



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 BLACKFORD HOSPITAL

City of Hospital: Hartford City

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

Year End: 09/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2982449
Outpatient Patient Service Revenue	\$41568617
Total Gross Patient Service Revenue	\$44551066

## 2. Deductions From Revenue

Contractual Allowance	\$28726898
Other Deductions	\$-623323
Total Deductions	\$28103575

## 3. Total Operating Revenue

Net Patient Service Revenue	\$14960800
Other Operating Revenue	\$1155615
Total Operating Revenue	\$16116415

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2110234	218
Medicaid	\$106736	10
Commercial Insurance	\$193584	15
Self-pay	\$3063	1
Any Other Category of Payer	\$430	0
Total	\$2414047	244

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$6391683	12890
Medicaid	\$2168414	7165
Commercial Insurance	\$3839797	8688
Self-pay	\$48068	487
Any Other Category of Payer	\$98791	240
Total	\$12546753	29470

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	\$8501917	13108
Medicaid	\$2275150	7175
Commercial Insurance	\$4033381	8703
Self-pay	\$51131	488
Any Other Category of Payer	\$99221	240
Total	\$14960800	29714

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	\$2104361	150
Medicaid	\$106736	10
Commercial Insurance	\$193283	11
Self-pay	\$3063	1
Any Other Category of Payer	\$430	0
Total	\$2407873	172

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	\$6311399	12513
Medicaid	\$2125134	6897
Commercial Insurance	\$3782633	8407
Self-pay	\$48068	487
Any Other Category of Payer	\$95374	228
Total	\$12362608	28532

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	\$8415760	12663
Medicaid	\$2231870	6907
Commercial Insurance	\$3975916	8418
Self-pay	\$51131	488
Any Other Category of Payer	\$95804	228
Total	\$14770481	28704

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	\$5873	68
Medicaid	\$0	0
Commercial Insurance	\$301	4
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$6174</b>	<b>72</b>

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	\$80284	377
Medicaid	\$43280	268
Commercial Insurance	\$57164	281
Self-pay	\$0	0
Any Other Category of Payer	\$3417	12
<b>Total</b>	<b>\$184145</b>	<b>938</b>

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	\$86158	445
Medicaid	\$43280	268
Commercial Insurance	\$57464	285
Self-pay	\$0	0
Any Other Category of Payer	\$3417	12
<b>Total</b>	<b>\$190319</b>	<b>1010</b>

## 13. Operating Expenses

Salaries and Wages	\$6760411	Employee Benefits	\$1963634
Depreciation and Amortization	\$897067	Interest Expense	\$0
Bad Debt	\$1486691	Other Expenses	\$10879046
<b>Total Operating Expenses</b>	<b>\$21986849</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5870433	Total Assets	\$5874070
Net Non-operating Gains over Loss	\$-233596	Total Liabilities	\$2669555
<b>Total Net Gains</b>	<b>\$-6104029</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21856707	\$13504705	\$8352002
Medicaid	\$10580644	\$8252775	\$2327869
Other Government	\$294217	\$255609	\$38608
Other State	\$0	\$0	\$0
Other Payers	\$11819498	\$7577176	\$4242322
Total	\$44551066	\$29590265	\$14960801

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2628	\$-2628

## 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	\$4346	\$-4346
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	337

## Statement Six: Charity Statement

Hospital Charity Charges	\$470436
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$408168	
HCI Payments	\$0		
Subtotal	\$0	\$408168	\$-408168
Medicaid Shortfalls	\$3884805	\$7397272	
Subtotal	\$3884805	\$7805440	\$-3920635
DSH Payments	\$0		
Subtotal	\$3884805	\$7805440	\$-3920635
Medicare Shortfalls	\$8975406	\$8718463	
Other Government Programs	\$0	\$0	
Total	\$12860211	\$16523903	\$-3663692

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$371901	\$550667	\$-178766
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments