



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 PAOLI HOSPITAL

City of Hospital: Paoli

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

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

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9035482
Outpatient Patient Service Revenue	\$81394742
Total Gross Patient Service Revenue	\$90430224

2. Deductions From Revenue

Contractual Allowance	\$-55858130
Other Deductions	\$1184954
Total Deductions	\$-54673176

3. Total Operating Revenue

Net Patient Service Revenue	\$34330060
Other Operating Revenue	\$595589
Total Operating Revenue	\$34925649

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3609496	\$208
Medicaid	\$917002	\$149
Commercial Insurance	\$641074	\$41
Self-pay	\$39222	\$12
Any Other Category of Payer	\$22891	\$10
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$11522233	\$14573
Medicaid	\$7512751	\$12448
Commercial Insurance	\$9550792	\$10969
Self-pay	\$359951	\$797
Any Other Category of Payer	\$154648	\$569
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	\$15131729	\$14781
Medicaid	\$8429753	\$12597
Commercial Insurance	\$10191866	\$11010
Self-pay	\$399173	\$809
Any Other Category of Payer	\$177539	\$579
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	\$3609496	\$208
Medicaid	\$895676	\$117
Commercial Insurance	\$638530	\$36
Self-pay	\$39222	\$10
Any Other Category of Payer	\$18898	\$10
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	\$11522233	\$14573
Medicaid	\$7490764	\$12372
Commercial Insurance	\$9526969	\$10860
Self-pay	\$359371	\$796
Any Other Category of Payer	\$154443	\$566
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	\$15131729	\$14781
Medicaid	\$8386440	\$12489
Commercial Insurance	\$10165498	\$10896
Self-pay	\$398593	\$806
Any Other Category of Payer	\$173340	\$576
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	\$0	\$0
Medicaid	\$21326	\$32
Commercial Insurance	\$2544	\$5
Self-pay	\$0	\$2
Any Other Category of Payer	\$3993	\$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	\$21987	\$76
Commercial Insurance	\$23824	\$109
Self-pay	\$580	\$1
Any Other Category of Payer	\$206	\$3
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	\$0	\$0
Medicaid	\$43313	\$108
Commercial Insurance	\$26368	\$114
Self-pay	\$580	\$3
Any Other Category of Payer	\$4199	\$3
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$12162107	Employee Benefits	\$2823297
Depreciation and Amortization	\$1246316	Interest Expense	\$0
Bad Debt	\$1426988	Other Expenses	\$15071993
Total Operating Expenses	\$32730701		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2194949	Total Assets	\$47253743
Net Non-operating Gains over Loss	\$-863412	Total Liabilities	\$47253743
Total Net Gains	\$1331537		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42525634	\$27423194	\$15102440
Medicaid	\$23320890	\$14802181	\$8518709
Other Government	\$835494	\$624383	\$211111
Other State	\$0	\$0	\$0
Other Payers	\$23748206	\$13250405	\$10497801
Total	\$90430224	\$56100163	\$34330061

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$218	\$-218

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	\$43367	\$-43367
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	65

Statement Six: Charity Statement

Hospital Charity Charges \$1696799

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$547557	
HCI Payments	\$0		
Subtotal	\$0	\$547557	\$-547557
Medicaid Shortfalls	\$8667492	\$8725282	
Subtotal	\$8667492	\$9272839	\$-605347
DSH Payments	\$0		
Subtotal	\$8667492	\$9272839	\$-605347
Medicare Shortfalls	\$8096403	\$8099265	
Other Government Programs	\$0	\$0	
Total	\$16763895	\$17372104	\$-608209

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1926789	\$2578982	\$-652193
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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