Other Expenses	\$2827856207
Total Operating Expenses	\$4956093949		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-81995589	Total Assets	\$9993279655
Net Non-operating Gains over Loss	\$-630654912	Total Liabilities	\$9993279655
Total Net Gains	\$-712650501		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$4167023910	\$3336935474	\$830088436
Medicaid	\$3477885101	\$2737963651	\$739921450
Other Government	\$409262522	\$340432770	\$68829752
Other State	\$0	\$0	\$0
Other Payers	\$3682149422	\$2140427235	\$1541722187
Total	\$11736320955	\$8555759130	\$3180561825

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	910
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	4575

Statement Six: Charity Statement

Hospital Charity Charges \$145054431

	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

//